

# POLICY PROCESS AND RURAL-HEALTH



## CONSTITUTION

The South African Constitution (Act 108 of 1996) is the supreme law of the land and all policy, strategic planning and resource allocation must align with its principles and the obligations placed on government in terms of the bill of rights.



## LEGISLATION

The National Health Act (61 of 2003) is the key piece of health legislation in SA. It defines the structure of the health system and the roles and responsibilities of actors within it.

### RISKS

The NHA does not provide explicitly for the rural-proofing of policy or require consideration of rural factors in budgeting or planning.

### OPPORTUNITIES

The NHA does call for an equitable and accountable use of resources.



## NATIONAL DEVELOPMENT PLAN

Long-term plan (2030) for South Africa's social and economic development. It outlines broad strategies and targets for development across various sectors.

### RISKS

NDP may be another set of paper promises with little clear direction towards implementation.

### OPPORTUNITIES

The NDP includes rural development as a priority in promoting equity. This includes economic and social investment. This offers a political underpinning for rural-proofing.



## PRIORITY SETTING

The government sets its priorities based on both its legal obligations (constitution and sector specific legislation such as the National Health Act) and political considerations. The Constitution affords everyone the right to have access to health care, while the National Health Act codifies how health care should be organized to achieve this. Currently, National Health Insurance and Primary Health Care Revitalization are political priorities and are the basis of much of the government's health policy direction at the moment.

### RISKS

Rural health is not considered a priority and is treated as underserved instead. Policy makers do not consider rural factors when considering specific policy changes and developments.

### OPPORTUNITIES

Evidence based rural health advocacy directed at politicians and policy makers can shift the discourse that underpins policy. Such a shift in discourse can ensure rural-proofing is included as a priority component of policy development and review processes.

## TECHNICAL COMMITTEE

Once the need for new policy or policy revision has been identified the Minister of Health and the National Department of Health establish a technical committee of experts to start developing a draft policy.

### RISKS

Rural health is not considered a priority and is not included in the draft policy, which makes it more difficult to include at a later stage.

### OPPORTUNITIES

Ensuring that a rural health representative or someone who understands rural health is part of the technical committee responsible for the development of the policy can ensure that a technically sound approach to the rural-proofing of the policy can take place.

## STAKEHOLDER CONSULTATION

Once a draft of the policy has been developed the technical committee shares it with key stakeholders working in the areas the policy covers. These stakeholders advise on elements of the policy that need to be improved, included or removed. This allows for the policy to be revised and refined.

### RISKS

Rural stakeholders are not considered in consultation because rural is not considered a priority or these stakeholders have not been identified.

### OPPORTUNITIES

Keeping track of important policy processes will allow rural health stakeholders to make themselves available to review the draft policy. It will also provide an opportunity for advocacy to take place around the policy to ensure that rural-proofing of the policy takes place.

## NATIONAL HEALTH COUNCIL

The national health council consists of the Minister, Director General of Health, heads of Provincial Health Departments. With regard to policy, the function of the council is to review, advise on and ultimately approve the policy for implementation. The draft may be returned to the technical committee for revision before approval.

### RISKS

Council members do not see rural health as a priority and so do not push for its inclusion or may even motivate for its exclusion if they view it as competing directly with their priorities.

### OPPORTUNITIES

Providing technical support to council members who do see rural health as important can assist them to become rural advocates within the council and ensure that rural health is included in the policy in meaningful ways. This may help ensure that rural-proofing is not a process of determining either/or but rather how to do things better and in away that improves access for the most vulnerable communities.



## PREPARATION FOR IMPLEMENTATION

Once a policy has been approved indicators are developed to monitor progress and changes are made to strategic plans and departmental budgets to support additional activities or changes in priorities.

### RISKS

Even if a policy is rural-proofed, rural elements may hold less importance than other elements. This may result in them being discarded in practice when resources are constrained or implementing agencies do not understand their value.

### OPPORTUNITIES

Rural advocacy should extend beyond the policy sphere and include budget, strategic planning and service delivery monitoring and how these processes can be strengthened through rural-proofing.