



## The Case for a Broad Social Movement for Peoples Health in South Africa

Along with millions of others, health workers celebrated South Africa's first democratic elections in 1994 as the first step in rolling back the devastating inequity of an apartheid era health system. At last the health needs of the whole population would be addressed with the advent of representative government and the anticipated "peoples" health system.

An impressive array of health policies and plans were designed to reduce inequities and improve the health of all South Africans. Health activists and struggle veterans were in consensus that a single, unified National Health Service based on a comprehensive Primary Health Care approach would be the key to this transformation.

Despite one of the most progressive constitutions on the planet and a strong rhetorical commitment to addressing the health needs of the poor, implementation has been slow. The huge effort put into reshaping the "architecture" of the health system has not translated into real health gain for all South Africans. Many of the poorest still find themselves marginalized and neglected, just as they were in pre-democratic South Africa.

South Africa still ranks poorly in terms of several key health indicators in comparison with other countries at the same level of economic development. The situation appears to be deteriorating further as inequities in health status and access to health care have persisted or even widened over the past 10 years. Morale amongst public health workers has reached historic lows and the public health sector has found it difficult to retain vital personnel. On top of this, Government's response to the HIV/Aids pandemic has been inadequate in several important aspects, and appears to have retreated from its initial commitment to establish a unified National Health Service to provide equitable health care for all citizens.

It is not difficult to argue that the new Government has failed to fundamentally improve the health of all South Africans or to reduce existing health inequities. The

precise reasons for this failure may be unclear, but what is certain is that this must not be allowed to continue.

Civil society therefore has a responsibility to exert sustained public pressure on Government to deliver on its commitment to provide health care to all.

### **Can a broad social movement contribute to people's health?**

South Africa is no stranger to social mobilisation, and the very existence of our young democracy is testament to the efforts of all those who contributed to the anti-apartheid struggle. What is less clear is whether a similar broad social movement for health can contribute towards furthering the interests of "peoples health".

For evidence of the effective role civil society can play, we need only go back in history to Mitchell's Plain, 20<sup>th</sup> August 1983. That day the United Democratic Front (UDF) was formally launched at a meeting attended by representatives from more than 300 organs of civil society including community groups, trade unions, students' organizations & women's groups. These organizations mobilized around a range of issues including health, education, sports, women's and youth issues. The UDF was committed to a non-racial and democratic South Africa. It opposed the apartheid government's tricameral constitutional proposals and championed the (then banned) ANC. By coordinating people's struggles on the ground the UDF played a key role in ending apartheid and paving the way for our transition to democracy.

After the return of the ANC the role of the UDF became less clear, and it disbanded in 1991 after a period of intense debate. Although the need for an independent civil society had been recognised, tensions developed between and within organisations in relation to the exact role progressive civil society structures should play and how they should relate to the future democratically elected government. It

proved difficult to find a balance between political support for the government on the one hand and, on the other, the kind of critical independence organisations needed to take their own issues and concerns forward. Matters were compounded by the fact that local and issue-based struggles were seen as divisive rather than as a powerful source of energy for forging a national identity. Many such struggles were suspended in the name of national identity on the assumption that the new government would set things right.

But the reality is that many of these concerns are still very much alive. In response, new popular movements have emerged, such as the TAC, the Anti-Eviction Campaign, and the Anti-Privatisation Forum, who argue that the government's chosen path does not sufficiently confront the forces that produce marginalisation. These movements have demonstrated that they can put effective pressure on Government to deal with their specific interests.

The history of the UDF and the success of the new social movements globally, show that a vibrant civil society can contribute towards furthering the interests of "peoples health". With the exception of the TAC with its specific HIV focus, no broad health movement has yet emerged to take up broader health interests.

There are many areas relating to health in addition to HIV/AIDS where progressive individuals and groups can make a significant contribution to the realisation of health as a fundamental human right. The South African health sector needs activists (individually and collectively) to continually lobby for the health of all its citizens.

## PEOPLES HEALTH MOVEMENT

The People's Health Movement (PHM) is a large global civil society network of health activists supportive of the WHO policy of Health for All and organized to combat the economic and political causes of deepening inequalities in health worldwide and to call for the return to the principles of Alma Ata.

The PHM, which was formed following the People's Health Assembly in 2000 in Bangladesh, recognises health as a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill-health and the deaths of poor and marginalized people. One of the key pillars of the PHM is a People's Charter for Health, which explicitly recognises Health as a Human Right.

The PHM started organizing in South Africa in 2003, when a small group decided to use the People's Health Movement (PHM) to reinvigorate health civil society and organise around health and related issues. People's health organisations have been dormant since the advent of democracy with the important exceptions of single-issue campaigns such as the Treatment Action Campaign's mobilisation and advocacy around HIV/AIDS.

Working within the framework of the People's Charter for Health, the objectives of the PHM-SA are: to identify and work with key health and related issues; to provide a forum for networking and mobilising around these issues; to advocate for the Primary Health Care approach; to increase information flow & knowledge on global and local issues impacting on health and to participate in and comment on health policies.

Human Rights, gender and equity are recognized as cross cutting issues within the broad focus areas of HIV/AIDS, human resources and health systems, poverty related issues (e.g. social security and food security) and health related issues (e.g. Basic Services: water; housing; sanitation; GATS; globalisation, etc.) Issue groups have been formed around the public sector crisis, Community Health/Development Workers and HIV/AIDS.

Nationally PHM has over 380 members drawn from health and related sectors including academia, trade unions, social movements, non-governmental organisations, health committees, Community Health Workers, etc.

## CRITICAL HEALTH PERSPECTIVES

Critical Health Perspectives is a publication of the PHM, South Africa. Drawing on the tradition of "Critical Health" from the pre-1994 era, Critical Health Perspectives is being produced with the aim of offering an alternative, "peoples health" perspective and stimulating debate on critical issues related to health and health care in South Africa and elsewhere.

While Critical Health Perspectives is being produced by the PHM South Africa, it is not intended to be a PHM "mouthpiece" and the views reflected in the publication do not necessarily reflect the views of all those who have identified with the PHM.

*Paper prepared by:*

*Bridget Lloyd, Louis Reynolds, Neil Myburgh, David Sanders, Geetesh Solanki.*