MUNICIPAL HEALTH SERVICES IN SOUTH AFRICA, OPPORTUNITIES AND CHALLENGES

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ABSTRACT

Municipal health services (MHS) include most environmental health services and according to the Constitution of the Republic of South Africa, are part of a basket of services that have to be provided by local authorities. With the promulgation of the New Health Act 61 of 2003 in 2005 providing a final definition of municipal health services and the allocation of funding in 2006 by Treasury for municipal health services, the provision of these services by local authorities needs review with the aim of determining the challenges and opportunities that still exist in the provision of municipal health services.

This paper attempts to clearly outline the evolution of municipal health services in South Africa and some of the opportunities and challenges in the provision of such services.

INTRODUCTION

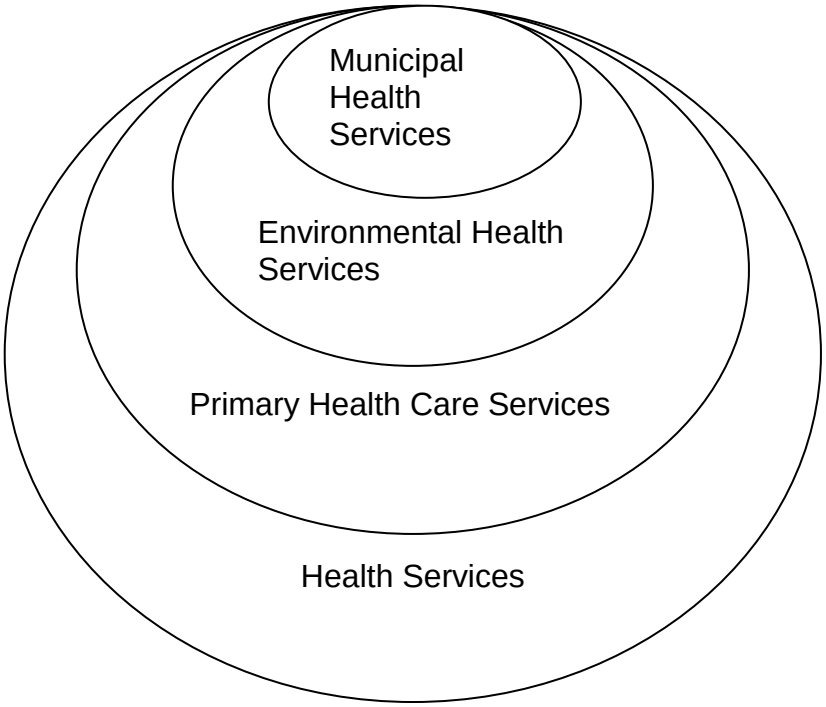
South Africa still has a high burden of preventable diseases which can be mitigated through improvements in the environment. Investigation of outbreaks of disease, monitoring of the environment and health promotion have in the main been provided by environmental health practitioners, most of whom are employed by local government. With the long period of uncertainty around the responsibility for the delivery of primary health care (PHC) services at a local level and the delay in role clarification around municipal health services, municipalities have tended to invest less in health services in general and this has led to diminished growth and prominence of environmental health services at a local level.

According to the Municipal Structures Act 117 of 1998, municipal health services are a function of metro and district municipalities. This function has historically been executed by local municipalities and provinces, with minimal services outside the cities and main towns. Capacity has to be created and strengthened at a district municipality level for the efficient delivery of these services to all communities. District municipalities are already struggling with delivery of the services that have been delegated to their level by the provincial and national spheres of government and therefore will need support in taking over municipal health services.

KEY DEFINITIONS

Figure 1 below illustrates the relationship between municipal health services, environmental health services, PHC and health.

Figure 1: Relationship from MHS to health



Municipal health services

Municipal health services is a term that has evolved in South Africa to define the package of health services to be rendered by local government. It is a specified package that is described in the National Health Act. It can thus be seen as a sub-set of the bigger basket of environmental health services. The importance of municipal health services and their impact on health will thus be discussed within the general framework of environmental health.

