and settle for '6 - 10 years', and an overseas psychology professor. The academic will work with sangomas, researching methods of healing. Mapham has already enrolled him into working with the hospital's administrative staff – in a bid to motivate them and increase efficiency.

Paid incapacity, carelessness

Interviews with selected administrative staff at these and other deep rural Eastern Cape hospitals (granted on grounds of strict anonymity) revealed common themes. One supervisor summed up administrative incapacity as 'Bisho putting square pegs in round holes'. He said Bisho's turnover of senior staff was 'too much – just when you've developed a working relationship with someone, he's transferred elsewhere. *Ad hoc* teams are everywhere, everybody's acting in this or that capacity'.

One foreign-qualified doctor with 10 years on site ascribed health care delivery failures to 'the unholy alliance of administration, infrastructure and staff'.

'We hardly ever see our district manager here, we have no medical superintendent. I've developed hypertension and am completely demotivated,' he admitted.

One foreign-qualified doctor with 10 years on site ascribed health care delivery failures to 'the unholy alliance of administration, infrastructure and staff'.

Asked what he would change if he had a magic wand, the doctor replied 'mentality and attitude'. 'It's pathetic. Staff couldn't care what happens to their fellow citizens. They think

Will Mapham savours the perks of rural doctoring.

freedom means not having to work and getting a salary at the end of the month. It's almost everywhere. After 10 years of democracy they should let bygones be bygones and look to the future!'

If it was up to doctors alone, the future of Eastern Cape health care delivery would probably lie somewhere on the continuum between youthful optimism and disillusioned experience.

Chris Bateman

BISHO'S UNCODED MALADIES

Eastern Cape Health MEC, Dr Bevan Goqwana, backs his new Superintendent General, Lawrence Mbuyiselo Boya. Picture: Chris Bateman

Four years ago Eastern Cape Health MEC, Dr Bevan Goqwana, blinking in the glare of exposés about corruption in his province's drug distribution system, boasted of an impending bar-coding system that would virtually eliminate fraud.

The bar-coding system is still pending – and the glare has become brighter.

In September this year, the Scorpions uncovered a R12.5 million scam at the province's two main drug depots and arrested 6 people, including the Umtata depot chief.

In the meantime, millions of Rands worth of vitally needed or inappropriately despatched state drugs continue to expire annually, and corrupt practices are still commonplace, albeit at the farther-flung clinics and hospitals.

In July 2000, when confronted with the litany of corruption and inefficiency in the drug distribution system, Goqwana told *Izindaba*, 'All drugs in future will be bar coded according to their hospital or clinic destination'.

Two years later, an *Izindaba* progress check seemed to offer hope: a tender was finally being put out for a public/private partnership for both the drug coding and the proper management of the drug depots.

A further 2 years passed, and in October this year Goqwana burst the bar code/proper management tender bubble.

Things were 'not going well,' he admitted. He explained that the tender had been withdrawn. 'What's delayed it is that national treasury has to get a transaction advisor on public/private partnerships (PPPs) to check whether it will be cost-effective and to do a risk analysis. It's very frustrating, but fortunately the advisor has now been chosen.'

Adds his new Health Superintendent General, Lawrence Boya, brightly, 'We're evaluating the request bids, and a short list will emerge out of that. Then we'll engage with those companies. National has to evaluate how much risk is being transferred to the private sector.

We hope to finalise the whole bid process by May next year.'

Loophole exploited for fraud

Meanwhile Durban pharmacist and director of Resmed Pharmaceuticals, Mr Laljith Sunker-Singh, 5 of his co-director family members, plus 5 provincial drug clerks were due to appear in the Mdantsane Regional court on 26 November in connection with the R12.5 million drug depot scam.

The Port Elizabeth and Umtata drug clerks allegedly exploited a loophole in the system by making additional payments to Resmed, a major drug supplier. The payments continued undetected from May 1998 to March 2000. The suspects face 400 counts of fraud and had yet to plead at the time of writing.

Sunker-Singh is out on R50 000 bail, and the clerks, all of whom have been suspended pending parallel departmental hearings, are on bail ranging from R15 000 to R20 000. Sunker-Singh's co-directors have petitioned the National Director of Public Prosecutions to avoid prosecution, but should this fail their names will be added to the charge sheet, prosecutor Johann Roothman says. The cost to the health department could have exceeded R21 million had 2 other drug suppliers not agreed to pay back the province R9 million in 'once off' overpayments, apparently made in error.

Dysfunction continues

Meanwhile, a 'random drug check' by *Izindaba* at one deep rural district hospital (Isilimela near Port St Johns) shortly before going to print revealed drug expiry to be the norm, administration to be severely dysfunctional and state drugs alleged to be sold openly in local villages.

Since May this year, in spite of a provincial policy of crediting any drugs returned to the depots within 6 months, R128 000 worth of the most vitally needed drugs at Isilimela (TB, diarrhoea, ARV and opportunistic infections) had to be destroyed due to expiry.

The pharmacy is routinely overstocked, often with inappropriate drugs, in spite of outpatients being serviced by a gateway clinic and not the 20-bed hospital.

Attempts by a pharmacist to transfer vitally needed medicine to St Elizabeth's Hospital in Lusikisiki were continually thwarted by an alleged lack of available official vehicles. 'It's a total disgrace. It begins with the expiry of medicines and ends with the expiry of people. So much for *Batho Pele*, or People First,' said one staffer, who chose to remain anonymous.

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Poor planning, no oversight

Colm Allan, Director of the Public Service Accountability Monitor (PSAM), an independent research and monitoring unit based at Rhodes University, tracks corrective action taken in response to ongoing reports of corruption.

