National Consultative Conference

on Regional Policy

Draft Regional Policy:

COMPOSITE RESPONSE OF THE FOURTEEN REGIONS

DISCUSSION DOCUMENT

Johannesburg
19-21 Mar '93

1.0 Introduction

This document is an attempt to reflect, as far as is possible, the emerging consensus, as well as unresolved issues, on regional policy within the African National Congress. It has been drafted from the reports of consultations within and between the fourteen regions as received at Head Office.

This document does not seek to create a false consensus, nor does it seek to obscure concerns that regions may still to raise at the National Policy Conference. It should rather be read as an attempt to reflect the emerging national position on this critical issue.

2.0 Consultation process

All regions were requested to meet, discuss and respond to the Discussion Document on a Draft Regional Policy which was compiled in late 1992 by the Department of Constitutional Affairs and the Department of Local and Regional Government and Housing.

The regions have now all completed their discussions in a series of meetings, the majority of which involved more than one region:

REGION(S)	VENUE	DATE(S)
E. Cape / Border / Transkei	King.W. Town	28/9 Nov, 92
Western Cape	Cape Town	6/7 Feb, 93
N. Cape / N. OFS / S. OFS / W. Tvl	Kimberley	6 Feb, 93
S. Natal / N. Natal / Natal Midlands	Durban	7 Feb, 93
PWV / N. Tvl / E. Tvl	Johannesburg	27/8 Feb, 93

2.1 Comments on process

Whereas most regions were assisted in the conferences by inputs from NEC members or Head Office, this did not happen for the Kimberley conference, which was the cause of much dissatisfaction. In addition, many of the regions commented on the complexity of some of the concepts, such as "concurrent and overriding legislative powers", which many delegates were engaging for the first time.

The short time within which regions were asked to take a view on such an important and complex topic was also identified as a significant constraining factor.

Notwithstanding the above criticisms, from the reports received it is nonetheless apparent that the consultation process has fulfilled its task, and that the issues have been adequately covered for the purposes of the National Policy Conference.

3.0 Content Issues - Summary

The rest of the paper will identify the main content issues that were discussed by the regions, and deals with the responses in a combined fashion. Where significant difference remain, these will be highlighted accordingly. It should be noted that this document is to inform all delegates of the various responses, and is in no way intended to pre-empt the positions that may be adopted by individual regions at the Policy Conference.

3.1 Delimitation of Regions

In the Draft Document, two possible scenarios were included as illustrative examples of the manner in which future regions may be constructed. The first dealt with ten regions, whereas the second proposed the introduction of sixteen regions.

On balance, the consensus position emerging is one of some clarity at the general level, as well as much confusion in the detail thereof.

What is clear is that the sixteen regions proposal has insignificant support, being endorsed by one of four commissions within the Western Cape conference.

However. while the majority of reports endorsed the ten regions rather than the sixteen. there is no consensus on the ten region proposal itself. The following is sufficiently clear:

- Ten is the maximum number of regions that should be considered;
- There is significant support for between seven and ten regions;
- Final decisions should be left to the Constituent Assembly, possibly as advised by a Delimitations Commission;
- It should be noted that regions posed two alternatives here -such a Commission could either be appointed by the CA itself (W. Cape), or by the TEC - but reporting to the CA (Natal regions);

3.1.1 Specific Issues:

A number of conferences dealt with some specific regional options:

- As far as the Border/ Kei & Eastern Cape area is concerned. the PWV / & N Tvl are of the collective opinion that this should be treated as one region. However, precisely the opposite conclusion was arrived at in the conference of the affected regions. where Border/Kei and Eastern Cape were respectively seen as regions in their own right;
- In respect of East Griqualand (which was given a `new boundary' in the ten regions proposal). the issue as to whether this area should fall into either Natal. or Border/Kei (as amended) was felt to be something that should be left to the residents of the affected area. Even a local referendum was discussed in this regard.

This would seem to raise an important general policy issue that the Policy Conference will have to address.

- There is. as yet, no consensus within the Free State as to whether it should be seen as one region. In addition, the possible incorporation of Lesotho into the Free State (RSA?) was discussed;
- The three Natal regions came to the conclusion that Natal should be

3.2.1 Local and Metropolitan Government

The regions were asked to consider, in addition, the question of metropolitan and local government. In respect of the former, regions were asked whether metro government should be seen as second or third tier, while for local government the issue was whether it should have original power, or powers delegated by Statute.

