



DA

**NHI/Covid-19
Press Conference Document
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Introduction:

It has been exactly six months since South Africa confirmed its first case of Covid-19 on the 5th of March which was an imported case. Since then we have lost over 15 000 people to this pandemic and had over 600 000 confirmed cases of those who have been infected. Many among these are healthcare workers who have fought valiantly against this global health crisis and to them we remain deeply indebted. In addition, we witnessed unprecedented economic devastation in the country as was evidenced by yesterday's news of a 51% GDP contraction. This has had a direct impact on South Africans' lives and livelihoods. The past six months have been difficult in ways that cannot be truly quantified. This time has also widened the cracks in the South African health system which have been festering beneath the surface into gaping gaps of deep inequality.

The Democratic Alliance (DA) has been clear that along with global trends, South Africa needs to move towards a Universal Health System which would bridge these gaps and critically bring dignity to the people of this country through the provision of affordable and quality healthcare. This is why we have been vehemently opposed to the National Health Insurance (NHI) Bill in Parliament. It is our contention that this Bill will achieve the opposite of what is needed in our country. This pandemic has proven exactly that. From March it became very clear that our health system is fundamentally broken and would battle to deal with a pandemic. It did. We lost lives where many could have been saved; we had cluster outbreaks in health facilities that had poor infection control mechanisms due to overcrowding and provincial health systems buckled under the pressure while many politically connected individuals took the opportunity to loot public money.

While the numbers of infections seem to be on a downward trend, it is now key to provide an objective assessment of how South Africa has fared in the face of this crisis. We need to use the lessons from this pandemic to now craft a way forward that will afford citizens better healthcare. That is why I undertook to conduct a national oversight tour – visiting all our provinces – in order to see for myself where the weak links of our health system were. This is important for law makers so that we can legislate with credibility and not only from the Houses of Parliament.

Provincial oversight visits:

While the portfolio committee conducted limited oversight visits during this time, it was important to visit even some of the most remote parts of our country. From Mount Ayliff in the rural Eastern Cape to Barkley West in the Northern Cape. It was also key to attend to the hardest hit areas of the Western Cape, Gauteng and KwaZulu-Natal. In total the DA national team visited 26 health facilities across the country which were a combination of tertiary, regional and district hospitals, primary health care facilities, mental health facilities, field hospitals and quarantine facilities. This excludes the work that is continuously done by our provincial health spokespeople. During these visits we encountered common themes which are critical in the work that we now need to do in Parliament in legislating for universal health care. There were eight common themes which were recurring during all the visits:

- 1) Chronic staff shortages;
- 2) Poor and outdated infrastructure which contributed to poor infection control;
- 3) Inadequate bed capacity;
- 4) Inadequate ICU facilities and in some cases non-existent;
- 5) Poorly spread out provision of services within districts which meant patients needed to travel hundreds of kilometers to access emergency medical care;
- 6) Inadequate Emergency Medical Personnel (EMS) in many provinces;

- 7) Poor administrative and political leadership in many of the provinces which became a critical part of the response to the Covid-19 pandemic;
- 8) Rogue political heads who both misunderstand and disrespect the work of Parliament which is to exercise oversight. This was demonstrated by the blocking of MPs and MPLs in KwaZulu-Natal by the MEC.

It is important to note that despite these massive challenges, we encountered dedicated healthcare workers who were subjected to untenable working conditions. Many of the issues that our citizens face with healthcare professionals are due to factors beyond their control such as those listed above.

Covid Corruption and the role of Parliament:

While the country was contending with this global pandemic and emergency procurement processes were in place, there were those who took the opportunity to rob the public purse using their political connections shamelessly.

Money lost or misappropriated due to corruption or irregular tender processes is estimated at R5 billion. This is money that could have gone into our Covid-19 response efforts but was feasted on by the corrupt and political elite. While investigations have been initiated by law enforcement agencies, this will yield very little results and virtually no recuperation of the money lost if there is no political will to prosecute guilty politicians in particular. We have seen this movie before. High ranking officials are scapegoated and guilty ANC politicians play musical chairs and are rewarded with seats in Parliament and legislatures or ministerial postings.

It has been reported that in Gauteng alone, the following has taken place:

- R4.5 million was paid to companies that did not supply any goods.
- R5 million was paid to companies to deliver PPE even though the department had no contracts with them.
- R12 million worth of goods were delivered before the issue of purchase orders.
- R82 million worth of goods were ordered from companies that were not registered with the Treasury's central supplier database.
- R239 million worth of goods and services were ordered from companies that were not tax-compliant and whose bank accounts had not been verified.

