GOVERNMENTAL RELATIONS AND HIV SERVICE DELIVERY

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Introduction

This chapter reports on some of the main findings of a research project that examined inter-governmental relations in the health sector in South Africa. The study focused on HIV/AIDS services but the intention was to use HIV/AIDS as a tracer or probe of broader health system functioning. The main objectives of the research were to describe what HIV/AIDS services are provided, how the different functions are allocated between government actors, and how they are then coordinated.

The study was conducted in two parts. Phase 1 was completed in the second half of 2002 and provided a broad National Overview of HIV/AIDS activities in the national, provincial and local spheres of government. Phase 2 was done in early 2003 and consisted of detailed Case Studies from three different tracer municipalities. The research methodology was mainly qualitative and exploratory and included literature review, document analysis and key informant interviews.

The key results of the project are presented by considering the following questions:

1. Why is coordination important in decentralisation reform?
2. How do we describe governmental relations?
3. How are HIV/AIDS roles and responsibilities allocated?
4. How are HIV/AIDS services coordinated?
5. What are the strengths and weaknesses of the current arrangements?
6. What contextual factors influence these relationships?
7. What is the impact on HIV/AIDS service delivery?
8. How can governmental coordination be improved?

Why Is Coordination Important In Decentralisation Reform?

Health sector decentralisation involves a shifting of power between central and peripheral levels (Mills, 1994). As authority is transferred from the centre towards the periphery, roles and responsibilities of each level of the system have to be re-aligned. The wider distribution of responsibility requires new mechanisms of coordination to ensure that all levels work together coherently to support service delivery and enable health system goals to be achieved.

International experience indicates that a common problem of decentralisation reform is that the roles of the different levels may not be clearly or appropriately re-defined (Thomason et al., 1991). For example, within a decentralised system the central level should retain functions related to setting national frameworks but give up responsibility for translating these policies into service delivery. The central level also needs to change from a command style of management to a more facilitatory approach. However, the central level often fails to adapt to these new roles. By retaining too much authority the central level can undermine the attainment of decentralisation reform objectives (Mercado et al., 1996), but if too much authority is transferred to the periphery, national goals of equity and coherence may be undermined (Collins and Green, 1994).

The fragmentation of responsibilities and authorities that results from health decentralisation are cited frequently (Kohlemainen-Aitken and Newbrander, 1997). However, how the problem should be addressed and what needs to be done to improve integration and coordination has received much less attention in the health systems literature. Therefore, one of the main

objectives of this study was to explore in more detail how activities are coordinated between different government actors within decentralising health systems such as South Africa.

This discussion is not meant to imply that health sector decentralisation is simply a technical exercise in organisational design. Socio-cultural factors such as the local socio-political context, organisational culture, and informal organisational relationships have been shown to have a significant influence on the impact of health decentralisation reforms (Atkinson et al., 2000).

How Do We Describe Governmental Relations?

Governmental relationships are extremely complex. It is difficult to talk about governmental coordination without developing some conceptual frameworks and definitions. One of the frameworks we developed in this study is presented in Figure 1.

Figure 1 firstly summarises the key actors involved in HIV service provision. According to the Constitution, our government is divided into national, provincial and local spheres as well as the legislative, executive and administrative arms. Each of these divisions has some responsibility in relation to health system functioning. Of course, health functions are mainly allocated to the Health Departments at the national, provincial and local levels. However, other government departments, such as Social Development or Education, are also important in addressing complex social problems such as HIV/AIDS. Within the Departments of Health (DoH), HIV/AIDS directorates or units are primarily responsible for the provision of HIV services but have to work together with other health programmes, support staff and line managers in order to be effective. Figure 1 also highlights the important role of civil society and the private sector in HIV/AIDS and reminds us that the provincial sphere actually consists of nine different provinces and that the local sphere is made up of 6 metropolitan municipalities, 47 district municipalities and 231 local municipalities.

Coordination relationships are multi-faceted and can be described and categorised in a number of different ways. Some of the terminology used in this study is summarised in Table 1. The eight main categories of coordination relationships are then also shown in Figure 1.

