

Motsoaledi shares his plans

HEALTH Minister Aaron Motsoaledi has been on a long overdue mission to transform South Africa's health system since he took office more than three years ago. Speaking exclusively to HEALTH-E NEWS SERVICE, Motsoaledi said he had two pre-conditions to NHI that he was not going to compromise on: overhauling the quality of care in the public health system and reigning in and regulating the pricing of healthcare in the private sector. The Minister says he has identified five areas they are already working on in the public sector. The first is infrastructure with a number of projects in the pipeline including the revitalisation of nursing schools, more mother and child health facilities and the incorporation of breast milk banks and kangaroo care rooms in maternity facilities. The next area in his sights is human resources: Motsoaledi said there were people who wrongly believed NHI could be done without addressing the human resources challenges. But, he said, nowhere in the world, not in the United Kingdom or Norway, did countries introduce NHI when everything was "hunky-dory"; they introduced it when they were not well off. It was a political decision. Motsoaledi revealed that for the first time ever, the department had a Human Development Strategy which includes, among others, plans to increase the number of doctors trained, build a ninth medical school in Limpopo, rebuild other medical training facilities and increase the number of South African doctors trained in Cuba. The Minister aims to increase the current number of doctors trained in South Africa from 1 200 to 3 600, with the current medical schools already upping their intake by 160 this year. This was made possible by a R48-million grant from the Health Department.

Going for what he coins a "big bang" approach Motsoaledi has also sent 1 000 matriculants to Cuba where they will be trained as doctors. Cuba, which has a population of 11 million and excellent health outcomes, has 27 medical schools with doctors trained very specifically to deal with issues at primary healthcare (PHC) level, an approach that suits Motsoaledi's focus on PHC or preventative medicine as part of the NHI rollout. His third focus is the quality of healthcare in the public sector and legislation to enable this is at an advanced stage. The Office of Health Standards Compliance will see the establishment of units of inspectors to scrutinise all healthcare facilities, a health ombudsman office to handle complaints and the appointment of specially trained facility improvement teams to address and solve problems in hospitals and clinics. Motsoaledi's fourth emphasis is that he calls "the heartbeat of NHI": the re-engineering of the PHC system. He said the healthcare system must be based on the prevention of disease and the promotion of health. The first phase, launching this month, involves the deployment of retired nurses to schools falling in the 10 NHI pilot districts. The second phase will include ward-based PHC teams led by professional nurses. Children will have their eyes, ears and teeth tested and corrective measures taken where needed. Their immunisation schedules will be checked and corrected if not up to date. Programmes focusing on drug and alcohol abuse will also be rolled out. Acknowledging that it is a sensitive area, Motsoaledi said he was determined to address the booming teenage pregnancy incidence, coupled with the spike in illegal and legal termination of pregnancies. HIV counseling and testing programmes will also form part of the schools intervention with condoms made available. Already there are 30 custom made trucks ready to roll out to the schools with the number increasing to 90 in the near

future. Each vehicle is equipped with what the Minister describes as "world-class" equipment to test the pupil's eyes, ears and teeth and take the corrective measures on the spot whether it is dispensing spectacles or filling cavities. Male circumcision services will also be available. Motsoaledi was at pains to point out that these services will not interfere with the children's school time and will move to outlying communities and farms while the children are writing exams or tests.

Motsoaledi's "last dream" and fifth focus involves the deployment of teams of specialists, including gynaecologists, paediatricians, family physicians, anaesthetists, midwives, paediatric nurses and PHC nurses to the health districts. He said he wanted this to start in April as a permanent feature. He revealed that Cuba had offered to send specialists, but added that he wanted to first exhaust all avenues, including requesting universities to send specialists on a rotational basis. Quizzed on the massive challenges in Gauteng, a visibly angry Motsoaledi repeated his assertion that healthcare had become "tendercare" in the beleaguered province. He said these problems started six years ago when they started buying very expensive commodities that had nothing to do with basic healthcare. They spent their money buying unnecessary things and the Special Investigations Unit must find those who are guilty of fraud and arrest them. He used the example of Chris Hani Baragwanath Hospital where he revealed that the hospital had purchased UV lights (showing some success in TB infection control) to the tune of a staggering R72-million. He added that these types of purchases had led to the province not having money for healthcare basics. Motsoaledi said Gauteng stopped paying suppliers and continued to do so for three years, while these suppliers suffered silently. He said he had personally begged some of them to supply the services and they told him that there were not refusing to help, but were being liquidated because they had not been paid. He added that the Health Department was sitting around the clock to resolve this issue which has reached the point where services were collapsing. Motsoaledi confirmed that similar patterns had been playing themselves out in Limpopo and the Eastern Cape, but that the problems were exposed much sooner in Gauteng because of the huge central hospitals and other stakeholders.

However Motsoaledi's focus is not only on his own backyard; the Minister is determined to focus on the pricing of healthcare in the private sector. He said there was broad acceptance that there was something wrong there. He said he was not attacking private healthcare, but was worried about the cost and that anyone who felt they were being attacked was being unfair. He said no Health Minister wanted unaffordable healthcare because once healthcare became unaffordable people died and for that reason he could not keep quiet. Motsoaledi added that it would not make sense to only regulate certain areas in the healthcare sector. He said the medical schemes were regulated, but there was not a single body regulating those who provided healthcare. The Minister said some were mistakenly blaming the medical aids, while they were collapsing under the strain of trying to pay for services. He said in 2001 there were 180 medical schemes, and now there were 95. They were simply collapsing under the weight of what was being charged. He said this proved that it was the law of the jungle and only the fittest would survive. Motsoaledi said it seemed there was a serious imbalance if only one side was regulated and one had to ask if they were hiding something if they insisted on fighting any investigation. He added that health was not just any commodity. However, the Minister is already looking at how he can involve

the private sector, more specifically general practitioners, in NHI. Both the Minister and his director-general Precious Matsoso have shared plans on contracting these doctors to deliver services in areas where clinics are far away. However, Motsoaledi insists that these doctors will be paid from the national budget, as he does not want the scenario where service providers are not paid. Motsoaledi is a man on a mission, a mission to make sure that a patient's ability to access good healthcare and be treated, does not depend on their ability to pay for it. He needs to succeed.

Anso Thom: Health-e News Service, 6 October 2012