SOCIAL DETERMINANTS OF HEALTH

ELECTRICITY

Jeff Rudin, Alternative Information and Development Centre

Recognising electricity as a significant determinant of health is an important development in seeing health as simultaneously both a medical and social issue. Its social dimension makes health contingent on all the specificities of time and place at global, national and local levels. Politics and economics are accordingly deeply entrenched in health.

Evaluating the provision of electricity is thus unavoidably subjective unless there is an accepted objective benchmark. Our Constitution is such a standard. Electricity is not recognised as a human right but health is – and in a number of different ways. Most notably, by the right to life (S11) and an environment that is not harmful to health (S24). The Constitution also guarantees the right to health services (S27 & 28) but, in the case of eminently avoidable illnesses and accidents, it is much better – and cheaper – to avoid them in the first place.

The Reconstruction and Development Programme (RDP) provides another benchmark. This is the platform on which the ANC fought the first democratic elections in 2004. It commits the new government to providing electricity for everyone (S2.7.7) and requires the creation of a national Electrification Fund to finance the universal provision (S2.7.8).

Twenty years later, some 23% of households are still not electrified . The reality is even worse than this officially derived number. Poor households are fitted with only 20Amp connections, instead of the normal 60A connection. This severely limits the number of appliances - including lights that can be used at the same time.

The very affordability of electricity is the major constrain on its use, even in households with 60Amp connections. Even before the doubling and anticipated trebling of the price of electricity – that is to say, in the days when electricity was supposedly cheap – most South Africans found it unaffordable. By 2002, some 2 million households had had their supply disconnected because of unaffordability rather than any 'culture of nonpayment'. Ubiquitous pre-payment metres – with cost premiums – now mean that households disconnect themselves.

Free basic electricity is supposed to solve the affordability problem. However, even for those registered to get it, the amount needs to be increased 4-fold to meet basic needs.

All this forces large numbers of people to use alternate energy sources, such as paraffin, candles, coal, and wood. These alternatives are all unhealthy; some of them kill via diseases, others by fire .

Outside individual households, coal – the source of 95% of electricity – causes disease and death, whether or not households have electricity. Coal remains king, despite government commitments to a low carbon economy.

And, all this, is apart from questions of dignity and mental health.

The government's failure is not for want of money but reflects other political priorities.

RATE SERVICE DELIVERY ON YOUR HEALTH

THIS month, the country honours and remembers our first President Nelson Mandela. We correctly reflect on his many achievements and vast contribution to the democracy we enjoy today. The Soul City Institute for Health and Development Communication would like to use this moment of reflection to get the views of South Africans on how democracy has contributed to an improvement in the living conditions that affect their health.

Would you pass or fail government on service delivery? The Soul City Institute for Health & Development Communication wants South Africans to rate their experiences of delivery of those services that impacts on their health outcomes. The organisation asks you to fill out a report card as part of its ongoing advocacy for active citizenship at community health level.

"Our health status is determined by the way in which we live, work and play" says Savera Kalideen, advocacy manager for Soul City. "The Social Determinants of Health Report Card, graded by the people of South Africa, will provide a people's assessment of government's performance on six areas of service delivery which impact on health namely basic education, electricity, water, sanitation, gender and transport."

The initial results, graded by a panel of experts will be released on Human Rights Day, 10 December 2014 at a panel discussion hosted by Soul City. The report cards filled in by the public will be collected by Soul City and presented at the opening of Parliament next year. .

Among the questions being answered through this process are:

1. What should the government have tackled over the last 20 years?
2. What did government say they were going to do/tackle and how effective have they been in doing so?
3. What are the shortfalls/weaknesses in what the government should have done?
4. What are the shortfalls/weaknesses in what the government said they were going to do/programmes they did implement?
5. The services that government provides are rights that are enshrined in our Constitution and the Bill of Rights. However, while services such as housing, water, sanitation and others are important in and of themselves, they are even more important as enablers of good health.
6. Poor service delivery on services which impact on health means that some people are condemned to ill health because of their living conditions, not because of their lifestyle. While the Department of Health can provide treatment for these health conditions, it will only be addressing the symptoms of the problem. The real problem is created by the lack of service delivery for those areas.

The real solution is for government to identify, monitor and improve delivery on those services that impact on health outcomes. Otherwise the health inequality between those South Africans that have access to services that ensure good health, and those that do not have those services, will be a gap that grows ever wider.

Complete and posting to: Soul City Institute for Health & Development Communication, P.O Box 1290, Houghton, 2041, South Africa.