Table 1: Different ways of describing governmental coordination relationships

Characteristic	Description	Main Sub-Categories	
Dimension	Whether relationship is at same level or between levels	▪ Horizontal ▪ Vertical	
Domain	Whether relationship is within government or with actors outside of government	▪ Internal ▪ External	
Category	Main categories of governmental relationships on the basis of which actors are involved	▪ Inter-governmental ▪ Inter-sectoral ▪ Inter-provincial ▪ Inter-municipal	▪ Political-administrative ▪ Inter-departmental ▪ Intra-departmental ▪ Referrals
Mechanism	Means of coordination	▪ Coordination structures ▪ Planning	▪ Meetings ▪ Informal relationships
Channel	Which part of government is involved	▪ Legislative ▪ Executive / Political	▪ Administrative
Nature	Nature of the relationship	▪ No relationship ▪ Information sharing	▪ Consultation ▪ Accommodation ▪ Joint decision-making

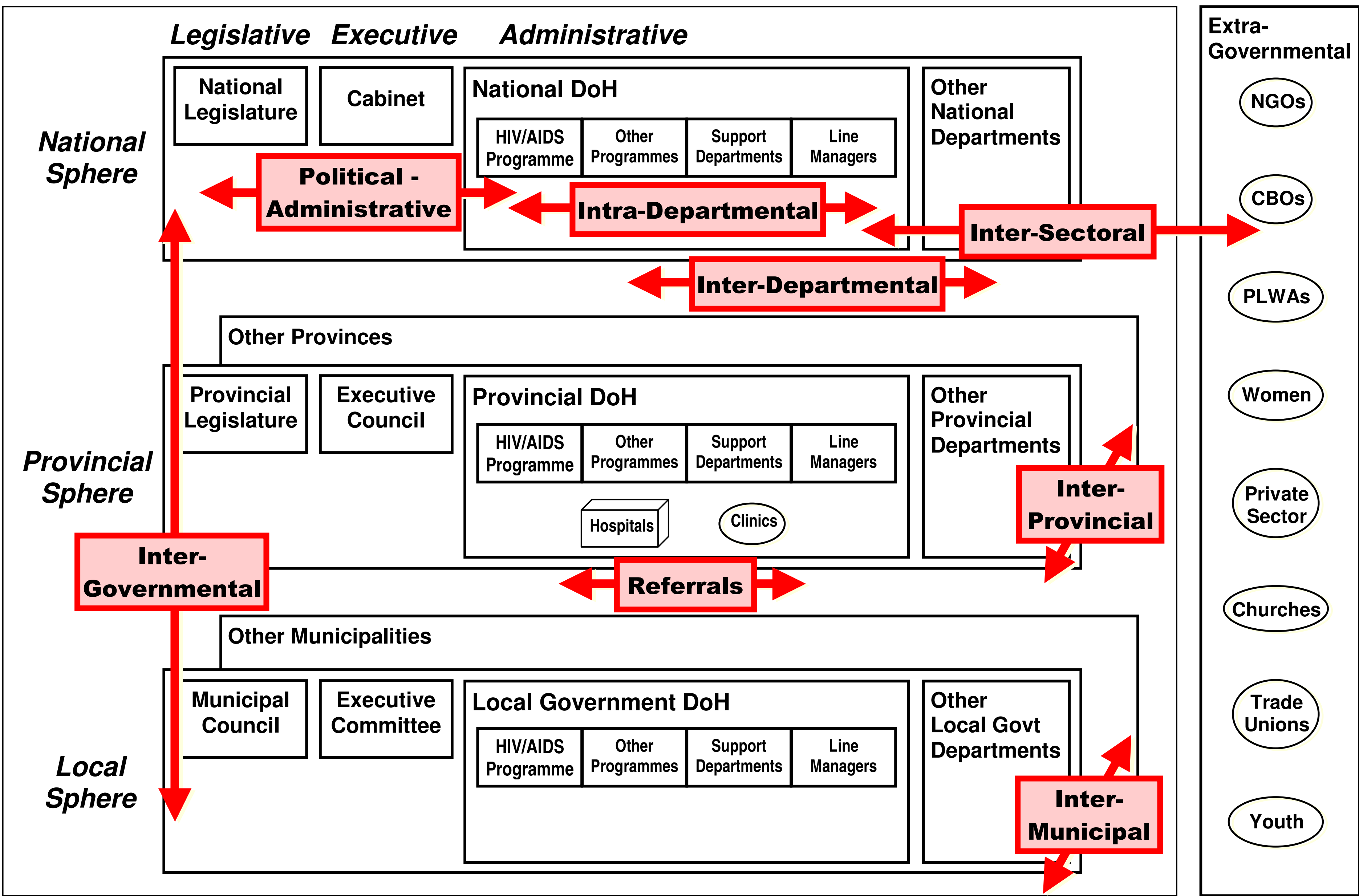

Figure 1: Framework for describing the main actors and main categories of coordination in HIV services

How Are HIV/AIDS Roles And Responsibilities Allocated?

The Constitution allocates health responsibilities to all three spheres of government: general health services are shared between the national and provincial spheres, provinces are exclusively responsible for ambulance health services, and the local sphere is made responsible for municipal health services (MHS) but without defining what this might be. Given the DoH's commitment to the development of a District Health System (DHS), the Health White Paper and earlier drafts of the National Health Bill focus on the functions of the national, provincial and district levels and are not completely clear on how this relates to local government. A decision of the Health MinMEC in early 2001 suggested that the local sphere would ultimately be responsible for district governance and defined MHS as primary health care, implying a significant role for local government in the provision of HIV/AIDS services. However, in the final version of the Health Bill submitted to parliament in September 2003, local government is only directly responsible for environmental health services (which does not include HIV services) though the Bill does make provision for additional functions to be delegated to competent municipalities. The HIV/AIDS Strategic Plan is the most important blueprint for the government's HIV/AIDS strategy. It outlines a comprehensive package of interventions but is less clear on how the different responsibilities will be allocated and coordinated. The Plan is mainly concerned with involving other departments and sectors in the campaign against HIV/AIDS, and makes almost no mention of the different spheres of government.

