



TACTICAL SHIFT TO IMPROVE SAMA'S PROSPECTS?

Private doctors should stop whingeing, accept that they live in an abnormal environment and build a working platform with government based on mutually agreed societal health care outcomes – in their own best economic interests.

This theme was boldly painted in varying hues by high-profile speakers from business, the South African Treasury, the World Bank, government, the ANC, SAMA, lawyers and a top former constitutional negotiator last month. The occasion was SAMA's 'Solutions for Health Care Delivery' conference at Caesar's Palace in Kempton Park, opened by Dr Mamphela Ramphele, former MD of the World Bank, and closed by Roelf Meyer, former NP lead negotiator at Codesa.



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Ramphele, who reserved her strongest broadside for government for its failure to 'efficiently manage available resources', said however that since she'd been back in the country, she has not heard voices holding government accountable to its policies.

A loud silence

'Management is what makes business profitable. As voters we're happy to have our billions mismanaged – we don't insist that SA Pty is managed

efficiently and if not, scream like we did about apartheid.'

The conference had 'agreed not to whinge'.

Dr Ramphele said: 'I'm not talking about war stories here, but about what we do to ensure that we're effective advocates to ensure policy makers implement policy'.

She challenged doctors to come up with 'demonstrable models', and said that South Africa needed to 'find its voice again' when it came to the poor.

'Policies say infant mortality should be below 50 per thousand, but we're moving in the wrong direction,' Ramphele added.

'Where you pitch your area of influence must be appropriate. Don't ignore the officials. If you keep saying "but the minister", it will stay like that.'

Meyer used examples from the watershed constitutional talks, held in the very hall in which delegates were sitting to illustrate how 'some sectors' in South Africa had yet to reach the 'entry point to transformation'. 'I can see some of you are not delighted with what I'm saying, but it's true,' he said. For transformation to happen one had to have a 'total paradigm shift and create a new platform. You cannot just work things out in your mind. It has to come from the heart'.

Meyer said the shift came for him when Codesa talks broke down in acrimony in June 1992. The National Party then moved from their main aim of trying to retain as much power and privilege for whites as possible to saying, 'What is it that we (whites) really want of our future?'

Making the shift

Once that shift was made, a new platform started to emerge, one that



Mamphela Ramphele, former MD of the World Bank.

was not about retaining supremacy, but was about equal rights for all South Africans. Only by understanding the frame of reference and mindset of his 'opponent', Cyril Ramaphosa, could he 'take a leap forward' and establish the common ground needed.

Within 3 months, talks were back on track and the new platform gave both sides the ability to have the same overall objectives, culminating in the Constitution.

Meyer said the future success of South Africa depended on how well government, big business and society addressed poverty. Health and education were 'fundamental' adjuncts to job creation.

'Box smarter' – Mahlati

Former SAMA CEO and current deputy Director General for Human Resources in the National Department of Health, Dr Percy Mahlati, appealed to SAMA to focus less on Dr Manto Tshabalala-Msimang's lack of engagement and more on her line managers.

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Inviting SAMA to send delegates to a national human resources planning conference organised by his department in mid-November, Mahlali added, 'Let's sit down and see what's in the best interests of the people of this country – and secondly the profession'. 'If you put the interests of the profession first, people will close their ears,' he warned.

It is as it is

Vic van Vuuren of Business Unity, South Africa, said questions during panel discussions revealed a pessimistic mindset around the current health care scenario, bringing negativity into the future. 'Our environment was set by social disparities, disparities in education, ownership, opportunities, social security – it's an abnormal environment. In Zimbabwe they sat back for 10 years. We have an opportunity to fix up things now.'

The Healthcare Charter enabled stakeholders to add their own positive contributions, yet doctors had been left behind. This charter was being driven by government, in stark contrast to others being driven by industry.

Van Vuuren said the health industry 'failed to talk with one voice' and did not know what mandate it was taking to government, thus enabling government to 'pull you out and cherry pick at will'.

Business Unity had waited 4 months for a reply from the Health Minister, and finally turned to secure an appointment with Deputy Health Director Kamy Chetty, who gave them an assurance they would be included in future health forums. 'It was interesting to see her time frames and mindset versus ours', he said.

Divided you lose

Van Vuuren said the health industry 'failed to talk with one voice' and did

not know what mandate it was taking to government, thus enabling government to 'pull you out and cherry pick at will'. He urged SAMA to develop strategic public private partnerships and engage with government; 'otherwise you must accept what comes out and you'll have to be reactive at a later stage'.

All speakers stressed the potential for and efficacy of public private partnerships, with Ramphele citing the training of nurses by private hospitals.

More and more public sector managers were looking for partners and public hospital CEOs were increasingly being exposed to this reality.

A SAMA fig leaf

SAMA Secretary General, Dr Moji Mogari, agreed that new mental models were needed and urged the profession to 'strongly consider that we share the same vision as a country, even if we differ on implementation strategy'.

Mogari said a game plan taking into account the psychology of the other key stakeholders was vital and SAMA needed to learn from its mistakes in dealing with government. 'We need to declare a comprehensive ceasefire with the department of health, resolve all hostilities and constructively engage to influence the regulatory process,' he said.