3.2.1.1 Metropolitan Government.

There is insufficient feedback to be able to construct a response on this issue. The limited responses we do have suggest conflicting views, with one report identifying Metro government at a regional level, while the other has metro-government as "sub-regional" (presumably at the third tier).

3.2.1.2 Local Government

The responses were, again, insufficient. However, those that did respond made the following points in common:

- Local Government Powers are to be conferred by an Act of Parliament, but not entrenched in the Constitution;
- Local Government Powers can be delegated either by National Government or by Regional Government;
- Certain types of local taxes (such as property taxes) will left at the local level.

3.2.2 Representation

Insofar as the composition of the regional councils is concerned, as well as regional representation at a national level, the proposals were broadly accepted. However, the following two observations were made in the consultative process:

- That each region should be given a minimum number of representatives (eg three) increasing, on the basis of proportional representation of population, to a maximum number (eg 6) - W. Cape;
- Whereas Natal reinforced the view that representation should be solely based on the principle of proportionality;

recognised as a single Region or Province:

- PWV / E & N Tvl recommended eight regions. with N. Cape being divided between W. Tvl and W. Cape. "...to increase the economic base of W. Tvl" in the first proposal and to "...recognise historical links" in respect of the second:

- Many of the regions have highlighted the significant point that it is very difficult to come to a final position on regional demarcation without first having resolved the issue as to whether Metropolitan Regions or Governments are situated at the second or the third tiers:

3.2 Powers and Functions of Regions

Section 4 of the Draft Policy Document made specific proposals in respect of the relationship between the powers and functions of regional government. on the one hand. and the national Constitution. on the other. While a number of legislative and executive powers were proposed for the regions. this was subject to the proviso that the central state would have concurrent and overriding legislation.

At the time of writing. not all regions have submitted their reports on `Powers and Functions'. Of the eight regions that have reported. the following points arise:

- There is general acceptance of the proposals made in the draft document:

- PWV / E & N Tvl also highlighted the need for attention to sports and recreation. language. culture and tradition (clarity required on the last item);

- W. Cape proposes that regional governments may adopt their own constitutions. but within the framework of the National Constitution.

- Insofar as the transition is concerned. the N. Cape of OFS conference warned of the need to separate short-term structural problems from longer-term socio-economic and developmental issues.

- In addition, the Natal regions recommend the amendment or deletion of Clause 4.5.2 (pg18) which deals with the size of the Elected Council on the basis that the proposal "...does not accord with a democratically elected government".

- Local government powers would be conferred by an Act of parliament and could, therefore, be amended, extended, reviewed or removed by central government (and, in some circumstances, by regional government);

- The importance of `civil society' at local government level was reinforced in many of the responses. It is clear, from the reports, that more attention needs to be paid to the issue of traditional leaders in this regard;

3.3 Finance and Resources

In summary, the discussion document attempted to draw a careful distinction between the (national) taxes that would be required for purposes of redistribution, while allowing some scope for region and local government to raise additional finance for their own expenditure priorities.

In addition, a permanent Advisory Fiscal Commission was recommended to provide input as to the fiscal formulae that would be employed in the quest for equity in inter-governmental transfers.

Those regions that responded endorsed the broad outlines of the Draft Policy Document and, in particular, the need for a national policy approach on redistribution. The following additional comments or recommendations are included for discussion:

- Suggested amendment to last paragraph, pg 11 (Clause3.4to now read: "The Fiscal Commission could also advise government of the taxing of powers of taxation to lower levels..." (Border / Kei / E.Cape and W. Cape);

- "Fiscal transfers shall be made by national government to regional governments, and such transfers shall take place in an equitable manner taking into account the population size, backlogs and priorities (such as the urban and rural poor, women and children) of each of the regions" (W. Cape -this would seem to be a summarised consensus decision of all

regions reporting);

- However, Border / Kei / E. Cape add that such criteria could equally be applied to redistributive policy within the regions themselves.