There was reasonable consensus among the respondents about the roles of the different actors in relation to the HIV/AIDS programme. These are summarised in Table 2. The National Department of Health (NDoH) was seen to have a legitimate role in steering the HIV/AIDS programme. Both national and provincial respondents said that the main role of the Provincial DoH (PDoH) was to modify national policies according to provincial realities. Local government informants mentioned their role in the provision of clinic services, advocacy, training, home-base care (HBC), and NGO support. Hospitals and clinics were described as being responsible for clinical service provision, particularly the treatment of STDs and opportunistic infections. NGOs were mentioned as legitimate and important HIV/AIDS actors, particularly in the provision of home-base care (HBC) for AIDS patients but also for education, counselling and training.

How Are HIV/AIDS Services Coordinated?

The Constitution provides the broad legislative framework for inter-governmental relations and outlines a system of co-operative governance in which shared objectives and values are most important in coordinating relations between the three spheres. The Local Government White Paper and subsequent Legislation also emphasise the need for cooperative inter-governmental relations and further suggest that local government can play an important role in government service integration at the local level, particularly through the development of local Integrated Development Plans (IDPs). The two main mechanisms identified in the National Health Bill to improve inter-governmental coordination are requirements for integrated planning processes between the three spheres of government, and the formalisation of a number of inter-governmental structures - the National Health Council (NHC), the National Health Advisory Committee (NHAC) and their equivalents at the provincial and district levels. The HIV/AIDS Strategic Plan also highlights the importance of coordination structures, particularly the South African National AIDS Council (SANAC) for inter-sectoral coordination, and the Interministerial Committee (IMC) and Interdepartmental Committee (IDC) on HIV/AIDS for inter-departmental coordination. The Plan suggests that these structure could be duplicated at the provincial and district levels. However, it does not really address coordination between the three spheres of government though local government is listed as one of the sectoral representatives in SANAC.

