



To the Government of the Republic of South Africa, for the attention of:

The President of the Republic of South Africa, Hon Cyril M Ramaphosa

The Minister of Finance, Hon Enoch Godongwana

The Minister of Health, Hon Joe Phaahla

**September 12, 2023**

Dear Sirs

**AUSTERITY AND THE HEALTH BUDGET – A CALL TO ACTION**

The National Treasury has recently made public its apparent inability to finance the improvements in conditions of employment agreed to by national government. It has indicated, inter alia, that provincial health services will need to take drastic measures to avoid running out of funds during the 2023/24 financial year. Unfortunately, this leaves millions of families who depend on the public health services in great uncertainty due to factors completely under the control of government.

The various public communications distributed by National Treasury regarding austerity measures create the impression of a government at odds with itself for two reasons.

First, government approved the conditions of employment – with full knowledge of the available funding constraints.

Second, the partial funding of the conditions of employment implies that the funding constraints were entirely disregarded.

The disregard shown by government for the financial constraints is now to be “managed” by way of an unfunded mandate to, inter alia, provincial governments. In this way, the national government has apparently washed its hands of the matter and transferred the consequences of these poor decisions to parties that played no part in this decision-making.

The extent of the funding gap created by the national government is, however, unclear – but sufficiently onerous to induce panicked responses by provincial authorities with limited tools at their disposal to deal with an acute funding crisis. The resulting financial hardship is entirely an outcome of government decisions, rather than due to factors external to the health system

Rapidly implemented austerity measures introduced by weak provincial administrations will invariably compromise the quality of health services delivered, at a time when the effects of government neglect in arresting the ongoing deterioration in public health services are apparent.

It is, furthermore, well known that, in the absence of a transparent public health system, the outcomes of poorly rendered health services largely go undetected – with the harm distributed to vulnerable households with little or no voice.

Unfortunately, this works to the advantage of an unaccountable government, which faces no consequences for its poor stewardship and decisions.

The consequences of any reduction in mandatory resources for health services are immediate and frequently catastrophic. Any resulting impacts on patient care are, however, unacceptable in a decent society and cannot be left to lie without a public response. When the government causes a problem, as in this case, it cannot be permitted to abdicate responsibility for its resolution.

It is with this in mind that we call on the national government to reverse its abdication of responsibility and actively initiate processes and policies that will fully mitigate any harm to public health services that self-induced profligacy has caused.

We regard this as a whole-of-government problem that must be solved by all relevant role-players working together. Abdication by any relevant part of the government amounts to abdication by all of the government. That this is the only conceivable outcome of its ostensibly expedient decisions is unconscionable. This we do not accept.

It is our intention to make public every feature of this current fiscal crisis and attribute cause and responsibility to the correct parties within the government. The specific attribution of fault in this matter is necessary to avoid the dissipation of accountability that results from collective undertakings but which avoids all responsibility. This we will not permit.

Yours faithfully

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*Prof Ames Dhai, Director, PHF*

*Dr Mvuyisi Mzukwa, Chairperson, South African Medical Association*

*Prof Shabir Madhi, Dean, faculty of Health Sciences, University of Witwatersrand.*

*Prof Rudo Mathivha, Head of ICU, Chris Hani Baragwanath Academic Hospital.*

*Prof Glenda Gray, President, South African Medical Research Council*

*Dr Fareed Abdullah, Board Chairperson, Treatment Action Campaign*

*Prof Lydia Cairncross, Head of Surgery, University of Cape Town*

*Prof Richard Nethanonda, Head of Cardiology, Chris Hani Baragwanath Academic Hospital.*

*Prof Alex van den Heever, School of Governance, University of Witwatersrand.*

*Dr Caroline Corbett, President, South African Society of Anaesthesiologists.*

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*(Endorsed by health professionals and patient advocates across SA)*

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