4.0 Conclusion

Delegates will not need reminding on the constitutional significance of this Policy Conference, nor on the central role of the issue in the forthcoming Multi-Party Negotiations. We have limited time in which to resolve this issue. However, as reflected in this composite report, an excellent start has been made to facilitate a consensus position that will enable our national negotiation team to put forward the view of the African National Congress with confidence.

16/03/93

2. BACKGROUND

South Africa needs a re-structured health service that is able:

- To meet the present system as it is and change it into what we want for the future. We have to start from where the service is today.

- To place the main emphasis of the service at the local level. The key structure will be a District Health Authority (DHA) controlled by, and accountable to, local people, and responsible for seeing that services are available. Regional Health Authorities (RHAs) will exist to support and serve the DHAs and to provide specialised services.

- To be as flexible and adaptable as possible so that many different methods of providing and financing services can be used. For example it must allow for a Non-government health organisation or a private practitioner to take part in the public health service.

- To direct money from central government to districts and regions on the basis of population size and health needs. Large communities with many health problems and few facilities will get relatively more of the health budget. This will be the main mechanism of redistribution.

In order to implement national health policies a basic set of national health service targets must be agreed upon and funds allocated to achieve these.

Funds will be directed to DHAs and RHAs with as few conditions as possible so as to encourage local approaches to health service delivery. The NHA will judge DHAs and RHAs mainly by what targets have been achieved with the funds provided.

3. Proposed structure of a national health service for South Africa

See Figures 1, 2 and 5.

4. The District Health Authority (DHA)

The whole country will be divided into about 60 Health Districts, each with its own DHA. A DHA will normally be responsible for all public primary health care services for about 500.000 people in the area of one or more local authorities. The DHA will be controlled by the local authorities within its boundaries who will sit together with major service providers and community organizations as the DHA Board to take all major decisions such as the appointment of senior staff and the approval of the budget. In as much as the local authorities will be truly democratic, the people will control the local health services through the DHA.

In addition to the controlling board, the DHA will have a professional staff who will be responsible for the day to day work. They will manage facilities run by the DHA, collect and collate relevant epidemiological data and organize the training and development of staff in the area. They will also draw up contracts with other service providers to whom services are delegated and monitor their work by means of performance indicators.

Most money for the DHA will come directly from central government. The RHA will not play a major part in deciding how much money a local area will get or how it is spent. The amount of money for each DHA will be decided on the basis of budgets submitted to the NHA but the three main factors will be the population size, the health status of that community and the existing health care facilities in the area. These will be the main tools of redistribution of health care funds.

If local authorities continue, as at present, to raise additional local funds for health services, these funds will also be controlled by the DHA and will be used for the benefit of the whole health district.

The responsibilities of the DHA would be to ensure that there are :

4.1. **Primary care services** for everyone in the area. These services must include immunization, treatment for acute and chronic illnesses, and maternity, school health, geriatric, workers health and rehabilitation services. The facilities will usually include clinics, mobile services and community health centres. See addendum 1 for detailed services.

The provision of primary care services would be guided by national norms set out by the National Health Authority. It is envisaged that DHA's will administer very few services themselves but rather recruit various service providers to do this on a contract basis.

4.2. **Community hospital services.** Most people needing hospital admission have common conditions and will be admitted to community hospitals near their homes and families. These hospitals will also provide 24 hour maternity and casualty care and will be visited regularly by specialists from regional hospitals but will be run by non-specialist doctors. They will be controlled and run by the DHA. In this way local people will play a real part in the management of their local hospital.

The rate of provision of community hospital beds by various categories such a maternity, adult medical, children, etc should be agreed upon with the National Health Authority. If insufficient beds were available in the area it would be possible for a DHA to contract with another authority or supplier to provide the service. Similarly, excess local capacity could be contracted out.

4.3. **Ambulance and other transport services.** Basic levels of provision of these services will be set out at national level with some variation for local conditions. Especially in rural areas a well functioning transport system is an essential part of health care. Adequate funds especially for training of staff and technical backup are essential. In many cases the use of contractors will be appropriate. An example would be the use of taxi services to transport non-emergency patients to hospital.

4.4. **Environmental health services.** These are the services which control the general cleanliness in the community and are involved with issues such as water purity, sanitation, meat inspection, passing building plans as being healthy and so on. The monitoring work is done mainly by health inspectors and the number needed in an area