

## **So many questions**

*22 May 2016*

According to recent research, more children are dying in areas that are part of the government's National Health Insurance pilot projects than elsewhere in South Africa. Chris Barron asked Minister of Health Aaron Motsoaledi...

### **Are you happy with progress in the NHI pilot districts?**

I could say we'd be happier if it was faster.

### **Why hasn't it been faster?**

Because obviously when you pilot, you make assumptions, but then you find on the ground those assumptions do not work.

### **What assumptions?**

One of the most important assumptions was about infrastructure. In quite a few of the districts they've got very dilapidated infrastructure.

### **Is this why child mortality rates are still so high?**

No, the reason they've got the highest number of child deaths is when we were choosing pilots, we said let's choose the worst districts.

### **You can't be very encouraged by the results.**

Child deaths are coming down. If you look at OR Tambo district, which is the worst of them all, if you look at diarrhoea fatalities, pneumonia fatalities, acute malnutrition and early neonatal fatalities ... all those were very high in 2010. They are lower now.

### **Lower than in other areas?**

Not lower than other areas but lower than they were five years ago.

### **Why is the district health system still so dysfunctional?**

Because our overall healthcare system was based on provinces rather than on districts. Districts were not important. That is why in the White Paper we have a whole section on the reorganisation of the districts.

### **Delivering effective primary healthcare depends on the district healthcare system working, doesn't it?**

Absolutely.

### **So what are the problems?**

I thought I just told you.

### **You said districts were not taken seriously, but now they are. So what are the problems now?**

The immediate problems would be HR [human resources]. Who are the people who manage those districts, what do they know, what are their skills levels...?

### **Would you agree that our health workforce is in crisis?**

Yes. Sub-Saharan Africa was declared a crisis area by the World Health Organisation some years back in terms of the health workforce.

**Why haven't we been able to address the crisis in South Africa?**

Why do you think we're not addressing it?

**Didn't you just agree that our health workforce is in crisis?**

The crisis has always been there, but we are fixing it. The thing is, how long will it take? Our first HR policy for South Africa, which never existed before, I launched at Wits University in 2011. It's not something that can be done overnight.

**According to research in the latest South African Health Review you have missed many of your own deadlines.**

Well, they never interviewed me so I'm not sure what they are talking about.

**Have you met the deadlines listed in your 2011 plan?**

No, obviously we would not have met all the deadlines. All I am saying is that there is a plan and we are following it. Building human resources is not an overnight thing.

**But if, as you say, the HR crisis has always been there, isn't it disturbing that you still haven't addressed and fixed it?**

That's not true. What is true is that we have not yet seen the results. It's not going to be fixed overnight.

**We are not talking overnight, though, are we? You admit we have known about the crisis for years.**

I was telling you about how we started resolving it in the HR plan launched in 2011. I cannot answer for what happened before that.

**Would you agree that our public health system is still largely dysfunctional?**

I wouldn't use words like "largely dysfunctional". It has got a serious problem of quality but it is not true to say it is largely dysfunctional.

**Why are we underperforming countries of similar income levels that spend less of their GDP on health?**

You are 100 percent correct. It is like that.

**Why?**

Because of inequality. Because that money you are talking about is not going to where it is needed, it is only going to the elite.

**Aren't you downplaying lack of leadership, lack of accountability, inappropriate appointments, corruption?**

I have been talking about those things myself.

**Why is there such a disconnect between identifying these problems and implementing policies and plans to fix them?**

Implementation has always been a problem in South Africa, but there is not a disconnect. I will agree we have not yet produced the results we want.

**But you blame this on a lack of money rather than the other things?**

It is not about blaming money, it is about accepting that if there is no equality in expenditure, things won't improve as fast as you want them to. That is precisely why we need NHI.

**How would a ratings downgrade to junk status affect NHI?**

A downgrade will affect everything in our lives, not just NHI.

**Would it have to be postponed?**

If we are downgraded, Treasury will have to go back to the table and see which programmes we implement and which we delay. It will be wrong to choose NHI before that analysis is done.

*Chris Barron: Sunday Times*