



South African Institute of Race Relations
The power of ideas

SOUTH AFRICA'S ~~NATIONAL HEALTH~~ DEATH INSURANCE SCHEME



MARIUS ROODT AND MAILIES FLEMING



September 2018

Published by the South African Institute of Race Relations (IRR)
2 Clamart Road, Richmond
Johannesburg, 2092 South Africa
P O Box 291722, Melville, Johannesburg, 2109 South Africa
Telephone: (011) 482-7221
© South African Institute of Race Relations 2018

ISSN: 2311-7591

Members of the Media are free to reprint or report information, either in whole or in part, contained in this publication on the strict understanding that the South African Institute of Race Relations is acknowledged. Otherwise no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopy, recording, or otherwise, without the prior permission of the publisher.

While the IRR makes all reasonable efforts to publish accurate information and bona fide expression of opinion, it does not give any warranties as to the accuracy and completeness of the information provided. The use of such information by any party shall be entirely at such party's own risk and the IRR accepts no liability arising out of such use.

Editor-in-chief: Frans Cronje

Authors: Marius Roodt and Mailies Fleming

Typesetter: Martin Matsokotere

Cover design by InkDesign

SOUTH AFRICA'S NATIONAL HEALTH INSURANCE SCHEME

INTRODUCTION

The South African government wants to implement a policy of National Health Insurance (NHI) to ensure that every South African has decent healthcare. Although this is a noble goal, it is unlikely that the government will be able to make this a reality. All South Africans will be compelled to belong to the NHI system, without the right to opt out. At the same time, people will have to pay into the system even if they choose to pay contributions to a medical aid, too. All health revenues will be paid into a central fund, from which all health disbursements will be paid. The state will decide on all aspects of healthcare, and private healthcare will effectively have been nationalised, with all that that entails. The South African government has shown itself to be poor at running a wide range of entities, from South African Airways (SAA) and Eskom to the education system – the list is long – and there is no reason to think it will manage to run the entire healthcare system effectively.

The NHI will have serious consequences for medical aids and for individuals. Medical schemes will only be allowed to provide ‘complementary cover’. In the long term, all medical aid schemes will likely cease to exist. Few individuals will be able to afford medical aid on top of the increased taxes that they will have to pay to help fund NHI. Most people will be forced to rely on government healthcare.

This is not what the government should be doing – rather than trying to reduce private healthcare, the government should be looking to increase access to it. Throwing more money at the country’s profoundly deficient public health system and effectively nationalizing private healthcare will not improve health outcomes. South Africa needs to be innovative in working to provide quality healthcare for all, but disabling excellence in the private healthcare system will not be the answer.

Throwing more money at the country's profoundly deficient public health system will not improve health outcomes.

Greater access to private healthcare should go hand in hand with improving the public healthcare system, which can only be achieved through merit-based appointments, strict accountability for poor performance, and effective action against corruption and wasteful spending. Access to private healthcare can be expanded by allowing low-cost medical schemes and primary health insurance policies. Poor households should be helped to join these schemes or buy these policies through tax-funded health vouchers. To help spread risks, medical scheme membership and/or health insurance cover should be mandatory for all employees, with premiums for lower-paid employees buttressed by employer contributions for which businesses would garner tax credits. Medical schemes and health insurers would then have to compete for the custom of South Africans, which would encourage innovation and help to hold down costs.

There should also be increased public-private partnerships, and regulations should be introduced to allow the private sector to establish more day hospitals and the like. Furthermore, private universities

and hospitals should be permitted to train doctors, specialists, and other health providers, as public training institutions clearly cannot meet the scale of need.

It is clear that the public sector will not be able to cope with greater numbers, but, despite this, the government seems determined to push ahead. President Cyril Ramaphosa recently said that all South Africans would be covered by NHI by 2025, and this means the vast majority will rely on the public healthcare system. Although there are many dedicated people working to make public healthcare work, there are many problems with it.

To illustrate the crisis in the South African healthcare system, the IRR collated media reports on negligence, corruption, and mismanagement in our public health sector between April 2017 and August 2018. Over 100 incidents, listed below, came to light, the majority of them relating to negligence or hospital or departmental mismanagement. Some incidents, such as the Life Esidimeni tragedy – which saw more than 100 people die because of government mismanagement of the public healthcare system – are well known. But this shameful episode is matched by many other incidents in which, due to negligence, mismanagement, or corruption, people received sub-standard medical care and, in extreme cases, were disabled or even lost their lives. Many of these incidents have not received widespread coverage (and it is possible that yet more incidents have not been reported on at all). The list that follows reflects a healthcare system in crisis.

The public sector will not be able to cope with greater numbers but despite this, the government seems determined to push ahead.

INCIDENTS

South Africa's National Death Insurance Scheme

1. On 24 April 2017, *News24* reported that the 'general systemic chaos' at state hospitals in Kwa-Zulu-Natal was driving doctors into the private sector. The main criticisms made by doctors at state hospitals were of poor management and disorganisation, which left them without the proper tools with which to carry out their work. One doctor reportedly told of a six-year-old girl who had had to wait for two weeks to start antiretroviral (ARV) treatment because the medication had not arrived. This doctor also spoke of broken equipment, such as CAT scanners, putting patients' lives at risk because doctors were unable to diagnose their conditions without surgery. Furthermore, staff shortages were not being tackled efficiently, with applicants being interviewed but vacant posts not being filled. According to the doctor interviewed, 'there is money in the department but it is being wasted due to poor management'.

2. On 3 July 2017, *TimesLIVE* reported on South Africa's poor ranking for healthcare in the Social Progress Index, which measures and compares a nation's provision of healthcare, education, housing, rights, tolerance and environment. South Africa ranked 83rd out of 128 countries for nutrition and basic medical care. According to Professor Jerry Coovadia from the Active Citizens Movement, this poor rating was unsurprising given the 'combination of poor political decision making and control, corruption and mismanagement on an epic scale' in the healthcare sector, in spite of substantial investment in it.

3. On 24 August 2017, *TimesLIVE* reported that Chris Hani Baragwanath Hospital in Soweto lacked the resources to combat the high infant mortality rate at its facility. According to Democratic Alliance (DA) member of the provincial legislature (MPL) in Gauteng, Jack Bloom, the 1 900 babies being delivered at the hospital every month overstretched the ideal of 1 400 monthly births. He pointed to a need for resources and renovation at the hospital, the absence of which was putting staff under undue pressure.

4. On 29 August 2017, *City Press* reported on alleged medical negligence at Chris Hani Baragwanath Hospital which resulted in the death of a baby. Nomusa Nkomo went into labour when she was 24 weeks pregnant. She was rushed to hospital, but the nurses allegedly refused to help her, as they claimed to be off-duty. She was assisted by the paramedic who had brought her to the hospital and who took her to the maternity ward in a wheelchair as the nurses had refused to provide a stretcher. She gave birth while being transported to the maternity ward but the baby fell on the floor and hit his head, and subsequently died. Nkomo was told that her baby had died of natural causes but when she saw his corpse she said it was clear he had a large bruise on his head from his fall.

5. On 31 August 2017, *TimesLIVE* reported that mismanagement in district hospitals put tertiary hospitals under added pressure. According to research undertaken by students at the University of Witwatersrand medical school, a lack of resources, skills, supervision and support at district level led to cases being referred to tertiary institutions. In many cases, treating these referred cases at district hospitals would have been more cost effective.

6. On 6 September 2017, *News24* reported that negligence in KwaZulu-Natal had resulted in over 100 tuberculosis (TB) patients going deaf. The patients' ototoxicity levels had not been properly monitored. Ototoxicity refers to damage to the inner ear that can be due to the side effect of a drug. The hospital could not monitor the ototoxicity levels in the patients because the laptop with the necessary software to do so had been stolen. The stolen laptop had been replaced, but had to be shared between the audiologist and data capturers. *News24* said at the time that fewer than ten of the affected patients had been provided with hearing aids.