REPORT CARD

Social Determinants of Health in South Africa

December 2014 - Issued by the People of South Africa

Department	😊	😐	☹	Comments	Grade
Water					
Sanitation					
Electricity					
Transport					
Basic Education					
Gender					

A = Excellent B = Good C = Average D = Poor E = Needs Improvement F = Fail

Overall Comments:

Date: Signed:

Fill in and post to: Soul City Institute for Health & Development Communication. P.O. Box 1290, Houghton, 2041

GENDER AND HEALTH

Marion Stevens, Wish Associates and Africa Gender Institute

WHILE the National Department of Health has recently completed a midterm review of their Maternal Child and Women's Health strategy, a commendable effort to address progress and challenges, conceptually, there is a need to understand and programme this area better taking into account a reproductive justice and sexual and reproductive health and rights perspective. The Department has launched two good programmes this year, namely the HPV vaccination in schools programmes and also the Contraception and Fertility guidelines policy. It has also increased the tender for female condoms.

Yet with two thirds of women in South Africa experiencing unintended pregnancies areas that detract from the good work achieved include: an emphasis on the contraceptive implant, Implanon as opposed to emphasising individual options for women and increasing information about these. Abortion services are poorly provided with limited quality of care, access and facilitating the proliferation of unsafe illegal abortion provision. Integration of SRHR care into HIV prevention and treatment is lacking and while efforts have been made to address services in relation to VAW these are uneven and not well supported.

3. A 400-word article expanding on the grade for publication

Primary health care – reporting on gender

Gender describes sets of relationships between men and women that involves inequality. This grade report explores who is benefitting from this inequality and who is suffering. Critical to this exploration is the recognition of the dynamics of race and class which provide additional layers of disparity. The NDOH Maternal Child and Women's Health strategy, does not explore these inequalities and how they contribute towards mortality and morbidity. The burden of disease rests with women and is most commonly addressed with women only viewed as mothers in relation to maternal health. Nevertheless the review is an effort to redress challenges. However these is a need to inject a reproductive justice and sexual and reproductive health and rights perspective into programming to address gender inequality that manifests in women's ill health.

The introduction of HPV vaccination of young girls aged 9-13 years is to be commended. However, the cervical cancer continuum of care is not well articulated in the MNCWH strategy. The specific norms and standards for assessment, articulation of what services and requisite skills, equipment, materials and supplies in the health system needs development. The current cervical cancer control policy and screening guidelines do not match HIV care guidance to screen HIV positive women upon enrolling in care.

The Contraception and Fertility Guidelines policy launched this year is a very good policy, is informed by human rights and was developed by with a wide range of stakeholders. The policy was updated to address new evidence of a potential link between hormonal contraceptive use and HIV acquisition and transmission. An increasing number of well executed observational studies are tending to suggest that DMPA (Depo Provera) increases women's risk of HIV acquisition between a 1.3 to 2 fold. The same effect has not been seen with Net-En, and there is insufficient data on the implant to allow comment. Given that the HIV prevalence in the population of reproductive age in South Africa is 14.5% for men and 23.2% for women it would be important to steer women to safer contraception options. The policy is unique in addressing concerns of sex workers, refugees and transgender persons.

However, the policy was poorly launched and implemented with population control language of family planning being used and expressions of needing to control women's fertility through long acting contraception methods. The focus of the launch was on one method – the Implant – Implanon and issues relating to quality of care, consent and variations in standards relating to training and competency have been raised. The implant is also contraindicated in some ARV regimens and epilepsy medicine.

Current evidence suggests that up to two thirds of all pregnancies in South Africa are unintended, a figure which is even higher in young women, contributing to high levels morbidity and mortality through legal as well as illegal and unsafe abortions. In the 2012/13 financial year, female condom distribution represented less than 0.2% of total condom distribution in South Africa. Positively there have been initiatives to expand the choice of female condoms and the current tender has been increased to 54million. This needs to be accompanied with better training and information dissemination about female condom options.

Only 54% of all designated abortion (TOP) facilities are operational. This is a decrease from the 60% which were operational in 2000. Only five provinces are offering medical abortions. In some facilities services are noted as chaotic and poorly planned with women queuing in open clinic waiting rooms, limited access to privacy and bathrooms, and inadequate linen and sanitary support. This results in decreased access and in women resorting to unsafe traditional methods or turning to illegal abortion providers. It has been estimated that about 52 – 58 per cent of abortions are performed or facilitated by illegal providers. There are limited updated protocols regarding appropriate pain relief and vast differences in practice in different settings. Protocols also need to be updated to include the provision of abortion services to HIV positive women. The legal obligations of NDOH to provide services and training and to regulate arbitrary conscientious objection needs to be addressed. Communication in relation to TOP is often emotive and generalisations are made e.g. teenagers use abortion as a method; teenagers come for repeat abortions; the number of teenagers having abortions is soaring etc. These statements need to be backed up by data, we need research and evidence to assess the actual situation. It is important to collate national data disaggregated by age to determine trends in relation to age and abortion.

