

DATE: 2015-03-19

PROGRAM NAME: WOMANITY – WOMEN IN UNITY

GUEST NAME: MS. GLADYS BOGOSHI

SPEAKER	TRANSCRIPTION
DR. MALKA (INTRODUCTION)	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in unity'. The show that celebrates prominent and ordinary African women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA (GUEST SYNOPSIS)	Joining us in the studio today is Ms. Gladys Bogoshi, the Chief Executive Officer of the Charlotte Maxeke Johannesburg Academic Hospital. Her leadership roles include being a General Secretary of the Youth League at the Medical University of Southern Africa, MEDUNSA, Executive Committee Member of the South African Physiotherapy Foundation and Executive Member of the Stroke Foundation. She has occupied several leadership positions within the Health sector, heading the Physiotherapy unit at the Johannesburg Hospital, serving as a Senior Clinical Executive at Chris Hani Baragwanath Hospital and the Chief Executive Officer at Helen Joseph Central Hospital before joining Charlotte Maxeke Johannesburg Academic Hospital. During her career she has won several prestigious awards, like the Khanyisa Awards, which we will highlight later on in the show. On the academic side she is amongst the first Masters of Science degree graduates at the Medical University of Southern Africa, MEDUNSA, she also holds an M.Sc. degree in Physiotherapy, Diploma in Orthopaedagogics and a Master in Public Health for Hospital Managers from the University of the Witwatersrand. Welcome to the show.
MS. BOGOSHI	Thank you.
DR. MALKA	Ms. Bogoshi, the Charlotte Maxeke Johannesburg Academic Hospital is an accredited central hospital in South Africa, with 1 088 beds, serving patients from across the Gauteng province and neighbouring provinces and offering specialised services, some of which I understand are unique and only done in the hospital for the whole of South Africa. Can you please tell us a bit more about the hospital as well as those special services which are unique to it?
MS. BOGOSHI	Thank you very much, if I may just start by saying the Charlotte Maxeke Johannesburg Academic Hospital which was previously known as Johannesburg Hospital, most people call it Joburg Gen, was actually commissioned in 1968 and finally completed in 1978, as a way of moving Hillbrow, or the old Hillbrow Hospital to Parktown.
DR. MALKA	So that took ten years of development.
MS. BOGOSHI	That's correct. It was finally opened in 1979 and it used to serve the historically white population in Johannesburg. It is one of the teaching hospitals for the University of the Witwatersrand, of which the other partners are Chris Hani Baragwanath, Helen Joseph and Rahima Moosa.
DR. MALKA	That's an incredible number of different hospitals that are associated with the University for teaching.

MS. BOGOSHI	That's correct. Charlotte Maxeke has a staff complement of around 4 700 with a budget of around R2.3 billion.
DR. MALKA	And that all falls under your capacity as CEO to manage.
MS. BOGOSHI	That's correct.
DR. MALKA	It's a big headcount.
MS. BOGOSHI	Yes, of which more than 2 000 of that staff complement are nurses and about 800 are doctors. Some of the highly specialised services that we run is the Radiation and Medical Oncology. But we also have Liver Transplant which we are currently doing in conjunction with Donald Gordon Private Clinic. We have some of the amazing services in terms of especially around Oncology, around Orthopaedics, around Cardiothoracic, around Paediatrics, and Trauma.
DR. MALKA	It sounds like you're incredibly passionate about the public services. Moving towards the future, are there any specific milestones that you personally want to accomplish during your tenure as CEO at the hospital?
MS. BOGOSHI	I think one of the challenges that the public health system, especially in South Africa is facing is that we have to serve more with less and therefore many a times we are compared to the private sector which sees less patients. If you look at South Africa, 87% of the population uses the public sector.
DR. MALKA	87%.
MS. BOGOSHI	Of the population uses the public sector, yes. While 13% use the private sector because they have medical aid.
DR. MALKA	So that's about 40 million people.
MS. BOGOSHI	That's correct. But if you look at the way the budget is allocated, the budget is the other way around. The majority of the budget is used by the private sector and less comes to the public sector. As you know that if you approach a public hospital we cannot turn you away, we have to see you.
DR. MALKA	Your resources must be incredibly strained.
MS. BOGOSHI	That's correct, our resources are really strained and therefore for me one of the things that I would like to achieve is that with all these many patients that are coming, we have dedicated, passionate public health personnel. But at times we do have patients that wait for too long, we have patients who probably do not get a good attitude in the hospital and therefore for me, what will make me happy is when we see patients having a very good experience generally in the hospital. When we are able to reduce the waiting times as much as we can. When we improve some of the efficiencies that we are battling with. But the fact remains we do spend time with them to establish if we should continue with the treatment at our institution or somebody else can do it at another level of care.
DR. MALKA	And whilst we're talking about different levels of care, what do you feel about the South African health system as a whole in comparison to other systems in leading countries around the world?
MS. BOGOSHI	I will say that we have a very passionate Minister of Health who has endorsed the Primary Healthcare model of accessing health and the