7. On 11 September 2017, *IOL* reported that the Gauteng Health Department had its phone lines cut by Telkom because of unpaid bills. According to Jack Bloom, the department owed R1.234 billion to 808 companies in March 2017.

8. On 22 September 2017, *IOL* reported on incidents of corruption at Soweto's Bheki Mlangeni District Hospital, including claims by some women employees that they had been forced to sleep with a senior manager in order to keep their jobs. The senior Human Resources manager allegedly targeted women who were facing disciplinary action for having paid to acquire their jobs, demanding they have sex with him if they wished to avoid losing their jobs. This was found to be part of a larger problem with corruption at the hospital, where an investigation launched in early 2017 found that over 100 employees bought their jobs. Since opening in 2014, the hospital had reportedly handled 192 cases of misconduct, including the sex-for-jobs and jobs-for-cash allegations, with the employees implicated including managers, supervisors, nurses, doctors, porters, cleaners, administrative clerks, and laundry and food service assistants.

9. On 27 September 2017, *TimesLIVE* reported on the long waiting list for operations at Chris Hani Baragwanath Hospital in Soweto. This is attributed to staff shortages and machines breaking down. In 2017, over 10 000 patients were waiting for operations. In 2015, the waiting list had been less than 5 000 people, an indication of how quickly the list is growing. The waiting time for a hip operation at the hospital can be as long as five years.

10. On 15 October 2017, *Soweto Urban* reported on a shortage of staff at Rahima Moosa Hospital in Coronationville, west of Johannesburg. A nursing agency withdrew its staff from the hospital after not being paid. The staff shortages meant that only one of the hospital's emergency operating theatres could be used, posing a risk to the safety of emergency caesarean operations at the busy maternity hospital. According to Jack Bloom this was as a result of the Gauteng Health Department's financial mismanagement.

11. On 8 October 2017, *TimesLIVE* reported that the state had claimed responsibility for the 118 patients recorded as having died during the forced removal of over 1 700 patients from Life Esidimeni psychiatric homes to under-equipped, unlicensed NGOs between March and June of 2016. The government's justification for these forced removals – namely, to save money and deinstitutionalise patients into the community – was inconsistent with the decision to place many of the patients into hospitals, which re-institutionalised them and is reported as being five times as costly as a psychiatric home. Furthermore, an advocate from Section 27, Adila Hassim, was reported as criticising the government for being incapable of completing a 'simple act of data gathering' to confirm the actual number of patient deaths.

12. On 8 October 2017, *News24* reported that the Department of Health in KwaZulu-Natal had been found liable for damages arising from the birth of a brain-damaged baby at Prince Mshiyeni Hospital in Durban. Busisiwe Mngoma, the mother of baby, Sbongakonkwe Asanda Mngoma, sued the health authorities for R11.8 million for negligence by hospital staff that prolonged her labour unnecessarily, and for failing to establish the risk to her baby's health in time to expedite her birth. After failing to immediately admit the mother to a neonatal intensive care unit, proper medical care – including resuscitating the baby timeously after her birth – was denied to mother and child. As a result, the baby was born blind and is expected to remain totally dependent on others for the rest of her life.

13. On 27 October 2017, *IOL* reported on an incident at Stellenbosch Hospital in which a 61-year-old man's body was discovered in the hospital ceiling, 13 days after he disappeared. According to the Western Cape Health Department, the nurse attending the patient had gone to get fresh linen after the patient's operation and found that he had disappeared once she returned. According to the deceased patient's family, the man could not walk due to his surgery and so the reason for his body ending up in the ceiling remains unexplained.

14. On 29 October 2017, *The Citizen* reported on some of the testimonies given at the inquiry into the Life Esidimeni case, in which more than 1 700 patients were relocated from the Life Esidimeni hospital in Johannesburg to 27 privately run clinics which did not have the proper capacity to care for them. One family member of a deceased patient told of how their mother had suffered from hunger and dehydration, with the cause of her death being recorded as cardiac arrest and an epileptic fit, despite her never having suffered from epilepsy. Another told of how his son had been moved from one facility to another in a big truck, 'like goats and sheep', was refused water due to his alleged tendency for wetting himself and then died a week later. Families also told of having to search through bodies stacked on top of one another in an effort to find their deceased loved ones. Chief planning director for the Gauteng Health Department, Levy Mosengoni, reportedly admitted that the plan to move patients was 'irrational [...] rushed and not necessary' but had gone ahead anyway in an effort to save money.

15. On 30 October 2017, *News24* reported on a report published by the Minister of Health, Dr Aaron Motsoaledi, concerning the poor state of four Durban hospitals after they were inspected by a Ministerial Task Team (MTT) in December 2016. The visits to Prince Mshiyeni Memorial Hospital in Umlazi, Mahatma Gandhi Hospital in Phoenix, Addington Hospital along Durban's south beach, and King Edward VIII Hospital in Berea found that the buildings were in a poor state, hospital management was incompetent, the hospitals struggled to adequately deliver services, and management positions were being filled by people who lacked the relevant qualifications.

16. On 30 October 2017, *IOL* reported on the financial mismanagement in the Gauteng Health Department which had left it in crisis. According to Professor Eric Buch, chairperson of the National Health Laboratory Services (NHLS), a culture of non-payment and under-payment by the Gauteng

Health Department for NHLS services had affected its ability to invest in strategic infrastructure, putting essential diagnostic services and thus the health and safety of patients at risk. Besides the amount owed by other provinces, the Gauteng Health Department alone owed the NHLS R2.3 billion, and its debt was constantly growing. This came in addition to the seizing of furniture by the Sheriff of the Johannesburg High Court, in response to R6.2 million of debt owed for medical negligence claims. Earlier in the year, unpaid bills caused Telkom to cut phone lines to the head office as well as to Bheki Mlangeni Hospital in Soweto, where staff resorted to using a single cellphone to coordinate the 19 200 patients it received monthly. According to Mark Heywood of public interest law centre Section 27, misspending had worsened the financial problems faced by the department, meaning that over the past 5 years close to R7 billion could not be accounted for.

17. On 8 November 2017, *News24* reported on an incident videoed in St Mary's Hospital in Mariannhill, KwaZulu-Natal, where a staff nurse mistreated a bedridden patient, ridiculing her for being unable to sit up to have her diaper changed and not drawing the bed curtains to give the woman privacy. The patient died the following day, reportedly receiving 'very little assistance'.

18. On 9 November 2017, *News24* reported that the Health and Other Services Personnel Trade Union of South Africa (Hospersa) had demanded an emergency plan be set up to protect its members from ongoing attacks in the Western Cape. This followed the death of an 8-year-old boy after the ambulance transporting him was attacked and robbed on the N2 highway in Cape Town. Hospersa had called for an intervention from the MEC for Health in the province, NomaFrench Mbombo, but was told the criminal attacks were not a matter for the health department to deal with. In response, Hospersa threatened to withdraw its members from service.

19. On 13 November 2017, *IOL* reported that the Minister of Health, Dr Aaron Motsoaledi, had said that the fast-growing number of medical negligence claims against the government was because of personal injury lawyers being unscrupulous. These claims were rebuffed by Johan Roux, an attorney at DSC Attorneys. He said claims were increasing because of deteriorating state hospitals as well as incompetence and negligence. He was quoted as saying: 'The escalation in claims is a result of an incompetent system being exposed. Blaming attorneys for bringing these acts of negligence to the fore is clearly a diversion tactic.' Medical negligence claims against provincial departments of health increased by about 25% per annum between 2011 and 2016. It is also estimated that about 50% of children with cerebral palsy in South Africa have the condition because of avoidable complications at birth.

20. On 14 November 2017, *TimesLIVE* reported on a testament by psychiatrist Dr Lesley Robertson at the South African Human Rights Commission (SAHRC). Dr Robertson was speaking in the wake of the Life Esidimeni tragedy, stressing that the tragedy was the tail end of almost two decades of a poorly executed push to deinstitutionalise mentally ill patients. Robertson put the problem down to a lack of management, saying 'there is no national programme guideline for what to do with a mentally ill patient'. Not only did this contribute to the Life Esidimeni tragedy; general mismatches between patient conditions and necessary provisions had meant that scores more mentally ill patients had been unable to receive the necessary medical attention.

