

# News bites

## International

### Easier treatment for oral yeast infection in people living with HIV

A new study presented at the 49th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy in San Francisco found that a small tablet applied daily has similar effects to multiple dosings of an antifungal pill. The tablet sticks to the gums and dissolves inside the mouth with few or no side-effects, presenting a new, simple way of treating oral candidiasis – an infection that afflicts up to 50% of HIV patients and up to 90% of AIDS patients.

## Africa

### Strengthening the will

Discussing the prospect of death is taboo in many African cultures, but a new Ugandan programme encourages people living with HIV to secure their families' futures by leaving wills. 'Orphans are often left behind, groping in the dark without knowing what they are entitled to,' said John Engole, a community social worker who has been teaching will-writing to people in the Uganda-Kenya border town of Busia. 'Many children are left to care for their siblings, but how can they do this from scratch yet no adequate protection was left behind for their parents' property?' The programme, part of the Regional Outreach Addressing AIDS project of the NGO, Family Health International, involves teaching will-writing skills, as well as giving older children the skills to manage their parents' property in the event of death. It also has a 'memory book' component, where parents are encouraged to record information, thoughts and messages for their children to read after their death.

## South Africa

### Health budget decisions may be violating Constitution

Several health-related budget decisions taken in the past financial year violated the Constitution, the National Health Act, the Public Finance Management Act and the Promotion of Administrative Justice Act. This is according to a group of activists, researchers, unionists, health workers and academics who have written letters to the ministers of health and finance, expressing

grave concern over budgeting practices within the public health system. These are having a dire effect on HIV/AIDS, including antiretroviral treatment and prevention of mother-to-child transmission (PMTCT) programmes. The group – the Budget and Expenditure Monitoring Forum (BEMF) – includes the Treatment Action Campaign (TAC), the Democratic Nursing Organisation of South Africa (Denosa), the National Education, Health and Allied Workers Union (Nehawu), the Southern African HIV Clinicians Society and the AIDS Law Project. 'In essence the group is concerned with preventing further treatment interruptions and moratoriums, moving towards achieving the NSP (HIV & AIDS and STIs Strategic Plan 2007 - 2011) targets,' said BEMF representative Mark Heywood. 'In a nutshell we are asking for a bigger health budget, including antiretroviral treatment, better management of health expenditure and proper monitoring and evaluation of the HIV programmes,' he said. In a letter to the health minister, Dr Aaron Motsoaledi, whom the group acknowledges did not contribute to the current state of affairs, the BEMF says that the moratorium on starting new patients on antiretrovirals in the Free State is an example of an unlawful decision. An estimated 30 lives were lost every day in the province as a result of the 5-month moratorium alone, not taking into account cutbacks to other services. Recent reports from the Free State indicate that there are still widespread medical goods stock-outs, including critical drugs for HIV and TB, unreliable access to PMTCT services, waiting lists for antiretroviral therapy initiation, and failure to buy the volume of drugs agreed upon.

### Gordhan says Motsoaledi needs financial support for his plan to succeed

Finance Minister Pravin Gordhan said he would commit new money to the Department of Health when he delivers his medium-term economic framework this October. 'There is actually no doubt that the health system has suffered as a result of many decisions that seem to have been made,' Gordhan told reporters before submitting the latest provincial budget review to the National Council of Provinces. 'But we have an energetic minister of health, who is very determined to ensure that we strengthen the health system, that we strengthen the hospital system, that we deliver antiretrovirals

on time and, more importantly, lay the platform for national health insurance to come in,' he said. Gordhan gave no details of the controversial plan to introduce a compulsory national health insurance scheme as early as June next year. According to the still vague details released, mainly by the ANC, everyone will be required to pay into a central insurance scheme, and anyone will be entitled to seek treatment in a hospital – public or private. The provincial budget review, published every second year, analyses spending in all 9 provinces and highlights developing and inherited challenges. The report said despite allocations to health increasing at an average of 4.8% per person a year since 2005, the system remained 'hamstrung' by:

- the burden of HIV and TB 'not being adequately prevented'
- slower than expected progress in decreasing child and maternal deaths
- 'weaknesses in governance and accountability procedures'

Total spending on health by national and provincial governments is set to rise from R83.8 billion this year to R101 billion by 2011. The budget for HIV prevention and the treatment of people with AIDS will grow from R1.7 billion in 2005 to R5.9 billion in 2011.

Gordhan said health minister Aaron Motsoaledi 'wants to very quickly ensure that those dysfunctional parts of the health system that South Africans have to contend with, day by day, are put right as quickly as possible'.

'We are working with him to ensure that he has the financial support,' Gordhan said.

### Hospital's new wing 'one of a kind'

Western Cape Health MEC Theuns Botha says the new state-of-the-art operating theatre complex, known as the Lolo Wing, at the Red Cross War Memorial Children's Hospital, is one of a kind. The MEC opened the complex last month. The R125 million facility consists of 8 fully equipped theatres, a new cardiac unit and a pain management centre. Botha described the new complex as a 'landmark' that could not be duplicated easily. 'We can't have many of these and this is world class. The best equipment in the world run by the best people in the world. We are extremely fortunate to be part of this project.' Botha said he was pleased the facility would allow

them to train new doctors. 'This is placing training in a totally new dimension, with a decentralised facility able to broadcast it to any place in the world and therefore to any place of lecture in the province and the country.'

