

DoH's poor fiscal management leaves KZN's patients in a desperate and life-threatening situation

Covid-19

The Democratic Alliance (DA) applauds KwaZulu-Natal's healthcare workers who bravely took us through both the first and second Covid-19 waves while working under trying and difficult conditions. Our province's 95% recovery rate is due to their strength and forbearance, rather than the required support from MEC Nomagugu Simelane-Zulu and her Department of Health (DoH).

Our healthcare workers themselves became sick. Some recovered, others lost colleagues to the virus and all the while, they also had to face the incredible fear of taking the virus home to their loved ones. To add to this, they were burdened initially by the lack of Personal Protective Equipment (PPE), medication and, importantly, under-staffing. During the second wave, we heard their pleas for additional staff, particularly doctors and nurses. We remember Rowena Hawkey's pleas for oxygen as she lay on a stretcher in Wentworth Hospital and no help arrived. The DoH investigation indicated that short-staffing due to Coronavirus isolation protocols for staff was behind this.

I still have the advertisement that the MEC placed in April 2020, with the DoH's call for medical volunteers to assist. I submitted my name along with many other doctors and nurses wanting to do their civic duty. Then came the numerous excuses from the DoH, that it did not have a Human Resources policy for volunteers. Eventually, through a Public Access to Information Application, the DA obtained the Department's Medical Volunteer Policy as adopted in 2005. This policy includes sections and annexures regarding medical indemnity. So, while KZN Health MEC, Nomagugu Simelane-Zulu could have brought in additional medical support, she chose not to apply the already existing Departmental policy. Medical personnel have been called our frontline heroes. Sadly, the actions of the DoH do not show this. Phase 1 of the vaccination programme has still not reached all healthcare workers. Certainly, the DoH will not reach Health Minister Mkhize's promise of completing Phase 1 by today.

In the DA-led Western Cape, despite initial surges during both the first and second waves, Health Minister Mbombo was speedily able to control the situation, quickly ensuring that Covid-19 active cases were reduced and hospital beds and oxygen were made available. The province also used technology to advertise municipal and local hotspots to communities so that they could take precautions against the pandemic. The Western Cape also actively cooperated with the private sector in sharing beds, oxygen, ambulance services, and now increased vaccinations. KZN, however, had an antagonistic attitude towards the private sector. This was demonstrated during health portfolio committee's meetings with private sector partners which highlighted that the DoH still has not signed any cooperation agreement.

Budget

The provincial government budget cuts have severely affected the DoH. These cuts were on the cards even before Covid-19, with the pandemic only worsening an already dire economic situation. The Department, despite having a R48 billion budget, sees a R3billion reduction when compared to 2020/21. This extends to around R16billion in cuts over the MTEF period. This has created a desperate and life-threatening situation for KZN's medical patients. The reduction under compensation of employees will severely impact the filling of vital critical doctor and nursing posts while Provincial and Central hospitals will be hardest hit. The reality is that - in the near future - when a patient arrives at Ladysmith, Madadeni or Port Shepstone Hospitals, they may not find a doctor or nurse.

At the same time, cuts to bursaries and appointment of registrars will soon see even greater shortages of vital specialists and allied health workers. This while the reduced spend for medicines and medical supplies adversely affects the DoH current service levels. The shortfall in property payments will also result in the inability to pay security and cleaning contracts at current service levels. So, along with already high crime levels, KZN's people can also expect dirtier facilities.

Again, infrastructure maintenance takes a battering in these budget cuts. This while the lifts at Addington Hospital continue to be dysfunctional. The Department's promises to the portfolio committee during a 2020 oversight, that the lifts would be replaced by a new service provider in January this year, have come to naught. Then there are the more rural hospitals, including St Francis Hospital in Ulundi, where - despite Covid-19 - there is no high-flow oxygen, forcing healthcare workers to rely on oxygen canisters. At St Mary's KaMagwaza Hospital in Melmoth, infrastructure has also regressed. While this facility had a high-flow wall oxygen and suction, due to lack of maintenance it is now dependent on mobile suction and oxygen canisters.

The DA recognises that the MEC may be right to decry these budget cuts and we acknowledge that the DoH is not solely responsible for them. Instead, they are a consequence of the 'nine wasted years' under former President Zuma, as described by President Ramaphosa. To make matters worse, MEC Simelane-Zulu was at the Pietermaritzburg High Court to support the architect of State Capture and our current economic woes. The DA cannot take her cries for extra funding seriously when she is not committed to dealing with the past transgressions.

A Capable MEC & Department

Given the current budget cuts, the DA's consistent calls for a capable state - which the President now also calls for - must be heard and implemented within this Department. Correctly qualified and committed officials must be appointed to positions to ensure that budgets are spent correctly and high-quality service delivery occurs in facilities. When the MEC was first appointed, she proclaimed that she would get her Department's administration right. This has not happened. A capable and ethical Department has not been created. Instead, the rot has continued unchecked.

Even during a global health pandemic, the financial irregularities within the DoH continue. According to the Auditor-General's (AG) Covid-19 investigative report, nine infrastructure projects worth R472million were approved without going through the bid committee, meaning that there is no proof that the DoH paid the best price. This while one service provider was overpaid by more than R14 million without any explanation given and while the DoH also deviated from Treasury notes for recommended PPE prices on numerous occasions.

The Department continues to improperly spend its current limited budget, accruing R1,4billion in irregular expenditure in 2019/20. However, this is not even the full amount, with the AG indicating that due to poor record-keeping, she could not evaluate the full extent of irregular expenditure. It is very likely that the real figure is billions of Rands more. KZN Health continues to have cumulatively the some of the highest irregular expenditure levels in South Africa. The DoH also continues without a permanent Chief Financial Officer and the Treasury team that was assisting the Department's Supply Chain Management (SCM) unit is now back at Treasury without completing all their work. Within the health portfolio committee, members still do not have clarity on when Treasury support will be reinstated. This while DoH medico-legal liability sits at more than R25 billion and is the biggest risk to the Department's budget and the Provincial fiscus. Yet, the promised medico-legal expert panel has still not been formed and vacant healthcare worker posts at centres of excellence remain unfilled.

MEC Simelane-Zulu can learn from another Health MEC in South Africa - one who embodies the capable state. A MEC who, like herself, is black and female, which must be stated due to the ANC's obsession with demographics. The Western Cape's Minister Nomafrench Mbombo has, for years, ensured South Africa's only clean Health audit. She has also ensured proper Covid-19 PPE procurement and infrastructure projects took place - at both facilities and field hospitals - without any material irregularities. This was confirmed by the AG.

The people of KZN could have the same under a DA provincial government. They will have the opportunity to vote for real hope and real change as we go to the polls later this year.