

Public health is in critical condition, and the NHI cannot save it

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THE recent revelations by the Office of Health Standards Compliance (OHSC) in their 2015-16 inspection report, which was presented in Parliament recently, has raised alarm about the state of the public healthcare system. The results point to a steady decline in the levels of quality in government healthcare facilities, especially when measured against the 2012 baseline facility inspections undertaken on all public healthcare facilities. In the four years since then, only two provinces have succeeded in increasing the average percentage of compliance with norms and standards. The Northern Cape and Mpumalanga each managed to improve their compliance scores by one percent. Both Gauteng and the Western Cape have declined by 14 percent since 2012, while the Free State has declined by 17 percent in the same period. Limpopo and North West province declined by seven percent and three percent respectively. These are very concerning figures, especially if one considers the amount of emphasis currently placed on improving quality in the public sector.

Providing universal health coverage in SA by reducing prices in the private healthcare industry and improving quality in the public sector is one of the underlying principles in the National Development Plan. The anecdotal evidence given by the Minister of Health as proof of quality improvements in public healthcare are not supported by the hard facts contained in these inspection results. When one looks at the six ministerial priority areas, the concern is further emphasised by the results: three of the six priority areas have become worse in the last four years. These areas all have underlying roots in logistics and human resource management. Availability of medicines and supplies, cleanliness and waiting times have all grown worse by between nine percent and 13 percent in the past four years, pointing to shortcomings in the supply chain and staff availability for service delivery. Two of the other three metrics indicate that the staff members who are available are, at least, improving the individual levels of care at public facilities, with infection prevention and control, and positive and caring attitudes both showing improved results. Staff are willing to take responsibility for improving quality, but the system is failing them. These systemic failures are making things tougher for remaining staff. The problem in the public sector does not lie with the clinicians, it lies with the administrators. The recent promulgation of the norms and standards regulations give the OHSC some teeth when it comes to enforcing inspection results, but it is still going to be a long time before we see any government managers in jail for gross negligence of their duties towards the public of SA. This failure is further confirmed by the results in the StatsSA General Household Survey in which the level of satisfaction when the baseline facilities audits were being done in 2011 showed 83.6 percent of users were

satisfied with public health services, and very dissatisfied individuals amounted to 5.4 percent of all users.

The health satisfaction results published in 2016 showed that levels of satisfied users have dropped to 81.1 percent and very dissatisfied users have increased to 6.1 percent. Management failures are easily identifiable as the root cause of the poor quality of public service and the question remains whether changing the funding model of National Health Insurance (NHI) is going to improve this shortcoming. The current status quo would result in a large percentage of public health facilities not even qualifying to render services in the NHI, leaving masses of people without access to healthcare. Quality of public health needs to be addressed now; we cannot wait for the NHI to try and turn the situation around. The recent credit downgrade makes the NHI system more unaffordable with every passing day. We don't need more money to fix the public healthcare sector, we just need professional management of the resources currently available.

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