



# The evolving socio-political context of community health worker programmes in South Africa: Implications for historical analysis. A commentary on van Ginneken, Lewin and Berridge "the emergence of community health worker programmes in the late-apartheid era in South Africa: An historical analysis"(2010)

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## Background

As of recently in South Africa, 34.9% of medical practitioner and 40.3% of professional nursing posts are vacant in the public health sector (Day & Gray, 2008). Research has indicated that in countries with human resource shortages for health, community health workers (CHWs) can have an important role to play in providing services to the poorest and the most vulnerable communities (Coetzee, Hildebrand et al., 2004; Wouters, van Damme et al., 2009; Zachariah, Teck et al., 2007). After an initial period (1994–1999) of the South African government neglecting CHW programmes, a rapid expansion in HIV/AIDS funding and programmes and renewed interest in child survival have provided the impulse for a significant shift in both international and government thinking towards large-scale deployment of CHWs (Haines, Sanders et al., 2007; Schneider, Hlophe et al., 2008). This resurgence of CHW programmes is matched by a growing body of research investigating the added value of these initiatives to the public health sector (Coetzee et al., 2004; Wouters, van Damme, van Loon, van Rensburg, & Meulemans,

2009; Wouters, van Damme et al., 2008; Zachariah et al., 2007). Evidence-based knowledge on this topic is urgently needed to optimally render these CHW programmes an integral part of the public health sector and thus to create the framework within which CHW programmes do achieve their goal of health system strengthening (WHO Maximizing Positive Synergies Collaborative Group, 2009).

Against this backdrop, the *Social Science & Medicine* article by van Ginneken, Lewin and Berridge, "The emergence of community health worker programmes in the late-apartheid era in South Africa: an historical analysis" (2010) on the emergence and characteristics of CHW programmes in the late-apartheid era in South Africa is both timely and welcome. The article makes a contribution to the evolving body of knowledge in the field of CHW programmes, specifically in exploring and clarifying aspects of a relatively neglected period in the development and documentation of CHW programmes in the country. Little has been published in a systematic way on the state, challenges and achievements of CHW programmes during this era in scientific journals. The study results suggest that the late-apartheid CHW initiatives were experienced as innovative, responsive, comprehensive and empowering for both staff and communities. This focus was – according to their respondents – lost in the current re-emergence of large-scale CHW programmes in South Africa (van Ginneken, Lewin, & Berridge, 2010).

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In light of the current upsurge of research and publications on the topic – especially within the South African context – the contribution gains importance and relevance by attending to this knowledge gap. The article might also contribute – as intended by the authors – to current debates on CHW initiatives in South Africa and further afield. By linking the results of the historical study of CHW programmes in late-apartheid to current developments, the authors intend to contribute to the current debate on the appropriateness, effectiveness and sustainability of CHW initiatives in South Africa. Given the often organic and highly plural development of current CHW initiatives, we welcome scientific information which can aid in developing a comprehensive framework to effectively and efficiently integrate these CHW initiatives into the formal health system with sufficient attention to the unique and valuable traits of these initiatives.

However, the article raises as many questions as it solves, as it does not offer a comprehensive analysis of CHW programmes in the period under discussion and subsequently fails to constitute the definitive analysis of CHW programmes in the late-apartheid era. The article contains serious limitations pertaining to both substantive and methodological aspects. In general, the authors utilise the study outcomes to assess and appraise current developments, thereby neglecting the profoundly different socio-political contexts of both time periods, the different scale of the CHW programmes, and the different types of CHW programmes. Methodologically, both the historical analysis and the selection of the respondents have clear limitations. Finally, the authors cannot link the study results of the late-apartheid period to the current situation without a systemic analysis of the latter.

### Substantive issues and deficiencies

#### *The socio-historical and socio-political periods compared*

The emphasis of the article is to a large extent on the changing role of CHWs in different socio-historical periods in South Africa – it even ventures into comparing the situations in these periods. At times, the article also becomes a critique of the current (post-1994) situation regarding CHW initiatives and programmes. In doing so, we are of the opinion that the authors are not sensitive enough to the profound differences between the various socio-historical and socio-political contexts that they attempt to compare in relation with CHW programmes. Certainly the earlier (1940s, actually “pre-apartheid” era) and later (1970s–1990s) “apartheid” eras cannot be labelled in the same breath as “apartheid” eras. The two periods are not comparable due to quite different political ideologies that prevailed during these periods. The former (the more liberal Smuts era) – though containing vivid contours of racial segregation – is not to be compared to the full-blown apartheid era (commencing with Malan and his successors) since 1948. In similar vein, the CHWs initiatives of the two eras were also substantially different in background and the forces that patterned them. Thus, it is necessary to compare CHW initiatives in the 1940s more pertinently and systematically with those of the 1970–90s in terms of their similarities and especially their differences. In order to do this, the analysis of initiatives (in fact only one) in the 1940s is insufficient and far too superficially performed.