Table 2: Identified roles and responsibilities of key Actors

National DoH

- Leadership
- Provide strategic direction
- Policy development
- Define norms & standards
- Develop guidelines & protocols
- Provide technical support to provinces
- Training
- Mobilise resources
- Allocate resources
- Provide resources for national programmes (conditional grants)
- Funding of NGOs
- Monitoring & evaluation
- Coordination
- International liaison
- Research

Provincial DoH

- Adapt national policies programmes to provincial circumstances
- Develop plans to operationalise policies and strategies
- Provide appropriate environment for implementation
- Training
- Capacity development
- Mobilise resources at provincial level
- Allocate provincial resources
- Hospital services
- Establish and support inter-governmental coordination structures
- Serve as channel to district, local government
- Feed local dynamics up to national
- Monitoring and evaluation of implementation

Local Government DoH

- Implementation
- Clinic services
- Prevention
- Serve as channel to communities
- Integrate local level resources
- NGOs
- CBOs
- Infrastructure
- Poverty alleviation

Hospitals

- Treatment of opportunistic infections
- Providing post-exposure prophylaxis (PEP)
- Providing palliative care in step-down facilities

Clinics

- IEC and AIDS awareness
- Treatment of opportunistic infections
- Treating STIs
- Providing VCT services
- Linking with and supporting NGOs

NGOs

- IEC, campaigns
- Condom distribution
- Counselling
- VCT
- HBC services
- AIDS orphans
- Counsellors, carers
- Other NGOs
- Health workers

Other Government Departments

Social Development
- Social grants
- Poverty alleviation
- AIDS orphans
- NGO support

Education
- Health education
- Life skills training

National Treasury
- Resource allocation
- Conditional grants

Public Service Administration
- Government workplace HIV programmes

When asked about how HIV services are coordinated most informants referred to specific coordination structures although other mechanisms were also occasionally mentioned. Table 3 summarises the main coordination mechanisms for each of category of coordination.

Table 3: Main coordination mechanisms by category of coordination

<table>
<tr><th colspan="2">Category of Coordination</th><th>Coordination Mechanisms</th></tr>
<tr><td rowspan="3">Inter-governmental</td><td>National – Provincial</td><td>▪ General structures: MinMEC, PHRC
▪ National HIV meetings
▪ National programme meetings
▪ Consultation in policy development
▪ Planning and budgeting processes
▪ Conditional grants
▪ Appointment of national staff to provincial level
▪ HIV newsletter
▪ Standardised guidelines, manuals
▪ National reporting mechanisms</td></tr>
<tr><td>National – Local</td><td>▪ Very limited engagement
▪ General structures: SALGA reps on MinMEC & PHRC</td></tr>
<tr><td>Provincial – Local</td><td>▪ Mostly ad-hoc and informal
▪ General structures: PHA
▪ Planning processes: ? Participation in IDP development</td></tr>
<tr><td colspan="2">Inter-departmental</td><td>▪ General structures: Cabinet, Executive councils, cluster committees
▪ Dedicated coordination units
▪ HIV-specific structures: IMCs and IDCs at national and provincial levels</td></tr>
<tr><td colspan="2">Inter-sectoral</td><td>▪ HIV-specific structures: SANAC, Provincial AIDS Councils (PACs), District Aids Councils (DACs)
▪ Dedicated coordination units
▪ Contracts with NGOs
▪ NGO forums, consortia</td></tr>
<tr><td colspan="2">Inter-provincial</td><td>▪ General structures: MinMEC, PHRC</td></tr>
<tr><td colspan="2">Inter-municipal</td><td>▪ General structures: PHA, DHA
▪ HIV-specific structures: PAC, DAC</td></tr>
<tr><td colspan="2">Intra-departmental</td><td>▪ Management meetings
▪ Direct engagement</td></tr>
<tr><td colspan="2">Political-Administrative</td><td>▪ Direct engagement
▪ Presentations to legislature</td></tr>
</table>

The major focus in HIV coordination has been on national-provincial coordination, inter-departmental coordination and inter-sectoral coordination. National–provincial coordination has been improved through mechanisms such as the Strategic Plan; regular meetings between programme directors from the two levels; specific conditional grants to support priority activities; and the appointment of national personnel at provincial level. A number of respondents noted that the framework provided by the Strategic Plan had been important in supporting HIV coordination. As one official noted:

