

News bites

International

Gastric band customers score half price

Restaurants in Campinas, São Paulo, will face fines if they don't offer a 50% discount to customers who have undergone a gastric bypass surgery. The local government has decided that gastric band patients are entitled to cheaper eats. The *Telegraph of London* reports that Campinas restaurants must offer gastric band patients a 50% discount, or risk facing fines. (The rules don't apply to buffet restaurants.) Of course, the onus is on the patient to prove that they really do have a gastric band: they'll have to produce a medical report or doctor's statement to be entitled to the meal discount.

Condoms – coming to a hut near you

India will begin door-to-door distribution of condoms and birth control pills to villagers nationwide this year, following the success of a limited launch in select districts, the *Times of India* reports. The programme was initially launched in 233 districts of 17 states and became a roaring success in a year, helping women get access to emergency contraceptives and oral pills right at their doorstep.

Africa

Uganda the most corrupt East African state

Uganda's health sector is the most corrupt in the East African region, a report released by the Inspectorate of Government (IGG) says. Released to mark International Anti-Corruption Day (9 December) last year, it says the sector is fraught with bribery and absenteeism, effectively undermining the population's health and realisation of the Millennium Development Goals. The report also says there were indicators that bribery remained high in the water sector, obtaining permits for investments, in the police force and in the judiciary between 2008 and 2012. Uganda's bribery prevalence rate in medical services is more than three times that of Kenya and almost twice that of Tanzania. Bribery in the health sector is also significantly higher than that in the education sector. 'Having a high rate of bribery introduces inefficiencies, unfairness, discrimination and unlawfulness in a critical component of the state's responsibility of providing services and care for its population,' the report said. 'Quiet corruption



in the healthcare sector is widespread. Health workers absenteeism is highest at health centre III facility level and has since increased from 46.2% in 2009/10 to 51% in 2010/11,' it added. It also says Rwanda's bribery rate of 0.1% sets a good example to its East African neighbours and suggests that the fight against corruption and bribery can be won. The IGG's Justice Irene Mulyagonja, says the report was compiled using secondary data collected by the Economic Policy Research Centre, a data tracking mechanism on behalf of the inspectorate.

South Africa Health shambles

Gauteng premier Nomvula Mokonyane admitted in December, after months of excuses, that the health department in South Africa's economic hub had lost control of its finances. The provincial treasury will step in to clean up the mess. The health department's struggle for years to manage its finances has resulted in patients dying while waiting for essential treatment.

Admitting the department faced 'persistent challenges,' Mokonyane announced that treasury officials would work with the department to build 'transparent financial management.' An administrator has already stepped in. The National Treasury intervened a year ago and brokered agreements with health and finance MECs to fix financial problems in the health department. National Treasury was meant to assist with supply chain management difficulties. Mokonyane's announcement comes almost four months after the Special

Investigating Unit recommended (in an interim report to parliament) that R16.5-million be recouped from corrupt former senior Gauteng health officials.

The SIU was investigating R1 billion tender fraud involving 10 transactions in the department. In spite of the high-level interventions, problems persisted. Gauteng health has made headlines in the past year for consistently failing to pay suppliers. Mokonyane admitted the department owed money to 883

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suppliers. The vice-chairman of the South African Medical Device Industry Association, Jeff Hampton, said suppliers are owed millions. 'Despite promises made at a meeting some months ago at the public service commission, subsequent meetings had not transpired. Some debts run back three or four years,' he said.

The intervention is allowed under Section 18 of the Public Finance Management Act. It allows provincial treasuries to investigate financial management and internal controls and to withhold funds to address serious breaches. The decision to bring in 'high-level expertise' was made at an executive council meeting of the Gauteng cabinet early in December. The administrator would work with teams in the department to deal with challenges in hospital management, human resources, financial management and communication.

One of the most recent scandals involving the department was a severe shortage of medical staff at Johannesburg's Charlotte Maxeke Hospital. Understaffing across almost the entire hospital had been caused by frozen posts and the repeated failure by provincial officials to respond to pleas by senior doctors for more skilled medical personnel. Health MEC, Hope

Papo, said his department was continuing to fill critical posts at all hospitals in Gauteng. Finance MEC Mandla Nkomfe said the health department had sufficient funds to pay its bills. However, Section 27 researcher and health services monitor, Dayan Eagar, observed dryly: 'They say that every year – what happens is that each year the department starts out with money owed to service providers from the previous year. Because it has not taken old debts into account in its new budget, it has to pay previous years' debts from current funds.' The health department needed a budget that took debt from previous years into account.

Even as Mokonyane made her 'bold' announcement about transparency, both she and Papo avoided answering questions about the release of a forensic report on the management of the medicine supply depot in Auckland Park, Johannesburg. Papo promised that doctors and nurses would not be affected by cuts in overtime pay.

AIDS drugs cut SA's maternal death rate

Maternal deaths are falling for the first time in a decade, primarily because of the government's increased provision of AIDS drugs, according to research by the Department of Health. The National Committee for the Confidential Enquiries into Maternal Deaths found that the institutional maternal mortality ratio fell almost 16% year on year to 156.5/100 000 live births last year. This was down from 186/100 000 in 2010 and 189/100 000 in 2009. The total number of institutional maternal deaths – which include women who die during pregnancy, labour or within 42 days of childbirth – was 1 466 last year, down from 1 646 in 2010 and 1 766 in 2009. These preliminary findings are broadly consistent with a report the Medical Research Council (MRC) published in October.

