

## *An unhealthy state of affairs*

THE maternal death rate is falling for the first time in a decade, according to Department of Health data. Coming on top of recent figures showing SA is making headway in the battle against HIV/AIDS, dare we hope that the public healthcare system has turned the corner? Alas, that would be taking things too far. In fact, there is every sign that the downward spiral continues, although there are pockets of excellence that provide hope that it is still possible to arrest the slide. Even the improvement in the institutional maternal mortality figures, which have dropped about 16 percent year on year to 156.5 per 100 000 live births last year from 186 in 2010 and 189 in 2009, appear to be largely a function of the government's reversal of its AIDS denialism. The decline is broadly consistent with a report by the Medical Research Council, published in October, which found that the widespread provision of AIDS drugs led to significant improvements in SA's overall life expectancy from about 2009. So the pregnant women who attend state clinics and have their babies in public hospitals are now less at risk of dying, but that is mainly because those who are HIV-positive are more likely to be on antiretrovirals. The key factor, as pointed out by the department's deputy director-general for HIV, tuberculosis and maternal and child health, Yogan Pillay, appears to be a policy change in April 2010, which saw pregnant women being put on AIDS drugs earlier. Yet SA remains unlikely to meet the United Nations Millennium Development Goals of reducing maternal mortality by three quarters between 1990 and 2015. The reason is that, while the spread of HIV/AIDS was a major reason for SA's high maternal mortality rate, it was not the only reason. The one that matters, if SA is to achieve its millennium goal, is the overall state of public healthcare, including obstetrical practices, facilities and equipment, and the availability of skilled staff and appropriate drugs. And that, unfortunately, is where the state health system continues to fall down.

A lot of effort has been put into correcting this since Aaron Motsoaledi took over as Health Minister, but surveys and anecdotal observation reveal that success has been patchy. Horror stories abound of patients being neglected by uncaring staff, toilets not being cleaned and suppliers of critical medicines and equipment going unpaid at provincial hospitals. The hurdles Motsoaledi faces are also reflected in the latest HIV prevalence figures, which reveal huge discrepancies between districts, which can only be ascribed to differing cultural practices, education levels - and access to condoms and antiretrovirals. The former cannot be changed overnight, but the latter should have been resolved by now. Yet the condom distribution rate in some areas is still inadequate, and antiretroviral drug shortages often threaten to disrupt the treatment of thousands of HIV-positive but otherwise healthy people. The initial phase of the proposed National Health Insurance (NHI) system points to part of the solution: the injection of additional funds to the pilot sites appears to have resulted in a marked improvement in the facilities and quality of services and management. But extrapolating this on a national scale implies an astronomical sum, which will not be feasible in the foreseeable future, given SA's budgetary constraints and the burden already carried by middle-class taxpayers. Meanwhile, the fees charged by public hospitals have risen rapidly even as the income threshold for those who must pay in full has remained unchanged since 2002. The result is that as many as 6-million South Africans can neither afford private medical aid nor earn enough to pay the debts they accrue to the state for basic healthcare. The NHI system is the obvious solution, but the financial implications have yet to be fully digested.