

BEMF

Budget and Expenditure Monitoring Forum

TAC

TREATMENT ACTION CAMPAIGN



Oral Submission to the Portfolio Committee on Health

National Department of Health Briefing on Annual Report 2013/14



Treatment Action Campaign
Budget Expenditure Monitoring Forum

15th October 2014
Cape Town



Structure of Oral Submission

- Introduction
- 10 Key Recommendations Drawing on Research and Advocacy Work During 2013/14
 1. Fix Provincial Health Delivery
 2. Fix the Patent Laws 4 Access to Medicines
 3. Medicines Regulation
 4. National Policy for Community Health Care Workers
 5. HIV and AIDS
 6. Tuberculosis – MDR-TB and TB in Prisons
 7. Cervical Cancer
 8. Emergency Medical Services
 9. Health Gender Based Violence
 10. National Health Insurance (NHI)



Introducing BEMF & TAC

TAC

1. Treatment Action Campaign's mission through its members is to ensure that every person living with HIV has access to quality comprehensive prevention and treatment services to live a healthy life.
2. Since 1998, TAC has held government accountable for health care service delivery, campaigns against AIDS denialism and quackery; challenges the world's leading pharmaceutical companies to make treatment more affordable; monitors the implementation of the National Strategic Plan on HIV, AIDS, STIs and TB and cultivates community led leadership on HIV and AIDS and broader health rights issues.

BEMF

1. Budget and Expenditure Monitoring Forum draws together individuals, organisations from civil society, academia, government, organised labour to focus attention on ensuring that sufficient money is budgeted for and appropriately spent on health and basic education services.
2. BEMF seeks to consolidate budget and advocacy work in South Africa on Health, Education and other relevant social services.



Human Rights Framework – Right To Health

The Performance of the National Department of Health and the 9 Provincial Departments of Health should be assessed by the Committee using a HR Framework.

A human rights framework asks 2 key questions:

- 1. Were the maximum available resources (financial and non financial) being used to prioritise reducing disparities and progressively realize the right(s) under review?**
- 2. Is the Department spending and, where relevant, generating funds to the maximum of its available resources to meet its human rights obligations?**



A Tale of Two Services!

Assessment of the National Department's Performance in 2013/14

The role of the NDoH is clearly set out in the Section 27 of the Constitution and guided by the National Health Act and other enabling legislation.

The National Minister for Health plays 2 important roles:

1. Political Leadership to ensure that government is progressively realising the right to health in South Africa.
2. Political Steward over the Provinces - Three Spheres of Government are distinctive they are also **INTERDEPENDENT** and **INTERRELATED** (Section 40 Constitution)

Large inequities continue to persist within public health expenditure and in the delivery of quality public health services.

Life East London Private Hospital



The NDoH Performance over 2013/14 Must Be Assessed Against the Performance of the Worst Performing Provincial Departments of Health

Learning from the Free State Health Crisis

- **Facilities** – The poor quality of health facilities.
- **The availability of medication and supplies/supply chain management** – Stock outs and shortages of essential medicines and medical supplies.
- **Human Resources** – The combination of a high vacancy rate and an out of date personnel system.
- **Management** – There is no proper management and the day-to-day functioning of health facilities goes unattended.
- **Transport and Emergency Medical Services** – Patient transport and EMS are entirely absent in many places and insufficient in others with patients waiting hours for an ambulance that at times do not arrive.
- **Equipment** – Equipment shortages and faulty equipment are rife with reports of TB Hospitals without x-ray machines and busy clinics with only one blood pressure cuff.
- **Staff accommodation** – Many facilities have no or poor quality and insufficient accommodation and in some no electricity or running water. and the accommodation is filthy and run down.
- **Rehabilitation and home based care** – Some facilities have no budget for rehabilitation supplies, making preventative and home-based care impossible.
- **Budgeting and expenditure** – Underpinning many of the challenges are the chronic failures in the effective mobilisation of the budget.



The advertisement is for a "Dialogue: EC health crisis - can it be fixed?" event. It is organized by the University of Fort Hare and the Daily Dispatch. The event is scheduled for Wednesday, November 20, at the Christian Centre, East London. The speakers include Dr Thobile Mbengashe (HOD, Eastern Cape department of health), Lulekwa Ntlebi (DENOSA EC Region C chairperson), Sivuyile Sikwe (DENOSA EC organiser), and Vuyokazi Matiso (Southern Region organiser, EC Health Crisis Action Coalition). The event is free of charge and open to the public. It is associated with the Sowetan Dialogues series.