The MRC found that AIDS drugs had led to significant improvements in life expectancy, and infant and child mortality between 2009 and last year. 'It is good news,' said Yogan Pillay, the Department of Health's deputy director-general for HIV, tuberculosis and maternal and child health. 'The key thing that changed is that in April 2010 we changed the eligibility criteria for pregnant women to get AIDS drugs and put them on treatment earlier.'

Maternal deaths attributed to non-pregnancy-related infections such as pneumonia and tuberculosis, which are largely because of HIV, fell to 191.6/100 000 live births last year, down from 267/100 000 live births for 2008 - 2010. Despite these improvements, it was unlikely that South Africa would meet its commitments to the United Nations Millennium Development Goal of reducing maternal mortality by three quarters between 1990 and 2015. But Dr Pillay said the government was determined to reduce maternal deaths. 'Our target still remains (the millennium goals). It may not be possible in many places, but we have not given up.'

University of Cape Town demographer, Rob Dorrington, said the committee's reports did not reflect the full picture of maternal deaths in South Africa. They only collected information on women who died in hospitals and community health centres. Southern African HIV Clinicians' Society president, Francesca Conradie, said the committee's interim report showed that maternal deaths were now more a result of poor obstetric practices than HIV infection.

Doctor fired for fleecing patient of R3 000

A doctor has been fired from Chris Hani-Baragwanath Hospital on the grounds that he charged a pensioner R3 000 for an operation normally performed free at public health facilities. The Gauteng department of health said yesterday the pensioner consulted Dr D Soma at a private clinic but that the doctor removed the cataract at the state hospital.

In an unrelated matter, five operations at Chris Hani-Baragwanath had to be cancelled because the doctor concerned had failed to turn up because he was allegedly working at a private hospital. The department said it was investigating the allegations.

The police are also investigating four pharmacy employees who allegedly stole medicine from the hospital. One of them was said to have been caught trying to smuggle R200 000 worth of medication through the hospital gates. Another pharmacy assistant and a pharmacist were being investigated for allegedly handling medicines improperly.



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'A clerk has taken his case to arbitration after being dismissed for allegedly defrauding members of the public by promising them employment at the hospital,' the department said. It was alleged that the man had accumulated R398 000 through the scam.

Yellow fever checks to resume soon

Checks for yellow fever at Lanseria and OR Tambo international airports, halted due to a labour dispute, will soon be reintroduced, the Gauteng health department said last month. The checks were stopped because staff conducting them refused to work, claiming they had not been paid overtime and night-duty allowances. The department said it was making money available to correct this and was also going to introduce a shift system to ensure there was no recurrence of the problem. 'The department assures the community that this matter will soon be resolved and apologises profusely for any inconvenience caused during this labour dispute,' it said.

Yellow fever is a virus which is usually transmitted via mosquitoes. About 30 000 people a year die of the virus, most of them in Africa. There is no specific treatment. According to a 2011 document on the national health department's website, there is a risk of the disease being introduced into South Africa. Democratic Alliance health spokesman Jack Bloom said that the checks were being neglected at the two airports. Bloom said the Gauteng health department was failing to protect citizens from exotic diseases carried by those entering South Africa.

Healthcare has a poor prognosis

The majority of South Africa's doctors believe the country's healthcare system does not have a bright future, but many are willing to help improve it, according to a survey of medical practitioners by health publication *Medical Chronicle* and independent health consultancy Life Choice late last year.

The first Annual Provider Medical Attitude Barometer Survey received more than 1 200 unique responses on a variety of topics and depicts the perceived state of healthcare in the country. It said attempts by the government and third-party role players to regulate the industry were tarnishing practitioners'

views on the future of the health sector. Most practitioners (56%) who responded did not support government's concept of National Health Insurance (NHI). The results showed practitioners feel strongly that the government's focus should be on fixing up state facilities that are largely ineffective.



Only 4% of respondents agreed with the view that the government should be focusing on the NHI instead of fixing up the state sector, while only 9% agreed that state facilities in their area provided an acceptable service. Earlier, Health Minister Aaron Motsoaledi said that collaboration with the private sector was vital for the success of the NHI. Dr Motsoaledi signed a 'social compact' with the private sector at the time, which he described as a historic step towards closer collaboration between the government and private enterprises. 'Rebuilding confidence in the public health sector for the full, successful implementation of the NHI system is of utmost importance for our country,' he said.

Last year the Treasury said it expected to publish its discussion document on financing options for the NHI before February's budget. The survey showed only 12.4% of respondents strongly agreed or agreed with the statement that South African health had a bright future. Respondents were only slightly more optimistic about the future of their chosen discipline. However, despite a negative view

on the future of health, only 8% disagreed or strongly disagreed with the statement that they would always practise medicine in South Africa, with the majority indicating that they were likely to stay in the country. There was no age bias in this view, and most respondents indicated that they found their work rewarding and psychologically stimulating.

Medical schemes were seen in a negative light by practitioners, who indicated that they were unconvinced that the schemes had members' interests at heart. There were also strong views that managed care had been ineffectual in containing costs and that schemes were ineffectual in managing their non-healthcare costs.

Respondents indicated that legislative requirements and managed-care red tape undermined their ability to focus on patient care. While most respondents said they were not well paid, 66% of specialists indicated that they thought general practitioners (GPs) were not well remunerated, while only 21% of GPs felt that specialists were not well remunerated.

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