> *"I think the strength of it is the fact that, you know, we are guided by the strategic plan. There's something that gives us the direction of where we're going to…So that there is a sort of continuity, so that you don't find every year, you are suddenly doing something totally different, that there's some broad framework within which you can operate. And it gives everyone a sense of where they can slot into the different activities." (National HIV programme official)*

Inter-sectoral and inter-departmental coordination have been facilitated by the establishment of the HIV-specific coordination structures outlined in the Strategic Plan. Most of these structures are now supported by dedicated personnel and secretariats within the DoH.

Coordination of HIV/AIDS services between provinces and local government has not been formalised though relationships were generally described as cordial. For example, some interviewees described how they were occasionally involved in campaigns or projects together, and attended each others' meetings when invited. Few respondents spontaneously mentioned broader coordination structures such as the Provincial Health Authority (PHA). The PHA was generally depicted as a political structure dealing with tensions related to DHS development and rather removed from day-to-day health service functioning.

A number of interviewees confirmed the importance of informal relationships as mechanisms of coordination within the HIV/AIDS programme. As one responded said:

> *"Sometimes it works far better to bypass channels and to phone a person directly and ask them for assistance. That is a very effective manner, although its not always the correct way, but we do get things done in that manner" (Provincial official)*

What Are The Strengths And Weaknesses Of The Current Arrangements?

Table 4 summarises the strengths and weaknesses identified by respondents in relation to what HIV/AIDS services are provided, how HIV roles and responsibilities functions are allocated, and how they are coordinated.

Table 4 : Summary of strengths and weaknesses

	Strengths	Weaknesses
HIV/AIDS Service Package	▪ Comprehensive outline provided by 5-year HIV/AIDS Strategic Plan ▪ Well-defined priority interventions (condom provision, VCT, HBC) ▪ Progress with implementation of priority interventions	▪ Implementation too slow ▪ Little on treatment ▪ Neglect of broader systems and development roles
Allocation of Roles and Responsibilities	▪ General health roles are defined ▪ Functions of different actors in relation to HIV/AIDS has evolved over time ▪ Reasonable consensus on roles, particularly in relation to national and provincial levels ▪ Some attempt to define roles of other departments and other sectors	▪ HIV roles and responsibilities of different actors not formally defined ▪ Some tensions in role allocation ▪ Role of local government unclear and unstable ▪ Limited decentralisation of responsibility ▪ Focus on directing and controlling rather than support and development ▪ Limited attention to service delivery at facilities
Coordination and Integration	▪ Coordination of HIV/AIDS services is receiving attention and resources ▪ Framework provided by Strategic Plan ▪ Improvement in National – Provincial coordination ▪ Inter-departmental and inter-sectoral coordination being addressed	▪ Objectives of coordination not clearly specified ▪ Weak communication systems ▪ Poor Provincial – Local coordination ▪ Less attention to intra-departmental coordination ▪ Reliance on structures for coordination ▪ No coordination of coordination ▪ Focus mostly on political channels of coordination

<u>HIV/AIDS Service Package</u>

Most of the officials interviewed were quite positive about the progress that has been made in the implementation of the HIV programme over the last year or two. They pointed to improvements in public awareness, condom provision, the expansion of voluntary, counselling and testing (VCT) sites, the introduction of home-based care (HBC), and the strengthening of STI and TB services. A number commented on the importance of the five year Strategic Plan in providing a comprehensive and detailed plan of action.

