



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



05 June 2018

## **Press Conference on Status of Healthcare in the country**

Ladies and gentlemen

Good afternoon

Thank you for coming to listen to me in such a short notice.

I called you here because many of you have been frantically phoning me since the weekend to come and comment on the various issues raised in the media about the state of the healthcare system of the country.

Yesterday it was even worse. In fact the general talk or the narrative is about the healthcare system having collapsed.

I thought that it would be important for me to provide information because it became clear to me that communication has not been done adequately by the Department.

It is very true and self-evident that the healthcare system is very distressed and going through hard times.

The burden of disease and hence the demand of healthcare has grown so exponentially that the system finds itself extremely overloaded. This has resulted in very long waiting times in most of the facilities and lowering of quality in others.

But has the system collapsed? I am not here to challenge that because I do not know the yardstick which 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.

As far as we know, this healthcare system is still able to provide treatment to the largest number of HIV positive people globally. Yes, our programme is the biggest in the world at 4.2 million people. In the next 24 months we are poised to initiate an additional 2 million people on treatment.

The launch of this programme will be on the 28th of this month. Our public health system is still able to treat all patients who suffer from TB - 300 000 of them. We are the first country to get to scale in the use of TB diagnostic and early introduction of the latest medication for TB. As far as we know 40% of all GeneXpert cartridges used to diagnose TB in the world is in the South African public sector. Of the total number of people globally on new TB treatment bedaquiline, 60% of them are in our country.

In 2009, a total of 69 251 people had died of TB. The figure dropped to 33 063 in 2015. This is more than 50% reduction.

In 2004, a total of 70 000 babies were born HIV positive, the figure has dropped to below 4 500 now.

The public healthcare system is still able to take care of 1,06 million pregnant women out of the total figure of 1,2 million pregnant women. To make sure that we are adequately taking care of them we have them registered on a system called MomConnect, through which we communicate with them every single week.

Cumulatively since August 2014 we had registered over 2 million pregnant women on this system. Out of this number, 1 620 lodged complaints about the healthcare system. But in the same period, a total of 15 440 sent us messages of compliments. This is unsolicited information.

We do not then think that a collapsing or collapsed system can be able to do these.

Yes we accept and are very worried about extreme overcrowding in our hospitals and we believe that it could have been much worse if we did not take proactive steps.

One of these steps was to decant patient away from the clinics and hospitals to take their medication in 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) Programme. We are poised to load 1 million more people on this system during this financial year.

We heard yesterday a dramatic statement that our public health facilities have run out of medicines. We were very surprised because barring North West with its recent troubles, the concept of drug stockouts in our facilities has long been solved, with a new technology that we 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. In our hospitals we have the Rx Solution.

Our weekly monitoring for last week ends today, and our information shows anything but stockouts.

In summary:

Eastern Cape: For ARVs is at 91,9%

For TB is at 85,4%

Vaccine is at 88,9%

Gauteng: For ARVs is at 96,1%

For TB is at 91,6%

Vaccines is at 97,26%

Limpopo is the lowest at 87,8%; 76,7% and 85,3% respectively. Even North West has improved to 86,2%; 75,8% and 81%.

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

We have a biggest problem of Human Resources which we cannot deny. After all Sub-Saharan Africa carries 80% of all infectious diseases in the world but has only 3% of human resources for health. We are not exempted from that as South Africa.

We are actually very badly affected. We have decided to enter the battle robustly. Some of the shortages are truly self-inflicted like in the North West where after placing the Department under Section 100 (1) (b) we found huge vacancies. This month we are going to fill 223 vacancies at the cost of R150 million.

Our other problem is Gauteng, which carries the burden of all the former Transvaal Provinces and even the whole of SADC.

I have made it known to Gauteng that no matter how tough it is we cannot afford not to fill vacant posts in health - especially those at the coal face of delivery. They will fill a substantial number of them especially in the teaching hospitals, this year.

We will also help KZN and Gauteng with their Radiation Oncology backlogs in a programme to be launched early in August this year. Gauteng and KZN will get R100 million between them to deal with their backlogs.

We are painfully aware of poor or lack of management skills in most of our hospitals. We are also aware of the negative attitudes of some staff members in quite a number of our facilities. As from today, we are deploying 200 officials from the Head Office, i.e managers, doctors, nurses, to all our provinces to go directly into hospitals and help with management. While we have mentioned the long waiting times, as brought about by the high demand for health services, we also believe with good management skills and planning, some of these waiting times can be markedly reduced. And therefore we will see at the end of this month what difference it will make when senior people from Head Office are in the facilities themselves.

I am prepared to answer questions especially on the allegations made in the media over the past 2 days.

I thank you

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