

SA's health sector needs more funding

KwaZulu-Natal Health MEC, Dr Sibongiseni Dhlomo, has called on parliament to push for more funding for the health sector, as provinces, including his, battle to deliver services with what he calls strained budgets.



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Dhlomo said the provincial department will every financial year be projected to overspend its budget by R1bn, which affects the province's ability to provide enough infrastructure and efficient services to the population of about 11-million. Out of these, 9.7-million are uninsured and rely on the public health sector.

He said this in a week that provincial departments appeared before the portfolio committee on health, one after the other, to brief MPs on the state of health affairs in their respective areas.

"Listening to other colleagues from other provinces, we would like to indicate that what we would really want to see happening, is a support for this committee in terms of the funding envelope for health, not just in KwaZulu-Natal, but in the whole country," he said.

Dhlomo said a strained budget for health always means that the patients, especially those living in far-flung areas, will be the casualties.

"The province of KwaZulu-Natal currently has over 500 ambulances. Based on the population ratio, we should be having

about 900 ambulances. What we normally do is that instead of buying an X number of ambulances, let's buy X minus 200 because this is what we have been instructed."

Dhlomo says the low number of ambulances will always mean that waiting times get worse and this becomes a potential threat to the mortality and morbidity of patients.

"So the people who will suffer the most are patients in far flung rural areas because in the city centre, you will always have other private ambulances that will always assist.

"A person who was supposed to wait for 30 minutes or 40 minutes for an ambulance will wait for two hours for an ambulance or will wait for five hours," he said.

In his presentation to the committee, Dr Musa Gumede, the acting head of department, said emergency medical services operated at the frontline of the health service system and as such, their performance has a direct impact on the possible outcome of a patient in an emergency situation.

He said there was currently an increasing demand for the available resources, with more clients in need of specialists' consultation and care as the management of HIV and non-communicable diseases improve.

Gumede said replacement vehicles were currently being procured and that the procurement of ambulances for the 2018/19 financial year were being processed.

Filling of critical posts a priority

Dhlomo said, meanwhile, that the province's funding challenges were affecting staffing at hospitals.

He said while the department always had to motivate to fill critical funded posts due to budgetary cut-backs and the centralisation of staff appointments, posts that are considered to be non-critical were difficult to fill.

He said in one case, a matron from one of the hospitals always has to come at night to personally go move a dead patient to the morgue because a porter could not be appointed because the department has "closed the tap" on appointing porters.

"What then becomes affected again? The staffing. The retirement of a nurse or doctor, you don't fill in a post because while it is a funded post, you have to actually motivate again. The MEC must acknowledge, the MEC for finance must agree, the premier must agree so it takes about five months to get that back on a funded post. And that is to do with critical staffing as nurses and doctors are regarded as critical posts. What happens with non-critical, you don't even touch that," he said.

As at March 2016, there were 20,190 and 51,90 filled admin and clinical-related posts, respectively.

However, by March 2018, the number had dropped by 1,153 admin posts and 2,891 clinical-related posts.

He said to respond to this challenges, the department has completed the development of a "minimum staffing establishment exercise".

This is simply aimed at identifying all critical minimum posts for all categories that must be filled at facility level to provide effective health services. To this end, the department will present its report to the provincial treasury and the office of the premier and once approved, the department will be able to fill all critical posts within the available budget.

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