

## **Teamwork can solve healthcare's severe resource constraints**

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THE challenges facing the healthcare system are so immense that trying to describe them simply and then prescribing solutions is foolhardy. At the core of the challenge is the need for appropriate treatment and constant reflection about our capacity to provide it. We have a steadily growing population and a steadily growing burden of noncommunicable diseases. Diabetes, hypertension and heart disease are placing a tremendous burden on the system. The Department of Health has recognised this and taken strong action on the need for healthier lifestyles through awareness campaigns, zeroing in on tobacco and sugar use. Through collaboration with the Treasury, it has fought to introduce taxes on sugary drinks. But taxes do not change mind-sets, and we must work in collaboration to tackle lifestyle diseases in a more pragmatic and calculated manner. Education and targeting vulnerable populations will be critical. But over the years, a crippling capacity shortage has become increasingly serious and now threatens to have a significant effect on the delivery of healthcare. Since 1994, not a single medical school has been built in SA, although one is due to come on stream in the next few years.

The number of doctors and specialists has not kept pace with population growth, which has doubled since 1976. Local medical schools produce about 1 300 doctors a year, when some estimates are that we need at least 4 000 a year. Across the system, we have half the global average number of doctors per 100,000 citizens. The number of hospital beds available in 2010 in the public and private sectors was roughly at 1976 levels, according to work done in 2012 by Prof Alex van den Heever for the Competition Commission. There is also a severe nursing shortage of between 40 000 and 80 000, depending on which report is referenced. According to a study by Prof Laetitia Rispel entitled "Nursing: A Profession in Peril", nursing "is fraught with resource, management and quality of care problems". She points to "poor staying power, low energy levels, abuse of leave, suboptimal nursing care, split loyalties and accountability and erosion of professionalism". The nursing shortage is particularly acute among "high end" or specialist nurses, who are easily lured away from difficult local conditions to posts overseas.

We have an immediate and increasing demand for appropriate interventions, while acknowledging that we are struggling to manage because we have too few resources. Ideological positions need to change, and both sectors need to be involved in rectifying the situation on the understanding that initiatives put in place now will see fruition only when those health professionals have qualified in years to come. The longer we delay, the more entrenched the problem becomes. There is hope. India and Brazil faced similar resource constraints and acted decisively. Immediate steps must be taken on resources in whatever way possible because the healthcare reforms and systems that we adopt in the future will depend on us having overcome these challenges. There is also a desperate need for a stronger primary healthcare system to support the department's awareness campaigns to lighten the burden of non-communicable diseases. In countries where there were too few medical schools producing too few doctors, the private sector was roped in to help make up ground. India now has 355 medical schools and Brazil almost 200, with the private sector having contributed more than 50 percent of medical training facilities. There are no private medical schools in SA. It is not too late to take on these shortcomings, but it soon may be if we do not act quickly.

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