

International

Global Fund – additional funding

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) estimates that about R16 billion in additional funding will be available over the next two years. A statement released in Geneva recently said the new forecast was a result of 'strategic decisions made by the Board, freeing up funds that can be invested in countries where there is the most pressing demand'. It added that the Board had adopted a plan to transform the Global Fund, leading to improved financial supervision and overall efficiency. In the past the Global Fund has come under criticism for the long delays in paying promised money to successful bids, leading to many organisations such as South Africa's Treatment Action Campaign coming close to closing shop.

'This forecast is better than expected and it comes from the fantastic response we are getting to our transformation,' said Gabriel Jaramillo, who became General Manager of the Global Fund in February. Jaramillo was due to report to the Global Fund Board on the sweeping reorganisation with the aim of radically improving management. The statement said renewed confidence in the effectiveness of the Global Fund had led to new donations from some countries and accelerated donations from others. Since its creation in 2002, the Global Fund has become the main financier of programmes to Fight AIDS, TB and Malaria, with approved funding of R220 billion for more than 1 000 programmes in 150 countries. To date, programmes supported by the Global Fund are providing HIV treatment for 3.3 million people, anti-TB treatment for 8.6 million and 230 million insecticide-treated bed nets for malaria prevention. The Joint United Nations Programme on HIV/AIDS (UNAIDS) urged the Global Fund to continue leveraging more funds to save lives. The volatility of money available for the Global Fund has slowed the provision of HIV prevention and treatment services, UNAIDS warned. It urged the Global Fund to make the extra resources available to countries as quickly as possible. Médecins Sans Frontières (MSF)/Doctors Without

Borders welcomed the news. 'It's very good news that the Global Fund is re-opening for business. Now we can stop wasting time, which is the most precious resource in this fight against HIV, TB and malaria, because wasting time is wasting lives. The new funding window at the Global Fund needs to be opened as soon as possible, be as big as possible, and be open to all affected countries to support treatment scale-up. Now is not the time to be conservative and keep money in the bank that could go toward getting life-saving pills into peoples' bodies,' said Sharonann Lynch, HIV/AIDS Policy Advisor, MSF Access Campaign. It remains unclear whether the Global Fund Board will agree to use what's available, at least in the short and medium term for a new funding window, and open this as quickly as possible. Also at stake is whether the Global Fund will select specific countries and interventions to fund, which would be straying from the norm of country-driven and needs-driven open calls for proposals. (*Health E-News*)

Africa

Fake/low-quality drugs driving drug resistance

Low-quality and fake anti-malarial drugs flooding into markets in Asia and Africa are driving drug resistance and threatening gains made in the fight against the disease in the past decade, according to a study by global health experts. The study found that around 36% of anti-malarial drugs analysed in southeast Asia were fake, while a third of samples in sub-Saharan Africa failed chemical testing because they contained either too much or not enough active ingredient. The researchers said the problem might be even bigger. The emergence of resistance to artemisinin drugs – currently the most effective treatment for malaria – along the Thailand-Cambodia border, has already been documented. 'Despite a dramatic rise in reports of poor-quality anti-malarial drugs over the past decade, the issue is much greater than it seems,' Gaurvika Nayyar, of the Fogarty International Center at the US National Institutes of Health, wrote in a study in the *Lancet Infectious Diseases* journal. 'Most

cases are probably unreported, reported to the wrong agencies, or kept confidential by pharmaceutical companies.' More than 3 billion people worldwide are at risk of malaria, a mosquito-borne parasitic disease which kills around 650 000 people a year, most of them babies and children in Africa. Nayyar said many of the deaths caused by the disease could be avoided 'if drugs available to patients were efficacious, high quality, and used correctly'. (*Reuters*)

South Africa

Gems may ingest small schemes

The decision by the independent appeals board for medical schemes that the Government Employees Medical Scheme (Gems) could no longer pick and choose which government employees it accepted as members, could see more small schemes vanish, hastening consolidation in the industry, health experts say.

The Council for Medical Schemes (CMS) recently announced that the independent appeals board had ruled that Gems must comply with legislation and accept any and all individuals or groups that wished to join the scheme, as long as they were employees of the government or of a public entity or were previously employed by these organs. The independent appeals board has recently made several milestone rulings on cases where the CMS and schemes clashed. These include a ruling made last year that obese people could not be denied joint replacement surgery. The board looks at appeals made by schemes on rulings of the CMS. It arbitrates between these two bodies.