However, some people felt that progress has been too slow while others argued that curative services have not had enough attention. Priority activities within the HIV/AIDS programme have generally become structured into separate, fairly vertical, sub-programmes - such as the VCT and HBC - with reasonably well-defined packages of interventions. This has facilitated implementation but has also served to divert attention from broader systems support and developmental issues. A provincial director explained:

> *"Because if you look at it now from the Strategy it is only a health issue and yet when you look at HIV/AIDS it is an developmental issue."*

<u>Allocation of HIV/AIDS Roles and Responsibilities</u>

The HIV Strategic Plan does not clearly specify the roles and responsibilities of the different spheres and actors with regard to HIV services. A provincial director noted:

> *"Its the issue of not having a clear policy that differentiates the roles of each level of government. It's not clear what people are supposed to do. I think for me if we would have a clear policy on HIV/AIDS that says these will be the responsibilities of national, these would be provincial…for all the spheres of government"*

Over time the respective roles of the national, provincial and regional/district levels have become reasonably defined in practice (Table 2). There has been some deconcentration of responsibility along the national–provincial–regional axis but most of the strategic direction and authority within the HIV/AIDS programme remains at the centre. A number of respondents complained that the national and provincial levels were still too involved in programme implementation. Despite the Constitutional obligation to help 'lower' spheres to fulfil their objectives, the national and provincial levels have tended to focus on directing and controlling rather than supporting and developing the levels below them.

The role of local government in HIV service provision remains an important area of uncertainty. Though there is significant variation between municipalities, HIV activities at the local government level remain fairly limited and no HIV responsibilities have been specifically devolved to the local sphere. Many local government respondents felt that the resources and advantages of local government were not being adequately utilised in the government's HIV/AIDS strategy. They argued that the local sphere provided better access to communities and community based organisations, were better situated to mobilise and integrate local resources, and would facilitate a more developmental approach to HIV/AIDS.

<u>HIV/AIDS Coordination</u>

Coordination and integration has clearly been identified as a priority within the DoH and the HIV/AIDS programme and is receiving attention and resources. Partly reflecting the priorities outlined in the Strategic Plan, most attention has focused on improving National-Provincial coordination, inter-departmental coordination and inter-sectoral coordination. Other categories such as intra-departmental coordination and Provincial-Local coordination have received less attention. With regard to HIV services, interactions between provincial and local officials appear to be limited to very local initiatives and very specific issues. Many local government services function quite independently of the national programmes even when there is significant overlap of activities such as in the setting up of VCT sites or contracting with NGOs. In the absence of formal relationships local government managers often have to rely on informal and personal connections which was not seen as ideal.

A number of different coordination mechanisms have been utilised. The Strategic Plan seems to have been particularly influential while coordination structures have varied in their effectiveness; some structures have played a critical role whereas others exist in name only. Nevertheless, the structures have tended to proliferate. In some instances, the establishment

of new structures appears to have become an end in itself, hindering coordination rather than facilitating it. As one official complained: *"There is no coordination of the coordination".*

Most coordination initiatives have focused on political channels of coordination which don't necessarily result in improved coordination of service delivery. Similarly, the nature of the coordination required is rarely specified. Many respondents suggested that simple communication would address many of the current problems. On the other hand, some provincial and local interviewees argued that there were lots discussions about programme operations but little space for coordinated strategic thinking and problem-solving among senior managers.

What Contextual Factors Influence These Relationships?

Inter-governmental relations and the coordination of HIV services reflect the present context of public sector transformation in South Africa. Some important factors include the current political imperatives for service delivery; the prolonged process of local government restructuring; and the historical legacy of apartheid on municipal level capacity. Within this changing environment governmental relations are clearly still in a process of evolution and development.

The current organisation culture of the public sector is also relevant. For example, the nature of the bureaucracy tends to favour formalisation and structural solutions to coordination problems while the prevailing political culture is partly responsible for the emphasis on accountability to politicians and the current centralisation tendencies within government.

At the DoH level, a key contextual factor has been the policy process with regard to DHS development. The prioritisation of the district level as well as the uncertain and changing debate about the role of local government within the DHS has definitely contributed to the poor integration and coordination with the local sphere.

Lastly, certain contextual factors contributing to the observed relationships and dynamics are unique to HIV/AIDS. HIV/AIDS is seen as requiring broad, multi-sectoral responses which significantly increases the number of actors involved and the complexity of coordination. Also, the urgency of the HIV crisis in South Africa accounts for the preoccupation with implementation and service delivery rather than slower more developmental approaches.

What is the impact on HIV/AIDS service delivery?