	<p>reason I am saying that it is the best thing that we are doing as the country is to say that if you have a simple flu you don't need to come to Charlotte Maxeke but you have competent nurses who are Primary Healthcare trained next to your home where you're probably are able to walk and you do not pay. If they are unable to manage your condition they would refer you up to a generalist hospital where you'll get the generalist physicians, gynaecologists but if they still cannot, that's when you are referred to Charlotte Maxeke where you will then find your neurosurgeon, your ophthalmologist and all the other services that we offer in our institution.</p>
DR. MALKA	The specialised services.
MS. BOGOSHI	The specialised services. However, with the fact that our Minister would like us to implement the National Health Insurance, some of the other initiatives that we are dealing with is to try and start the school health programme. The Primary Healthcare model has got four areas which you need to concentrate on.
DR. MALKA	Could you elaborate briefly?
MS. BOGOSHI	Yes. One of them is preventative. We are supposed to try and keep you healthy as much as we can and so the school health problems helps with that where I'm sure at some stage you would hear children saying, "there was a dentist at school teaching me how to brush my teeth, there was somebody who came to show me how to carry my schoolbag," because we're saying that if you do things right when you are young then you may actually deal with some of the risks that we pick up as adolescents.
DR. MALKA	And those young minds are sponges.
MS. BOGOSHI	That's correct, but we also have what we call ward based health workers who are currently being piloted in ten sites around the country going to every house so that they can actually have a profile of every person who is in that house, because then if we know that we've got ten people in this house, two are hypertensive, one is pregnant, the other one had a stroke, then it helps us to plan for the health system of the country.
DR. MALKA	That's an excellent model.
MS. BOGOSHI	Of course it is and we are hoping that with this ward based health workers who are out there as a tertiary institution we wouldn't have to deal with some of the challenges because problems would have been picked up at that level. The second issue is the issue of treatment if we have failed to prevent and we are saying that if you are sick then you need to go to the right level, which I have already explained. The third level is also the issue of rehabilitation, where we're saying if you had a stroke, you had paralysis or you had some mental problems you need to be rehabilitated in different levels and so this helps us to be able to offer the care, improve access and equity to everybody who is a citizen in the country as our Constitution requires us to do.
DR. MALKA	Thank you very much for elaborating on the Primary Healthcare model that we've got in place in South Africa.
MS. BOGOSHI	And by the way, just to tell you, the Primary Healthcare model is used in many countries in the world and what is interesting is that it was started