In 2009 Gems amended its eligibility requirements for becoming a member to exclude major public enterprises and employees of municipalities or other local government departments, administrations, organisational components and agencies. Mariné Erasmus, a healthcare economist from Econex, said that if more people were to join Gems now, there could be some effect on the smaller schemes where the people migrating to Gems might have been members before. 'The trend of smaller schemes consolidating with the bigger ones

should, however, continue, irrespective of this decision,' she said.

Unpaid bills plague health departments

Despite assurances by provincial health departments that their suppliers are being paid, hospitals in Gauteng and Limpopo continue to run short of life-saving medicines. Most operations across Limpopo were cancelled in May because many hospitals ran out of theatre masks, gloves and sutures, in addition to oxygen, and asthma and heart medicines.

Limpopo health MEC Norman Mabasa admitted that the shortage of gloves and sutures across Limpopo was because suppliers had not been paid. He said the R68 million that Limpopo owed suppliers was in the process of being paid. Gauteng health department's acting chief financial officer, Abey Morokoane, said it had settled its debt to medicines and food suppliers by paying R1.5 billion, but it still owed 'a lot of money'. He said critical supplies, food and equipment debts would be paid by mid-May.

The SA Medical Device Industry Association's Tanya Vogt said nothing had improved since October, when the association announced that 35 of its members were owed hundreds of millions of rands. The Gauteng health department owes the association's members about R217 million. In his budget speech in Parliament in early May, Health Minister Aaron Motsoaledi promised to end the problem of unpaid medical suppliers. At the time Gauteng hospitals were short of diabetic, chemotherapy and heart medicines. Gauteng health department's most recent quarterly report showed that only 64%

of all essential medicines were available in hospitals from January to March. 'The aim is to have 98% of all drugs ordered for hospitals available,' said DA Gauteng health spokesman Jack Bloom. '[About] 36% of all essential drugs are not available.' National Health Department spokesman Fidel Hadebe said Motsoaledi's hands were tied and that provincial departments ran their own budgets and ordered their own medicines. 'The minister cannot take over provincial budgets,' Hadebe said. 'The minister meets health MECs every two months and asks them to improve financial management and make sure hospitals have all the necessary essentials.'

Daygan Eagar, a researcher for NGO Section 27, said the unpaid supplier problem was more than administrative and had to do with a shortage in funding. He said health departments constantly shifted money from supplier budgets to meet growing staff costs. 'Health departments do not adequately budget for the above-inflation increases of staff salaries awarded each year.' Gauteng health department was allocated R13.18 billion for salaries in the 2011 - 2012 financial year but spent an estimated R14.22 billion. 'This kind of thing happens every year,' added Eagar.

'Lying' doctor must pay up for surgery

A Cape Town gynaecologist denounced by a judge as an 'outright liar' has been ordered to pay more than R400 000 in damages and medical expenses to a patient he sterilised without her permission eight years ago. The Cape Town High Court found Omar Faried Pandie had breached his duty as a professional in sterilising mother of four Rethaan Isaacs in 2004.

Pandie's conduct constituted assault and there was no clinical indication for him to perform the sterilisation after she had given birth by caesarean section, the court found. He was ordered to pay Isaacs R410 172 for damages and also to pay her legal costs. Isaacs, who was 33 at the time, had contended she repeatedly told him she did not wish to be sterilised. She testified that the first time she realised Pandie had sterilised her was when a theatre nurse held up a jar and shook its contents. She was left in tears and deeply shocked, she testified. Pandie had testified he did not take written consent from the patient in hospital and did not check whether a consent form was signed by the patient, Judge Monde Samela said in his judgement in early May.

An expert who testified in the case had pointed out that Pandie's clinical notes were not signed and dated, and that some pages in his notes were doctored afterwards. Inconsistencies exposed during Pandie's cross-examination led to the conclusion that he was an outright liar, Judge Samela said in his judgement. 'The defendant in my view was very economic with the truth and consequently failed to impress me as an honest and credible witness,' the judge said. Isaacs's lawyer, Igshaan Higgins, saluted her 'bravery' and said the judgement was a clear message to health professionals to ensure they checked their documents. Isaacs's victory was an indication that women could and should use the law to defend their rights, he said. 'She had no resources, but she persisted despite all the difficulties she experienced,' Higgins said.

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