The same could be said for the post-apartheid era. The period immediately after the demise of apartheid was characterised by a mere acknowledgement of community health work in the *Reconstruction and Development Programme* (van Rensburg, 2004), but not an active engagement in deploying community or lay health workers. In fact, the authorities tended to rely primarily on professional health workers to deliver health care to its citizens. This has to be understood in the challenging context of a state in transition. The approach to CHW involvement changed notably since 1999 with the tumultuous Mbeki/Tshabalala-Msimang years: lay worker involvement became

prominent and was encouraged by the then president and his minister of Health. The issue of stipend payment came to the fore, as well as the unprecedented and uncontrolled growth in non-profit organisations (NPOs) reacting to this call on “volunteerism” in community health endeavours. Unfortunately this period was also marked by the “controversies” regarding the aetiology and treatment of HIV/AIDS, which to a large extent characterised the politics of this era (Fourie, 2006; Wouters, van Rensburg et al., 2010). The current era (since 2009) is exemplified by a more conventional and responsive leadership within the Department of Health which will hopefully provide the opportunity to address the devastating consequences of an era of AIDS denialism. van Ginneken et al. (2010) disregard important contextual factors that marked each period and which consequently shaped policy decisions and realisation. For example, no differentiation is made between the post-apartheid era before and after the availability of antiretroviral treatment. This development in health care which materialised in 2004 changed a lay worker activity such as home-based care from rendering often insufficient palliative care to managing and helping with a chronic condition. Also, no mention is made of the change in economic policies from the more redistributive goals of the *Reconstruction and Development Programme* to the introduction of the neoliberal policy embodied by GEAR (*Growth, Employment, and Redistribution Programme*) (McIntyre & Gilson, 2002). Budgetary restrictions that led to the closing down of several nursing colleges also get no mention despite the importance that this development occupies in current health worker shortages. The emergence of this cadre of lay workers also coincided in response to the new funding context which concentrates on disease-specific programmes (Schneider & Lehmann, 2010).

#### *Romanticising the CHW initiatives of the late-apartheid era*

The authors are largely influenced and prejudiced in their views by the nature and intent of the CHWs initiatives of the later apartheid era (1970s–1990s) – obviously also strongly influenced by the views and experiences of the interviewees consulted in the study. The result is overly romanticised views of this period. The approach towards CHW initiatives of that era thus becomes overwhelmingly positive. In contrast, the authors are predominantly negative and critical of CHW initiatives and programmes of the new, post-apartheid period, i.e. after 1994. In order to enhance consistency, the authors should have subjected the CHW initiatives and programmes of the later apartheid era (1970s–1990s) to similar points of critique which are so abundantly levelled against CHW initiatives in the post-1994 era. In fact, there seems to be quite a lot of overlap between problems faced in the late-apartheid period and problems faced today regarding community health work issues. Hierarchy and relationships between lay and professional staff, incentives and remuneration, funding sustainability, working as volunteers, community acceptance, and adequate community involvement are some problems identified for both periods.

However, the CHW initiatives of the two eras are not to be simply compared at the same level because of a variety of factors. In the first era (1970s–1990s) the CHW initiatives (note, the ones selected for the study) revolved around small-scale, isolated and even ad hoc initiatives generated in an oppositional political context and accompanied by strong activist intent (what we refer to as non-conventional CHW initiatives). In the second era – the current, post-1994 period – CHW initiatives are predominantly steered by policies of the incumbent government and its affiliated partners outside of government (Schneider & Lehmann, 2010). Furthermore, these new CHW initiatives have nation-wide goals and applications – they are not localised and small-scale anymore. Programmes such as the *Extended Public Works Programme*, policy developments such as the *Community Care Worker Policy Management Framework* (draft

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