Environmental health

The WHO describes environmental health as comprising those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially adversely affect the health of present and future generations.[1]

Environmental health started off as environmental sanitation during the phase of urban development in the nineteenth century.[2] During this period, there was the realisation that many diseases were as a result of the unsanitary conditions under which people lived, and that improvements to the environment brought benefits to the health of the population.

Most communicable diseases emanate from the environment, whether the vehicle is in the form of food, water, soil, air or water. Examples are diarrhoeal diseases, respiratory diseases and cutaneous infections. In addition there are other important non-communicable diseases caused by a variety of poisons and pollutants. In epidemiology, the environment is seen as completing a triangle of interactions between host, agent and the environment, with disease occurring when the host is not strong enough to withstand the other two elements.

The impact of the environment on health is significant. The World Bank asserts that environmental health effects account for at least 20% of the burden of disease in the world, that the environmental health burden of disease is equivalent to approximately 6% of the 1998 nominal GDP in Sub Saharan Africa, and that improvements in environmental health can be very beneficial to the poor.[3] Indeed, adequate environmental management for the benefit of humans can prevent many diseases.

The general areas covered internationally by environmental health services are:

- Adequate and safe water supply;
- Basic sanitation;
- Disposal of solid, toxic and hazardous waste;
- Control of air and water pollution;
- Chemical safety;
- Food hygiene and safety;
- Radiation;
- Noise control;
- Vector and vermin control;
- Environmental public health disease control;
- Human habitat;
- Port health
- Occupational health; and
- Accident and disaster prevention and control.

These services are usually rendered by environmental health practitioners and in some countries, environmental health technicians. In most developing countries environmental health services are provided by the Ministry of Health while in developed countries, such have been handed over to the ministry responsible for the environment.[4]

Primary Health Care and the District Health System (DHS)
PHC as a strategy to Achieve Health for All by 2000 was adopted by the World Health Assembly in 1977, and the Alma Ata Declaration of 1978 fully enunciated it with its eight elements that include aspects of environmental health. The elements of PHC are:

- Education on health problems;
- Promotion of food supply and nutrition;
- Safe water and basic sanitation;

- Maternal and child health, including family planning;
- Immunisation
- Prevention and treatment of locally endemic diseases;
- Appropriate treatment of common diseases and injuries; and
- Provision of essential drugs.

Four of the elements - education on health problems, promotion of food supply and nutrition, safe water and basic sanitation and prevention of locally endemic diseases - are part of promotive and preventive health activities that fall within the scope of practice of environmental health practitioners. Environmental health is thus a strong aspect of primary health care.

The District Health System (DHS) is a means to achieve the delivery of PHC services in an efficient and coordinated manner that links people with other components of the health system whenever needed. WHO defines the DHS as a system based on PHC, which is a more or less self-contained segment of the national health system. It comprises a well-defined population, living within a clearly delineated administrative and geographical area, whether urban or rural.

Health

Health is defined by WHO as, "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity."[5] Within health there are four main areas; promotion, prevention, treatment and rehabilitation. In the delivery of health services, the aim should be to provide adequate promotion and prevention services to limit diseases and injury as treatment and rehabilitation are more costly. The PHC approach covers all the four areas, while environmental health is mainly located around the promotive and preventive areas.

LEGISLATIVE FRAMEWORK FOR MUNICIPAL HEALTH SERVICES

The following pieces of legislation govern municipal health services in South Africa:

- The Constitution of the Republic of South Africa
- National Health Act 61 of 2003
- Health Act 63 of 1977
- Municipal Structures Act 117 of 1998

Municipal health services are first mentioned in the Constitution of the Republic of South Africa as part of the powers and functions of municipalities in Section 156 (1) where municipalities are given executive authority in respect of and the right to administer the local government matters listed in Part B of Schedule 4 and Part B of Schedule 5. Municipal health services appear under Part B of Schedule 4, whereas "health services" that appear in Part A of Schedule 4 and are thus concurrent national and provincial legislative competencies, but can be assigned or delegated to a municipality according to section 156 (1) (4) of the Constitution.