SAMA chairperson, Dr Kgosi Letlape, later tempered this with, 'a unilateral ceasefire is akin to giving in. [But] A change of tactics is in order.' Mogari revealed that a body to be known as the Health care Professions Alliance was being set up in order to 'mobilise our resources'.

Meyer commended SAMA for having chosen Cosatu instead of big business as an alliance partner, saying the union was 'one of the best organised' in civil society.

All speakers stressed the potential for and efficacy of public private partnerships, with Ramphele citing the training of nurses by private hospitals. 'How can we multiply this model 1 000 times? We're not tapping into our private sector resources to enable us to meet our constitutional obligations,' she said.

Spending more money while the government's current management approach continued would be unhelpful. 'Instead let's fix the problem and say, "look what we've done – imagine what we could do with more!"'

She agreed with Letlape that a synergy between a profitable private sector and efficient public sector was possible and desirable. However, the problem was that the State saw 'everything private as bad and therefore believes it has to control and manage it'.

As a former vice chancellor of the University of Cape Town she had sleepless nights trying to figure out a coherent framework to create equity, excellence and quality while drawing the best from the private sector. 'Over and over what is missing is strategic management at government and civil society level in order to make that primary health care idea work in practice,' she said.

Bring us models

Dr Mark Blecher, head of health care financing in the National Treasury, said there were already more public private partnerships in the health sector than anywhere else.

He was keen to see creative models in which GPs played a greater role in supporting the public sector. He cited district contracting, the HIV/AIDS roll-out, extending pre-payment for medical care, designing cheaper products for lower income groups and social health insurance as areas where public/private partnerships could benefit all. 'I want to challenge SAMA to put structures in place to enable these grand financing schemes to work – the lack of





innovative models is delaying financing reform,' he said.

Letlape said that SAMA was 'not in the business of having 38 million people without access to health care'.

Mr James Ngcucu, chairman of Parliament's Health Portfolio Committee, reading a speech for ANC General Secretary, Mr Kgalema Motlanthe, said South Africa's modern economy produced the bulk of wealth

while the underdeveloped economy contributed little to the GDP. The former was infrastructurally disconnected from the latter, which was incapable of self-generated growth, while the one serviced the other. 'The question is how we generate resources from one to impart to the other,' he said.

ANC concedes

Motlanthe conceded that management and governance of hospitals was poor and expressed a resolve to 'accelerate and strengthen' the government's HIV/AIDS strategy. 'Without better infrastructure our professionals will go

away and without our professionals, better infrastructure will look hollow,' he noted.

The ANC was committed to halving unemployment and poverty within 10 years. Letlape said that SAMA was 'not in the business of having 38 million people without access to health care. It won't fix itself. It requires us to put our self-interest aside. Apartheid in health should die now and not in 15 years' time. If we transform the paradigm there will be work for all doctors,' he said.

Chris Bateman

MIRACLES IN THE LAND OF NON-ACCOUNTABILITY



Children at their remote Bulungula River mouth home in the Eastern Cape.
Picture: Chris Bateman

A small band of energetic community service doctors in harness with a 'fixer' colleague in the Eastern Cape health department are performing deep rural health care delivery miracles in the face of corrupt, careless and dysfunctional administration.

An SAMJ visit to the remote Zithulele and Madwaleni district hospitals in the idyllic Coffee Bay region in October revealed four young doctors squaring up to professional challenges on every front – and revelling in the after-hours beach lifestyle.

By networking, sharing makeshift solutions and calling on the astute, newly appointed Dr Rolene Wagner (Director, Strategic Support, office of the

Superintendent General), they are making a difference and winning vital patient trust. Shopping expeditions to the local general dealer store find Zithulele doctors Rebecca Smith and Thandi Wessels, and Madwaleni duo, Will Mapham and Sebastian de Haan, jovially jostled to the front of the check-out queue by their outpatients.

Knocks on the front door of their spartan hospital digs after hours can equally signal a dire emergency or a grateful patient bearing a pumpkin, mealie or live chicken.

Absent management

All four doctors are firm friends and share Wagner's passionate commitment

to making an impact, in spite of seemingly insurmountable odds – odds like oxygen or electricity cutting out in the midst of a C-section, diesel for the back-up generator not ordered, water taps running dry or dirty, telephone lines down 3 - 4 days per week, using their private cell phones to run the hospitals, an absentee medical superintendent, Umtata ambulances taking 4 - 8 hours to arrive, district health managers who are virtual strangers, nurses cramped 30 to a small living unit, sharing one toilet and bathroom, and having to get up at 4.30 am to make their 7.30 am shift.

'The nurses are incredible – I wouldn't stay there for one minute. Without them we simply wouldn't be a hospital,' says Mapham.

Zithulele's Rebecca Smith sums up the reality check that deep rural doctoring delivers: 'I came here thinking I could change the world. I'll leave knowing I've left it at least better for the next people'.

After-hours paradise

The community service medical officers' (Cosmo's) biggest achievement outside of their immediate environment has been to alter the resistant and fearful