

# Summary of Health Issues in South Africa

Period 15/02/2016 – 19/02/2016

The Minister of Health has indicated that the intended changes to the existing Road Accident Fund legislation had resulted in personal injury attorneys looking to different avenues for work. He claims they now aggressively pursuing medical negligence claims, seeing opportunities arising from well-known weaknesses in the public healthcare system, he implies the attorneys are most aware of the costly indemnity insurance that specialist medical experts have to take out to protect themselves.

The two main areas of concern are gynaecologists and neurosurgeons due to the nature of the procedures they perform. These are followed by orthopaedic surgeons. The Minister opinions that litigation is not normal, forcing doctors to take out expensive insurance due to the exposure and risk such attorneys represent.

REFERENCE: JENNI EVANS: NEWS24, 15<sup>TH</sup> FERUARY 2016

The attention now turns to the President's attention (or lack hereof) remarks about the health system. This is a brief look at such:

1. Life expectancy
2. Increase and treatment of HIV
3. The White paper on NHI released in December 2015

Commentary was that nothing of any great importance was being addressed, in fact one merely had to go on a website to find the plan forward. It seems that an actual strategy has disintegrated completely.

The White paper was something to be put in place in 25 years' time. There, in essence will be five government opportunities of a turnaround before such ideas can be put to fruition.

Further comment is that more recent plan should be implemented for obvious reasons.

Upon scrutiny of existing, current health problems, the implementation of the district health system policy has resulted in a non-performing emergency care system which results in a multitude of patients receiving late treatment and the consequences thereof. Even valuable information is not obtainable, resulting in the general public being left in the dark, thus the community is unaware of such problems where in fact they should be involved. All this is resulting in medical negligence claims costing the system billions.

A huge campaign against HIV education was approached between 1994 - 2002, inclusive of treatment. Many other matters and questions are left unresolved.

We now look at the proposed social reform paper first addressed in 2007, something of great importance because it pertains to the Constitution and The Bill of Rights set therein. No attempts at all were made to introduce a workable plan in which every South African would be granted an income protection plan, including death, disability, illness, poverty and unemployment.

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REFERENCE: CANDICE BAILY: THE CONVERSATION, 12<sup>TH</sup> FEBRUARY 2016

South Africans pay in excess of people in 20 European countries, inclusive of France and Germany, this being determined by what South Africans earn and how much they contribute when compared with their European counterparts. Although reasonable for 10% of the population, 90% found the pricing structures to be unaffordable. Because the private sector specialists earned so much, the government finds it difficult to pay the same or more to obtain their services, or indeed get doctors at all. This comparison was criticised for various reasons. The report fell under the whip by Hospital Association president Melanie da Costa due to the fact that it reflected the view of the cost efficiency of all South Africans, and not those on medical aid schemes.

A comparison was also made between state hospitals abroad with private institutes in South Africa. One should look at the relevant system available for those employed not those seeking private healthcare being unemployed. This reflected an incorrect result.

REFERENCE: KATHERINE CHILD: THE TIMES, 18<sup>TH</sup> FEBRUARY 2016

KARABO NGOEPE: HEALTH34, 18<sup>TH</sup> FEBRUARY 2016

The set amount for the first NHI implementation would be in the region of R1 billion. The DA forwarded an opinion that it would be beneficial to rather build new clinics and getting the existing system more efficient citing the call out time of ambulances as an example. 2690 public and private ambulances were in the country, although only half were in order. Complaints of refuse removal of medical waste were also cited, strangely enough companies that were not performing, were still being awarded contracts. Charges had been laid against Eastern Cape MEC for the violation of health regulation.

REFERENCE: JENNI EVANS NEWS24, 17<sup>TH</sup> FEBRUARY 2016.

80% of Mpumalanga's spending was found to be in the Department of Health, totalling R2 billion. The lack of investigation into the 2013-2014 financial year in addition to an inability to note a qualification of assets for a period spanning five years, this occurring with consultants being hired to do so, this being accredited to an unstable part of leadership and inefficient management pertaining to reporting of such. Such being proved by changes of five heads of department and chief financial officers, during a two year time span, the majority not lasting longer than six months. There were also high up positions left unfilled. A prediction of a lack of service delivery for the 2014-2015 financial year due to cash shortcomings.

Interestingly, an amount of close to R1 million was being utilised to pay for 19 health department officials who had been put on precautionary suspension for a period close on a year, equally half the amount of total suspensions across 12 departments in the Mpumalanga government. A long, convoluted explanation was given for these allegations, with the department convinced things were up to scratch.

The remaining headlines, which I will cite hereunder are not typically relevant to the law and health:

1. A progress report on promises made to improve SA's Health Services, namely HIV and TB services, TB programmes for prisoners, mine workers and mining town communities
2. South Africa's life expectancy
3. Reduction of child and maternal mortality by improving quality care in the public sector
4. Local State owned pharmaceutical to supply antiretroviral.
5. Hope for cheaper ARVs
6. Need to monitor sexually transmitted infections nationally
7. Discovery makes donation to keep suicide hotline open
8. EU launches medical emergency corps.