21. On 15 November 2017, *News24* reported on a vehicle that broke down on a major Johannesburg highway. A wheel had come off the trailer being towed by the vehicle, and the trailer was found to contain over 40 corpses (16 adults and 26 stillborn babies) from Charlotte Maxeke Hospital, and destined to be buried at a cemetery in Eldorado Park. The driver of the vehicle did not have any documentation indicating that he worked for a registered mortuary, nor did he have any documentation from the hospital. The *Daily Maverick* speculated that a company whose vehicles did not meet minimum health

standards had been contracted by the provincial health department in order to save money. Michael Sun, the member of the mayoral committee for public safety in Johannesburg, said that transporting the bodies in such a manner was disrespectful, undignified, and unhygienic.

22. On 24 November 2017, *GroundUp* reported that a man with epilepsy had been left for hours, lying in a puddle of his own urine on the floor of Khayelitsha Hospital. Hospital staff offered no assistance, saying there were no beds available.

23. On 1 December 2017, the *Daily Maverick* published an extensive article identifying corruption in the healthcare sector, which it blamed for R24 billion of irregular expenditure – money spent outside of the legal framework and without proper authorisation – in the healthcare system between 2009 and 2013. According to the *Daily Maverick*, this sum is twice the amount currently spent on Emergency Medical Services. Citing incidents identified by Section 27 and the Treatment Action Campaign (TAC), the Gauteng healthcare system was identified as one of the most corrupt provincial departments, with irregular expenditure totalling R6.9-billion between 2010 and 2017. This has contributed to the collapse of services, leaving community workers unpaid; understaffing of midwives and nurses which has led to babies dying or becoming disabled; a lack of infection control resulting in higher levels of TB; and the Life Esidimeni case in which at least 143 mental health patients were estimated to have died. State Capture and corruption were identified as the primary risk factor to the South African public health system.

24. On 3 December 2017, *IOL* reported on alleged gross negligence at Addington Hospital in Durban. A 25-year-old man, diagnosed with a psychiatric condition, hanged himself in a bathroom in the hospital on the day he was due to be discharged. His body was not discovered until three days later. A doctor at the hospital, who preferred to remain unnamed, questioned how it was possible that nobody had noted that the patient was missing.

25. On 8 December 2017, the *Mail & Guardian* published a piece written by Dr Charlotte Capri, Dr Ockert Coetzee, Dr Brian Watermeyer, and associate professor Judith McKenzie, addressing the need to rethink South Africa's medical administration. Using the Life Esidimeni case as an example, the authors stressed that the difference between a mental health problem and an intellectual disability was not sufficiently stated and provided for in the Mental Health Care Act and its General Regulation Amendment. They argued that this legal discrepancy filtered down to the institutional levels at which healthcare should be provided to patients. The current system dehumanised patients, meaning that it was not their well-being and quality of life that mattered but rather the perfunctory task of keeping them alive and off a death register, as in the Life Esidimeni case.

26. On 10 December 2017, *News24* reported on the critical condition of staff vacancies at state hospitals. According to a report by the health committee of Mpumalanga's provincial legislature, the province's hospitals have vacancy rates of between 35% and 75%. This leaves the 89% of people living for example, in Mpumalanga's Ehlanzeni district, who cannot afford private medical care, in the hands of understaffed medical facilities, with a doctor: patient ratio in the district of eight doctors per 100 000 people. The findings in the report are in line with the findings made by a task team appointed by the Minister of Health, Dr Aaron Motsoaledi. Its two-year investigation of 25 hospitals found many lacking basic services. Committee member and provincial DA leader, James Masango, statements pointed to mismanagement. He revealed that one hospital had overspent by 569%, and that key managerial positions were often left vacant due to a tendency to defer accountability, both at hospital and provincial level.

27. On 27 December 2017, *TimesLIVE* reported on a girl who died at a church on Christmas Eve after allegedly being turned away from a number of clinics. A woman arrived at the church of Pastor Paseka Mboro Motsoeneng in Katlehong in Ekurhuleni on 24 December. The pastor advised the woman

to take her daughter, who appeared to be severely dehydrated, to a clinic. She claimed that she had been at a number of clinics, most of which were closed. One clinic which was open said they did not have a drip available. She took her child to a hospital, but it would not accept the child without a referral letter from a clinic. Subsequently, an ambulance arrived to take the child from the church to a hospital, but she died before reaching the medical facility. The ambulance allegedly took more than 90 minutes to arrive.

28. On 6 January 2018, *The Citizen* reported on a man who had a damaged ankle, due to medical negligence. EM Maphosa had badly fractured his ankle while being assaulted by the police. He was initially taken to Musina Hospital, transferred to Tshilidzini Hospital, and then transferred back to Musina Hospital, without any surgery being done. He was discharged despite a part of the wound still being open and his only being able to walk on crutches. He was eventually operated on four months later. Mr Maphosa sued the Limpopo Department of Health. In court, an orthopaedic surgeon testified that Mr Maphosa's ankle should have been operated on the day it was injured. Mr Maphosa would be likely to have to wear a brace on his ankle for the rest of his life. Judge Dawie Fourie rejected the department's defence that medical facilities had been overcrowded or that there had been a shortage of financial resources to assist Mr Maphosa.

29. On 11 January 2018, *The Economist* reported on the Life Esidimeni case. It detailed how over 142 mentally ill patients died over a nine-month period in what lawyers have called 'South Africa's worst human rights abuse since the end of apartheid'. More than one in ten of the Life Esidimeni patients died of thirst, hunger or neglect, with the article detailing the case of a 46-year-old woman who died starving, alone and locked up in an outbuilding where she choked on her own blood. Senior officials were blamed for their roles in a health service riddled by what Mark Heywood, executive director of public interest law centre Section 27, defined as corruption, a breakdown of accountability, and a culture of impunity in government.

30. On 16 January 2018, *News24* reported that the KwaZulu-Natal Department of Health had been ordered to compensate a mother, Nokwanda Charlotte Mqadi, for harm incurred by her new-born child due to lack of medical care during the birth. In the judgment, acting judge Sandhya Mahabeer stated that despite the fact 'state hospitals routinely face challenging work conditions and limited resources, failure to conduct basic assessments and keep proper records cannot be justified'. The severe lack of monitoring during the late stages of Mqadi's pregnancy, a confusion between the maternal and foetal heartbeat and no proper monitoring of the mother after she was given a labour-inducing drug, were cited as contributing factors to the baby's brain damage.

31. On 19 January 2018, *IOL* reported on a case of what one patient's family believed were botched operations at R K Khan Hospital in Durban. The 47-year-old patient was left bedridden after two operations where incisions were left open and the patient was discharged regardless. On visiting him, the family found the patient had been left to clean his wounds himself rather than being assisted by a nurse. Although the hospital insisted procedures had been properly followed, the family denied having been given the correct information about how to care for the patient upon his discharge.

32. On 24 January 2018, *TimesLIVE* reported on a risk posed to patients with kidney problems at Charlotte Maxeke Academic Hospital in Johannesburg. A shortage of purified dialysis water, due to a broken dialysis water tank, had allegedly led to tap water being used for emergency dialysis procedures on children. This had the potential to put children's lives at risk.

33. On 30 January 2018, *News24* reported that there was not one full-time oncologist working at any of KwaZulu-Natal's state hospitals. The last oncologist in the province had moved to Gauteng in December 2017. The provincial department was looking to partner with the private sector to address the issue.

34. On 31 January 2018, *IOL* reported that Gauteng Premier David Makhura exposed the levels of financial mismanagement in his government in the wake of the Life Esidimeni tragedy. He admitted that the internal disciplinary procedures in the provincial government of Gauteng were superficial, lacked accountability mechanisms and were in need of revision. A Section 27 advocate, Adila Hassim, was reported as saying that millions had been spent on consultant fees, from the R13-million paid to consulting firm BMGI for 12 weeks of work for a comprehensive diagnostic on Chris Hani Baranwanath Hospital in Soweto to the R60 million spent on two attorneys over 10 months.