The definition of municipal health services is provided in the National Health Act 61 of 2003 that was promulgated in May 2005. Before then, local government legislation touched on municipal health services but there was no definition of municipal health services. Municipal health services are defined in the National Health Act in Chapter 5 which deals with the District Health System. Section 32 (1) of the Act requires every metropolitan and district municipality to ensure that appropriate municipal health services are provided. These municipal health services are defined in the Act as:

- Water quality monitoring;
- Food control;
- Waste management;
- Health surveillance of premises;
- Surveillance of communicable diseases, excluding immunisation;
- Vector control;
- Environmental pollution control;
- Disposal of the dead; and
- Chemical safety.

Excluded from municipal health services are port health, malaria control and control of hazardous substances, which are rendered by the province.

Not all the provisions of the National Health Act have been promulgated and some of the sections that are not promulgated relate to municipal health services. One such provision is section 83 dealing with environmental health investigations. Work in the environmental health field therefore still has some aspects that are legislated for under the Health Act 63 of 1977, and environmental health practitioners use both Acts in the execution of their duties.

The Constitution identifies municipal health services is a municipal function, but there is no specification on which type of municipality has the function. The Municipal Structures Act 117 of 1998 provided clarity on the matter by giving district municipalities the function of provision of municipal health services. The Act further provides for the Minister of Provincial and Local Government to authorise a local municipality to perform certain functions that are allocated to district municipalities, including municipal health services. Such authorisation is within a framework of consultation, transfer of staff, assets and liabilities.

The provinces, as indicated, are responsible for malaria control, port health services and the control of hazardous substances. In addition they have the general responsibility to monitor and support municipalities in the execution of municipal functions such as municipal health services.

At the level of the national department of health in South Africa, environmental health encompasses the functions that include monitoring all environmental health services in the country, supporting provinces and municipalities, being responsible for the International Health Regulations, the Hazardous Substances Act, 1973 (Act 15 of 1973), relevant sections of the National Health Act, 2003 (Act 61 of 2003), and cooperating with other government

departments on air quality, water treatment chemical safety, health care waste, and water and sanitation.

CURRENT CHALLENGES AND OPPORTUNITIES FOR MUNICIPAL HEALTH SERVICES

OPPORTUNITIES

Integration into IDPs and local development initiatives

The delivery of municipal health services by municipalities is an advantage as they can be integrated into service delivery at a local level. Municipal health services are preventive services that need an intersectoral approach for best outcomes to be achieved, for example interaction with other municipal divisions responsible for infrastructure and management of water and sanitation is essential for municipal health services to fulfil its role of monitoring the quality of water provided by a municipality.

The municipal health services section will be part of the development of Integrated Development Plans (IDPs) and the development of infrastructure will take the needs of municipal health services into account. Municipal health services will thus be fully integrated into municipal strategic and operational plans.

Local level action

PHC works on the principle of providing services at the level closest to the recipients as this facilitates community participation and accountability on the part of health service providers. Environmental health practitioners work in the community, as opposed to facility based health services. They thus know and monitor developments in health conditions on the ground and can provide solutions that are more realistic due to their proximity to the community. Interventions can also be made timeously due to this proximity.

Funding opportunities

Treasury has allocated a basic R12 per person for the provision of municipal health services. This will be a crucial basis on which to build municipal health services, especially in district municipalities that did not provide this function. It has been stated before that two-thirds of the budget for municipal health services was already being provided by local government. The new funding from Treasury is thus additional to what municipalities were already providing and if local municipalities maintain their previous levels of financial support to municipal health services these services could be improved. This is especially important in light of the report that South Africa still does not meet the standards that have been set by the WHO for EHP coverage.

CHALLENGES

Fragmentation of PHC services

It had initially been envisaged that all the PHC services, including personal PHC services would be delivered by one sphere of government, the local sphere. Other realities have however dictated that PHC services be delivered by the province, except possibly in the case of metros, and that environmental

health services are delivered by both local and provincial government, with provinces being in charge of three areas (port health services, control of hazardous substances and malaria control) and local government responsible for municipal health services.

