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'KZN's gangrenous healthcare system can be fixed'

KZN's health department is like a patient with progressive gangrene and failure to operate will only allow the situation to get worse. This much was evident during today's Health Budget Speech by MEC, Sibongiseni Dhlomo. Today the MEC delivered a lengthy promise list made up of interventions his department plans to take in order to improve healthcare in our province. The MEC, however, forgot to mention one important fact - his department does not have enough money.

This was established by the DA during a recent health portfolio committee by the department's Acting CFO. By the time he was asked the same question during the department's finance committee hearing, he had a different answer. This while his principles watched, knowing that the department's plans would never get off the ground. What this means for the people of KZN is more of the same shocking service levels when it comes to healthcare. More of the same when it comes to doctor shortages and more of the same when it comes to medicine shortages. In fact, more of the same when it comes to health care in general. While the department has admittedly had to face the brunt of budget cuts as a result of the Izinduna payments and other economic factors, the reality is that it is equally to blame for the situation it finds itself in. Other contributing factors include its own R260million medico-legal bill, monies spent on events at churches attended by senior ANC members and a disastrous Cuban medical programme which continues to be a financial drain.

Internally, there is a lack of continuity with even the CFO in an acting capacity, a loss of control of Supply Chain Management, crumbling infrastructure, pandering to Unions and a very bleak report from the Auditor General.

The reality is that;

- KZN has a critical shortage of doctors and massive vacancies with just 2 oncologists, 2 radiologists and 2 urologists in the entire eThekwini region
- Neonatal mortality has increased from 2015 to the 2016 calendar years with a provincial average of 10.9/ 1000 births
- A report presented to the HPC regarding specialised TB hospital [St Margret's] states that all wards are non-compliant to National Core Standards. Infection Prevention and Control (IPC). This while KZN remains the epicentre for TB in the world
- KZN has only 129 functional ambulances despite needing 1 057 for its population size. To make matters worse, they are ageing, dilapidated and even being stolen
- Broken radio therapy machines and a crumbling oncology service continue to exist while people are dying excruciating and untimely deaths

So while the MEC talks, it is clear that his strategies are not working. This is what happens without proper leadership, misdirected funding priorities and, as a result, insufficient personnel. The DA has, on several occasions, written to the Premier asking him to relieve MEC Dhlomo of his duties in the interests of the people of our province and on the basis that he continues to defend the indefensible or to bury his head in the sand like an ostrich.

KZN's Health department can be fixed but it will take a complete refocus in terms of the day-to-day running of the department along with a more caring approach from the top down. A DA-run department would;

- Bring back the more than 1 000 medical students studying at great cost in China and Cuba and start a private medical school here in KZN. This will open up economic opportunities and create jobs.
- Release provincial finances so that there is no longer ageing and broken equipment in KZN's hospitals. In particular we would not leave big hospitals like Prince Mshiyeni Memorial without X-Rays - a situation which exists as we speak after the condemned machine they were using broke down at 1pm yesterday
- Make sure that all facilities have medicines by ensuring that the simple principles of supply and demand are upheld and budgetary allowances are based on proper forecasts
- Urgently resolve labour-related issues so that the MEC can focus on his or her proper job rather than performing post mortems. We will incentivise union memberships where possible and ensure staff safety is prioritised.

The DA's plan for Universal Health Coverage provides the funding model for these measures and for more of what all South Africans need.

While the DA acknowledges that major improvements are unlikely under MEC Dhlomo and an ANC-led government, we will also not sit back and watch as he destroys what exists. We have made our recommendations and we expect the MEC to take heed. We expect improvements.

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