

HEALTH FACILITIES: CRUMBLING INFRASTRUCTURE AND OUTAGES

Top hospitals in public sector ailing from neglect

A FIRE at one of the biggest public hospitals, the Charlotte Maxeke Johannesburg Academic Hospital, and the delay in reopening the facility has brought infrastructural issues into sharp focus. The fire broke out in mid-April. Only now is a phased reopening of the hospital being undertaken.

Reopening was delayed due to fire safety issues. A host of compliance measures were not in place. These included fire hydrants without a water supply, fire hydrants without correct couplings, non-functional fire doors and a lack of emergency lighting in the stairwells. These deficiencies had been long-standing.

I am extremely familiar with conditions on the ground in hospitals in the area. I interact daily with doctors and students in the different academic hospitals on the circuit of the University of the Witwatersrand. These include the Charlotte Maxeke Johannesburg Academic Hospital, Chris Hani Baragwanath Academic Hospital, Helen Joseph Hospital and Rahima Moosa Mother and Child Hospital. I also visit different institutions in the region.

I completed my undergraduate and postgraduate training at these hospitals and worked for more than 30 years in the neonatal-paediatric intensive care unit and neonatal unit at Charlotte Maxeke Johannesburg Academic Hospital.

During this time I've observed many changes in the health-care sector, and in these hospitals in particular.

South Africa's health-care system compares favourably on a global level. The medical schools of the University of the Witwatersrand and the University of Cape Town are ranked in the top 100 in the world. Over the years, the region has produced many eminent health-care workers. And the country is quite capable of delivering world-class health care to all its citizens.

But this is constantly being hampered by an increasingly uncondusive environment.

The public sector hospitals in Gauteng, South Africa's economic hub, are generally in bad condition. Chris Hani Baragwanath Academic Hospital is the third largest largest in the world, with almost 3 200 beds and more than 6 000 staff. Charlotte Maxeke Johannesburg Academic Hospital has 1 088 beds and more than 4 000 staff.

These large public sector hospitals provide tertiary and quaternary services to more than 250 000 in-patients and almost one million out-patients every year.

Most were built more than 50



PROFESSOR DAYNIA BALLOT
is head of Clinical Medicine
at the University of the
Witwatersrand.

years ago and have been poorly maintained.

The crumbling infrastructure results in flooding, sewage leaks, lack of water, problems with the supply of medical air and oxygen, and electricity black-outs. Leaky plumbing creates a damp environment that favours pests such as cockroaches and rodents. Inadequate air conditioning results in working conditions that are unbearably hot or freezing cold. Both are harmful to patients.

Doctors and nurses are having to deal with a shortage of hospital beds on a daily basis.

Gauteng provides health care to many patients from other provinces, as well as surrounding countries, particularly Zimbabwe.

The provinces of North West and Mpumalanga do not have medical schools and therefore send patients for specialised tertiary and quaternary care, such as cardiothoracic surgery and renal dialysis, to the Gauteng academic hospitals.

In addition, under-resourced regional and district hospitals result in primary and secondary patients receiving treatment in the tertiary or quaternary institutions because there is nowhere else for them to go.

Overcrowding and infrastructural issues negatively affect patient care. Hospital-acquired infections with "super bugs" resistant to almost all known antibiotics are a major health challenge. Sewage leaks and inadequate plumbing increase the risk of infections.

Power cuts and water shortages compound the internal infrastructural issues at each hospital. There have been rolling electricity blackouts in the country as the government struggles to keep the power utility, Eskom, operational.

Each hospital has a diesel generator. But this emergency back-up does not always kick in during blackouts and load shedding. Patients in intensive care and the operating theatre are



THE Charlotte Maxeke Johannesburg Academic Hospital was gutted by fire in April. Its reopening was delayed by various other infrastructural problems. The services offered at many hospitals in the public sector continue to be hampered by such long-standing problems, power cuts and water shortages, says the writer. | ITUMELENG ENGLISH African News Agency (ANA)

particularly at risk.

Water infrastructure, which has not been maintained by local authorities, is in a state of disrepair resulting in a growing number of water outages. In recent weeks, three of the largest hospitals in the province – the Helen Joseph Hospital, Rahima Moosa Mother and Child Hospital and Chris Hani Baragwanath Academic Hospital – all experienced a water outage that lasted several days.

Surgeons were scrubbing for theatre using buckets, people could not flush toilets, and patients were issued with bottled water and could not wash.

On top of all this, the Covid-19 pandemic is now raging in the province. This is proving to be the last straw for a buckling health system. Shortages of hospital beds, lack of oxygen supplies, inadequate ICU facilities are a few of the problems being faced.

Health-care workers are exhausted and burned out.

There are multiple reasons for the current debacle. These include a lack of preventative maintenance, poor administration, corruption, poor forward planning, lack of financial resources, and a lack of strong governance at both municipal and provincial level.

The governance of the hospitals is complex and falls between different government departments. The Department of Infrastructure and Development, or Public Works has been tasked by the Department of Health to take care of the hospital infrastructure. This means that a hospital chief executive officer isn't directly responsible for maintenance of the building.

In turn this means that the system for responding to maintenance issues is not agile.

Bureaucratic processes designed to minimise corruption result in long delays. Management at all levels tends to put out fires rather than implement a long-term strategy to improve the situation.

Facilities have also been affected by strikes about wage disputes. In some cases hospital facilities have been damaged during the industrial action.

Criminality is also a problem. Theft is common with wall mirrors, bathroom tiles, soft furnishings, even large potted plants disappearing. Most recently copper plumbing pipes were stolen from Charlotte Maxeke Johannesburg Academic Hospital while it stood empty.

There is a perception of an "us and them" among many South Africans.

People with medical aid feel relieved that they have access to private health-care, which does not have all these problems.

This is a fallacy. The country has one health-care system – the public academic institutions train the health-care workers who work in both the private and public sector. If the public health-care sector collapses, the private sector will follow.

The solution is proper management and accountability at all levels. South Africa spends enough money on health care (just over 10% of GDP), but there is terrible waste at many levels.

The government is pursuing a National Health Insurance scheme, with the aim of pooling resources to provide "quality affordable personal health services for all South Africans, based on health needs, not socio-economic status".

If implemented and governed properly, the new scheme is most likely the best solution to all the many problems facing the country's health-care system. And it will allow South Africa to reach its full potential of providing excellent health care to all.

Ballot's article first appeared on theconversation.com