This fragmentation of PHC can lead to difficulties in coordination across the two components of environmental health services delivered by local and provincial levels and between municipal health services and personal PHC services. Coordination within metros is likely not to be as seriously affected as metros will deliver both personal PHC services and municipal health services, while districts only have to deliver municipal health services, while province delivers personal PHC services in their areas.

The entrenchment of integrated services in urban metro areas will advantage its citizens and further accentuate the difference in service delivery between urban metros and more rural areas where there will be various players delivering services.

Non-uniform institutional frameworks within municipalities

The forerunner of municipal health services, the environmental health services, was not uniformly delivered by local government. In the old South Africa, the metros had strong environmental health services and most municipalities in "white" South Africa had an environmental health service, but this was restricted to the municipal or urban area. Rural areas even in "white" South Africa had minimal environmental health services, and even less were provided in "homeland" areas. [6] What environmental health services there were in non-urban areas were provided by a variety of different authorities. Experiences with delivery of environmental health services or municipal health services therefore vary greatly across localities.

Since 1994, EH services have been delivered by local or metropolitan municipalities in most urban areas and by provinces in most rural areas. With the new National Health Act, municipal health services are to be consolidated under and delivered by district and metropolitan municipalities. There currently exists a disjuncture where the local municipalities have the resources, but are losing the responsibility to deliver municipal health services, and the district municipalities have the responsibility but have not had the resources to deliver these services. This disjuncture will be resolved from April 2006 when district municipalities will have the financial resources to provide municipal health services and can either do so themselves or can delegate a local municipality to provide the service on their behalf.

Interpretation of legislation

The delivery of municipal health services has been closely linked to delivery of personal PHC services at a district level and both these have suffered uncertainty over a long period, until the promulgation of the National Health Act in 2005. Even then, there has not been adequate communication between local government and the health department to clarify and put to rest some of the uncertainties. ,

Areas that are still not clear on municipal health services are discussed below.

(a) Authorisation of local municipalities to provide MHS.

It is mentioned earlier in the report that the Municipal Structures Act provides for the Minister of Provincial and Local Government to authorise a local municipality to perform certain functions that are allocated to district municipalities, including municipal health services. This means that the Minister of Provincial and Local Government has to give authorisation to any local authority to provide municipal health services. This has not happened and local municipalities are still providing municipal health services under a proclamation given in 2003 that they continue rendering all the health services they were rendering until further notified. Operationally, there is an attempt to move municipal health services to district municipalities but strictly speaking, there is no legal basis if the Minister of Provincial and Local Government has not given the authorisations. The legalities do get brought up once issues of transfer of staff from local to district municipalities are vigorously pursued.

(b) Division between environmental health services and municipal health services at municipal level

Municipal health services are a narrower set of functions compared to the services that environmental health practitioners have been rendering in municipalities as part of environmental health services. Some of the functions not covered by the municipal health services definition are; licensing of premises and dogs, control of undertakings selling liquor, accommodation, care and burial of animals and abattoirs.

These functions are currently also provided by local municipalities together with the defined list of municipal health services. Should municipal health services be shifted from local to district municipality, it is not clear if the district would also take up the other set of environmental health services which are currently not funded as the municipal health services are.

The scope of municipal health services and what happens to the other environmental health services not included under municipal health services is thus not clear.

Funding and resources for municipal health services

The experience with environmental health services was that during the period of uncertainty about where DHS and environmental health services or municipal health services would be delivered, i.e. whether by local government or province, some municipalities froze the posts of environmental health practitioners and started shifting resources away from environmental health services.[7]

There was no certainty about the funding of municipal health services until the Budget of 2006 was announced in February 2006. The announcement by the Minister of Finance went a long way in alleviating uncertainty about funding of municipal health services.

A study by Haynes in 2004 showed that, before February 2006, metros and local municipalities were funding environmental health services and were providing three-quarters of the total expenditure on environmental health services. Most of these services were in urban areas and funding by the province for environmental health services in rural communities was not as adequate.

