

Administrative

- Apologies: Sello Mokhalipi (FS Coalition), Mark Blecher (Treasury), Brian Brink (Anglo), Harry Moultrie (ECHO), Susan Cleary (UCT HEU), Alex van den Heever, Sharon Ekambaram(MSF)
- Also invited: HSRC, DENOSA, COSATU
- Minutes, reports and public correspondence are placed on web page
- Google Group – Please sign up:
 - Budget.Expenditure.Monitoring.Forum@googlegroups.com (caps and full stops are voluntary as with all google email addresses)

Update on BEMF-related activities

- Web page: www.tac.org.za/BEMF
- Interactions with Department of Health
- Interactions with Treasury
- Question and Answer in Parliament
- Database of programmatic incidents
- Letter to Parliamentary Health Comm.
- Pamphlet (Thanks to Brian Honermann)

A key objective

- **ARV tender and treatment guidelines** that meet these criteria:
 - Caters for once-daily fix-dose combination tenofovir containing pills as well as abacavir and new paediatric formulations that might emerge.
 - Properly planned so that enough ARVs to cover demand (or at least health system capacity)
 - Sufficient funds from conditional grants, provincial AIDS programmes and donors to cover the cost of HAART, PMTCT and PEP.

Issues affecting this objective

- Threat to PEPFAR, GFATM and other donor funding
- Poor M&E in DOH (ARVs and Personnel)
- OSD (EC broke ...)
- Lack of technically able staff in DOH and no DG
- Poor management at provincial level both in treasury and health departments.
- Lack of Parliamentary oversight
- MCC
- Guideline delays (HIV but also TB etc)

M&E: The AG report

“Material non-compliance with applicable legislation - Division of Revenue Act (DoRA) - Although the department has a control framework in place to monitor the respective conditional grants to the value of R14,028 billion transferred to the provinces, the department failed to consistently adhere to the framework.”

-- AG report for DOH, yr ending March 2009

“The monitoring of applicable conditional grants through quarterly visits and physical inspections by the department was inadequate due to capacity constraints.”

-- Ibid

“Inadequate evaluations of information provided in the provincial reports due to unexplained differences, errors and omissions that were identified during the audit. These were neither explained by the provinces nor investigated by the department. Subsequently, the non-compliance of grant conditions could not be caught in time.”

--Ibid

- And so on ... (Thanks to Suzana Pramanik for assistance.)

Parliament

"The Chairperson, in his opening remarks, noted that the Money Bills Amendment Procedure and Related Matters Act was beginning to impose certain limitations on the Committee and Parliament as a whole. The Committee was constrained by insufficient time to engage on the matters before it and this was particularly pertinent to the limited time available for public participation. The tight time frames had also put constraints on the organisations submitting to Parliament. He suggested that the Task Team on the Implementation of the Money Bills Amendment Procedure and Related Matters Act address these challenges."

Minutes, PC on Finance, 9 November 2009 (source: PMG)

A lost opportunity (1)

- 27 Oct: MTBPS tabled in Parliament (R900m extra given to ARV programmes)
- In terms of the Money Bills Act the Standing Committee on Appropriations considered:
 - Spending priorities for next 3 years;
 - Division of revenue in govt for next 3 years;
 - adjustments to conditional grants.
- Health and several other strategic depts invited.
- People's Budget Coalition invited

A lost opportunity (2)

- PBC did not attend!
- BEMF didn't attend (my fault – we should have)

One of the key budget priorities for the medium-term, In line with the State-of-the-Nation Address, is improving the provision of quality health care. Government will strive to improve State performance with specific regard to the delivery of services to the poor. In the light of the current budget pressures, the Committee is of the view that limited resources should be utilised to produce maximum output, without compromising the quality of services. The fiscal framework makes an addition of R78 billion to the baseline budget. A substantial share of this budget is allocated to provinces for health and education. This increase in provincial baselines is intended to finance health and education for salary increases as well as the Occupational Specific Dispensation (OSD). Further resources are allocated for antiretroviral treatment.

– Source: Report of the SCOA (taken from PMG – thanks to Suzana Pramanik

On the Free State

- R2b under expenditure on entire FS budget (not just health) for yr ending March 2008.
- Could this not have been channelled to the ARV programme during the moratorium?
- We have the FS IST report and it is very troubling.
- We have no other IST reports.

MCC

- There is no MCC. The current council's term expired end of January. New one has not been appointed.
- One of the AG qualifications specifically deals with the MCC. R29.7m unreconciled because of systems problems in the DOH.
- If we are to get the drugs we need, we need a functional MCC.

Next BEMF

- Provisional date: 21 May
- Will convince treasury to address us
- Focus on Health and Education budgets

- Thanks to Sue Niekerk, Mpho Maledimo, Ella Scheepers, Brian Honermann, Aga Wlodarski & Suzana Pramanik

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Ideas:

- * IST Reports
- * Immediate team to determine extent of OSD crisis and what can be done about it
- * Formal treatment guidelines process
- * Community representation in process (but not tokenism)
- * Civil Society Response to deal with broke provinces