The Sexual Assault Policy and Guidelines (2005), was revised in 2010, but is not yet finalised. Although progress has been made in the health sector's response regarding the creation of designated confidential safe spaces, training of forensic nurses for better evidence collection and the provision of PEP, there is still uneven access to post rape care services and a shortage of services dealing with GBV. A lot more needs to be done. A landmark study seeking to provide the epidemiology of rape among women in South Africa found 2070 incidents per 100,000 women ages 17-48 per year. A 2011 study revealed 33% of women in South Africa disclosed ever having sustained physical intimate partner violence, with 13% of women the victims of sexual assault in the past 12 months. In a study focusing on South African men, more than 27.6% males admitted having raped a girl or a woman.

ACCESS TO SANITATION IN SOUTH AFRICA

Human Rights Commission

THIS article is a summary of findings of the SA Human Rights Commission's Report on the Right to Access Sufficient Water and Decent Sanitation in South Africa 2014, and will focus on sanitation.

The Department of Performance Monitoring and Evaluation (DPME) presented a report on the Status of Sanitation Services in South Africa at the SA Human Rights Commission's National Hearing in Cape Town in 2012. The DPME indicated that sanitation is fundamentally a human rights issue. It is about people's wellbeing and dignity and is directly related to health and economic activity. Without access to safe water, the health of adults and children can be seriously affected. A lack of access can also affect the ability to participate in economic activities and access other rights such as education.

The DPME indicated SA had made good progress in terms of sanitation provision. By 2010, the proportion of people without access to sanitation had been reduced to 21% from 52% in 1994. SA had also achieved the Millennium Development Goal in relation to sanitation. However since 2009, SA has begun to regress. The findings of the report illustrated the following:

a) In formal areas, 9% of the population have no access to any form of service, about 36% of all households in the informal areas have never received any services – in total, 11% of all households have no access;
b) About 3.2 million households have broken infrastructure;
c) The highest backlogs are in rural settlements of KwaZulu-Natal, Eastern Cape and the North West.

A total of 16 million people do not enjoy the right to sanitation and R45 billion is needed to address the backlog and upgrade infrastructure, according to the DPME.

In May 2013, the DPME submitted another report to the Commission, which aimed to assess the technical and financial capacity of local municipalities. The DPME report highlighted the following:

Of all employment positions at a local level in South Africa, 72% were filled. Only 61.5% of such positions were filled in Limpopo;

42% of all municipalities did not have a registered engineer in their employ;

Provision in 23 municipalities (9%) was in a crisis state, with an acute risk of disease outbreak;

99 municipalities, (38%), were at high risk, with the potential to deteriorate into a state of crisis;

Chronic delivery weaknesses were tipping into outright service emergencies in a growing number of municipalities;

46% of all municipalities were considered to be in crises regarding technical and financial capacity.

There was inadequate involvement of communities in the planning and implementation of service delivery projects;

Due to the lack of affordability of households to pay for maintenance, there was poor cost recovery in many district and local municipalities;

There was inadequate health awareness and user education.

While the DPME report offers a comprehensive account of the state of sanitation facilities in the country, there is still much that is lacking or requires additional explanation and analysis.

Complaints on water and sanitation across SA to the legal unit of the SAHRC indicate that there are problems with a lack of service delivery in areas where the DPME reports that sanitation service delivery has been achieved.

The second report from the DPME was supposed to provide an institutional assessment of municipal technical and financial capacity to expand and sustain access to adequate and functioning sanitation services. While there was much information provided on the capacity and level of skill at a local level, the report did not provide an adequate analysis of the ability of staff to undertake the jobs for which they were hired, as educational qualification is not an indication of ability. The assessment of the vulnerability of municipalities was difficult to read and not fully transparent on how particular scores were obtained.

Findings of the SAHRC's provincial hearings held between August and December 2012 also indicated that despite government's belief that access to water and sanitation is substantial in South Africa, many residents, particularly in the poorer areas of South Africa, suffer from a complete lack of access or only have access to non-functional or broken infrastructure. Complaints have been received in all provinces of a complete lack of access to water and sanitation.

Poor sanitation and associated infrastructure impacts severely on the health of communities. A lack of adequate sanitation facilities means that people are often forced to defecate in fields and other open spaces. Facilities that are provided are often not functional and either do not flush or are overloaded. Sewerage systems are not maintained and raw sewerage spills onto streets, causing severe health problems, particularly with children and the elderly.