KEY RECOMMENDATIONS

1. FIX PROVINCIAL HEALTH DELIVERY



- More detail is required in the National Department of Health's Annual Report regarding the performance of the provincial Department's of health in implementing key national priority programmes.
- We recommend that the Committee call on the National Minister of Health as a matter of urgency to convene a national forum to develop a national strategy for addressing provincial delivery of health services. The National Minister should call on the various expert teams that have, over the years, developed turnaround strategies, made recommendations in the reports of Special Investigating Unit (SIU), Integrated Support Teams and so forth. Such a forum should seek to put an end to the year-on-year crisis management that the NDoH is called on to undertake within the provinces but rather develop a financial and non-financial diagnostic tool that serves as an early warning system to guide provinces and the National Minister.
- The Committee should request from the National Treasury the expenditure reviews that Treasury has undertaken that are relevant for the Committee to better understand the financial performance of the National and Provincial Departments of Health.
- We recommend that the Committee as a matter of urgency conduct an oversight visit to the Free State, Mpumalanga and the Eastern Cape to assess for the Honourable Members themselves the status of health care service delivery within in these provinces.

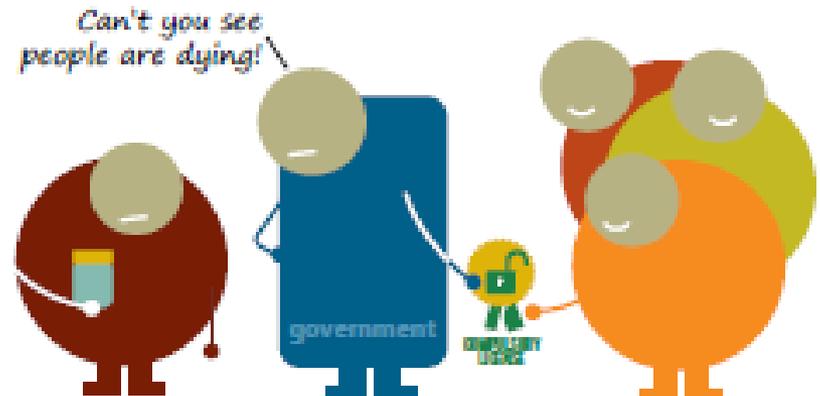
2. Intellectual Property and Access to Medicines



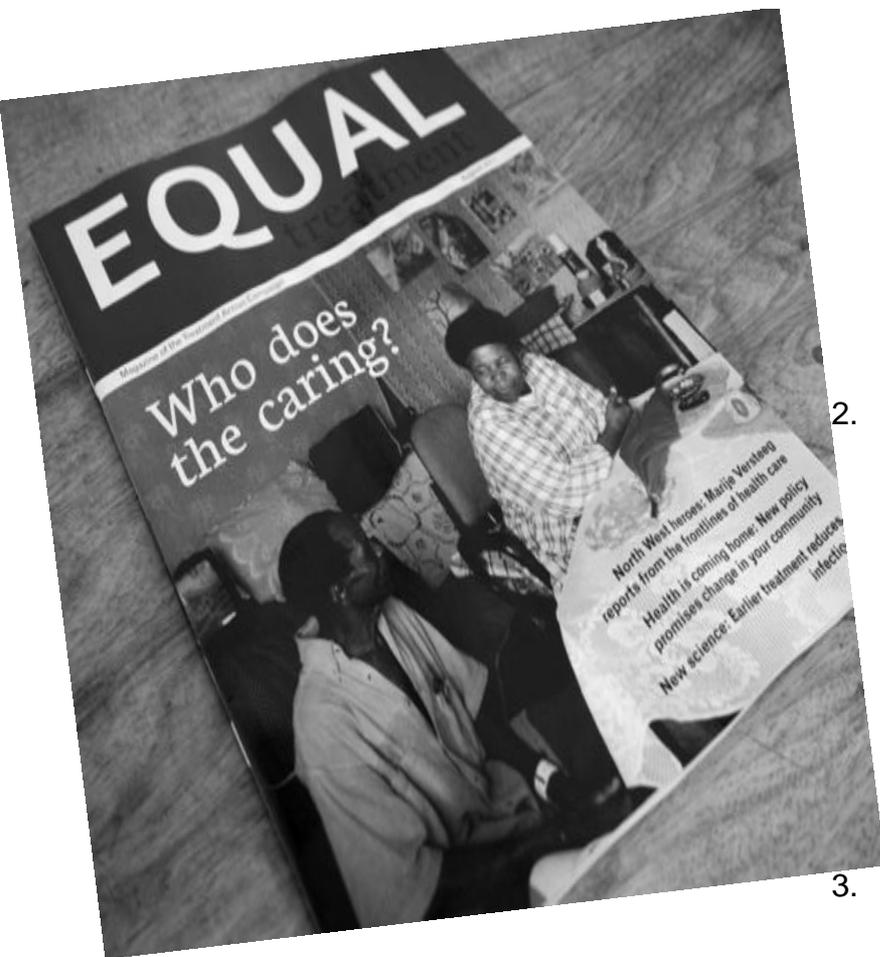
1. We request the Chair of the Portfolio Committee on Health to coordinate a joint sitting at the earliest convenience with PC Trade and Industry and PC Science and Technology to discuss with the relevant Ministries the impact of the Draft National Intellectual Property Policy on the availability of medicines in the health system and the broader implications that this has on the health budget.
2. We recommend that the Committee call on the National Minister to publicly demand the urgent finalisation of the draft national intellectual property policy in line with the pro-public health flexibilities outline in the agreement on Trade Related Aspects of Intellectual Property Rights and the Doha Declaration on Public Health.
3. In order to ensure that the Ministry is getting value for money the NDoH should provide to the Committee an accessible breakdown of the types and cost of the medicines and medical equipment and tools procured over the last three to five years.

