Nelson Mandela Children’s Hospital

Inspiring a generation
Construction of the Nelson Mandela Hospital will start in 2013 and according to Project Director Joe Seoloane, will be ready to welcome patients in quarter four of 2014. The structure planning itself is already well underway, with completion anticipated as soon as July 2014. The commissioning stage will follow to ensure the hospital is running like a well-oiled machine when it opens its doors to patients and their families in late 2014.

Operation and equipment
The hospital will be run as a state aided hospital, meaning it is an NGO with governmental funding of operational expenditure – it will be run as a private sector organisation, however the government will be involved at appropriate corporate governance levels in terms of the Trust and Operating Company Board, as well as certain stages of the delivery of care. The hospital will be managed by a trust led by a board of skilled individuals, all of whom represent different
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Joe Seoloane, Project Director, Nelson Mandela Children’s Hospital

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interests; there will be government representatives, institutional representatives, and people with many years of hospital management experience such as doctors, nurses and individuals with specific governance experience. It will be an extremely well resourced board that will be able to guarantee the long-term sustainability of the hospital.

From an operational perspective, there will be a separate board ensuring the smooth running of the hospital. There will be structures for stakeholder accountability where the state will be afforded participatory regular updates regarding its investment. The main objective of the hospital however, is to ensure all children who have a complex surgical and medical condition can receive treatment, regardless of their inability to pay upon meeting referral protocols for admission at this hospital. “The trust will raise funds to meet the needs of those who cannot afford to pay for treatment. We are going to do a lot of fundraising so no child is left without the treatment they need,” says Seoloane.

The hospital is going to have a huge impact within the SADC region and across South Africa. As it stands, there are huge waiting lists of children needing life-saving cardiac surgery (more than 300 in Johannesburg alone); the reason being parents cannot afford private medical bills so the public system is backlogged.

The backlog is also in part due to the lack of paediatric intensive care unit (ICU) beds in South Africa, another thing the Nelson Mandela Children’s Hospital wants to rectify. Seoloane explains: “Another reason for the backlog is the high shortage of paediatric ICU beds. If you have a shortage of ICU beds, you cannot carry out complex operations because those children have to be prepared in ICU and also come back to ICU post operation. To obviate that problem, the hospital will have 48 ICU beds out of the 200 in total.” “And when we say bed, we don’t just mean the physical bed, we mean the bed, plus the staffing, and the equipment that goes with an intensive care unit. This is going to have a huge impact on the region and the country as a whole,” says Seoloane.

**Bridging the skill shortage gap**
Funding and equipment are not the only challenges the Nelson Mandela Hospital is facing – at the moment South Africa has just 17 paediatric surgeons, and only about 50 percent of those work in the public sector. Poor hospital environments and uncompetitive salaries see a lot of surgeons moving overseas. Further to this, there is a lack of training of sub-specialists in the first instance. The Nelson Mandela Children’s Hospital is aiming to attract and retain qualified doctors to improve the level of care it can provide its patients. It’s doing this by working with international medical institutions to form partnerships, whereby they exchange fellows to provide teaching and assistance;
they are also working with local universities to close the skill gap.

And it is not just a shortage of doctors, but also a lack of qualified child nurses. “We talk about training doctors but we also need to train paediatric nurses – right now in the country we have a reduction of specialised paediatric nurses because most of them have moved to Europe and the Middle East owing to better working conditions and salaries,” says Seoloane.

“It’s about competitive wages and working conditions, because you can pay nurses well but if
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your hospital is not well equipped and well resourced, they still feel overwhelmed and often cannot cope. We are also looking at retention strategies that will make sure the working environment, including salaries, is competitive, and in line with their occupation and experience.” he says.

Care strategy and ethos
At the hospital, caring for children with complex medical conditions is the first and only priority. This stems from the legacy of its founder, Nelson Mandela, who truly believes that society needs to support and look after its children. Seoloane believes in Mr Mandela’s words that “The hospital will be a credible demonstration of the commitment of African leaders to place the rights of children at the forefront.” He also feels that this hospital will act as a benchmark for caring in the future.

Above providing the very best medical care, even to those who cannot afford it, the hospital is also dedicated to ensuring patients receive the best aftercare possible. It has formed a partnership with the Ronald McDonald Housing Charity, which provides the families of patients with accommodation on the site of the hospital so
they can be close to their loved ones. “There is evidence that even talking to a family member can dramatically improve healing, so accommodation is extremely important,” says Seoloane. Furthermore, the hospital has invested a lot of money to create a holistic healing environment, as Seoloane explains, “It’s not just about the clinical care but it is about the ethos of the hospital, we want patients and their families to feel as though they are in a place where everything is focused on the healing be it emotional or physical. We want to make social spaces in the hospital where people can relax, reflect and sadly sometimes grieve – it is all part of the healing process,” he says.

The hospital is due to open its doors in 2014 and should be the start of something that will outlive all of us; the start of a hospital that will put children in South Africa at the forefront of a generation’s heart and minds.
Nelson Mandela
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