35. On 6 February 2018, *IOL* reported on a Mitchells Plain family which claimed that a nurse had killed their new-born baby at a local clinic, by throwing it on the floor. Liezl Mesias, whose first two children had been born at the clinic without incident, said that she had been badly treated by a nurse, and had been shoved around. Ms Mesias said that when the baby was born the nurse had taken the baby by the head and thrown it on the floor, without cutting the umbilical cord. The clinic denied the claims, saying that there was no evidence of wrongdoing, and that the baby had been stillborn.

36. On 8 February 2018, *IOL* reported that a toddler was brain damaged due to alleged negligence at Charlotte Maxeke Hospital in Johannesburg. Abiyola Mncono, suffered a brain injury from lack of oxygen, after choking on her own vomit. She had been taken to hospital suffering from croup, and, while there, doctors had advised that she undergo surgery to fix an abnormality in her intestines. The surgery reportedly went well and without incident, but after the procedure the toddler began vomiting. Nurses were allegedly slow to respond, leading to the toddler choking on her own vomit. The toddler's mother, Ziyanda Mncono, has to provide her child with full-time care now, as she is incapable of feeding herself and is incontinent. The elder Mncono had to resign from her job and move back to the Eastern Cape to live with her mother in order to care for her child.

37. On 12 February 2018, *The Citizen* reported that the MEC for health in Mpumalanga had accepted full liability for a botched birth which had resulted in a baby suffering from quadriplegic cerebral palsy. In September 2012, Zama Phewa gave birth at Amajuba Memorial Hospital in Volksrust. She was in labour for a number of hours without been attended to by a doctor. When Ms Phewa complained that she was in a great deal of pain she was allegedly told by nurses not to tell them how to do their job. Two specialists confirmed in a joint report that Ms Phewa's child was disabled because she had been exposed to 'prolonged hypoxia' during labour (hypoxia is a deficiency in the amount of oxygen reaching an individual's body tissue). The specialists also said that the labour process had been badly managed.

38. On 18 February 2018, *IOL* reported on a baby who had lost his arm due to medical negligence at Stanger Hospital in KwaZulu-Natal. Kuyakhanya Mpanza was born in February 2017, by caesarean section. Following his birth, he had to have an intravenous drip inserted. However, this was done incorrectly and led to complications which resulted in the amputation of his arm. Kuyakhanya's mother, Phindile, attributed this to negligence. Staff had failed to identify Kuyakhanya as hypoglycaemic and nurses had not notified doctors timeously when it became clear something was amiss. Ms Mpanza was suing the provincial department of health for R7 million.

39. On 22 February 2018, *The Citizen* reported on a court award of over R10 million to a family after the court had ruled that their son's blindness was due to hospital negligence. Frank Molima was born prematurely, at 28 weeks, at J Dumane Clinic in Vosloorus in Ekurhuleni. He was transferred to Natalspruit Hospital and placed in the neonatal intensive care unit and given oxygen. He received oxygen at unblended concentrations for too long, as staff had not monitored these levels. The MEC for health in the province accepted full liability for the boy's injuries.

40. On 5 March 2018, *Huffington Post* reported on the catastrophic impact which an investigation

by Doctors Without Borders (MSF) revealed. It showed how a ‘broken healthcare system’ was negatively affecting rape survivors. A nationwide telephone survey by MSF examined the healthcare gaps for survivors of sexual violence in South Africa and found that of the 63 out of 265 designated facilities that partook in the survey, only 26.7% provided the comprehensive package of care for survivors. *Huffington Post* drew links between this lack in services, the continuing psychological damage suffered by rape survivors and the ‘ripple effect of trauma and mental health issues’ which this could have for South African society.

41. On 12 March 2018, *IOL* ran a story regarding a woman who was terrified of giving birth at Tembisa Hospital. Happiness Soyiyana, who at the time of the story was six months pregnant, did not want to return to the hospital. She had previously gone to the hospital to give birth and had been scheduled to undergo a caesarean section after arriving at the hospital at 7am, but by 5pm she had still not been seen to. By that time, the baby had died, but no post-mortem was done on the infant, despite questions around its death. Soyiyana claimed that she saw her baby’s body and its neck had been badly broken. The hospital disputed Soyiyana’s version of events, with hospital staff claiming that no heartbeat had been detected when Soyiyana arrived at the facility in the morning. Soyiyana also claimed that she was not offered counselling after the baby’s death, though this was also disputed by the hospital.

42. On 13 March 2018, *IOL* reported that the Gauteng Department of Health paid out R19.2 million for a negligence claim. Omphile Ngwenya was born in 2012 but, because doctors failed to give her mother a caesarean section, by the time it became clear the procedure was necessary, the baby had suffered severe brain damage due to a lack of oxygen. Omphile also suffers from epilepsy and cannot swallow properly.

43. On 16 March 2018, *IOL* reported that the premier of Gauteng, David Makhura, had committed to investigating the death of premature twins at Mamelodi Hospital two years ago. The mother of the twins, Nompulelo Sibiyana, said that nurses at the hospital had verbally abused her. She also claimed that nurses would not let her see the babies’ bodies, with the hospital subsequently incinerating the babies, and did not give Ms Sibiyana the opportunity to bury them. She also claimed that the babies (which had been about three months premature) had been alive when she gave birth to them, but nurses had refused to put them into an incubator. Sibiyana was also not given the option of going to counselling following the loss of her twins.

44. On 20 March 2018, *TimesLIVE* reported on the reaction by trade union Hospersa to reports of flooding at Charlotte Maxeke Academic Hospital in Johannesburg. The Hospersa manager dealing with Occupational Health and Safety (OHS) policies, Fazeela Fayers, raised concerns about the dilapidated state of the hospital. For example, a collapsed ceiling had trapped five people under rubble in 2017. Ms Fayers said OHS violations in the healthcare sector were ‘extreme’ and put patients and staff at risk. The more recent concerns raised by Hospersa were over a video which seemingly showed patients’ records being stored in a room with a burst water pipe, thus putting them at risk of being destroyed.

45. On 20 March 2018, *BizCommunity* reported on a breach of national health protocol at Murchison Hospital in Ugu district, KwaZulu-Natal. A chronic water crisis –for which the district municipality was responsible, but which had been exacerbated by a strike by the Health Department’s district municipality staff – meant that sanitation protocols could not be followed. With staff unable to wash their hands before and after treating patients, the risk of infections in a hospital where a reported 80% of patients were immunity compromised due to HIV, was acute. Reported incidents such as the contraction of infectious hepatitis by one Murchison doctor, who caught the disease from a child patient who later died, illustrated the severity of the situation.

46. On 23 March 2018, *SowetanLIVE* reported that serious problems were found at Tower Hospital in Fort Beaufort in the Eastern Cape. The hospital is for the long-term non-voluntary admission of people suffering from mental illnesses. The hospital was visited by representatives of the South African Society of Psychiatry (Sasop), the Treatment Action Campaign, and the South African Federation of Mental Health following complaints from a psychiatrist at the facility, Dr Kiran Sukeri. Records on patients and their deaths were not being adequately kept and the seclusion rooms used at the hospital were criticised, as they were far from the nurses' station and with no amenities nearby. Dr Bernard Janse van Rensburg, the president of Sasop, said that although management at the hospital showed goodwill to patients, they did not understand how 'long-standing systemic failures and inadequacy of actions taken to address these failures had exacerbated the situation and affected patient rights'.

47. On 21 April 2018, *IOL* reported on a 13-year-old boy who had lost both feet, his left hand, and four fingers on his right hand, following complications after appendix surgery. Mhlengi Dumisa fell ill in December 2017 and was taken to King Edward VIII Hospital in Durban. Following the operation, he was not taken to a high-care ward as the lift was not working and he was kept in an ordinary ward. His stomach was also allegedly not stitched closed, but only bandaged. Mhlengi then fell ill with a chest infection and oxygen was not circulating to his limbs properly, leading to amputation. Mhlengi's family had decided to take legal action against the hospital, as they felt the complications leading to the amputations were due to negligence.