### **Ambitious NHI timeline leaves little space for public comment**

Government has published an ambitious timetable for preparing health institutions for the National Health Insurance (NHI) scheme, itself due for legal enactment in June next year.

With cabinet due to discuss an NHI policy document at the end of October (after refinement by a 24-person expert task team), gazetted requirements are that draft proposals be submitted to the health minister 'within 3 months of cabinet policy approval'.

This would leave task team chief, Dr Olive Shisana, and her team toiling through the festive season to elicit what she has promised will be wide-ranging and 'sufficient' public input as her experts begin incorporating the most pragmatic refinements.

Shisana told *SAMJ's Izindaba* that she expects the refined draft proposals to be ready for Motsoaledi 'around February'.

'The parliamentary recession will actually give us time to work – most of the debates go to the Standing Committee on Health which can meet if anything urgent comes up,' she said.

The *Government Gazette* establishing her national health insurance advisory committee says finalisation of the NHI 'system implementation plan proposal, including transitional arrangements' must be complete by June next year.

'What I know for sure is that by June we're expected to finish the entire proposal for legislation to begin,' she added.

She scotched claims that a 5-year NHI implementation plan was unrealistic and that the public health care system was woefully unprepared to bear the burden.

'This country already has introduced universal access to primary health care, we have an essential drug list being updated as we speak, we're opening up our nursing colleges, increasing uptake at medical schools, hiking salaries to attract doctors to do sessions in the public sector and recruiting nurses and doctors from other countries.'

She said health minister Aaron Motsoaledi was addressing the working environments of health care professionals, introducing a quality improvement plan for facilities by, among other things, replacing incompetent or under-qualified managers.

She pleaded for public input to the NHI proposals.

'Anyone with ideas or thinking that will help us to end this unacceptable inequity of access to health care must please engage with us. We ended apartheid but not health apartheid which continues along the lines of who has money and who doesn't. If we want to thrive as a country, we need a healthy population, rich and poor,' she stressed.

The NHI is the most far-reaching health reform since the abolition of segregated health services after 1994. It aims to establish a single pool of money to finance health services based on compulsory individual contributions and an allocation from general taxes.

Government's ambitious timeline sets out a multitude of tasks that need to be completed between now and July to prepare for the NHI.

These include immediate measures to improve infection control and patient waiting times, a Human Resources Plan for Health by October, and reversing the decision taken during Thabo Mbeki's presidency to close nursing schools and colleges. The department wants these opened in time for the 2010 academic year. Health facility managements are to be decentralised down to hospital managers or CEOs with 350 of 400 CEOs given 'written delegations'.

March is crunch month for the NHI, and the list of deadlines is ambitious. It includes:

- Implementing a 'quality improvement plan' for 18 priority health districts with 1 000 out of 3 818 public health facilities implementing measures covering safety, infection prevention and control measures, waiting times and cleanliness.
- Finalising plans for the creation of 'auxiliary personnel' to address acute staff shortages.
- Developing a 'framework for task shifting' for all categories of health professionals to enable more efficient delivery in the midst of the staffing crisis.

- Evaluating the district health system and primary health care and reporting back to Cabinet.
- Refurbishing all health facilities.

Government also aims to meet the very specific goals of the National Strategic Plan on HIV/AIDS by March.

### **High maternal and child deaths 'not acceptable'**

About 60 000 children under 5 die in South Africa every year. Many women die from pregnancy- or childbirth-related complications, often exacerbated by HIV. The health department wants to change the pattern.

The number of women and young children who die in South Africa is incomprehensible, given the resources that the government has invested in health care compared with other countries with similar or weaker economies. Predictably, the mortality patterns vary by provinces. For child mortality, the Eastern Cape, KwaZulu-Natal and the Free State have by far the majority of deaths. Gauteng, the Northern and Western Cape contribute the least share of the 60 000 children who die between the ages of 1 month and 5 years. Deaths are 'due to different reasons, but malnutrition and HIV/AIDS are the key underlying causes,' according to Dr Neil McKerrow, chairperson of the ministerial review committee on child mortality.

'The children are dying of common, preventable diseases, and if we interrogate this a little bit further, the underlying factors giving rise to child mortality are twofold in terms of pathophysiological processes. About 60% of children who die are malnourished and well over half of them are HIV infected, and this 50% of HIV-infected children are those whom we know are HIV infected. There's a proportion of the remainder in whom we suspect, but we haven't confirmed this fact, and then on top of that we've got gastroenteritis, acute respiratory infections, tuberculosis and sepsis,' says Dr McKerrow.

South Africa is one of a few countries in the world where child mortality continues to increase. We are also not doing well to prevent maternal mortality due to pregnancy or childbirth. As a result, just under 2 000 women die in South Africa annually.

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