	in South Africa in the 1930's.
DR. MALKA	I think another very important point that you mentioned was that in South Africa when you've got access to these great facilities for healthcare that all of it is actually free of charge for people in need.
AD BREAK	
DR. MALKA	Now Ms. Bogoshi, turning towards some of your achievements now, some of the accolades that you have achieved with the Gauteng Department of Health include First Prize award for the cleanest hospital in Gauteng during the 2011 Khanyisa Awards whilst at the Helen Joseph Hospital, reduced waiting times in pharmacy from between six to eight hours to two hours, that's a 75% decrease, through a number of innovations which resulted in a Second Prize award by the Centre for Public Centre Innovations. Before I go on to talk about the rest of your awards I would just like to say that for me the first thing that come to mind is a person with tremendous caring for other fellow human beings because only someone who has witnessed the hopelessness the patients go through when they wait in queues for hours to receive their medication which can save their lives understands the life change that you bring to these patients. So can you please tell us a bit more about what you had in mind when you started those particular projects?
MS. BOGOSHI	Thank you for that. As you mentioned, Helen Joseph like all other public hospitals have got a large number of patients who come on a daily basis and everybody ends up at the pharmacy one way or the other for some medication but the pharmacists also have to serve the wards in terms of ensuring that all the wards have got medication including those that are discharged from the wards. And so with this huge numbers that we were getting at Helen Joseph at that time, for example in our HIV Clinic only, we would have about 600 patients every day, sometimes going up to 800. You were bound to actually have very very long queues and people would come in very very early in the morning to queue up and get their medication. But we also had those patients who come once every 6 months to see a doctor but on a monthly basis have to come and collect their medication. So what we picked up was that these people were all put in one bundle and somebody who went to see the doctor or still need a script would be in the same queue with somebody who knew exactly what they were coming to take, and so I really want to give an accolade to the pharmacy team under the leadership of a lady, a very powerful lady called Mrs. Naomi Sithole who came and said CEO, let's look into this thing and see how best we can reduce this queues. We looked at different models and one of the things that she did when she was looking at a patient she found that we were serving quite a large number of old age homes, and they were all coming at different times, with a different nurse because as you know you can't bring old people on their own. And so she said, why don't we visit this old age homes and instead of them all dropping into Helen Joseph we actually take the medication to them?
DR. MALKA	Because you know exactly what they need.
MS. MAHOLA	Exactly. And so the process started. We picked up about ten of these old age homes around us of which one had about 80 people who were using our service, and so the discussions that went on around that meant that about 250 patients were taken immediately out of our queues because one professional nurse will bring all the scripts that are due for that week on a

	<p>Monday and at our own pace we would then pack their medication and when it's ready we would call the home and they will be able to come and collect. And so patients would only come once a year or twice when they come to see the doctor, so 250 people were out of the queue. Then we picked up that sometimes people, because they are on wheelchairs or disabled or very sick were all mixed in one queue so a queue for the disabled and the people who are very sick was created so that they could be fast-tracked and they move out of the queue. But we also looked at a different system of how three pharmacists can actually do the work where you can actually look at the performance, the number of scripts that they are seeing including whether they are seeing short or long scripts. When I'm saying short is when somebody comes to collect maybe 2 or 5 items but there are people who sometimes collect more than that, maybe 8 items, and so we tried to say if you're coming to collect a short script you need to move a bit faster and create a queue because we know those fast-moving items. And so the other thing that was also done was to collaborate with the clinics around us. As an example we picked one clinic in Diepsloot where we were saying to people that if you go and collect your medication in the clinic we will prepack it for you, we will send it to the clinic and so when you come there, as you arrive you don't have to stand in any queue, all what you need to do is to pick your packet and go. That was a very successful project because number one, people didn't have to spend money coming from Diepsloot to Helen Joseph but two, they didn't have to not go to work on that particular day because if you were at a clinic by 7:30, by 20 to 8 you're out and you can still be able to reach your work. So those are some of the initiatives that we did as we were trying to improve the waiting times in pharmacy.</p>
<p>DR. MALKA</p>	<p>Those are really important initiatives and very interesting. I am, I think one of the aspects that you alluded to just briefly, I didn't even contemplate the fact that you actually have to take a day off to go and get your medication, if you didn't have these interventions in place. I think that's a great testament to organisational efficiencies. One of the elements that you mentioned previously was the outreach programme where you were providing medication to more than 250 pensioners in old age homes. I think this is a project that really touches the heart of everyone. What can we as a society do to make a project like this become something permanent and adopted all over the country, not just by hospitals.</p>
<p>MS. BOGOSHI</p>	<p>I think it brings back the issue of innovation. I think most of the time when we are overwhelmed by the challenges, sometimes we stop to think and we just concentrate on what is a problem. I think we need to encourage the young minds, we need to encourage those people who are think tanks to try new things, look at all this initiatives that sometimes sound so weird but most of the time the results are great. And so the issue of delivering medication, as Gauteng province there is a project where they're trying to see how this matter of ensuring that patients do not come to the hospital for their medication, I think it's in an advanced stage and I'm sure very soon we will see the results of that in terms or making sure that medication is delivered to the homes of the patients and not the other way around. Remember I talked about the home-based care and so some of those initiatives are also trying to say, where are these people, who is in this township, who is in this suburb, who is receiving the medication? Because when you have that, you know, you then start knowing that in</p>

