Three lessons Covid-19 teaches us about South Africa's healthcare system –Health-Enews 7 April 2020

The way the country has tried to flatten the curve shows how public health is a group assignment — and that many actors are needed to efficiently address long-standing healthcare issues.

South Africa finds itself forming the epicentre of coronavirus on the continent just after the country's National Health Insurance (NHI) public hearings wrapped up. As **Health-e News** traversed into the most rural parts of all nine provinces to hear the views of public healthcare users, we started hearing the same chorus of problems.

From frequent treatment stockouts and dilapidated healthcare facilities, to the lack of resources for clinics and hospitals to fully function — the public hearings laid the issues bare. But with the rise of coronavirus, we learned that the department of health cannot resolve all its problems alone. There is a need for interdepartmental collaboration. For the public healthcare system to succeed, it needs a similar multi-faceted approach.

Here are three reasons why:

- **Access to water**

For years, **Health-e News** has been reporting on the shortage of water in many parts of the country, and the long-term consequences of this for people's healthcare. For example, we reported water shortages that have led to clinics failing, and sick patients being turned away as a result. In provinces like Limpopo, Eastern Cape and Free State, many NHI Bill public hearing submissions pleaded with the Parliament's portfolio committee of health about how the scarcity of water is a huge barrier in their right to health — that they were lucky if a truck delivered water once a week to their villages. But, when President Cyril Ramaphosa declared Covid-19 as a national disaster, parts of the country that usually struggle with access to water now have frequent water delivery truck visits, in a bid to fight the virus. This means that healthcare facilities like Phetogo Clinic, in the outskirts of Thaba Nchu, Free State, can keep its doors open for people to access their right to healthcare.

- **Shortage of public facilities and poor infrastructure**

One of the most pressing challenges that were heard in almost all of the NHI Bill public hearings was about the infrastructure of public healthcare facilities. These submissions ranged from complaints about small clinics to poorly maintained healthcare facilities and requests for the government to build more accessible clinics closer to communities. Rated as the worst clinic in the country by the Office of Health Standards Compliance, Lephepane Clinic in Limpopo is falling apart as the old building has severely cracked walls and a collapsed ceiling. Over the years, community members have demanded that the government build them a new clinic. But their needs are not listened to. Meanwhile, in the Free State, the upgrading of five clinics and the three hospitals have stalled. One of the facilities is Rouxville Clinic, whose upgrade was supposed to be completed by the department of public works in

November 2018. This has forced the provincial health department to take over the project. But a few days after the president announced the national state of disaster, the Minister of Public Works and Infrastructure, Patricia de Lille, said that her department identified 37 sites across all nine provinces to be used as Covid-19 isolation and quarantine facilities. This is another example of how healthcare delivery needs political determination from other departments — besides the health department — to succeed.

- **Health workers and unemployment**

A shortage of healthcare workers was a recurring issue across all nine provinces — but community healthcare workers and health users in rural area were the hardest hit by staff shortages in healthcare facilities. Some clinics operate with only two nurses serving more than 80 people a day. Other concerns are that qualified nurses are sitting at home because provincial departments budgets cannot afford to hire them. Last year, the Limpopo health department let go of 540 bursary holders, which included medical doctors, professional nurses and pharmacists. According to the Treatment Action Campaign's 2018 State of Health report, half of the 24 surveyed facilities in Gauteng were considered to have insufficient staff. As the province with the leading number of Covid-19 cases, the Gauteng department of health has undergone a "massive recruitment drive" to tackle the virus. The local health department has advertised 409 posts, which include 24 medical officer posts and 78 professional nursing positions. This comes after the President announced the rollout of mass Covid-19 screening and testing in the country — using about 10 000 health workers for this purpose.

All in all, where there is political will, there is a way towards good, equitable healthcare. — Health-e News