

Fresh infusion

HEALTH minister Aaron Motsoaledi plans to give hospital managers greater leeway in the running of their hospitals, a departure from the current practice of authority resting mainly with provincial health department officials. This is part of his plan to overhaul the management of public hospitals. Last week he unveiled the names of 102 newly appointed hospital CEOs after his department last year advertised 122 positions. This followed a review of hospital managers, which found that most of them did not have the appropriate qualifications and experience to manage their institutions. The previous CEOs were redeployed within the national and provincial departments of health. However, Motsoaledi warned that greater authority in running their hospitals would not automatically be granted to all CEOs. Managers would first have to prove that they were able to exercise this additional responsibility properly. Hospital CEOs are often hamstrung by the long processes they have to follow before taking decisions. Their limited authority has been cited as one of the reasons they cannot do simple things such as replenishing low drug stocks. Motsoaledi said that in future hospitals with adequate pharmacy capacity and efficient management would be able to ask contracted suppliers directly to deliver drugs to their hospitals. This is in line with the ruling party's resolution at the Mangaung conference in December to abolish the depot system, where suppliers deliver drugs to regional centres, which then distribute them to various hospitals according to orders from provincial health departments. Motsoaledi said depots had become centres of theft, corruption, mismanagement and stocks of expired drugs. Many of their ills came to light last year. For example, in May, Limpopo reported that there were expired drugs worth R14,6m at its Seshego depot. In the Eastern Cape, hospitals in the OR Tambo district ran out of antiretroviral drugs in December because of a strike, and officials in the Mthatha depot were suspended. Motsoaledi said a team of experts, led and funded by USAID, had been visiting hospitals to assess which ones were ready to start placing orders directly. He said the new CEOs - all qualified and experienced health professionals, which was one of the key requirements - would help turn public hospitals around. He conceded, however, that the overhaul would be drawn-out and difficult and require strong political will. It took almost a year to appoint the 102 CEOs because of a long consultation period and the unavailability of suitable candidates. Still, not all vacancies were filled. In Limpopo, there are 11 unfilled posts as no suitable candidates could be found. The recruitment drive is yet to be rolled out in the Eastern Cape, which has the highest number of hospitals in the country, and the Free State. It was halted in the Free State after the death of the province's health MEC, Fundiswa Ngubentombi, in December. The Eastern Cape is still re-categorising its hospitals, as some of them do not qualify to be called that - a process Motsoaledi said was political, because some communities had issues with institutions being called health centres. The reinvigoration of public hospitals comes in tandem with an amendment to the National Health Act, which establishes a new independent body, the Office of Health Standards Compliance, to police state hospitals and clinics. The office, to be set up this year, will have a certification officer and an ombudsman, and will inspect hospitals and clinics for cleanliness, safety, infection control, queue length and the level of drug stocks.