'The department's main problems seem to have their source in a failure to plan effectively,' he concludes from detailed studies of health budgets over 5 years.

'This means you can't monitor implementation – they generally employ consultants to do the work and these can't report effectively, so you end up either with over- or under-expenditure and failed service delivery.'

Allan and 4 academic colleagues produced a book titled *The Crisis of Public Health Care in the Eastern Cape; the Post-Apartheid Challenges of Oversight and Accountability.* They believe poor planning to be at the heart of the weak and ineffective management of the past decade and that the only way to improve it is to have the political will and leadership to hold chief financial officers and managers accountable in terms of the strict Public Finance Management Act – and to charge them when they breach its provisions. Competency in terms of training, qualifications and experience are sorely lacking.

'There also appears to be a complete breakdown in internal communication. Our book points to failure of the health department to consult its own management, let alone trade unions, in drawing up strategic plans. The book highlights a lack of consultation with regional structures and hospital heads and details an ineffective chain of communication from pharmacy and therapeutic committees all the way up to provincial level. 'If you don't base fund allocation decisions on this, then it becomes an absolute speculative exercise,' Allan concludes.

He says the irony is that many of the reporting structures exist and generate valuable information, which then either goes astray in Bisho or is not used effectively. 'Then consultants are brought in at the last minute to patch together yet another strategic plan,' he adds.

Goqwana says of Allan's report, which details departmental activities from 1998 to 2003: 'It has many flaws and factual inaccuracies and fails to take into account significant changes made over the last year'. While Goqwana admits that strategic planning and budgeting processes 'may not have been synchronised', this had been corrected and the processes were now fully integrated.

The Rhodes researchers found that the provincial health department failed to spend 19.4% (R283.3 million) of its R1.458 billion infrastructure budget between 1999 and 2004. None of the annual strategic plans for this period

contained accurate, time-bound and costed capital expenditure and maintenance plans.

'Outdated' says Bisho

Goqwana and Boya admit that before 2003/4 there were problems in getting budgets spent. These included a lack of 'synergy' between the health department and the public works department, long lead times with tendering, non-performance of contractors, and 'some capacity problems' within their own department.

They said that from the end of 2002 'some' additional staff were appointed and project management and co-ordination between various stakeholders improved.

'It's a total disgrace. It begins with the expiry of medicines and ends with the expiry of people. So much for* Batho Pele*, or People First,' said one staffer.

This had resulted in no under-spending for the 2003/4 infrastructure budget.

The leadership duo welcomed Allan's recommendation that detailed analysis of maintenance and development be done annually and that their plans be based on this.

'In fact, we are in the process of developing 10-year plans and will use these for annual plans,' they said. The pair denied that departmental officials responsible for transgressions of the Public Finance Management Act were not investigated or charged with misconduct. Health department records showed that 42 officials were charged with financial misconduct, with only one case still pending.

Issues of unauthorised or irregular expenditure and wasteful and fruitless expenditure were dealt with in terms of national treasury regulations. Where authority was not properly obtained, 'a process exists for obtaining *post facto* approval' in the department.

Alarming findings disputed

Allan's team found that between 2000 and 2003 the department underspent its 3-year R12.4 billion budget allocation by R309 million, routinely incurring significant over- and under-expenditure and failing to use a zero-based budgeting approach.

The health chiefs, however, put underspending for 2001/2 at R328 912 and for 2002/3 at R67 684, 'largely due to delays in payments for contracts for professional and special services, purchasing of equipment and building works'.

The Rhodes team found that there was a 'manifest breakdown' in the implementation of legislative oversight resolutions, with not one resolution between 1996 and 2002 carried out.

The health chiefs said the department had to follow prescribed guidelines in preparing its annual report and had already established an audit committee to conduct an internal audit. This would help the department monitor the implementation of 'resolutions of oversight' and other committee resolutions.

The Rhodes academics launched court applications under the Access to Information Act to obtain much of their data and are currently considering another application to secure the provincial HIV/AIDS business plan for 2004/5.

The Eastern Cape's latest (unpublished) antenatal clinic figures show a 4% rise in HIV prevalence from 23% to 27% over the last 2 financial years. Goqwana puts this down to the availability of treatment having boosted the numbers of people coming forward for testing. Boya says the target is 2 700 people on ARVs by the end of the financial year, and put the number of people on ARVs by the end of October at 1 800.

Organisationally, they recently completed binding district hospitals into 17 of intended 18 clusters, each with a chief executive officer, and within 2 years hope to have a clinical director alongside each CEO. This arrangement was already in place for the 3 main academic complexes and 2 regional hospitals.

Boya said he had filled 'over half' of the 4 000 posts open for the current financial year.

Transformation/delivery clash

However, ongoing 'transformational problems' (described as health care delivery problems by East London hospital managers) were continuing. Boya charged 'old guard' senior managers in East London with resisting the amalgamation of hospitals in the formerly black and white residential areas, and expressed surprise at accusations by some that he was racist towards them. 'How can I be racist? I'm a black man,' he protested.

Bisho had opted for its own rationalisation proposal because a counter-proposal from the East London hospital managers failed to meet amalgamation targets.

A sporty boost

Izindaba's appointments for this interview with the Bisho health leaders were cancelled without warning, but nevertheless proved instructive. The duo apologised and explained that the new premier had summoned them to a pre-Soccer World Cup planning session after the routine weekly cabinet meeting.

They spent the afternoon with several fellow cabinet members setting up a steering committee with a project manager, secretariat and intended budget to ensure 'what will be done, by whom' in advance of a Fifa exploratory tour of the province in February next year. The Fifa officials would be 'inspecting hospitals, roads and the like,' said Goqwana.

It seems the more prominent hospitals are in for a welcome face-lift.

Chris Bateman