3. MEDICINES REGULATION

1. As a matter of urgency the medicines Regulator (be it the MCC or SAHPRA) must proactively and continuously publish information on the medicines that have been registered, submitted for registration; rejected and the reasons for these decisions. Having this information is undeniably in the public interest.
2. The SAHPRA must replace the MCC in 2014/2015. The PC must ensure that the SAHPRA has sufficient funding, strong leadership, and independence from industry and government. The SAHPRA must provide regular updates on the time it takes to register medicines in South Africa.



4. Community Health Care Workers



1. The NDoH must finalise in 2015/16 a National Community Health Care Worker Policy and CHW Training and Development Policy. The absence of a National Community Health Care Worker Policy and CHW Training and Development Policy must be addressed and coupled with broad strategic plans to establish a professional body headed by CHWs that can ensure that CHWs are incorporated into the public sector health workforce, remunerated in line with the scope of work they perform and, have access to quality training and skills development programmes.
2. It is important to note that in the absence of broad national policy there can be no adequate planning, budgeting and monitoring of the CHW strategy. We also wish to bring to the Committee's attention that when assessing the consolidated National and Provincial health budget for 2015/16 and the medium term that the NDoH throughout the budgets ensure that the allocation to CHWs in all relevant line-items is clearly stated. In addition, the Committee should request that the NDoH provide more detail in the 2015/16 Annual Performance Plan regarding the budgeted resources for employing and training CHWs across the provinces.
3. These policies and plans must be developed in consultation with community health care workers as well as civil society stakeholders and broader public in a manner that is participatory and actually incorporates what CHWs, civil society organisations and public recommend into the objectives, plans and targets of the NDoH.

HIV POSITIVE

Is South Africa winning?

Taking stock of the response to children, PMTCT, adolescents, prevention, treatment, retention in care, TB, palliative care, pain control...

TAC + SECTION27
RESIST + ACCOUNTABLE
advocates for social justice

5. HIV and AIDS

1. We recommend that the Committee ask the NDoH to publish more regular and more detailed indicators of the state of the HIV treatment programme. These regular updates must include viral suppression rates by province, district and health facility.
2. We recommend that the Committee ask the Minister what steps he will take to ensure that every person on the antiretroviral treatment programme in South Africa gets the annual viral load test that they are supposed to get in terms of national and WHO guidelines.
3. We recommend that the Committee engages the Minister on his department's plans for addressing the high rate of loss to follow up in the HIV treatment programme at the provincial and district level.
4. We recommend that the PC engages the Minister on the progress toward an electronic health records system with unique patient identifiers. Such a system would allow for better continuity of care between different facilities and between facilities and prison. In our view it is not necessary to wait for the Department of Home Affairs to introduce identity cards before this can proceed.
5. We recommend that the committee seriously considers and engages with the Minister on the question of access to condoms and comprehensive sex education in schools. This discussion must be informed by the extremely high infection rate in young women.



6. Tuberculosis

Drug Resistant -TB

1. We recommend that the Committee request the NDoH to provide regular updates of the progress in decentralisation of DR-TB care. While implementation is being done by provinces, the NDoH is ultimately responsible and there must provide oversight and direction.
2. We recommend that the Committee call on the Department to engage with provincial health departments to ensure commitment to implementing the national response to MDR-TB. Where necessary, the NDoH should indicate what budgetary resources should be earmarked and/or ring fenced for addressing MDR-TB in the provinces.
3. We recommend that the Committee call on the NDoH to publish the provincial operational plans as the pertain to MD-TB treatment and prevention with annual progress reports on implementation.