48. On 4 June 2018, *Health-E News* reported on Dr Kiran Sukeri's whistleblowing on Tower Hospital, a rural psychiatric hospital in the Eastern Cape. Dr Sukeri raised concerns over patients living in seclusion rooms without access to proper sanitation – according to Department of Health regulations these rooms should not be used for over four hours at a time. He also revealed that records of patient deaths were being kept improperly, food was not nutritional and was served cold, patient's clothes were tattered despite a clothing budget of millions of rands, a levy was charged for patients to withdraw money from their hospital account and there was no doctor on duty at the hospital at weekends. The CEO of Tower Hospital, Ntombizandile Ngcume, resigned in the wake of the whistleblowing.

49. On 27 March 2018, *SowetanLIVE* reported that Bophelong Provincial Hospital in Mahikeng in North West could no longer supply meat for patients' meals due to a lack of money. The hospital's meat suppliers had allegedly not been paid, so were no longer providing meat to the hospital. Patients in the psychiatric wing threatened to revolt against the new meal regime by going on hunger strike or damaging property. Sources in the hospital said that this was only one of a myriad of problems in the hospital. There were also shortages of medicine, and the hospital's laundry machines did not work. An official from Nehawu said that mismanagement of the hospital was due to corruption at the provincial department of health.

50. On 29 March 2018, *SowetanLIVE* reported on a man who had been strangled to death while under psychiatric observation at a hospital in the Western Cape. Tapiwa Chipika, a Zimbabwean national, was admitted to Stellenbosch Provincial Hospital for an observation period of 72 hours, after suffering from mental health problems. Two days after being admitted to the hospital he was found dead in a ward. The hospital initially told Mr Chipika's family that he had died of natural causes, but they were suspicious after seeing lacerations around his neck and signs of a struggle in the ward he was kept in. Subsequently, a police source confirmed that Mr Chipika had been murdered.

51. On 5 April 2018, *Health-E News* reported on a 'filing disaster' at Potchefstroom Hospital in North West province. Patient files were stored in a space too small to accommodate them and often got wet when it rained, meaning that patient information was being washed away. According to a medico-legal expert, Cindy Johnson, the issue of missing patient files was a nationwide one. At Potchefstroom

Hospital, missing patient files meant that patients had difficulty taking legal action against the hospital after botched operations. One woman had her bladder stitched to her womb during a caesarean operation but was unable to hold the doctors accountable due to vital information being missing from her file. Another patient was misdiagnosed for a stomach bug which a private doctor later declared to be a problem with his appendix – but was unable to prove doctors at Potchefstroom Hospital wrong due to missing information in his file. At Potchefstroom, the lack of an electronic filing system exacerbates the problem.

52. On 10 April 2018, *The Citizen* reported on an incident at Dr Yusuf Dadoo Hospital in Krugersdorp where a woman, Jackie Fourie, had not been given assistance when going into labour. Ms Fourie was allegedly made to sit in the maternity ward for an hour while suffering from contractions and, when she told a nurse that she was ready to give birth, was told that it wasn't time. Ms Fourie gave birth unassisted and pulled the baby out herself.

53. On 11 April 2018, *News24* reported that two Eastern Cape emergency service workers were under investigation following the emergence of a photo that showed them carrying a patient by her hands and feet. This broke the protocol of using gloves, assessing the patient and loading the person into the ambulance on a stretcher. According to a provincial health spokesperson, the provincial Emergency Medical Services had adequate resources for the healthcare workers to follow this protocol, and the professional board for emergency care workers states on its website that workers should be capable of using stretchers and performing general patient transfers.

54. On 12 April 2018, *The Citizen* reported on another incident where a patient had been poorly treated at Dr Yusuf Dadoo Hospital in Krugersdorp. Rachele Grobler alleged that she had not been assisted in giving birth, and was also only attended to ten minutes after giving birth. Ms Grobler, who gave birth to a stillborn baby, said that there had been only two midwives to attend to the 24 patients who had been admitted, while another four were waiting to be admitted.

55. On 17 April 2018, *IOL* reported that Khayelitsha Hospital had come under criticism following an inspection by a Parliamentary Select Committee on Petitions and Executive Undertaking. During the visit, patients were seen lying on the floor and slumped in chairs over a long period of time. Although the buildings and equipment were allegedly of a high standard, the service delivered to the community of Khayelitsha was described by committee chairperson, Dumisani Ximbi, as 'displeasing and unacceptable'.

56. On 20 April 2018, the *Mail & Guardian* reported on a case in the Mahikeng Provincial Hospital in North West province in which a sick patient was discharged from hospital without receiving treatment. Her family was forced to transport her home in a wheelbarrow as no wheelchairs were made available. The National Health and Allied Workers Union (Nehawu) protest action had led to severe understaffing, but it was reported that the hospital had faced resource shortages for some time.

57. On 23 April 2018, the *Boksburg Advertiser* reported on the Gauteng Department of Health having to pay over R11 million in damages to a family from Vosloorus in Ekurhuleni. The family – who did not want to be named – were awarded the damages after their son lost his sight due to negligence by staff at Natalspruit Hospital in Ekurhuleni. The baby was born prematurely but went blind due to retinopathy of prematurity. Retinopathy of prematurity can lead to the disorganised growth of blood vessels in premature babies – it can resolve itself but can lead to blindness. The court found that the staff at the hospital had been negligent and that the baby's sight could have been saved if he had been referred to an ophthalmologist. An attorney acting for the family, Paul du Plessis, said that this was not an isolated incident and that his firm was representing a number of families whose premature babies delivered at Natalspruit Hospital had lost their sight due to retinopathy of prematurity.

58. On 2 May 2018, *IOL* reported that the KwaZulu-Natal department of health had been criticised by Hospersa for the poor standards of healthcare provision in KwaZulu-Natal public health facilities. Dr Sibongiseni Dhlomo, the MEC for Health, visited the Church of Scotland Hospital in Tugela Ferry to find patients sleeping on the floor and benches. Hospersa's criticism extended to the unresolved 2009 cancer crisis, in which the KwaZulu-Natal Department of Health was caught up in a multi-million rand corruption scandal over the maintenance of radiography machines in Addington Hospital. *IOL* reports that both the South African Human Rights Commission (SAHRC) and Hospersa blame poor management of health by the MEC and the lack of a management plan for KwaZulu-Natal's deteriorated public health service.

59. On 4th May 2018, *eNCA* reported that the Democratic Nursing Organisation of South Africa (Denosa) blamed corruption for the healthcare crisis in North West province, where staff had gone on strike for over a month, forcing many hospitals and clinics to shut down. Denosa President, Simon Hlungwani, was reported as laying the blame specifically on the leadership of government.

60. On 6 May 2018, *Grocott's Mail* reported on a patient at Fort England Psychiatric Hospital who had allegedly been assaulted multiple times, starting as long ago as 2014, when the patient was first admitted. The patient's family decided to lay charges after an incident in March 2018, when the patient was placed alone in a room, stripped naked, and beaten until the patient was soiled. A source within the hospital told *Grocott's Mail* that the issues had arisen because of poor leadership in the hospital, and that until a capable CEO was appointed such incidents would continue. The previous CEO, Roger Walsh, was transferred to a position at the provincial Department of Health in Bhisho. Mr Walsh claimed that he had been removed from his position as CEO because unions at the hospital had threatened to make the institution ungovernable if he was not removed. Mr Walsh claims that it was illegal for the Superintendent-General and MEC for health in the Eastern Cape to accede to these union demands, and that his removal compromised the rights of Fort England patients to safe and dignified healthcare.

