IZINDABA

‘Changing sides’ – SAMA unionist now Limpopo’s Health MEC

She’s known countrywide as the strident public health activist voice of the South African Medical Association (SAMA), slamming national and provincial health departments wherever there’s dismal patient care, drug stock-outs or non-payment of doctor salaries – you name the dysfunction. Now suddenly she’s the surprise MEC for Health in one of the country’s most bankrupt and historically corruption-ridden provinces – Limpopo.

Dr Phophi Ramathuba was head-hunted from 2012 to 2014. Without intending one-upmanship, she genuinely believes she’s uniquely better qualified for the job than Mabasa was. Mabasa, whose soft-spoken style of leadership has won him wide respect. However, he does have a few words of advice and caution about running a provincial health department that immediately prior to his appointment saw more than ZAR25 million in health contracts awarded to state officials and the entire province virtually bankrupt (under central government administration).

‘We have leadership challenges, if you look at some of the hospitals and clinics. It’s not that they cannot perform, but they’re not given guidance. One needs to make sure what the attitudes are. If you’re CEO of a hospital, you need to appreciate why you’re there and what you’re doing. Clinical governance is a priority for me.’ – Ramathuba

Mabasa lights her way …

‘Your former allies will become your potential adversaries because they now expect you to deliver what you represented them about. You’ll have to deliver on what you expected others to do. The other problem is that there are camps based on political differences and you receive different levels of loyalty. This is why in the main, new incumbents bring in their own people. People can cause you embarrassment. You’re also going into a province hungry for service, destitute both financially and by its rural nature. There are clinics you can’t reach by phone, that have no roofs, that you cannot reach comfortably by car, that have no water. Don’t own what was not your creation, but do try to address it,’ he advised, adding: ‘It’ll be hard, if not impossible to turn around [he couldn’t do so in his 18 months there]. Don’t punish yourself for lack of successes, but try to be a messenger of hope. I felt that I’d left before I’d even started. I think you need a longer-term MEC there to have any results.’

Asked by Izindaba to sum up what his main ‘take-home’ message for Ramathuba would be, Mabasa replied: ‘Focus on the work ethic of those entrusted with the responsibility of managing the institutions, get the right people in the right places – and get the funding to enable better healthcare. If you have the money and the people to use it properly, you may succeed.’ Mabasa said he found himself in the political crossfire once elections came along. ‘The job didn’t allow me to do what was within me. I’m not used to defending. I prefer realistically analysing the situation, so it didn’t sit well with me. ‘This was not what characterises my involvement in healthcare.’

Tripartite alliance background ‘an advantage’

Ramathuba said Mabasa was one of the first colleagues to congratulate her and offer advice. ‘He indicated to me that I come from a stronger position politically – he entered into a terrain where he had no clue of the politics. I’ve worked in the public sector here all my life, I was part of crafting government policy, even though I was representing labour. One journalist told me he’d collated all my SAMA union statements and was going to take me through each one, asking what I’ll be doing about it,’ she laughed. Quizzed on what her priorities are, Ramathuba said that over the past financial year thered been a genuine attempt to ‘turn things around’, with the potential for her department to finally receive a qualified audit during her tenure. ‘This current financial year was the first time we’ve had enough money until...’
March 31st – previously funds ran out in November of the previous year, and we ended up borrowing. I think the corruption has changed completely since the province was put under administration in 2013. I must say I’m quite humbled by this honour. One has to take seriously the responsibility of looking after six million people’s health. Speaking from the unfamiliar back seat of a chauffeur-driven luxury vehicle, Ramathuba took Izindaba’s ribbing in her stride. Describing it as ‘just practical’, she said she was travelling to all the districts and hearing and reading presentations by various directorates. ‘We have leadership challenges, if you look at some of the hospitals and clinics. It’s not that they cannot perform, but they’re not given guidance. One needs to make sure what the attitudes are. If you’re CEO of a hospital, you need to appreciate why you’re there and what you’re doing. Clinical governance is a priority for me – you cannot change things on the ground when the leadership attitude is still negative.’ She believed in ‘giving people chances’, not just firing. This would allow her to see ‘who is untrainable and unchangeable’, and only then redeploy them elsewhere. She said that at top leadership level, health was ‘a very specialised sector – you don’t just go in and fire people. Look at Prof. Househam [recently retired ANC-appointed DG of Health in the Western Cape] – when the DA [Democratic Alliance] came in, they kept him.’

SAMA chair Dr Mzukisi Grootboom thanked Ramathuba for her ‘enormous contribution to the public sector and our doctors’ during her tenure on the SAMA Board – and for her service as the President of SAMA’s trade union. ‘More than most, she understands the challenges of healthcare in the public sector. We believe that she’s well poised to tackle these challenges and to improve the service and lives of our people in her province.’

It’s almost certain she’ll emerge from her new job less willing to ‘throw stones’ – the glass house she’s in could prove quite unforgiving, with no place to hide.

Chris Bateman
chrisb@hmpg.co.za

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