The focus of the HIV/AIDS Strategic Plan has been on the rollout of a series of national HIV priority sub-programmes, particularly VCT and HBC. There has clearly been progress in these areas and their implementation has been fairly well-coordinated, at least between the national and provincial departments. Of concern is that the priority sub-programmes have tended to become rather centralised and verticalised and are sometimes seen as ends in themselves. The establishment of structures to support inter-departmental and inter-sectoral coordination has also been a department priority, but has not yet had much impact on HIV/AIDS programme implementation.

The Strategic Plan has been helpful and influential in determining the direction of the HIV/AIDS strategy. The danger, however, is that where the Plan is weak or deficient, the programme will be too. So, aspects such as supporting curative HIV services at clinics and hospitals, or improving provincial-local coordination or intra-departmental integration have been relatively neglected. A few officials voiced their concerns about the limited space for strategic engagement and review of current strategies and initiatives.

Many facility level managers interviewed seemed ill-prepared to take on the extra workload being allocated to them in relation to HIV services. Their concerns related to basic infrastructure and broader systems support are not adequately addressed within the current HIV/AIDS plan. Informants outside the HIV/AIDS directorate commented on the poor coordination within the department on HIV issues. They also complained that HIV/AIDS was receiving a disproportionate share of the attention and resources and that other PHC priorities should not be neglected.

Lastly, the limited interaction and involvement of local government is understandable in the light of the uncertainty regarding DHS development as well as the concerns about municipal capacity and the arrangement of fiscal federal relations. Nevertheless, failing to take full advantage of the resources and more developmental approach of local government may be particularly detrimental for HIV/AIDS services.

How Can Governmental Coordination Be Improved?

This study has attempted to explore the complexity of governmental relations and coordination. The frameworks and approaches developed in relation to the coordination of HIV/AIDS services are helpful in highlighting some of the tensions and tradeoffs that need to be considered in improving health system coordination in South Africa:

- There may be a number of different objectives for governmental coordination. One assumption is that the primary concern is to achieve national coherence in health service delivery but this is a rather top-down approach that overlooks the importance of political governance and accountability. There is a tension between achieving short term delivery objectives - through mechanisms such as centralisation and verticalisation - and broader, more long term developmental goals - such as the strengthening the local sphere of government. This tradeoff is also reflected in the need to balance the oversight and control role of the national and provincial spheres with their developmental and support responsibilities.
- A prerequisite for improving coordination is to clarify the roles of all the different actors in the provision of health services, particularly within the local sphere.
- The nature of coordination required also needs to be defined. Some relationships simply need better communication and information-sharing whereas others may require joint decision-making.
- A more balanced approach to the different categories of coordination is necessary. Inter-departmental and inter-sectoral coordination are clearly important but more immediate priorities may be to facilitate integration within the DoH and to improve coordination between the provincial and local spheres of government.
- Political buy-in and leadership are critical to the success of health interventions, but administrative channels of coordination also need to be developed to ensure that coordination of actual service delivery takes place. The absence of forums for strategic engagement of senior officials from all three spheres of government is a particular concern. A further strategy would be to focus on improving political – administrative relationships.
- Formal structures are frequently seen as the solution to coordination problems though they have not been uniformly successful. There also needs to be more attention to the *“coordination of coordination”* which requires defining clear responsibilities and relationships between different coordinating structures. Other mechanisms of coordination, such as information dissemination or integrated planning, should not be neglected.

- There appears to have been little explicit emphasis on trying to develop shared values between the different spheres of government, the approach to cooperative governance outlined in the Constitution. Respondents spoke more of the competition and rivalries between levels than a shared project of government delivery. Shifting to more financial mechanisms of coordination, such as conditional grants and service level agreements, may actually serve to undermine these cooperative relations.
- Consideration needs to be given to process issues in the design of inter-governmental relationships, for example by ensuring that actors affected by the changes participate in their development. Flexibility and incremental learning through experimentation will probably be more helpful than technical expertise in organisational design.
- Lastly, it should not be forgotten that though coordination is important, the opportunity costs of resources spent on coordination mean that minimal rather than maximal systems may be appropriate.

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