



Longing for Egypt — the Transkei dilemma

Eight years ago in 1994, Transkei was liberated from its bondage as an 'independent' apartheid state, and reincorporated into the new South Africa as part of a larger Eastern Cape province. Almost immediately, the territory was catapulted into a wilderness of political misgovernance of such magnitude that its citizens might be forgiven for looking back to the bad old days with longing and nostalgia. Politically repugnant though the old Transkei may have been, there was at least one thing to its credit — things worked. There was a well-functioning (if materially under-resourced) health service, and reasonably functional social and administrative services underpinned by a well-honed civil service. Sadly, things aren't working for Transkei in the new dispensation.

It would be wrong to idealise the era of the Matanzima dynasty. Nevertheless, the regional hospital network was well served by generally dedicated and competent Transkeians as well as English-speaking expatriate staff drawn from all over the world. Hospitals such as Rietvlei and Holy Cross enjoyed the reputation of regional excellence, and Umtata General Hospital served adequately as a referral hospital with qualified specialists in just about every major clinical domain. Many doctors from Europe (particularly Holland) came to work in rural Transkei and elsewhere in 'black' South Africa out of a sense of mission. These 'missionaries' cared deeply about their communities and served well beyond the call of duty.

Political upheavals elsewhere in Africa ensured that Transkei was able to recruit some of the best-trained doctors from Uganda, Nigeria, Ghana and elsewhere on the continent; many had been on the staff of medical schools in their own countries. These doctors were trained in the ex-British medical tradition similar to our own, and brought with them too a value-added understanding of the African ethos of illness and healing.

The old Transkei had a working rural clinic system consisting of both fixed and mobile facilities staffed by competent nurse practitioners. Admittedly, service quality was variable across the territory, being compromised in some remote locations by the lack of piped water, electricity and a reliable transport system.

The slippery slope to collapse

Then along came the new democratic dispensation and the consequent integration of the multiple apartheid health services — of which Transkei was one — into a single national system, a mammoth task that the new government executed with remarkable and praiseworthy success. However, in the process many of the long-serving staff, particularly African expatriate colleagues, were treated with utmost shabbiness and relegated to the status of pariah, something that will forever be to our shame as a nation. Their exodus left a void that cannot adequately be filled by the indentured Cuban recruits.

Umtata lost its status as a political capital, with the consequent flight of business, money and skills. With the power shift, Transkei became the poorer cousin within the

provincial family. The EC itself lost many of its professionals to the private sector elsewhere in the new South Africa, and its most competent civil servants to the new national government. The new province seemed unable to establish functional political institutions or a public service culture. Instead, governance was beset with the fatal combination of corruption and incompetence.

Today, many if not most regional hospitals in Transkei are without permanent medical staff, relying solely on inexperienced and unsupervised recent graduates on community service. Consequently, patients needing emergency medical procedures that should ordinarily be performed at a regional facility are transported over many kilometres on referral to Umtata.

Obstetrics and gynaecology staff in Umtata are having to cope with increasing volumes of caesarean sections referred from far-flung regions. More disturbingly, they are again seeing an upward trend in the prevalence of vesico-vaginal fistula, the direct result of neglected childbirth, pointing to the serious erosion of standards of care for the woman in labour.

Further, the province has serious problems with the procurement, storage and distribution of medicines and medical supplies. Writing on the sad state of the province's central drug depot in Port Elizabeth, SAMJ senior journalist Chris Bateman reported that the facility was beset with 'security and staff difficulties of drunkenness, absenteeism and corruption'. Major problems included drug thefts, stockpiling of expired drugs due in part to ineffective distribution systems, and the inability to fire corrupt staff due to lack of capacity in human resource management.

All of this is bound to impact adversely on the Transkei medical school, with its mission anchored in rural primary care and community partnership. Reports of planned national intervention to address the issues of governance and service delivery in the EC engender hope that things will change for the better in Transkei. The larger issues, such as the staffing of rural hospitals, will require imaginative policy innovation by Pretoria.

In the meantime, the Transkei medical school is at a crossroads. Its remote rural location precludes it from attracting seasoned scholars and researchers to add academic credibility and stature. It would greatly benefit from a dual campus — an urban one in Port Elizabeth or East London, and a rural one in Umtata. This is a tried and tested formula around the world, so why should it not be implementable for the Transkei medical school? Because we are in South Africa, where logic is one thing, but politics is everything.

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