61. On 7 May 2018, *TimesLIVE* reported on violence at Tembisa Hospital relating to the mismanagement of psychiatric patients. Eight members of staff were reportedly assaulted by psychiatric patients in just over one year and one psychiatric patient had died after a fight with another. Due to stretched resources, psychiatric patients were having to be admitted to ordinary hospital wards and insufficient supervision was provided to psychiatric patients.

62. On 7 May 2018, *The Citizen* reported on a court case in which the Gauteng Department of Health was severely criticised. In 2007, Tshianeo Kubheka was born severely brain-damaged after a delay in his delivery by caesarean section. A specialist gynaecologist told the court that if he had been delivered earlier, he would likely have been born with no ill effects. The antenatal care that Tshianeo's mother received at a clinic in Daveyton in Ekurhuleni and at Far East Rand Hospital was also sub-standard. Judge Moses Mavundla, who heard the damages claim brought by Tshianeo's mother, said disciplinary action should be taken against the staff who had treated the Kubhekas. He also criticised the Gauteng Department of Health for opposing the claim on technical grounds and taking more than six years to admit liability.

63. On 9 May 2018, *Business Day* reported on Hospersa's public reaction to the industrial action in healthcare services in Gauteng and North West provinces. According to Kevin Halama, a Hospersa spokesperson, the issues that needed addressing in the North West Department of Health were the termination of fraudulent contracts, the filling of vacant posts and an investigation into corrupt officials in the province's Department of Health.

64. On 9 May 2018, *IOL* reported that patients at R K Khan Hospital in Durban had been left to

feed themselves, despite the risk this posed for person-to-person contamination. A shortage of staff meant that no kitchen staff worked during the evenings. Interviews by the *Daily News* included reports by some patients that nurses refused to help them at meal times, claiming it was not part of their job description. The interviews also found patients were suffering from long delays for surgery, with some waiting more than three months.

65. On 15 May 2018, *SowetanLIVE* reported that a man had been attacked and killed by a psychiatric patient at Chris Hani Baragwanath Hospital. Piet Ntsanwisi had been taken to the hospital by his family after suffering a stroke. When his family later wished to visit him, they were informed he had died from head injuries after being assaulted by the psychiatric patient, who had used a steel drip-stand as a weapon. Mr Ntsanwisi's family were planning to sue the hospital for negligence, saying that the psychiatric patient should have been restrained or kept in a ward where he would not be able to harm other patients.

66. On 16 May 2018, *TimesLIVE* reported on a visit to Tembisa Hospital by the SAHRC to investigate allegations that patients were sleeping on the floor due to a shortage of beds. The news site found the casualty ward overflowing, with some patients waiting outside on benches, as well as psychiatric patients tied to their beds with belts. Hospital CEO, Dr Lekopane Mogaladi, identified staff shortages of up to 200 posts and spatial limitations as the two biggest challenges facing the hospital, which serves people from Tembisa, Ivory Park, Ebony Park and Diepsploot in Gauteng.

67. On 23 May 2018, *IOL* reported on an Economic Freedom Fighters (EFF) march against the poor standards of healthcare at Kalafong Hospital in Atteridgeville, Tshwane. Among the grievances being aired by the EFF supporters was the ill-treatment of pensioners, abuse of pregnant women, and humiliation of HIV and AIDS patients. The lack of resources such as a shortage of beds, which led to patients sleeping on the floor, and lack of blankets and linen to keep patients warm during cold weather, were also criticised. Regional EFF party leader, Benjamin Disloane, highlighted corruption within the department as a wider part of the problem.

68. On 23 May 2018, *SowetanLIVE* reported on an incident at a Limpopo hospital in which one family blamed medical negligence for the death of a relative who died following a leg operation. The 48-year-old patient spent six weeks waiting for an operation on her broken leg, which was merely plastered on her arrival at the hospital. Health Department spokesperson, Neil Shikwambana, said the reason for her long wait was the unavailability of orthopaedic surgeons to attend to what assessments had found to not be an urgent operation. In attempting to explain the cause of her death, Shikwambana also pointed to the fact that the patient was found to also have another illness.

69. On 29 May 2018, *IOL* reported that doctors at Chris Hani Baragwanath Academic Hospital in Soweto had allegedly left a swab in Nomvula Mapitse's abdomen after her caesarean section. Over one week later, a pain in her abdomen caused her to return to the hospital, where doctors found a swab left in her abdomen, and that her placenta had not been removed after the C-section birth. The original hospital files recording the number of swabs used during her operation were found to have been inexplicably altered and then lost, following the hijacking of a doctor's car in which the files were kept. However, no explanation was given for the fact that the copies of these files were also missing.

70. On 30 May 2018, *IOL* reported on the poor health services in Mfuleni, Western Cape. Public health officials were reportedly told that the number of children born disabled had risen dramatically in relation to the lack of available maternity facilities. Women attending Mfuleni Clinic had allegedly had to stop themselves from giving birth due to the long wait, after which babies were known to have been born disabled.

71. On 4 June 2018, *IOL* reported on a medical negligence lawsuit being brought against the provincial Department of Health in the Northern Cape after a baby was born with severe brain damage at Manne Dipico Hospital in Colesberg. The amount of damages being sought was nearly R50 million. The baby's mother, Nonceba Rozette Mbatwe, went into labour on 17 June 2014, and was left in a maternity ward without any follow up. She experienced severe contractions three days later, but was not assisted immediately. When the baby was delivered, forceps were allegedly used negligently, leading to the baby suffering severe head wounds. Subsequently, the baby was treated at a private hospital in Bloemfontein, where it was diagnosed with brain damage, mental retardation, and cerebral palsy because of oxygen deprivation and the long delay before delivery.

72. On 6 June 2018, *TimesLIVE* reported on an investigation held by the Anti-Corruption Task Team (ACTT) into corruption in the public and private healthcare sectors. The primary types of corruption afflicting both healthcare sectors were found to be fraud, waste and abuse. According to Andy Mothibi, head of the Special Investigating Unit, the problems faced by the healthcare sector included medical aid fraud, fictitious claims, bogus doctors, and price fixing by pharmaceutical companies, not to mention the irregularities studies had found in provincial healthcare expenditure running to R24-billion between 2009 and 2013. The Board of Healthcare Funders of Southern Africa was reported as saying that at least 7% of all medical aid claims in South Africa were fraudulent.

73. On 6 June 2018, *TimesLIVE* reported on the crisis of specialist doctors in South Africa. According to Professor Martin Veller, medical dean of the University of Witwatersrand (Wits), the financial mismanagement of Gauteng Health Department, which caused certain positions to be frozen, had meant that specialists were not being hired and thus not being trained by universities. *TimesLIVE* reported that an insider had heard of a 50% planned reduction in Wits's training positions for future specialists, meaning that by 2019, the Gauteng Health Department is estimated to be down by between 40% and 50% in absolute numbers of qualified doctors employed by the state.

74. On 6 June 2018, *Business Day* reported that the maintenance backlog at Tygerberg Hospital, the biggest in the Western Cape, meant that it would cost more to fix the problem than to replace the hospital entirely. A report by the Council for Scientific and Industrial Research (CSIR) found an infrastructure backlog of R1 billion, with no improvement to show for the R700m spent on maintenance in recent years.

75. On 6 June 2018, *SowetanLIVE* reported on an inspection report of public health facilities by the Office of Health Standards Compliance (OHSC) in 2016/2017. According to the OHSC report, only five out of the 696 hospitals and clinics inspected complied with the standards set out by the Department of Health in order to achieve an 80% pass mark. The lowest rating given was to Lephepane clinic in Limpopo province, which scored just 20%, whilst the only compliant healthcare facilities amongst those inspected were Far East Rand Hospital, Danville and Laudium clinics in Gauteng, Potchefstroom Hospital in North West, and Paarl Hospital in the Western Cape. Whilst a report by Health Minister Aaron Motsoaledi highlighted the successes of the public healthcare system in providing treatment to 4.2 million people with HIV and 300 000 tuberculosis patients, he conceded that he was aware of a lack of hospital management skills and negative staff attitudes across many facilities.