	<p>this area I've got people who must get this type of medication and how often they get it and all that. So it's really about innovation, it's really about testing some of these things but don't leave them at testing phase only, try to roll it out to other areas so that other people who can test it in different environments, other people can also benefit and you can see if it works.</p>
DR. MALKA	<p>And it's ultimately it all contributes to building a sustainable, more efficiently run healthcare system.</p>
MS. BOGOSHI	<p>Yes, true.</p>
<p>AD BREAK</p>	
DR. MALKA	<p>In our previous segment Ms. Bogoshi was talking about some of the interventions that had been implemented to improve the efficiencies of healthcare services, particularly in terms of improving patient waiting times for receiving medication from pharmacies as well as outreach programmes which deliver medication to more than 250 pensioners in old age homes. Now Ms. Bogoshi, talking towards some of your personal experiences, some of our guests who have reached tremendous achievements in their lifetimes say that factors which have attributed to their success include hard work, others talk about perseverance. In your opinion what have been the key drivers for your success?</p>
MS. BOGOSHI	<p>I thank you for that. Perhaps I could talk about where I come from. I was born and bred in Pretoria, come from a family of five and being the second born and the eldest daughter from a mother who did not have an opportunity to go to school, for various reasons went not that high but a dad who managed to end up finishing his old JC. But the one person that really made a difference in my life was my mom who always used to say to us, education is the road to your liberation as a person, economically, socially and otherwise. She taught us from young age if she drops dead we should not even think that she's got a lot of money, she doesn't have it. But even if she had we would probably not spend it wisely because we did not work for it. And she taught us that the only gift that she can give to her children is to take us to school. Because when you have education you can decide, if you do not want to use the education, but nobody can take it away from you. And I used to watch how she manages the family with the meagre, mean salary that she had, I don't remember us going to bed without food, I don't remember us going to school without books and I looked at how she juggled everything, making sure that all of us are well catered for and go to school. But she also taught us humanity, including my granny from my paternal side. That a child is the responsibility of the community and all of us have some form of responsibility to make sure that the child grows. And so as a family you need to be there for each other in times of need and it does not have to be on material things only, it could just be on a phone call. And so she also taught us that if you give with love, it doesn't matter if you give somebody little because that actually expands, unlike if you give somebody a huge present but with not good intentions, and the other lesson that I learned from her was that if you give and you are passionate with what you do you, you do achieve what you want to. And if you humble yourself, in the day you fall of grace you will have people who'll catch you.</p>

