IAN BERRY/MAGNUM

In 1961, missionary doctors were using warehouses for their clinics

epidemiologists scrambling to formulate health indicators to measure the effectiveness of health systems.

South Africa became a representative democracy on 7 April 1994, the historic day when citizens of every colour and persuasion flocked to the polls to elect the first unitary non-racial government, with Nelson Mandela as the first president. Cynics have averred that with the change, an Aristotelian aristocracy characterised by "struggle credentials" now came to replace the white oligarchy, albeit with overwhelming popular support. The new government inherited 14 independent health departments: one for each of the 10 black homelands; one each for the white, brown (mixed descent) and Asian communities; and one for black Africans living and working in so called white South Africa.

Health resources used to be unabashedly skewed in favour of services for the white community. Separation between black and white services was so absolute that an empty ambulance for white South Africans happening upon a serious road crash would blithely drive by if the casualties were black.[1] Chief among the priorities of the new government was to merge these separate bureaucracies and operational systems to create a single, deracialised national health system, something the rulers were able to achieve with remarkable success.

The South African Bill of Rights, one of the most comprehensive in the world, declares that "everyone has the right to have access to health care services." Accordingly, access and equity constitute the cornerstones of the government's new health policy, with primary care at centre stage. To achieve this goal, funding has been redistributed between and within provinces, and from tertiary to primary care, bringing health care closer, particularly to rural poor South Africans. Ironically, the reallocation has virtually decimated academic hospitals and accelerated the flight of academic staff from the public service. Public sector user fees were abolished, and an essential drugs list was introduced that greatly improved the availability and accessibility of medicines. More district health clinics were established, and more of them were connected to electricity and running water.

Has the health of the people improved in the decade since democracy? Not according to the health indicators, such as maternal, infant, and perinatal mortality; child nutrition; tuberculosis prevalence; and life expectancy (see table on bmj.com).[2] In certain instances, the reverse is evident. Unemployment and poverty (identified by WHO as the foremost threat to health) have increased despite a relatively robust economy.[3] And while the proportion of economically successful black South Africans has grown substantially, the gap between the haves and the have-nots has widened. HIV/AIDS has worsened (something for which the government is taking a lot of knocks) and is largely responsible for the regression in health indices such as infant and child mortality, tuberculosis and life expectancy.

Until and unless South Africa is able to deal with the twin evils of poverty and HIV/AIDS, the future of the health of the people will remain bleak, and the newly won democracy will seem like a pyrrhic victory in so far as people's health is concerned.

1 Baldwin-Ragaven L, de Gruchy J, London L. *An ambulance of the wrong colour*. Cape Town: UCT Press, 1999.
2 Ijumba P, Day C, Ntuli A, eds. *South African health review 2003/04*. Durban: Health Systems Trust, 2004.
3 Poverty and Inequality in South Africa. Report prepared for the Office of the Executive Deputy President and the Inter-Ministerial Committee for Poverty and Inequality. May 1998. www.polity.org.za/html/govdocs/reports/poverty.html (accessed 8 Dec 2004).

Summary points

- South Africa elected a unitary non-racial government in 1994
- One of the priorities was to create a single, deracialised national health system
- Primary care is at the centre of the new health policy
- Since 1994, though, unemployment and poverty, and HIV/AIDS have increased, and health indicators have worsened

The Hooper's bed

A water flotation mattress was used at the St George Hospital to prevent pressure sores, as described by Professor Ch. Sarazin of the Medical School of Strasbourg in his pamphlet *Essai sur les Hopitaux de Londres* (Essay on the London Hospitals) published in 1866. Professor Sarazin gives credit for this invention to William Hooper of London, an ingenious artisan who probably made the mattress at the suggestion of Caesar Hawkins of the St George Hospital, who first described the device, remarkably similar to those we still use today, in a letter to the *Lancet*.

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