# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 979**

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**(INTERNAL QUESTION PAPER NO. 17)**

**Mr P A van Staden (FF Plus) to ask the Minister of Health:**

(1) What has he found to be the reasons that the Republic has a shortage of doctors and nurses in State hospitals;

(2) what are the main reasons why new doctors and nurses are trained in Cuba whereas the Republic has universities that can provide training for doctors and nurses;

(3) whether he will make a statement on the matter?

**NW2131E**

###### REPLY:

1. The primary reasons why the Republic has a shortage of doctors and nurses is the fact that the Public Health Sector budget has not been increasing in real terms for the past ten years, impacting on the number of staff that can be appointed. Furthermore, the demand for health services in the country is increasing while there is no additional funding to address the change, which results primarily from immigration into the Country and the increasing burden of disease.

The shortage of health professionals is a global phenomenon and is more pronounced in low and middle income countries as health workers are more likely to migrate to upper middle income countries in search of better living and working conditions.

1. I am not aware of any nurses being in trained in Cuba under the auspices of the Nelson Mandela/Fidel Castro Medical Collaboration except for the training of medical doctors. The aim of training doctors in Cuba are multifold:
2. It is to expose medical doctors to a preventative approach to health care which is the cornerstone of the Public Health System in Cuba Health Care provision initiatives focus on community needs assessments and health indicators. The health care system is divided into three levels, namely primary, secondary and tertiary, but implemented differently from the South African setting.
3. The primary care level focuses on providing health promotion and protection, along with the resolution of the minor health issues that account for an estimated 80% of total health concerns of Cuba. Clinics, Community Health Centres and patients’ homes are key sites that provide primary level care;
4. Secondary care level is focusing on 15% of health problems that result in patient hospitalisation; and
5. Tertiary care focuses on the remaining 5% of health problems, particularly where illness has resulted in severe complications. Such illnesses are handled in specialised hospitals and institutes throughout the country.
6. The Cuban Public Health System is thus a model that we want to learn from, and apply in our health care system as we reorient the Health System towards Primary Health Care, to prevent diseases, promote health and reduce the number of patients that are admitted to hospitals. Our Medical Schools still focus on a curative and hospicentric health care system, with limited focus on Primary Health Care, which is also evident in their Curriculum;
7. By training medical students in Cuba, we also want to produce a new cadre of a medical doctor who understands prevention, and how to tailor health services to specific community needs;
8. Another reason for training medical students in Cuba is to give an opportunity to students who would not have been admitted to the South African medical schools because of their socio-economic conditions, in particular those from poor rural communities.
9. Yes I will make a statement on this matter.

END.