

# Is Motsoaledi fiddling while healthcare is burning?

 By [Nicci Botha](#)

6 Jun 2018

Despite the [Life Esidimeni tragedy](#), [non-existent oncology services](#) in some provinces, [striking healthcare workers](#) and a damning quality standards report before parliament, Health Minister, Dr Aaron Motsoaledi seems to be labouring under the delusion that the South African public healthcare system is not collapsing.



Health Minister, Dr Aaron Motsoaledi. Photo: South Africa Today

Speaking at a media briefing, the minister said he was not aware of any scientific methods used to measure the veracity of the claims made about the breakdown of the health system.

“I am not here to challenge that because I do not know the yardstick that was used to arrive at a conclusion of collapse. Surely healthcare systems are measured on some form of scientific yardstick to arrive at any conclusion.”

So is he discounting the methodology used by the Office of Health Standards Compliance (OHSC)?

The OHSC is a statutory body charged with assessing the quality of hospitals and clinics, and will be responsible for determining whether public health facilities are up to scratch to be accredited under the National Health Insurance (NHI) programme.

It has tabled a report before parliament that only five of the 696 hospitals and clinics it inspected in 2016-17 complied with

the Department of Health's norms and standards to achieve an 80% "pass mark". The inspections covered just under a fifth of SA's 3,816 public health facilities.

## Overcrowding in public hospitals

The minister was willing to concede that extreme overcrowding in public hospitals is a problem and that the situation "could have been much worse if we did not take proactive steps".

"One of these steps was to decant patients away from the clinics and hospitals to take their medication at selected pick-up points. These are pick-up points selected by the patients themselves. We have 2.2 million people on this system called CCMDD (Central Chronic Medication Dispensing and Distribution). We are poised to load one million more people on this system during this financial year."

He also disputed allegations that public health facilities have run out of medicines, saying drug stock outs in health facilities have long been resolved, with a new technology launched in 2014.

"In our clinics, we have the SVS (Stock Visibility System), which we launched with the Vodacom Foundation. We are able to monitor stocks in all our clinics straight from head office in Pretoria, and we do so every single week.

"On our hospital dashboard, we also average 88% for the highest provinces and 70% for the lowest provinces, which are Limpopo and North West.

Yet he failed to take into account the [stock outs of anti-retrovirals in North West province](#) as recently as March this year due to industrial action by healthcare workers.

## Human resources battle

He admitted that the country has a big human resources problem, saying sub-Saharan Africa carries 80% of all infectious diseases in the world but only has 3% of the health human resources.

"We are not exempted from that as South Africa. We are actually very badly affected. We have decided to enter the battle robustly," the Minister said.

After placing the North West Health Department under Section 100 (1) (b), Motsoaledi said they have found huge vacancies, and this month they are going to fill 223 vacancies at the cost of R150 million.

In Gauteng, the minister said a substantial number of vacant posts in health would be filled this year, especially in the teaching hospitals.

## Radiation oncology backlogs

Motsoaledi announced that the national department will help KwaZulu-Natal and Gauteng with their radiation oncology backlogs in a programme in August this year. "Gauteng and KZN will get R100m between them to deal with their backlogs."

This new programme is still two months away, so what is happening to all the critically ill cancer patients not getting treatment in the meantime?

## HIV programmes

Despite the obvious, Motsoaledi was at pains to point out the country's HIV programme, which is "the biggest in the world at 4.2 million people. In the next 24 months, we are poised to initiate an additional two million people on treatment".

Motsoaledi said that the country's public health system is still able to treat all 300 000 patients who suffer from TB, noting

that South Africa is the first country to get to scale in the use of TB diagnostic and early introduction of the latest medication for TB.

Despite the minister's optimism, there is definitely far more wrong with South Africa's public healthcare system than there is right with it. Now throw NHI into the mix, are we ready for it? At this point the answer would be a resounding no.

## ABOUT NICCI BOTHA

Nicci Botha has been wordsmithing for more than 20 years, covering just about every subject under the sun and then some. She's strung together words on sustainable development, maritime matters, mining, marketing, medical, lifestyle... and that elixir of life - chocolate. Nicci has worked for local and international media houses including Primedia, Caxton, Lloyd's and Reuters. Her new passion is digital media.

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