



Press Release: TAC/Section27/CALS meeting with new Health MEC in Gauteng.

On the 27th July 2012, TAC/Section27/CALS met with Gauteng Health MEC Mr Hope Papo, HOD Dr Nomonde Xundu and heads of departments.

On the agenda for discussion was a formal response to TAC's memorandum that was delivered at the Provincial Department of Health (PDOH) on the 12th June 2012. This was of course during the time of former health MEC, Ms Ntombi Mekgwe.

The memorandum raised two specific issues:

1. Shortages of essential medicines in health care facilities,
2. Shortages of staff, which is crippling rendering of services.

This follows other meetings, letters and memoranda sent to the department before.

Below are the responses from the Department of Health.

1. Shortages of medicines (including ARVs and Oncology meds) in health care facilities:

PDOH reported that availability of ARVs has improved to 71% and stock levels are now up to 3 months and that communication has been sent to health care facilities to now start issuing 1 – 3 months supplies to patients and increase as supply improves. Upon engagement from the delegation, it became clear that the 71% they referred to was stock levels at depo and not at health care facilities. The majority of patients in Gauteng are therefore not experiencing an improvement in the availability of essential medicines.

PDOH further reported that the disruption to services for oncology patients was due to the fact that the contract(s) with the service provider terminated at the end of April 2012. The department has since finalised and signed an agreement with the new service provider in June 2012. There was no clarification as to why the change in service provider impeded the delivery of curative medicine for cancer patients.

2. Shortages of staff:

This has been an ongoing problem, not just in Gauteng but nationally. Plans after plans have been developed to deal with the shortages of health care workers in the public health facilities. After receiving numerous reports from health care facilities of shortages of critical staff, including registrars, and how this is affecting service delivery, the department reported that there has been a moratorium on appointments to manage a shortage of funds in the budget. PDOH gave assurances that critical posts are now filled. This has not yet been confirmed by hospital staff who continue to experience a shortage of personnel in critical positions.

Other issues that were dealt with in the meeting arising from the last meeting we had with former MEC Ntombi Mekgwe on the 10th February 2012 were:

3. Improved access to turn around time for results on laboratory services:

The department indicated that the National Department of Health together with provincial departments have developed an Essential Laboratory List. This was done to manage and rationalise the use of laboratory goods and services. Further to that, NDOH together with NHLS have developed new forms that will work with the new model. Health care workers are being trained on how to use this so that patients are monitored properly with the use of the Electronic Gate Keeping. NHLS has since the crisis in the last financial year, restructured itself and changed a model of how they will service health care facilities.

This has, instead of turning the situation around, kept services at the dysfunctional level and turn-around times for results taking longer than expected or necessary.

4. Budget and Expenditure

The PDOH reported that they have settled most accruals from previous financial years. However, to do this they have used funds meant for service delivery this year which has already resulted in the department overspending on its 1st quarter budget. We note that there are austerity measures that the department is undertaking to try and turn around the situation but are concerned that these will only serve to compromise service delivery, particularly with regard to the rationalising of the purchase and delivery of medicines.

We are encouraged by their promise to ring-fencing their Goods and Services budget for essential medicines and medical supplies. We are nonetheless concerned that this is an empty commitment and that when budget pressure continues to build funds will once again be diverted from this area to pay for the rapidly growing wage bill.

We remain very concerned that over-expenditures this early on in the financial year will repeat the annual cycle of improper utilisation of funds to settle debts and accruals. The

effects of this approach are at the heart of the systemic crisis facing the PDOH and are devastating for many who are dependent on public health care facilities.

We believe that it is going to take an urgent and coordinated intervention from the DoH and Treasury at both the national and provincial levels to overcome this funding crisis. This must be done now to avoid any further rationing of essential services.

5. Emergency Medical Services (EMS):

EMS services in Gauteng, like many other services, have been collapsing rapidly. PDOH acknowledged this and indicated that they have been struggling to get a permanent Manager / COO to run Gauteng EMS. HOD indicated that they have subsequently approached SARS and the private sector to look for a suitable candidate.

Overall, we remain very concerned, as indicated in previous years, that problems keep repeating themselves with no immediate plan to resolve issues whilst working on the long-term solutions. Our most pressing concerns are:

1. Over expenditure and the ad hoc allocation of the budget without proper planning or systemic change;
2. The lack of medicines in health care facilities;
3. The failure to finalise appointments of critical and core posts of health-care workers;
4. The reduced capacity of NHLS;
5. A failure to address the systemic deficiencies in the healthcare sector; and
6. The direct impact on the service to patients in public health care.

We have committed to sharing our report on the abovementioned issues with the department within the first week of August. PDOH has undertaken to meet with TAC, SECTION27 and CALS in the second week of August 2012.

We appreciate the MEC's openness to engagement and we look forward to the detailed explanation of the problems recognised in the Gauteng Health Turnaround Strategy 2014.

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