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TAC Electronic Newsletter

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TAC and the Coalition Against Public Health Cuts to hold mass community meeting in Khayelitsha

Health services in the Western Cape and specifically in Khayelitsha continue to fail to meet the enormous health needs of its people. The terrible queues, unacceptably long waiting times for hospital beds and delayed operations have been highlighted in recent months. They depict an ongoing life and death crisis in health care.

For some years, the Department of Health in the Western Cape has promised the people of Khayelitsha a new hospital. This promise was welcomed as the need for additional centres to relieve the tremendous pressure on existing hospitals is urgent. However, we have still not seen any evidence that this hospital will be built now or in the near future.

Instead, the Department has cut the budgets of Groote Schuur and Tygerberg hospitals (total R56 million). These hospitals belong to the people of Cape Town and are used primarily by the poor of this city. People from Khayelitsha depend on these services and form a high percentage of the patients in these two hospitals.

We are inviting the Department of Health to our meeting to:

- inform us of progress on the building of the Khayelitsha Hospital,
- explain why community, trade union and health worker protests against the budget cuts at tertiary hospitals have been ignored and
- address the staffing crisis in our community clinics.

Here are the details of the meeting:

Date: Wednesday 27 April 2007
Time: 15:00
Venue: Site B Community Hall, Khayelitsha

Contacts:
Vuyiseka Dubula 082 763 3005
Lydia Cairncross 082 786 7014

[END OF KHAYELITSHA MEETING]

Accessing life-saving medical technologies for HIV: What needs to be done?

Here is the final version of a paper originally presented to the South African Human Rights Commission South African Human Rights Commission on 30 May 2007. It was also made available at the South African AIDS Conference in Durban in June 2007. We hope that activists, people with HIV and clinicians will urge government to carry out the paper's recommendations.

Abstract of the paper

The state has a constitutional duty both to increase access to safe, effective, quality medical technologies that prolong or improve life and to protect the public from unproven or dangerous ones. The state is failing to do this adequately for the HIV epidemic. This article explains the structure of the institutions responsible for these tasks and describes some of the critical medical technologies for managing the HIV epidemic that are not being made sufficiently accessible. It also identifies unproven and probably illegal medical interventions that are being marketed with impunity because either the state is not taking action to stop this marketing or it is actively colluding with such activities. The institutional framework for achieving the correct balance for medicine access appears to exist, though there is a shortage of staff in some of these departments. A key cause of the problem appears to be lack of political will. A commission of inquiry is needed to determine what must be done to rectify the situation.

Authors: Nathan Geffen, Polly Clayden, Jonathan Berger, Gregg Gonsalves and Mara Kardas-Nelson

[END OF RELEASE OF PAPER]

Joint Civil Society Monitoring Forum (JCSMF) News

Launch of JCSMF website

The JCSMF has established a website. It contains lots of useful information, including:

- Antiretroviral drug prices (private, non-profit and public sector)
- Health facilities and doctors that treat people with HIV
- Information for people with HIV
- Updates on the implementation of the *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*
- Reports of JCSMF meetings and much

Go to www.jcsmf.org.za

The site is being continuously updated. We welcome feedback. Email hassanf@alp.org.za.

Statement from the 10th Joint Civil Society Monitoring Forum Meeting

Durban, Tuesday 5 June 2007

The meeting welcomed the participation of the Deputy Minister of Health, the most high-ranking official yet to address the Forum. The meeting further welcomed the frank and constructive discussions with the Deputy Minister and the Deputy Chairperson of SANAC, Mr Mark Heywood.

JCSMF supports the National Strategic Plan (NSP) and makes the following recommendations in relation to its implementation:

- The strength of NSP is that it was developed consultatively through democratic participation and partnership and this approach must continue in the process of implementing the NSP
- All stakeholders need to take responsibility to popularise, support the implementation of and monitor the NSP
- The NSP needs to be popularized not just as an AIDS Plan but also as a Plan that helps to strengthen the health system, extend social security and rebuild communities
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There is an urgent need to formalize the structure, create the capacity and ensure adequate resourcing of the South African National AIDS Council (SANAC), through mechanisms such as an operations centre, and programme implementation and monitoring & evaluation units, and to build and align SANAC to provincial and local government structures and local AIDS councils

- The success of the NSP ultimately depends on the extent to which it enables coordinated action at district and local levels.

Key immediate priorities noted during the meeting were:

- Urgent attention to human resources (HR) in the health sector, including identifying and addressing the factors underlying the current HR crisis, revision of the HR Plan, development of career pathways for Community Health Workers, and reviewing scopes of practice inhibiting implementation of the NSP

- Development of implementation Plans for the various aspects of the NSP

- Ensuring the adequate financing of the NSP through both government and the private sector. In the meantime, ensuring the adequate funding of existing plans produced at sub-national (provincial and local) levels, where these levels have demonstrated capacity to meet targets; and clarifying the relationship between the equitable share allocations and the HIV/AIDS conditional grant (through for example, developing benchmarks for unit cost of services)

- Greater visibility and prominence to the campaign to reduce new infections, in particular extensive use of the state-broadcaster.

[END OF JCSMF STATEMENTS]

- AIDS Denialism
- Health Finance
- HIV/AIDS National Strategic Plan
- Quackery

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