Last week, the Auditor-General published a report in which he stated that the R500 billion Covid-19 relief fund that was prioritised was misappropriated and essentially stolen. Key areas of concern included:

- The TERS benefit funding;
- R350 social grant relief fund;
- Farmers relief fund;
- Sports, Arts and Culture relief fund;
- The Industrial Development Corporation loans;
- PPE procurement

This theft has made international headlines as the most brazen abuse of power. That is why the DA called for a Debate of National Importance from the Speaker of the National Assembly, Thandi Modise, in order for Parliament to assert its oversight role in this matter. We await the Speaker's confirmation of date for such a debate. Many political figures who sit in the benches of Parliament

have a lot to answer for in this regard, including President Cyril Ramaphosa for his son's involvement and key ANC figures such as Ace Magashule, Nomvula Mokonyane, Bandile Masuku and Khusela Diko.

In addition to this, the DA has called for an Ad Hoc committee to be convened that would deal with matters of oversight during this period in order for Parliament to rightfully have oversight on executive functions. These corruption allegations have reaffirmed the need for such a committee. It cannot be that the national legislature sits idly while public money is looted in this fashion and no one is held accountable.

Finally, the DA Leader and various portfolio heads have asked the critical questions from their counterparts in government and have never neglected this important function over the past 6 months. We have been the only party that has been consistent in holding government to account while providing workable solutions.

National Health Insurance Bill process:

The NHI public hearings were concluded in February this year before the outbreak of the global pandemic. The process was suspended as Parliament migrated to a new way of conducting its business. In the next coming weeks, we will be resuming the process on this legislation. While we have noted the deliberate rushing of the process by the ANC, we are committed to ensuring that we conduct this work deliberately and thoroughly.

During the public hearings across the nine provinces the portfolio committee on health heard and received 961 submissions from just over 11 500 attendees. This information has been compiled by Parliament and will require the committee to scrutinize it over the coming weeks. In addition to this, Parliament has received over 64 000 written submissions in response to the advert both hand-delivered and emailed. This will include the thousands of submissions that the DA handed in on behalf of South Africans who made use of our online portal. The next phase of the legislation process is to process, hear and consider oral and written submissions from the various entities that have taken part in the process. 121 entities have indicated their intention to deliver oral submissions to Parliament, a process that the committee now has to decide on. These include trade unions, hospital groups, medical schemes, academics and industry experts.

Parliament has made the case for an independent entity to assist the committee in processing the submissions – oral and written – in order for the process to be efficient. The terms of reference for the service provider are yet to be decided on and the process is still in discussion with parties and their respective leaders.

The DA is committed to ensuring that this process is open, transparent and fair. In addition, we will ensure that members of parliament carry out their constitutional obligations of law-making. As such, we will be pushing for the following non-negotiables to the committee:

- The role of the external service provider can only be limited to organizing the submissions and conducting logistical support. It cannot be in any way a substantive role that replaces the role of the members of parliament that requires us to actively engage with the views of the people of South Africa;
- The tendering process, selection and ultimate appointment is the function of Parliament, however the DA members will keep a close eye on the provider chosen as this will have an impact on the objectivity and the integrity of the work done by the service provider.

- While the ANC in Parliament seeks to rush this process, the DA will be making a written submission to the committee that each presentation by an entity needs to be no less than 30 minutes and allow for 30 minutes engagement with the committee members. There has been a desire to limit the presentations to 10 minutes in order to cram as many as possible. We will fight against this. Ultimately, this process must be underscored by transparency and fairness.
- The DA will support a hybrid system of engaging with stakeholders in an effort to accommodate as many of the 121 organizations that have indicated their desire to take part in this process.
- In discussion with the party leadership, we will argue that the committee should dedicate Tuesdays and Wednesdays to this process in order to allow members to still continue with their constituency obligations. The push for hearings to span over 5 days and on weekends is another attempt to rush this bill through without any proper engagement with what is being presented to us as law makers.
- Ultimately, the process should be divided into the following steps: the consideration by the members of the oral submissions obtained from the public, the written submissions from the public; an agreement of the terms of reference for the independent service provider and then the roll out of the oral submission process by the various 121 entities.

Conclusion:

While Covid19 was an unavoidable health crisis that held even the most advanced health systems in a chokehold, our health system was never ready for something of this nature. Should the status quo remain, the system will collapse and all South Africans – regardless of their socio-economic status-will suffer. That is why we remain committed to ensuring that the country enjoys a system review that will:

- Close the inequality gap which inhibits access to quality services;
- Improve the quality of healthcare in the country;
- Design a system that will allow for effective partnership between private and public health actors like we saw during this pandemic;
- Give effect to the intention of the National Health Care Act of 2003 that allows for national government to regulate the private healthcare sector in a way to protect the consumer of the service and ensure quality;
- Ensure strong governance systems that would allow for independence from political actors in order to root out corruption; and
- Ensure dignity for all South Africans which they currently do not enjoy.

That is the DA's alternative to the National Health Insurance Bill which is encapsulated within the party's Sizani Universal Healthcare Plan. This plan has formed the basis of the party's submission to Parliament in order to aid the law-making process. The NHI Bill will do little to serve the people of this country. That is why we will continue to mount fierce opposition to this Bill.