

Case for critical care

SISTER Thandeka Khumalo's leave is long overdue, and she is over eight months pregnant. But she is head of a medical ward with severe staff shortages, and there is not much opportunity to take a holiday. Khumalo works at the Edendale Hospital on the periphery of Pietermaritzburg, KwaZulu-Natal. The staff shortage is critical, she says, and the work is strenuous. This leads to poor care levels. She added that the hospital did not even have something as simple as a spare oxygen attachment point. The Umgungundlovu district hospital is one of the 10 health facilities participating in the five-year National Health Insurance (NHI) pilot scheme launched by Health Minister Aaron Motsoaledi in March. Since April Motsoaledi has travelled to three of SA's nine provinces as he campaigns to have all districts align their primary healthcare strategies to the national health policy. In recognition of the challenges in KwaZulu-Natal, which has the country's highest HIV/AIDS burden and most TB cases, the province was allocated two districts in the NHI pilot. These are Pietermaritzburg's Umgungundlovu and Dundee's Umzinyathi districts. The province added another district, Amajuba in Newcastle, to be paid for out of its own provincial budget. The idea seems simple enough: all 11 districts are supposed to work on creating plans and strategies that align them to the national policy of improving the quality of managing health facilities and health districts. But at Edendale Hospital, CEO Zanele Ndwandwe has many issues to contend with before there can be significant improvements. Ndwandwe has been head of the hospital for two years. This year the hospital was allocated a budget of R900m, but Ndwandwe is still waiting for the provincial department to process the applications for equipment that have been made since she took up her position. Ironically, she said she had a spending authorisation limit of just over R200 000. Another challenge for the hospital is that patients flock there. The idea is that for primary care they should go to the nearby Caluza clinic, but people prefer to go to the hospital first, putting a huge strain on its resources. Ndwandwe said there were social hindrances to a primary health focus that needed to be addressed. She said there were community awareness campaigns to ensure that people knew when they needed to go to a hospital, but they say public transport does not go to the clinic. Ndwandwe said that compared with a city like Durban she was at a disadvantage when it came to attracting skilled staff. She said her hospital was rural and no doctor or nurse would work there if they could avoid it. Ndwandwe says her inability to procure critical equipment because of budget authorisation limits makes her look inefficient, sending the wrong message. She said it gave the impression that hospital management did not know what it was

doing. Ndwandwe said there was simply not enough manpower at the provincial headquarters to speed up the processes.

The Health Department last month announced that the Health Professions Council of SA would travel to Cuba to interview 208 doctors and specialists who may be recruited to work in SA. Government also plans to increase the number of students it sends to Cuba to train as doctors to about 1 000. Motsoaledi is driving the NHI hard and has been conducting provincial tours to get his message across that the public and private sectors need to work towards the common goal of a public healthcare system that will be free at the point of delivery for all South Africans. But given the reality in the hospitals, analysts say the environment is working against him. At least 70 percent of skilled medical providers in SA work in the private sector. A survey by global professional services company Towers Watson SA of private sector resources including general practitioners, dentists, optometrists, and pharmacies in the 10 districts chosen for the NHI pilot reveals the stark reality. Whereas 116 general practitioners work for the Umgungundlovu district, 668 work for the city of Tshwane. The KwaZulu-Natal district has only 45 dentists, compared with the Gauteng district's 365. Towers Watson SA director Gary Scott said Tshwane stood out among all the pilot districts as being the most developed. As a result it might be the obvious place to look at structures that could integrate the private and public sector delivery systems. Scott said most of the other districts were rural and the major challenge would be finding sufficient providers of healthcare to service the population. He said the NHI system was going to develop as the pilot phase rolled out, and a great deal of compromise would be needed along the way. Scott said that what was clear was that NHI was not going to come about as the result of the implementation of some grand policy. Demanding a roadnap from government was neither helpful nor realistic in the SA paradigm. He said it was doubtful if, even in countries that were demographically much more uniform, the implementation of a national health strategy would have been managed on the basis of the type of detailed grand plan that many stakeholders in SA were demanding to see. The health department is expected to release the NHI white paper later this year.

Xolile Bhengu: The Financial Mail, 8 June 2012