

Key levers of change for rural health

The RHAP works from the premise that ‘rural’ is not adequately or appropriately catered for within any aspect of the health system in South Africa. Based on various assessments it is clear that vast inequities remain in resourcing and service delivery between urban and rural settings. These inequities have been sustained through historic and systematic neglect of rural contexts in policy, strategic planning and the allocation to rural contexts. This neglect substantively contributes to poor health outcomes in rural settings.

In seeking to shift the treatment of rural within the health system we maintain that systemic influence starts with an *evidence-based strategy* that is developed from a rigorous assessment of both the quantitative state of rural health and a qualitative understanding of the political, bureaucratic and technocratic that sustains inequity. This evidence-base is supported by solution-oriented advocacy that flows from critique to offering technically sound *policy and system process solutions* that could affect sustainable change in the way rural is treated within the health system.

This strategy demands that we direct our attention to ‘key levers’ within the system that can affect meaningful movement towards greater equity. These are certainly of relevance to any strategy aimed at brining about systemic transformation within health in South Africa:

- It is important to understand the role *concurrent powers (national/provincial/district)* play in decision-making and implementation. This is important for what messages are communicated and what technical inputs are made. Beyond practicalities of influence though, the concurrent powers means that within the system its difficult to ensure consistency in decision-making and it makes accountability more difficult. Understanding how these relationships are managed or even changed is important going forward
- Addressing governance issues is important. Centres of decision-making rest at the provincial level while accountability is shifted to district or facility level without concurrent delegations. Decision makers are detached from context while implementers remain fearful of retribution.
- Ensuring service providers, such as health care workers, have a voice to critique the system and/or become agents of change without fear of victimisation and retribution will add a powerful site of systemic change.
- Social accountability is a key ingredient to improving service delivery through an accountable system. Developing space for patients, communities and individuals to participate in the oversight and administration of the health system at the local level is fundamental to shifting the system and improving service delivery. Systemic change is not possible if it’s not lead from below.
- For the RHAP in particular, shifting the language of decision-making is important. Thinking rural both from a social justice and technical perspective is important for sustainable systemic change. Providing evidence and then solutions for rural-proofing seeks to embed change in governance discourse that will then reflect in policy, planning and resourcing

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