DR. MALKA	Your mother sounded like an exceptional woman. With great values.
MS. BOGOSHI	Yes.
DR. MALKA	And as we were talking about growing up, can you share with us some of your time growing up in a South Africa which was pre-democracy? And what influenced you during those years and what left the biggest impact on you to make you the person that you are today?
MS. BOGOSHI	I think growing up pre-1994 is an era that I always say that we can never forget. And all of us have got different experiences of what we went through for whatever reason. But for me it was about having to go through the 1976 riots. Just got to high school, didn't know what was going on and having to go through a very very traumatic time and at times you would hear in the news being said that the terrorists were arrested and then you look at this person and you say but this person I know him, he can't be a terrorist and so it was a very confusing time for us as children at that time, what is going on in the country. The fact that, you know, our parents were not treated with dignity, because I am a firm believer that all of us needs to be treated with dignity, it does not matter where you come from. Yes, the respect you earn, but to be treated with dignity it's your right as a person.
DR. MALKA	I agree with you.
MS. BOGOSHI	Yes, and from that point of view for me having to see my mother, being an elderly person you know, sometimes not being treated that well by young children who probably did not know what was going on or for whatever reason was doing whatever they were doing was just not good for me and so her teachings that the only way you can actually have a better life is through education. I just wish even our kids nowadays need to know that their freedom that you need, whether it's economic and what have you, goes hand in glove with education.
DR. MALKA	I think that's a very important message.
MS. BOGOSHI	Yes.
DR. MALKA	Now our programme is all about celebrating women's achievements, in their struggles for liberation, self-emancipation, human rights, democracy, racism, gender based violence and socio-economic class division. Can you share with us some of the obstacles that you encountered whilst you were building your career? Not to open wounds but rather to demonstrate to all the women who are listening to our show that the successes that women like you have achieved today weren't achieved on a silver platter. They required sacrifice.
MS. BOGOSHI	Ja, I always recalled what Oprah once said in the show because it was very powerful for me, when she said that one that she has learnt for sure is that if you're a black person and the job requires 100% you need to give 150% before anybody can look at you.
DR. MALKA	And if you are a black woman?
MS. BOGOSHI	If you are a black woman you will now need to be 200% ahead. And that statement is so true. Many a times as a physiotherapist, which is my first profession, we were the first at MEDUNSA, very few black physiotherapists in the country and you would come in and say hi, I'm

	your physiotherapist and the person would just look at you, especially post-'94 where you had to treat people of colour, people would then think, do you really know what you're doing? That was very difficult. The other prejudice that I have picked up, especially when I started being the CEO at Helen Joseph you would find somebody who's come looking for the CEO because they don't know who's the CEO and which was very interesting and when they say there's the CEO the person will come in and actually look for the CEO while you are still in the office. Because they cannot believe that you will be the CEO as a black young woman who is holding this position. And so these prejudices are still continuing, sometimes very obvious and sometimes very subtle.
DR. MALKA	But how do you address those types of situations?
MS. BOGOSHI	I think it's one of those where you need to put yourself in somebody's shoes and give the person the opportunity to express whatever they feel but have a listener's skill and also show them the other side of the story because most of the time as I say the person comes in they already has decided that you don't know what you're doing.
DR. MALKA	And usually when someone's come into the CEO more often than not it's for a complaint as opposed to a compliment.
MS. BOGOSHI	Exactly, exactly, exactly. And it is difficult, it's how to remain calm under those difficult circumstances and how to articulate what you wanted to say even though sometimes you get angry. Because I always say, I had a poster which said: Don't argue with a fool, people might not notice the difference. Because when somebody comes in and both of us are screaming they don't know who started, they don't who is the fool. So the best thing is not to be one, so you sit, you listen and it's very very difficult, hit the pause button, wait, organize your brain in such a way that whatever you're going to say, you're not going to regret in future.
DR. MALKA	I think that poster has some wise words to it.
MS. BOGOSHI	Yes.
DR. MALKA	Whilst we're talking about CEO's, that brings me onto my next point concerning female leadership. I think that building female leadership capacity is important for the future of women and to the economy. Now the Business Women's Association of South Africa shows that of Johannesburg Stock Exchange listed companies women only account for 21.4% of executive managers and just 3.6% of CEO's. Do you think that South Africa's Women Empowerment and Gender Equality Bill which is currently undergoing consultation and review, whose principal aim is to promote and achieve equality for women across the board, would be able to help address these inequalities?
MS. BOGOSHI	I think to a certain extent it will, but I think I want to talk about many soft issues that women go through that will assist them in achieving. And one of those is that if you really want to be a CEO at some stage, obviously your career starts early. At that time you've probably just gotten married and you now have to wash the dishes, you have to cook, you have to do all this things and so your, your plate is full and the last thing you need to do is to actually go and study or you know, do extra things at work because you're rushing around trying to get this child to school, the other one to

