

Gauteng's health shows some improvement

MATLAKALA MOTLOUNG

THE recent report by Statistics

SA emanating from last year's General Household Survey offers welcome respite for Gauteng's public health system. At the same time, results of this study table some of the hurdles the province still has to negotiate to attain a world-class and seamless health system that will benefit all the residents of Gauteng.

According to the research, 67,4% of respondents in the province said they were very satisfied with the services provided to them during their most recent visit to health facilities and 19,6% said they were somewhat satisfied. Just more than 7% said they were neither satisfied nor dissatisfied.

If we consider the recent measures taken in the province to speed up service delivery in the public health sector, the results in the near future may be rosier than just more than 5% of our residents not enjoying the experience of a better healthcare system.

Furthermore, there has been a 15% drop in the incidence of chronic illness in the period under review. Some of the

chronic illnesses that have shown a marked downward trend are asthma, diabetes, cancer, HIV/AIDS, high blood pressure and arthritis.

The sizeable drop in numbers can, according to the report, be attributed to the increase in the number of people who consulted public and private health institutions.

Predictably, the study has also found the province has the highest percentage of people covered by medical aid, accounting for just more than 26% nationally. The Gauteng City Region Observatory's interpretation of the national information shows that, of the more than 2,8-million people covered in the province, only 38% were blacks, with whites accounting for almost half of the total.

While the scourge of HIV/AIDS remains one of the biggest public health headaches for the provincial government, the latest figures show that high blood pressure is fast gaining a notorious reputation as a major health concern in Gauteng.

The study attributes this to the high stress levels suffered by most residents of Gauteng due to a number of lifestyle

challenges, such as poor nutrition and lack of exercise. The province has already started addressing some of the concerns raised by the research.

One of the strategies in place is to put more emphasis on preventative than curative measures.

Through part-nerships with certain provincial departments, we have started installing exercise equipment at our public parks. This equipment, while offering a source of recreation to both children and adults, also helps with fitness that keeps many avoidable illnesses at bay.

The provincial departments of education and sport, arts, culture and recreation are rolling out school sports across the province.

This will go a long way in producing healthier residents, who will pay fewer visits to our health facilities.

In addressing the issue of proper nutrition, the Department of Agriculture and Rural Development has launched an initiative called *Siyazondla* ("we feed ourselves"), in which residents are encouraged and supported — with the provision of implements and seeds — to grow their own food. This not only saves residents money but also

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improves nutrition and helps cut our carbon emissions. Other positive spin-offs are that some residents earn extra money by selling surplus produce, while others eventually venture into commercial fanning.

We recently opened a state-of-the-art hospital in Germiston, but the Bertha Gxowa Hospital will be effective and efficient only for as long as it serves its sole purpose: offering high-end tertiary healthcare.

One of our experiences is that most of our hospitals are put under undue pressure by patients who go there to seek primary healthcare.

That is why there has been a lot of emphasis on our primary healthcare system, including the opening of new

clinics in the province's communities and extending working hours to existing ones.

As the national government responded positively to our request for assistance to turn around the fortunes of our financial management and supply chain management within the health and social development department, coupled with stringent measures we had already put in place, there is no doubt a significant improvement will be seen in the short and medium term.

The process of paying some of the department's suppliers has already started after the provincial finance department redirected funding not spent for certain programmes and also top-sliced 3% of the budget from all departments apart from the education department, from which 2% was allocated.

This will improve matters significantly and we will continue with other strategic interventions until a complete turnaround has been achieved.

- Motloung is Head of Communication in the Gauteng government.

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