



## EASTERN CAPE SPURRED INTO ACTION



Public service doctors in the Eastern Cape – and their patients – are finally getting an improved deal.

After years of languishing near the bottom of the health care delivery log and providing the media with a steady anecdotal stream of patient horrors, staff incompetence and official corruption, the Eastern Cape is taking remedial action.

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396

The province is beefing up and retaining its health care staff, paying them more of what they are due, increasing salaries and creating incentives to attract them to severely underserved rural areas.

With 3 doctors per 10 000 people and nurses in public health care facilities of some districts (e.g. Chris Hani) tending to just 21 patients per day (versus the national average of 41.5) plus exhibiting the country's second worst drug-resistant TB problem, the province was fast evoking despair in the halls of the national assembly.

At the time of writing it had 33 recorded cases of XDR TB (5 deaths) (second only to KwaZulu-Natal) – a potent indicator of the chronic underperformance of the overall TB drug adherence programme – and an infant mortality rate that has improved little in more than 6 years (65 deaths per 1 000 births).

Just over a year ago, a worried national parliamentary portfolio committee on health got off its collective rear and inspected 29 hospitals in the province, declaring that 'a gross shortage' of staff was actually killing patients. Its members reported those health care workers still in harness to be 'overworked and demoralised', and pleaded for the staff shortages to be 'corrected as a matter of urgency'.

Deputy Health Minister Nozizwe Madlala-Routledge, addressing the Rural Doctors of South Africa (Rudasa) annual conference in Empangeni, KwaZulu-Natal late last year, revealed that the Nelson Mandela Metro in the Eastern Cape would be one of three areas prioritised for a national crisis TB management plan, with attendant budget and staff boosts.

### Salary nightmares

With less than half the province's hospital revitalisation budget spent since its inception, and the last decent salary hike for doctors coming from a legal challenge by SAMA's late labour relations chief Peter Brewer in 2000, action was overdue.

The health department's dismal financial management was provisionally taken over by the province's finance department and several of its executives and the MEC, Dr Bevan Goqwana, sacked.

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Provincial health spokesperson (human resources chief Dr Rolene Wagner was unavailable), Sizwe Kupelo said a record of 3 600 new employees, mostly clinicians, were recruited in the financial year just ended.

Resignations, steady at about 1 000 health care workers per annum for the past 3 years, increased to about 1 700 in the same period.



'We are very happy – at last our strategies seem to be working,' he added.

## Payouts at last

Kupelo said thousands of health professionals were given a total of R167 million in back payments, a problem that had dogged the province for years. These included payments to about 14 000 nurses and about 3 900 other staff. Payments to another 823 people were being processed while claims by 1 387 people were rejected but 'could be reassessed'.

Kupelo said the payments were for nurses' allowances, rank promotions, overtime, leave gratuities, uniform allowances, homeowners' allowances, long service awards, additional qualifications, bonuses and merit awards. 'We have called upon everyone to come forward with their claims.' More than 500 doctors were recruited since July last year, mainly to work in the province's rural areas. According to Health MEC, Nomsa Jajula, Eastern Cape nurses will get a R150 million salary boost.

She added, 'We are a rural province with a severe shortage of nurses – the nurses that we train either leave for other provinces or developed countries overseas.'

The nurses' increase will take effect next month (July), with a further R200 million set aside to recruit 5 000 health professionals over the next 3 years, labelled 'Project 5 000'.

Kupelo said specialist doctors, medical officers, pharmacists, nurses and health caregivers would be among those targeted.

## Housing and schooling addressed

The biggest challenge remained getting staff to rural areas where accommodation and schooling for children were important factors, he said. 'You can entice a professional to come and work in the province but if you don't have those facilities, it remains a challenge.'

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The funding for the increase in the nurses' salary packages and Project 5 000 comes from the provincial health budget. Interventions to retain nurses included R36 million towards uniform allowances, the provision of scarce skills and rural allowances, and the building of nursing homes at clinics.

The upgrading of hospital equipment was also being addressed on an unprecedented scale, Kupelo said.

The department had hired 813 unemployed school leavers to assist nurses in hospitals with non-clinical duties.

'We are trying as much as we can to recruit and retain them,' said Kupelo.

'We want those working in other provinces to come and work in the province and we want those already working here to remain in the province.'

## Initiative came from doctors

Ironically some of the changes were initiated by community service doctors and Rural Doctors of South Africa

members 3 years ago, many from the Madwaleni and Zithulele district hospitals in the remote Coffee Bay coastal region near Umtata.

Fed up with having to transport emergency patients nearly 35 kilometres over rutted roads in their own private vehicles when no ambulances turned up, working long hours and getting intermittent, meagre pay or no pay at all, they became pro-active.

The band of young and enthusiastic doctors decided that the best way to mitigate the systemic non-delivery of health care was to recruit colleagues.

They set about 'selling' the unique recreational coastal lifestyle to universities and medical congresses across the country. This was quickly picked up on and expanded by Dr Wagner and her department.

It formed the core of the province's current recruitment strategy, leading to unprecedented rapport between doctors in the field and until-then nameless officials in Bisho and East London.

The impending 2010 Soccer World Cup Eastern Cape has proved an additional catalyst, prompting the investment of R600 million in emergency services while the main hospitals are about to receive a long-awaited facelift.

Kupelo said a substantial influx of foreign visitors was expected for cup games in Port Elizabeth, while East London and Umtata would be used as training grounds. He said the department intended to almost treble its fleet of 400 emergency vehicles in the next 3 years and double its emergency personnel.

**Chris Bateman**