	cricket, the other one to whatever, keep the house going ...
DR. MALKA	Managing home affairs.
MS. BOGOSHI	<p>Exactly. So the support from partners or family or whoever is there, is quite critical because at that age we all have ambitions but the last thing that you think about is usually your own, you know, your career path, in terms of where you'd like to be at a later stage. So how do we support the young ones who are just up and coming in relationships, just gotten married, really want to make this marriage work, but at the same time would like to have their profession starting to take place starting to take up. The second issue is the workplace area. When I have small children I need to be able to know where my children are, are they safe, wherever they are, can I actually keep my child, maybe until seven o'clock but the child every time should have done his homework because then if I arrive at home at nine o'clock and I'm trying to get this child now to do the homework, it just doesn't work so at the end of the day, at times, you choose your family more than your career. Those that choose career they choose it at a cost because then you don't know what's going on with your children. You actually miss a lot of milestones in their careers and all that. The third issue is the issue of the support around your family, not only your family, in the sense of the husband and the children but the other extended families. I have seen where women have got other people who are really there for them, in times of need, you know, you have confidence, that when I'm not around, somebody else will be able to chip in and actually do some of the things that are critical and important in your life and so careerwise I guess we need to look at how do we bring this flexi time to allow women to be able to prosper without feeling like guilty also in terms of, by the time you reach the top you start having that guilty conscience, that I didn't see my children growing and then how do we then help to walk the race or run the race in such a way that you have that balanced life from an employer point of view, from the society point of view because sometimes, she's just ambitious about herself, she's self-centred. She's not thinking about the children and what have you and so you find yourself, sort of, like sometimes thinking, am I actually doing the right thing and so for me I salute women. I remember when the Gautrain started we decided to go to the airport just for a ride and when we got off there, a young girl who looked about twenty years came out of the driver's seat and said, yeah, because now we're coming, because these are some of the things that we need to take. How do our brothers who encourage us to do those things that we think are not possible. I was in Kenya in December and I met this young girl, I think she is about eighteen or nineteen and she's studying to be a pilot and for me, it's such things that you know, I was very proud of her parents that they allowed her to actually venture into this because even in our families, if you come and you say, I want to be a pilot, it's like, what are you sure this is what you want to do, but if you say, I want to be an air hostess, wow, that's beautiful.</p>
DR. MALKA	It's stereotype roles.
MS. BOGOSHI	Exactly.
DR. MALKA	I think having a lady Gautrain train driver is a marvellous accomplishment and also hearing about women wanting to become pilots and venture into careers which are non-traditional and I think that the points that you raised on the soft

	<p>issues that women have to be conscious of in their road and their pursuit for a career whilst still managing elements at home, sustaining their relationships, nourishing and nurturing with their children, doing family negotiations without compromising on their work commitments are really, really important aspects of life to achieve that balance. Now, Ms Bogoshi, we are unfortunately running out of time, can I please ask you, in closing our discussion, to share a few words of inspiration or rather some advice, that you would like to pass on to women and girls, that are growing up in Africa listening to the show.</p>
MS. BOGOSHI	<p>Thank you for that. I believe that if you believe you can fly, you can actually fly and I would like to actually see women, not thinking about what they want to be when they're forty but living their dream and starting to dream about what they want to be when they're eight because if you know where you're going then you're able to plan your path and if you know your path then you start dealing with the obstacles on the way and you go through the path, you either consolidate your passion for what you want to do or you realise that perhaps this is not what I want to do and so as you go through the path, your passion increases and increases, so whatever profession you want to take, whatever position you want to be if you do it out of passion, it will never be boring. I always say, I pray to God that he gives me that wisdom that when I lose the passion, I must know it because then if I don't do what I do with passion then I don't think I will put in the same effort.</p>
DR. MALKA	<p>I think that's a very important message. Thank you so much for joining us today. It's been wonderful to have you on the programme.</p>
MS. BOGOSHI	<p>Thank you.</p>
<p>END PROGRAM</p>	