BASIC EDUCATION

SECTION 27

Thoko Madonko

SECTION29 of the South African Constitution promises everyone a right to a basic education, a right which the Constitutional Court has interpreted to be immediately realisable. In other words, the South African government via the leadership of the Minister of Basic Education, Angie Motshekga must ensure that it uses all available resources to plan, fund and deliver services in a manner that ensures that no child unnecessarily misses out on the opportunity to receive a quality basic education in full and immediately. Looking back on the year that has passed as well as assessing government's performance in delivering quality basic education, SECTION27 and BEMF, believe that government, in particular the Department of Basic Education has achieved a grading of E – improvement needed.

Delivering quality basic education depends on a range of components, including availability of teachers, textbooks, access to sanitation, safe scholar transport, protection from violence and sexual abuse while at school and access to sufficient food for those learners who come from poverty-stricken backgrounds. While SECTION27's has focused most of its work on protecting, promoting and fulfilling the right to basic education in Limpopo we believe that problems facing Limpopo schools are national issue and they highlight national inequalities and areas where government delivery can and must be improved. Our work has shown that, where there is both National and Provincial political will, for example Section 100 interventions, improvements can and have been achieved in Limpopo and the Eastern Cape.

After years of civil society advocacy, including repeated court action, threat of court action and protests the National Department of Basic Education has been taking steps to ensure better national policy is developed and implemented. For example, the department published the regulations on the minimum uniform norms and standards for school infrastructure – a document that details what the classrooms, toilets, electricity and security, among others, should be like at every single school. The Department also released for comment a Draft policy for the provisioning and management of learning and teaching support material (LTSM) – a document that seeks to set out what the minimum set of core textbooks and learning and teaching materials are required to implement the National curriculum statement from grade R to grade twelve. At a provincial level, while there is still much that needs to be done, we have seen improvements in delivery. For example all but one of SECTION27's client schools have received all of their outstanding furniture and most of it has been assembled. Again, the majority of our client schools have received and are using their new toilets seeing improved access to water and sanitation for learners in the province. We also welcome the rollout, in conjunction with the Department of Health, of the Human Papillomavirus Vaccine (HPV) in schools – a programme that if implemented successfully should result in a reduction in deaths from cervical cancer among women in South Africa. There has also been considerable progress in the province in effecting the necessary repairs to storm damaged schools.

SECTION27 findings in Limpopo are also reflected in Equal Education's submission to the Portfolio Committee on Basic Education. Equal Education submission states that "there have been some positive developments in basic education during 2013/14 with improved expenditure trends by provincial education departments on infrastructure grants, improvement in the delivery of schools through the Accelerated School Infrastructure Delivery Initiative (ASIDI) and improvements in the provision of school nutrition, particularly in the Eastern Cape, where approximately 1.5 million learners have been reached through the programme".

However, whilst we have seen some improvements, unfortunately government still must do more to realise the right to basic education in full and immediately in South Africa. Any delays in access to quality basic education will undoubtedly have a knock on effect on other socio-economic rights such as the right to health. In February 2014 the tragic death of Michael Komape, a grade R pupil who died after falling into a pit toilet, was a stark reminder of the many schools and learners that continue to face dilapidated school infrastructure, filthy and in some instances deadly school toilets, unavailability of textbooks and discrimination against learners with disabilities. These are all enormous problems in themselves, and require urgent intervention. Again, SECTION27 with its partner organisation, Better Education For All (BEFA), found themselves in court in 2014 in order to ensure better delivery of textbooks in the province after widespread failures in delivery experienced in 2012. Furthermore, SECTION27 is still receiving reports of shortages of teachers in Limpopo and Eastern Cape, continued overcrowding in class rooms, and continued failure to accommodate the needs of learners with disabilities including provisioning of quality scholar transport. There has been slow roll out of the Integrated School Health Programme and, importantly, no clear direction by government on access to better sexual and reproductive health education and services such as availability of condoms in schools. Policy direction and implementation is also urgently needed in ensuring better access of basic education for refugees and asylum seekers. SECTION27's work on sexual violence in schools highlights the need for a more comprehensive programme to tackle corporal punishment and the issues of violence, including sexual abuse, in schools which we believe remain largely unaddressed.

Lastly, SECTION27 and partners have been deeply concerned about the victimisation by government of brave principals, teachers and parents willing to blow the whistle on activities that undermine the right to basic education. The Government must improve on supporting whistleblowers and to encourage openness, transparency and accountability and take action to ensure that where citizen's right are infringed that appropriate disciplinary and legal action is taken. It is our hope that a grade of E will spur the government and the Minister of Basic Education into action to improve delivery of quality basic education for all learners in South Africa in the coming years.

CELEBRATING SOUL CITY INSTITUTE HEALTH & DEVELOPMENT COMMUNICATION SINCE 1994 20 YEARS