

SA health system still stuck in Polokwane

FIVE years ago, delegates to the African National Congress's (ANC's) elective conference in Polokwane agreed on a list of measures to improve SA's health system, encompassing both ideological positions and broad policy goals. Progress made in implementing the 17 health resolutions they passed has been sketchy. While there have been advances in tackling HIV/AIDS and a formal policy on National Health Insurance (NHI) is on the table, there is no sign of the government implementing the party directive to regulate prices in the private sector or to get the country's public hospitals up to par. With the ANC's next national conference in Mangaung looming, political analysts are not holding out for a substantive debate on the shortcomings of the healthcare system and constructive recommendations on how to fix them. Political commentator Professor William Gumede said the conference is supposed to discuss substantive issues and to be the party's most influential gathering. In the past, it did not matter where one came from; if one had good constructive things to say, one would get a hearing. But now it really just concentrates on leadership, he said.

The biggest and most profound change in the past five years has been the government's *volte-face* in its attitude to tackling HIV/AIDS. At the end of 2007, only about 370 000 patients were being provided with AIDS drugs in the state sector, less than half the number of people in immediate need of treatment. Then Health Minister Manto-Tshabalala Msimang shrugged off international ridicule and steadfastly continued to advocate that HIV/AIDS patients eat beetroot, garlic, olive oil and lemons to boost their immune system, while failing to instil any sense of urgency about the need to provide treatment and prevent infection. The ousting of former President Thabo Mbeki in 2008 led to a change in administration that enabled two successive Health Ministers - first Barbara Hogan, and now Aaron Motsoaledi - to tackle Tshabalala-Msimang's neglect, with President Jacob Zuma's full backing. Zuma publicly took an HIV test to encourage the nation to do the same - which TshabalalaMsimang flatly refused to do - and today 1.7-million HIV/AIDS patients are on treatment. The government has also managed to halve the price it pays for AIDS drugs, bolstering its capacity to provide for more patients, notes Alex van den Heever, who holds the Old Mutual chair of social security systems administration and management studies at Wits. Greater access to AIDS drugs through the public health system has contributed to a 6 percent increase in life expectancy, which rose to 60 years last year, from 56.5 in 2009, reversing the downward trend that began in the 1990s as the HIV epidemic took off. Maternal, child and infant and under-five

mortality rates have also dropped, taking SA a step closer to meeting some of the health-related millennium development goals.

The Department of Health has also finalised a human resources strategy, moved to reopen nursing colleges and launched an academy for training health managers, developments it hopes will strengthen the health system in the long run. The biggest policy development since 2007 has been the publication of a green paper on NHI, and the launch this year of 10 pilot projects to help the government figure out how to implement it. But there can be no real progress in doing so until the government figures out how to fund it. The Treasury is only expected to publish a discussion document on funding options next year. Peter Attard Montalto, an emerging markets economist with Japanese securities firm Nomura, said he did not think there would be anything new on NHI at Mangaung, just a reinforcement of the existing policy framework. He said there did not seem to be enough urgency, because there were complications around funding and involving the private sector. Yet deep systemic problems remain, and in many parts of the country the health system has virtually collapsed. There has been no strategic attempt to deal with the debt crisis crippling health departments such as Gauteng and the Eastern Cape, with far-reaching implications for the provision of care to public sector patients, notes Prof van den Heever. There has been no real movement in many other key areas the party highlighted. The ANC-led government has failed to establish a pharmaco-vigilance centre for monitoring adverse events from AIDS drugs, and weaknesses in the drug supply chain mean patients periodically fail to get their medication, putting them at risk of drug resistance. Cancer patients are far from being prioritised and continue to face drug shortages and equipment failures that put their lives at stake. There has been no progress on the much-publicised decision to overhaul academic hospitals such as Chris Hani Baragwanath via public-private-partnerships, a resolution that is curiously at odds with another that says "caution should be exercised when deciding on public-private partnerships as a solution for the delivery of health services". The limited effect of the ANC's Polokwane health resolutions should come as no surprise, says political analyst Steven Friedman. He said the ANC might be the governing party, but that did not mean resolutions translated into policy.

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