



## SNATCHING VICTORY FROM THE JAWS OF DEFEAT

A 'last minute' intervention by a senior Eastern Cape Health Department manager has snatched a community service doctor's staffing 'rescue' plan to deliver basic health services in his rural district from the jaws of Bisho's financial mismanagement.

Doctors held their breath after their arduous quest secured the agreement of an eclectic mix of professional staff to allow Madwaleni District Hospital in the remote Mbashe district – the country's third poorest – to operate nearer to its design capacity.

Community Service Medical Officers (Cosmos) Dr William Mapham and Dr Sebastian de Haan, who effectively ran Madwaleni last year, enrolled 10 people into new and vacant professional posts and put forward a detailed staff motivation to Bisho as early as March.

However the Eastern Cape Departments of Education and Social Welfare overspent their budgets by R1 billion – and the Department of Health (DoH) was asked to contribute R200 million towards their shortfall.

This led directly to an Eastern Cape DoH decision not to appoint any new professionals to any new posts and a funding review of all professional posts – firing a potentially devastating broadside at Madwaleni's 'ambitious' plans.

### Self-sabotage

'Basically the department gave itself a huge kick in the teeth,' was how one Cosmos doctor characterised the budgeting adjustment. A team of five Rhodes University academics who reviewed the financial woes of the Eastern Cape DoH over the last decade have ascribed the trend of crisis management to 'dismal planning and a lack of financial accountability' (see 'Bisho's uncoded maladies', *Izindaba*, SAMJ Dec 2004).

Mapham and De Haan, who were instrumental in getting Madwaleni

accredited as an ARV site in late November last year, have put forward HIV posts for a social worker, doctor, dietician, administrator and site manager. For the 220-bed hospital (draining a geographical radius of over 150 km), they want to fill the posts of a dietician, two chief medical officers, a physiotherapist, an ICU/high care nurse and a medical middle manager. They warned their candidates that the posts were dependent on Bisho approval.

### Last-minute lifeline

With less than a week to go before almost all applicants had to have answers or risk losing alternative jobs, newly appointed Acting Chief Director of Human Resource Development for the Eastern Cape DoH, Dr Rolene Wagner, came to the rescue.

She told *Izindaba* 'I've got the superintendent general (Mr Lawrence Boya) to agree in principle to invoking emergency financial provisions for clinical staff and I've found money from the Equitable Share (of provincial conditional grants)'.

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Madwaleni was one of dozens of hospitals she was responsible for but the Cosmos' hard work (to which she lent a more than willing hand) would not be for naught, she stressed.

### Delays prove costly

Mapham said the delays in official confirmation of posts meant the loss of the two dieticians and the ICU/high



*Dr Rolene Wagner, Acting Chief Director of Human Resource Development for the Eastern Cape. Picture: Chris Bateman*

care nurse who 'simply couldn't wait any longer'.

'The loss of the ICU/high care nurse is particularly painful because it means our fully-equipped ICU (never used) remains idle, while the dieticians would have played a vital role.'

Malnutrition is the highest cause of mortality in children under 5 years in the area, greater than both HIV and TB, while nutrition would have also boosted HIV management.

Mapham and De Haan said 30% of their VCT outpatients tested positive for HIV.

Mapham has applied to stay on as the hospital's 'middle manager' upon completing his community service in December. He is hoping that an experienced married couple keen to come on board in July will be approved into the two chief medical officer posts for the 2005/6 financial year.

He was also trying to 'find a way around' appointing a physiotherapist because the existing applicant had failed to put Madwaleni on her community service posting list.

An SAMJ article featuring Madwaleni



and its nearest district hospital, Zithulele (100 beds), in December prompted several veteran rural doctors to offer practical advice and academic textbooks to support the struggling Cosmos.

## Solution on a plate

Mapham said he and his colleagues had presented Bisho with 'an almost complete human resources solution', by finding willing professionals to fill vacant posts. 'This is a solution that Ministers of Health must dream about,' he added.

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Wagner, who has won widespread respect among colleagues and academic institutions for her tireless work in the beleaguered province, said candidates for newly approved clinical posts started work on 5 January this year. Interviewed just days after her own appointment, she said she was already working on a human resources plan for the Eastern Cape for the next 5 years. 'I've just presented a framework to the University of the Transkei (Unitra) and they're very excited – I'll be working a lot with them,' she said.

Mapham, who teamed up with Wagner to 'sell' the Eastern Cape to



*The long road to Madwaleni Hospital near Nelson Mandela's birthplace in the Eastern Cape.*

*Picture: Chris Bateman*

various Deans of Medicine and delegates at medical conferences last year, said six Unitra medical students did their electives at Madwaleni over the first 2 weeks in December.

A United States-funded 'Mothers to Mothers-to-be' HIV assistance programme would also be setting up there this year while elective students and interns would continue to flow from the universities of Cape Town and Stellenbosch.

'We're the only accredited ARV site between Umtata and East London, so the USA programme will be a big boost with their specialist obstetrician/gynaecologist and a GP on hand,' he said.

Madwaleni had so far identified 10 patients as qualifying for ARV treatment and 56 community members were undergoing VCT training. Said Dr Ian Couper, Head of Rural Medicine at Wits: 'Rural hospitals represent and care for communities that are often invisible.'

Many people are born and die without birth certificates. This area's biggest problems are malnutrition, TB and HIV, all of which require primary health care that can only be delivered if there are professionals present'.

Madwaleni has also helped neighbouring Zithulele District Hospital recruit 5 doctors for the 50 km geographical radius that it serves, its two Cosmos having left in December.

As of mid-December, Madwaleni had three doctors (the Cosmos, supported by chief medical officer, Dr Patrick Nana-Akuako Nketiah, a former Ghanian), and 200 nurses living in 35 sparsely-furnished rooms.

Madwaleni is a 2-hour, good-weather drive from Umtata on patchy dirt roads. The Mbashe district is the birthplace of former President Nelson Mandela, who still maintains a home there, and of current president Thabo Mbeki, whose mother still lives there.

**Chris Bateman**

## NOT 'CHARTERING' HER OWN WATERS – MINISTER

Rumours that she was unlikely to consult stakeholders on the Health Charter were 'puzzling and unfounded' because a widely representative task team was due to report to her early this year. This was said by Health Minister Dr Manto Tshabalala-Msimang in her closing speech at the government-convened and sponsored national

health summit held at the Sandton Convention Centre on 2 and 3 December last year.

Tshabalala-Msimang said she was forced to revise an 'unrealistic' December 2004 target date she had initially set for the charter task team.

The framework of the Health Charter would emerge from the task team and

be tabled for debate and discussion at her first regular meeting with her provincial counterparts (MinMEC).

'I'll then convene – and I say this very loudly – a national consultative forum to discuss the framework,' she added. She emphasised that this forum would consist of representatives of various stakeholders within the health sector