76. On 7 June 2018, *eNCA* reported the launch of a programme by the Special Investigating Unit (SIU) to tackle corruption, waste and fraud in the healthcare system. The Anti-Corruption Task Team (ACTT), who drove the initiative, identified the healthcare sector as the industry most vulnerable to corruption and fraud. It identified the key vulnerabilities of the sector as medical aid fraud, fake doctors, fictitious claims at public hospitals and attacks on medical personnel. Meanwhile, factors contributing

to corruption within the healthcare system itself were identified as collusion, ineffective management, conflicts of interest, weak detection strategies and falsified information. A further obstacle to tackling these issues was the reported lack of understanding of healthcare-related matters amongst judicial and investigating departments.

77. On 8 June 2018, *Health24* reported on the health crisis in Limpopo. The SAHRC said that the province needed an urgent intervention to prevent a collapse of the Limpopo health system. Polokwane Provincial Hospital is regarded as the best state hospital in the province, yet still suffers from problems such as expired medicine, expired food (with the expired food and medicine still being given to patients), out-of-order washing machines, and a poor filing system. A shortage of consulting rooms also means patients have to meet with doctors in front of others, and are forced to reveal their ailments in front of strangers.

78. On 8 June 2018, *TimesLIVE* reported on the growing mental health crisis in the Eastern Cape. According to the publication, there is a severe shortage of psychiatrists to service the seven public mental healthcare facilities in the province. At Elizabeth Donkin Hospital, there was one psychiatrist (out of eight posts) for nearly 150 patients. The psychiatrist posts at Tower Hospital (reported on above), East London Mental Health Unit, and the Mthatha Mental Health Unit were all vacant. One psychiatrist each was employed at Komani Hospital (with one post vacant) to serve 400 patients and Dora Nginza Mbuluwa Mental Health Unit (with three posts vacant), which serves 35 patients. The best-resourced hospital was Fort England, where five out of six psychiatrist posts were filled.

79. On 10 June 2018, *City Press* reported on the state of healthcare in South Africa, and quoted a number of groups who said that the public system was in dire straits. The health ombudsman, Professor Malegapuru Makgoba, was quoted as saying that the system was ‘very distressed’. The South African Committee of Medical Deans was reported to have called on the government to ‘address the systemic failures in the provincial health departments as a matter of priority’. Two other organisations, Section 27 and the Rural Health Advocacy Project, also said that the public system was in crisis.

80. On 10 June 2018, *TimesLIVE* also reported on a report into healthcare standards for the period 2014 to 2017 by the Office of Health Standards Compliance (OHSC). With the pass score for compliance with national healthcare standards set at 80%, the report gave a national average score of only 63% for standards of patient safety, clinical governance and care.

81. On 10 June 2018, *The Citizen* reported on the long waiting times that cancer patients endured at Charlotte Maxeke Hospital in Johannesburg. Jack Bloom of the DA said that people with prostate cancer could wait up to two years for treatment, with a waiting time for people with breast cancer of between four and six months. The waiting time for those with other cancers was normally between three and four months. Bloom also said that the hospital only had three radiation oncologists, when it required five.

82. On 14 June 2018, *TimesLIVE* reported on the top eight problems afflicting public hospitals, according to an inspection led by members of the DA. Chronic staff shortages and long waiting times were top of the list, with Bongani Hospital in the Free State having only one nephrology nurse; no qualified resident paediatrician was found at the Paediatric Ward in Taung District Hospital in the North West; whilst visits to hospitals in KwaZulu-Natal revealed a vacancy of 5 926 critical staff. Equipment shortages were found at Bongani Hospital in Free State, with only three out of nine theatres operational due to ineffective equipment. An oncology crisis was declared in Limpopo and Mpumalanga, as neither province has a single radiation oncologist. Emergency Medical Care personnel at Mpumalanga hospitals reported buying vital medical equipment out of their own pockets due to the Health Department failing to provide them. Medical negligence claims have strained the health budget, with Gauteng Health

department having the highest claims of R18.6 billion. A hospital in Mpumalanga highlighted transport and ambulance-related issues, as only two of its four ambulances were operational. A lack of maintenance and infrastructure were found to be a problem, with only 22 out of a planned 44 community health centres and only three out of a planned eight hospitals fully constructed or revitalised. Finally, the inquiry found that little had been done to change the mental health crisis which the Life Esidimeni tragedy had brought to light.

83. On 21 June 2018, *eNCA* reported on the details of a Special Investigating Unit (SIU) report on corruption within the Gauteng Health Department. Civil society organisations revealed that this corruption was costing the health services about R1.2 billion. Section 27, the Treatment Action Campaign (TAC), and Corruption Watch compiled a 122-page report on corruption and financial mismanagement in the department between 2006 and 2010. Examples of corruption included key public officials receiving free overseas holidays, and a R7.2-million house in an upmarket suburb being allegedly bought for Brian Hlongwa, former MEC for Health in the Gauteng government, in 2009.

84. On 22 June 2018, *The Citizen* reported that a teen in Limpopo died after hitting her head at school. The family of the teen, Dimakatjo Diale, claimed that she had been treated badly when taken to hospital. Diale had been sitting next to a window when it was opened and hit her on the head. Three days later she complained that she was feeling ill. She was taken to Mokopane Hospital where she was restrained by the staff, allegedly for her own safety, before being sent home with medicine. She died the day after being released from hospital, with the cause of death given as ‘natural’.

85. On 26 June 2018, *IOL* reported on the critical shortage of skilled nursing personnel in Krugersdorp. According to Jack Bloom, the number of nursing posts advertised was based on the Gauteng provincial population as measured in 2006. Not only has a lack of upward adjustment to staff numbers in response to population growth in Gauteng since 2006 (estimated as an increase of nearly five million people) led to a serious understaffing issue in the province, but the situation has been exacerbated by a circular to hospitals directing them to fill only 50% of vacant funded posts. Furthermore, the department reportedly has no approved organisational structure for the period 2014-2019, as the drafted one is pending review – highlighting what Bloom calls a ‘weak’ Human Resources department. These issues put severe strain on nursing personnel and increase the risk of medical negligence.

86. On 28 June 2018, *SowetanLIVE* reported that nurses at a hospital in the Free State went on strike to protest the lack of nursing staff at the hospital. A woman died at Pelonomi Hospital in Bloemfontein after giving birth to a healthy baby boy. After the delivery, the woman had complications. The nurse on duty in the maternity ward asked student nurses to take the woman to an operating theatre, but she was turned away, and told to return with a professional nurse. The woman subsequently died from internal bleeding. The hospital’s maternity ward was supposed to cater for 17 women, but up to 30 women were treated there on occasion, with new and expectant mothers being forced to sleep on the floor or in storerooms.

87. On 2 July 2018, the *Daily Maverick* argued that the assumption that the National Health Insurance (NHI) bill would alleviate the financial struggles of South Africa’s healthcare system was misguided, and ignored the fact that poor management was one of the biggest weaknesses of the public sector. According to the article, ‘more money in the system [...] will simply provide incompetent and corrupt managers with bigger budgets to burn’. A report from the Office of Health Standards Compliance said that only five out of 696 health facilities had reached the required level since being inspected in 2015/16. In Free State, 400 cancer patients were waiting for radiation treatment, yet the province has only one working radiation machine. In North West, there were 4 000 vacant posts in public healthcare. The

Northern Cape had only 30 specialists, and not a single cardiologist. In the Eastern Cape, one in 10 posts were vacant. In June 2018, the South African Society of Anaesthesiologists (Sasa) warned that almost a fifth of the country's specialist anaesthesiologists were vulnerable to leaving South Africa, and that at a time when the country had only half the required global minimum standard of specialist anaesthesiologists in the public sector. Emergency services are struggling nationwide, with attacks on ambulances in the Western Cape, a shortage of 274 ambulances in the Free State and shortages in other provinces leading to slow response times for patients in emergencies. The Life Esidimeni case shone a light on the state of mental health provision in the country and the situation still seems dire, with Mpumalanga having only 106 of the estimated 1 214 beds needed for mentally ill patients.