TB AND HIV in PRISONS

1. We recommend the NDoH undertake a baseline survey on the prevalence of TB in prisons. We recommend the Committee request the NDoH on an annual basis provide an incidence report to evaluate the current TB strategy and monitor the extent of the TB epidemic within South Africa's correctional facilities.
2. The NDoH must play a greater role in ensuring the problem of TB in prisons is effectively addressed. We recommend that NDoH in collaboration with the Department of Justice and Correctional Services (DJCS) and the JICS to identify the main barriers to access healthcare services and develop an appropriate strategy for ensuring sufficient health care personnel and security officials to ensure inmate's right to health.
3. As a matter of urgency, the NDoH needs to convene a joint sitting with the DJCS and Department of Public Works to develop an emergency response plan that targets ventilation and overcrowding within the correctional facilities. The plan should prioritise, as a matter of urgency, the most overcrowded prisons. To curb the TB epidemic in South Africa it is crucial that there is a coherent plan in place to address the main factors that are fuelling the transmission of this infections disease in South Africa's prisons and correctional facilities.



7. CERVICAL CANCER

1. The NDoH must ensure better communication and public awareness of the HPV vaccine.
2. The NDoH must coordinate with the Department of Basic Education to ensure that school-going learners have access to means to protect themselves against sexually transmitted infections. The National Minister of Health has argued, in Parliament, that in order to support the NDoH's efforts the Department of Basic Education must facilitate the inclusion of a quality age appropriate sex and reproductive health education throughout the national curriculum as well as to ensure access to condoms where at schools facilities.
3. We recommend that the Committee support the National Minister's call and recommend that the Department of Basic Education support the NDoH's initiatives to ensure better sexual and reproductive health amongst school-going learners.



8. Emergency Medical Services

1. The National standards on emergency medical services that make provision for the services to be made available in provinces are urgently required to ensure the realization of the right not to be refused emergency medical treatment and the right to emergency medical services.
2. We recommend that the Committee to call on the Minister, as a matter of urgency, consider submissions on, finalize and bring into operation the Emergency Services Regulations published for comment on 24 July 2014.

News24
Breaking News. First
LAST UPDATED: 2014-10-14, 22:30

E-cigarettes - the slow way to poison yourself?
There is no safe way to suck a non-medical drug into your lungs. You didn't really think kicking smoking would be as easy as replacing it with an e-cigarette, did you?

News Opinion Business Sport Tech Motoring Travel Lifestyle Video

Eastern Cape dept: Ambulance abuse concerning

2013-10-29 11:25

Johannesburg - The Eastern Cape health department expressed concern on Tuesday at the "abuse of the ambulance fleet" after two ambulances were seen at a popular braai spot over the weekend.

"We are extremely concerned about the behaviour of some of our officials in the department," spokesperson Sizwe Kupelo said.

The level of abuse of the ambulance fleet was of concern.

Kupelo said a Daily Dispatch photographer spotted two ambulances at Ebuhlanti on the East London beachfront on Sunday morning, a spot where people braai and drink over weekends.

In a photograph published on the newspaper's website, one ambulance is parked under a tree, next to a braai with an open fire. The two front doors are open while a man stands nearby.



(Duncan Alfreds, News24)

9. Health and Gender-Based Violence

1. We recommend that the Committee call on the NDoH to show the political leadership necessary to drive the development of a fully-costed National Strategic Plan for Gender Based Violence (GBV-NSP).
2. We call on the Committee to hold public hearings on the development of a fully-costed National Strategic Plan for Gender Based Violence. The Committee would be playing a critical role in ensuring that there is broad public awareness and participation in shaping a national response to Gender Based Violence



10. National Health Insurance

1. We recommend that the Committee call on the National Minister of Health to table for public comment the White Paper on NHI as well as publish for public comment the document on the creation of the NHI Fund.
2. We encourage the Committee to call on the National Minister of Finance to table for comment the Treasury Financing paper on NHI.
3. The absence of policy at national and provincial level on the status of Health Committees must be addressed as a matter of urgency and coupled with planning and budgeting for the necessary resources(human resource support, training, operational costs and physical infrastructure as needed) for health committees to function optimally. In developing policy on health committees the NDoH must do so in consultation with state, civil society and community stakeholders in a manner that is participatory and responsive.
4. The NDoH must provide clear plans for how they will monitor better spending, value for money and performance of the National Health Insurance Indirect Grant during the 2014/15 financial year.

THANK YOU

- **Submission Compiled BY Thokozile Madonko, Marcus Low, Lieve Vanleeuw on behalf of the Treatment Action Campaign (TAC) and the Budget and Expenditure Monitoring Forum (BEMF)**

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