

New Western Cape health department head punts universal health coverage – Maverick Citizen 29 January 2020

The Western Cape Department of Health will get a new head of department, Dr Keith Cloete, in April, but it seems there will be no radical changes to the strategic direction and work of the department.

Dr Keith Cloete, who was introduced as the new HoD of the Western Cape Department of Health last week, made it clear he intends to stay on course and wants to strengthen the systems already in place and deepen the gains made by his predecessor Dr Beth Engelbrech. His appointment was officially announced during a press conference at the District Six Community Health Centre on Thursday 23 January.

Cloete will take over the reins on 1 April from Engelbrecht, who occupied the position for the last six years (since 2014).

“I really thought hard about this, and you will hear that I am not deviating from what has gone before. I believe it’s my responsibility to deepen and to enhance what has gone before,” Cloete said.

Universal health coverage

He made it clear that he wants his five-year term to be about fostering good relationships between stakeholders in the health sector as well as serving others. Cloete believes more collaboration between stakeholders is important to achieve universal health coverage (UHC).

“It’s about relationships, it’s about interconnection, and that everyone has a voice. That means we need to be able to listen to community voices that tell us where we should go with universal health coverage.”

Cloete did not elaborate on the province’s UHC strategy, but last year during a presentation on the department’s draft UHC framework of action he advocated for a move away from multiple players towards a collaborative whole in the best interest of all patients.

Making the link with the National Health Insurance Bill, this week he said: “We believe that is how we give effect to the intent, we [the department] believe in the NHI Bill. We believe universal health coverage is the strategy we have to take.”

The DA-led Western Cape government has always been clear about its support for universal healthcare for all, but is critical of the NHI Bill as the means to attain it. Western Cape MEC for Health Nomafrech Mbombo reportedly this week expressed the department’s lack of confidence in the financing system proposed in the bill.

The public hearings on the NHI Bill in the Western Cape are scheduled for 4-8 February.

The collaboration Cloete refers to will include the private sector health providers, universities, other government departments and government workers in the other provinces. Community representatives also play a crucial role in the discourse, according to Cloete, and

listening to these individuals will be essential when moving forward with the Western Cape's plan for UHC, he said.

No specifics on TB and HIV

Cloete began his career as a medical doctor in the province. He then occupied various positions in the health sector and health department. He was chief director of the Metro for eight years, and in 2015 was appointed chief of operations for the Department of Health.

Cloete also served as the director for HIV/AIDS/STI and TB in 2003. When asked if any changes were going to be made to the Western Cape's approach to HIV/AIDS and TB, Cloete did not provide any specifics. He did, however, state that the Western Cape is proud of the progress it has made in this regard.

"We have a renewed focus to hold on to the gains we've had. The best thing that can happen to HIV/AIDS and TB treatment is if you strengthen your entire system. So, there is the tension between doing HIV/AIDS and TB specific things, but then the risk of not being able to maintain that if you don't strengthen the system.

"Our strategy is more about keeping the balance. We do not want to lose the gains we've made with HIV/AIDS and TB, and we want to set ourselves very steep targets which is the 90/90/90 [UNAIDS target]," he added.

Health and budget cuts

Cloete may be intent on staying on course, but there are several challenges he and the department will face during his term. One such challenge is the threat of potential budget cuts.

Engelbrecht said the department would only receive clarity on its budget by 6 February.

Despite this, Cloete said the department is confident in the strategy in place to deal with any potential cuts.

"We remain confident that we will get a positive response to the case we have made [to the provincial Treasury on the budget]," Cloete said. "Our approach has been that we want to preserve as much of the continuity of the entire platform. Unless every single part of the system works, we won't have a functional system.

"One of the biggest risks is to put one part of the system against other parts of the system. It's rather about working differently and saying, how are we going to deal with the shortfall if there is any shortfall."

Both Cloete and Engelbrecht flagged the increased strain that violence, particularly among young men, places on the department's available resources.

"The impact on our system is everything from chronic diseases to child health. All that has an impact on our system, but by far the most significant impact in the past three years has been violence. There has been a doubling in our homicide rate in the last three years," Cloete said.

"The one place where mortality has increased is among young men. That is a societal concern," Engelbrecht said.

Good intentions

Within the department itself, Cloete seeks to continue the culture of “trust and respect”. In this, he seeks “to allow every staff member to feel valued, but ultimately be connected to their own purpose”.

“We have really skilled people in our department who can go anywhere else, but there is something that keeps them [here]. We have to remind ourselves what it is that keeps them.

“The first thing for us collectively in the health sector and the health department is to remind ourselves why are we doing what we do,” Cloete explained.

“To connect with a deeper purpose for all the health people who are in our system.”

Cloete is also set on investing in the department’s staff by developing their abilities. He said that making decisions in a complex health system which consists of so many stakeholders, requires leadership.

“We used the example earlier today of the clinician who is in charge of five or six hospital beds and makes daily decisions, not about who gets ICU beds, but which deserving clients do not get the ICU bed. That requires leadership capabilities, the ability to be resilient and to work in the system and to understand where they’re needed.”

Cloete reminded journalists that under Engelbrecht’s leadership the department had received its first clean audit – a legacy he wants to continue.

“It just shows the commitment to sound governance, but also ethical governance. It is really about people believing that they are here to safeguard the resources in service of the public. For me, that is a very, very big thing that we need to continue to work