The same study also showed that in the 2002/3 fiscal year R393 million was spent in the whole country on environmental health services with 77% provided by local authorities, and metros accounting for 56% of the local authority expenditure. District municipality expenditure accounted for 10% of local authority expenditure.

Further, the national per capita cost of environmental health services was R8.78, with wide variation, e.g. Eastern cape, North west and Limpopo were spending less than R4.00 per person, while Western Cape spend over R18.00 per person. This again followed the pattern of the delivery of environmental health services which were more developed in former “white” South Africa and under- developed in ”homeland” South Africa. The National Department of Health proposed R13.00 per person for budget purposes in 2004.

According to the Division of Revenue Bill for 2006/7 with effect from 1 April 2006, funding for environmental health care services (municipal health services) in metros and district municipalities has been provided for under the basic services component of the local government equitable share. This component will be for all citizens in a municipality and is worked out at around R12 a year per person.

The main concern around funding for municipal health services is its inclusion in the equitable share, as opposed to a conditional grant. As a conditional grant the funding would have been ring-fenced for municipal health services, but as part of equitable share it is not protected from use for other purposes at a municipal level. This is more likely to be a problem in district municipalities with no health staff and thus limited awareness around issues of health.

Human resources

The WHO norm for staffing of EHPs is 1 EHP/10 000 population, but South Africa has adopted a national ratio of 1 EHP/15 000 population. Currently, South Africa has 0.58 (0.54 -0.64) EHP/15 000 population.[8] This is far lower than the expected norm and the country thus has a lot of catching up to do, especially in provision of municipal health services to rural areas which were more under-served and have higher burdens of preventable disease that are amenable to EHP interventions.

Transfer of staff

District municipalities are now responsible for municipal health services. This necessitates the transfer of staff, assets and liabilities from local municipalities to district municipalities and from provinces to districts. The national Department of Health is facilitating the transfer of staff from provinces to

district municipalities. The process of transfer of staff from local municipalities to districts has not progressed much as districts did not have funding available for the services. This issue will now have to be addressed, unless a district has an arrangement with a local authority.

Capacity constraints at district municipality level

The concept of two types of municipalities is new as district municipalities were established by the Municipal Structures Act. The revenue base for district municipalities is limited, compared to local municipalities, because all property rates accrue to the local municipalities and most revenue for district municipalities is from national equitable share and other national grants. District municipalities have faced difficulties in executing most of the functions that have been required of them, due to financial, human resource and institutional capacity constraints.

Municipal health services at a district level have mainly been supported through provincial health departments and few district municipalities have experience in running these services themselves. Most provinces are planning to transfer most of their EHP's to district municipalities and most community service EHPs will be allocated to districts. This will, however, take some time and capacity constraints at a district municipality level will continue to exist for some time.

Municipal health services have to be set up in district municipalities, from recruitment of staff through to providing them with equipment, including vehicles, and training.

CONCLUSION

Environmental health services, and hence municipal health services are a critical component of PHC services and disease prevention and should be promoted as part of the sustainable development of communities. Many aspects relating to municipal health services in South Africa have now been clarified, namely, the authority for delivery and the funding of municipal health services. There are issues that have, however, still not been addressed and these are impacting negatively in the delivery of municipal health services. Most important of these are interpretation of legislation, the transfer of staff, assets and liabilities, adequacy of funding and lack of capacity at the district level to provide municipal health services.

Better communication between the National Departments of Health and Provincial and Local Government and through to municipalities would clarify some of these issues and lessen uncertainty for staff and improve service delivery.

The capacity constraints faced by district municipalities in delivering municipal health services need to be addressed through needs assessments and appropriate responses to the identified needs. They also need to be seen in the greater context of capacity constraints that already exist in district municipalities and responses around integration of municipal health services at district municipality should be part of the bigger context, not separate.

All partners working at municipal level, including the DBSA, should prioritise support for district municipalities in their efforts to deliver municipal health services.

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