88. On 2 July 2018, *The Citizen* reported on an incident at Carletonville morgue in Gauteng in which a woman had been incorrectly declared dead after a car accident, but was later found alive in the mortuary fridge, after which she was rushed to Krugersdorp hospital. Distress Assist Ambulance service medics had not filled in the paperwork for the woman and incorrectly declared her dead. A full investigation was launched by the Gauteng Health Department.

89. On 4 July 2018, *TimesLIVE* reported on problems in providing vital eye surgery to patients in KwaZulu-Natal. Although 6 616 cataract operations were conducted in KwaZulu-Natal during 2016/17 financial year, Health MEC Sibongiseni Dhlomo revealed that half of the province's government hospitals had malfunctioning ophthalmology equipment. The DA reported a backlog of 8 201 patients waiting for cataract surgery, which costs between R2 000 and R5 000 per procedure.

90. On 5 July 2018, *TimesLIVE* reported on a dialogue held by the SAHRC which sought to investigate the impact of strikes by healthcare workers on health services. Strikes by healthcare workers in North West province reportedly denied hospital staff access to their patients, preventing essential services from being provided and resulting in lives being lost. According to Mark Heywood, executive director of Section 27, the decline in healthcare provision was driven primarily by corruption, mismanagement and underfunding of chronic treatments.

91. On 6 July 2018, *DispatchLIVE* reported on a woman who had been paid out over R10 million in damages after losing her baby and her right leg due to negligence at Settlers Public Hospital in Grahamstown. Farenchia Cummings suffers from a rare clotting disorder and the hospital, despite knowing this, let her pregnancy continue past nine months (her condition meant that carrying her baby to full term posed a risk to herself and the infant). She was also kept on an anti-coagulant drug, which contributed to the death of her baby, in-utero. About a month after the death of her baby she felt numbness in her leg and returned to the hospital where she was treated for five days and sent home. Shortly after this she collapsed and was taken back to the hospital, but was only given morphine for pain, and no anti-coagulant. The next day the lack of blood circulation in her right leg necessitated the amputation of the limb at her hip.

92. On 7 July 2018, *The Citizen* reported that a lack of water had prevented surgery from taking place at Themba Hospital in Mpumalanga. This led to patients being unable to bathe, or for rooms to be cleaned, as water had to be reserved for emergency procedures. Whilst Dumisani Malamule, spokesperson for Mbombela (Nelspruit), said that the water supply was the responsibility of the municipality, one patient – Jaqui Roets – argued that the hospital should have planned ahead for a water shortage. Not only was her operation postponed, but she had to rely on family and friends to supply her with water to wash and with linen to sleep on, as there were not enough beds available on the first night of her stay.

93. On 16 July 2018, *The South African* reported on Mpumalanga healthcare system's R1-billion debt, which has left its Health Department unable to buy new medicine or hire staff. Some 3.9 million

people in the province (about 88% of the population) rely on its public healthcare system, yet the department is grossly understaffed, with 2 524 vacant posts needing to be filled. The provincial Health Department is facing R70 million in litigation costs and has irregular expenditure of R200 million, with R6.7 billion awaiting resolution.

94. On 18 July 2018, *City Press* reported that the fifth South African national HIV prevalence, incidence and communication survey – involving 33 000 participants – had found there to be 600 new HIV infections in South Africa every day. Although there has been a 44% decline in the incidence rate, Health Minister Aaron Motsoaledi attributed this to the number of people on ARVs and thus virally suppressed. Anele Yawa, general secretary of the Treatment Action Campaign (TAC), warned that maintaining and improving access to such treatment necessitated fixing the ‘broken and corrupted provincial healthcare systems’.

95. On 19 July 2018, *News24* reported on the dilapidated state of Khayelitsha Hospital. The Khayelitsha Development Forum (KDF) said the hospital was in a disastrous state and needed to be rescued. The KDF’s secretary, Malibongwe Badi, said the organisation was aware of two deaths at the hospital in the preceding seven days, allegedly due to negligence. Mr Badi said people could wait as long as five days before being seen by a doctor, and that patients were discharged before they had recovered. Sithembiso Magubane, a spokesperson for the provincial Department of Health, admitted that the hospital was overcrowded and currently operated at a bed occupancy rate of 130%.

96. On 23 July 2018, *SowetanLIVE* reported that the use of a ‘rickety bus’ for transporting a sick eight-year-old child from one Mpumalanga hospital to another had resulted in the child’s death. In an interview, her mother said her daughter had been admitted to hospital for acute TB meningitis and had been transported in a 32-seater bus for two hours with no life support equipment, despite her ‘critical condition’. When the mother realised her child was not breathing, she alerted a nurse, who performed basic CPR on the child in an attempt to resuscitate her. This was in vain, as the girl was declared dead on arrival at Witbank. According to Mpumalanga health spokesperson, Dumisani Malamule, the girl’s condition had been stable at the beginning of the journey – hence her being placed in normal patient transportation – but had deteriorated significantly during the journey.

97. On 18 July 2018, *TimesLIVE* reported that the SAHRC was considering launching a full-scale inquiry into the state of hospitals in Gauteng. This followed a visit by the commission’s Gauteng manager, Buang Jones, to Jubilee District Hospital in Hammanskraal. This followed complaints about long queues at the hospital, as well as medicine shortages, poor attitudes from staff as well as staff shortages, and poor infrastructure. The hospital also had a vacancy rate of 40% for doctors. Mr Jones said that the commission was considering conducting a provincial inquiry into the state of Gauteng’s hospitals ‘because we see recurring challenges’. He was quoted as saying that issues in Gauteng’s health system were ‘a culmination of mismanagement corruption and maladministration; in some instances dereliction of duty.’

98. On 26 July 2018, the DA reported on an oversight visit it had conducted at Elim District Hospital in Limpopo. The hospital is part of the NHI pilot scheme. In 2016/17 the hospital scored only 42% on the Office of Health Standards’ inspection report. Some 95% of the hospital’s budget goes to personnel costs, meaning that there is very little left over to pay for medicines or other services.

99. On 6th August 2018, *BusinessLIVE* reported that over 20 000 patients in state hospitals in Gauteng had been harmed due to negligence since 2016, according to the MEC for health in Gauteng, Gwen Ramokgopa. She was answering a written question from Jack Bloom in the province’s legislature. Over 6 000 of these incidents occurred in 2016, nearly 10 000 in 2017, and 5 000 to June 2018. Chris Hani

Baragwanath Hospital had recorded the most incidents, with over 4 000 being recorded at that institution alone.

100. On 15 August 2018, *The Citizen* reported that there was a severe shortage of medical staff at the Mahikeng Provincial Hospital in North-West. There was only one doctor and one nurse available to care for 40 pregnant women. The hospital was dealing with more people than it normally would, because clinics around the town were closed because of a lack of security guards. The company that provided security guards to the clinics stopped supplying staff because they were owed a substantial amount of money by the provincial department of health.

101. On 15 August 2018, the *Pretoria Moot Rekord* reported on alleged negligence at Steve Biko Academic Hospital, which could result in a man losing his leg. In 2017, Johan Pretorius went to the hospital for surgery on one of his knees. While recovering in ICU, his family were told that another patient in the ward had been infected by a dangerous, drug-resistant bacteria. His family were concerned that Mr Pretorius could be infected too. Subsequently his leg became infected and he was given antibiotics, including penicillin, which he is allergic to. This had apparently been indicated in his file, but was ignored. Later tests indicated that he had been infected with the bacteria. Two subsequent surgeries on his knee were cancelled because of the presence of the bacteria. His family claim that his leg may now have to be amputated to stop the bacteria from spreading.

102. On 22 August 2018, *The Citizen* reported on the deaths of two babies in July at Thelle Mogerane Hospital in Ekurhuleni. They had been infected with a drug-resistant strain of bacteria which resulted in pneumonia. The hospital's neo-natal unit is reportedly severely overcrowded – while the unit has sixty beds it often has over 90 patients.

— **References and sources available on request.**