

Private or social ownership

Primary health care as strategy for National Health Insurance

How will Primary Health Care be implemented when the National Health Insurance project is rolled out? **Mbhekeni Sabelo Nkosi** argues that one of the ways to do so is through nationalisation of health services and not privatisation.

The African National Congress (ANC) continues to move forward with the decision to 'implement the National Health Insurance (NHI) as a way to provide quality and affordable personal health services to all South Africans. To this end, a White Paper or Policy Statement on the NHI has been released by the South African government's Department of Health for public participation and comment.' As stated in the ANC 8 January statement titled: 'The year of advancing people's power: Local government is in your hands', the ruling party made a further call to its branches to take the lead in public participation processes on the NHI White Paper so as to have a further direct impact on how future health services are shaped and designed. The White Paper states, 'the health services covered by the NHI will be provided free at the point of care'.

This article is a theoretical reflection on the reengineering of primary health-care (PHC) as an integral strategy of the NHI. Using Marxist theory on Zanempilo Community Health Clinic I argue that the private health-care sector in South Africa needs to be nationalised.

Zanempilo is useful in discussing the contradictions between private and social ownership of the means of production.

NECESSITY FOR NATIONALISATION

The health-care industry or the health economy is an integration of sectors within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. The public sector refers to that part of an economy that is controlled by the state. The public health-care sector relates to health-care goods or services which may include hospital management organisations, health maintenance organisations, and a variety of medical products and services.

Public health also has to do with protecting the safety and improving the health of communities, the definition of which may be different for every person. According to the World Health Organisation (WHO) public health refers to all organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on

entire populations, not on individual patients or diseases. The private sector, on the other hand, is that part of the national economy that is not under direct state control. Private health-care is health-care that is provided by private entities other than the government.

I select variables to aid my theoretical reflection in which nationalisation is an intermediate variable that by definition is the process of transforming private assets into public assets by bringing them under the public ownership of a national government or state. When I say that the private health-care sector (a dependent variable) in South Africa needs to be subjected to nationalisation (an intermediate variable) I mean the private health-care sector needs to go through a process wherein it is transformed into becoming a public asset by bringing it under the public ownership of the government.

However, nationalisation is caused to vary through socialisation (an independent variable): the process of transforming an economic activity (health-care) into a social relationship and collective endeavour. To justify the choice of selection of variables, I chose



Social ownership: Clinics should be owned by the community. Credit: William Matlala.

an initiative by Steve Biko who was a medical student who later participated in starting a primary health-care centre: Zanempilo Community Health Centre. An article in South African History Online states: 'One of the more enduring structures established as a Black Consciousness Programmes initiative was the Zanempilo Community Health Centre... [situated] in Zinyoka, 10km outside King William's Town, it opened in January 1975 and was one of the first primary healthcare initiatives outside the public sector in South Africa and provided much needed community health education. However, the centre was not solely a health facility, it became a meeting point and a training ground for activists, a place where the community could gather to discuss issues, but also a place for joy and celebration, an example of the communal life that Biko ... had spoken about. The success of the Zanempilo project led to a similar establishment on the South Coast of KwaZulu Natal, named Solempilo (Eye of Health), but the ban on Black Consciousness organisations in 1977 put an end to the project'.

The assumption is that at Zanempilo the patients received health-care products and/or health-care services for free at the point of care. However, Zanempilo was not controlled by the state, but it was in the health-care sector. It also provided community health education and training. The means of production were: physical, non-human inputs used for the production of economic value, such as facilities, machinery (and/or technology), tools (and/or instruments), infrastructural capital and natural capital. Therefore, Zanempilo as a facility can be referred to as the means of production.

However, forces of production as a term is used to refer to the means of production to which labourers add value and transform capital into products/services (for sale at the point of care/service). Therefore, the NHI as a financing mechanism can procure/purchase health-care products or health-care services on behalf of the patients at the point of care. If our assumption is that at Zanempilo the patients received health-care products (for example pharmaceutical products) and/or health-care services (curative,

preventive, rehabilitative, and palliative care) for free at the point of care. Then, in our context, the patient can have an NHI card enabling him/her to receive quality health-care services/products for free at the point of care, through the NHI as a mechanism.

SOCIALISATION

The form of ownership at Zanempilo was a form of social ownership. Social ownership refers to a form of ownership of the means of production in a socialist economic system entailing for example:

- public ownership (state ownership – in this case Zanempilo was not owned by the state)
- employee ownership (for example, this could mean the nurses, the doctors, the paramedics, the community health-care workers [CHWs] or members of the health-care team), or
- cooperative ownership (ownership by the staff of the community health-care centre inclusive of the community, including patients, who can also become members of the cooperative).

In addition, and most importantly, socialisation of the surplus value appropriation may occur at this point, after the socialisation of the means of production has taken place. Marxist theory asserts that, a contradiction develops between socialised production and private ownership and appropriation of the surplus value and profits.



Attending to a baby: Doctor at work in Johannesburg. Credit: William Matlala.

This is an example of socialisation of the means of production: the building of the primary health-care centre outside of the public sector in South Africa.

In addition, and most importantly, socialisation of the surplus value appropriation may occur at this point, after the socialisation of the means of production has taken place. Marxist theory asserts that, a contradiction develops between socialised production and private ownership and appropriation of the surplus value and profits. Zanempilo is a case of a socialised production and not private ownership. Marxist theory further suggests that this contradiction (between these

three sub-concepts: socialised production, private ownership, and appropriation of the surplus value and profits) will intensify to a point where socialisation of the surplus value appropriation in the form of social ownership of the means of production will be necessitated, resulting in a transition from capitalism to socialism.

CONCLUSION

What this means in our context is that the South African government may need to pursue urgent nationalisation of private health-care facilities in general (for example private hospitals and clinics) in all the nine provinces. However, at the PHC level of care there needs to be a socialisation of

the means of production: the primary health-care centre that the NHI White Paper refers to then needs to be owned by the members of the community in which it is situated (including the health-care team) through a form of social ownership that is not public ownership (ownership by the state). Then the appropriation of the surplus value and profits will occur in such a way that the members of the health-care community (the workers and the community, including the poor) will benefit. ^{LB}

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