

# TAC Electronic Newsletter

By *moderator*

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## Letter by Achmat and Mthathi to Government Ministers on dismissal of health workers

12 June 2007

Per Fax (to follow by registered mail):

Ms. Geraldine Fraser-Moleketi  
Minister of Public Service and Administration  
(012) 336 1810 and (021) 465 5484

Dr. Mantombazana Tshabalala-Msimang  
Minister of Health  
(012) 325 5526 and (021) 465 1575

Mr. Pierre Uys  
MEC for Health, Western Cape  
(021) 483 4143

Dear Ministers,

### **URGENT APPEAL TO REVERSE DECISION ON DISMISSALS**

The Treatment Action Campaign (TAC) is appalled by yesterday's dismissal of public sector workers especially nurses because the dismissal further undermines the right to health caused by unfair service conditions for all workers in the health sector.

For example, the unfair and sudden dismissal of 41 health care workers from the Khayelitsha day hospitals has caused great disruption to the limited health services in the township which serves more than 500 000 people. Of the dismissed Khayelitsha nurses, 30 are workers from one facility, the Site B day hospital. The rest are from Michael Mapongwana and Nolungile Community Health Centres (10 and 1 worker dismissed respectively).

The Department of Health of the Western Cape had announced the immediate dismissal of 75 health workers in the province. That decision in itself was sustained on poor arguments given the current climate of a legitimate strike of

civil servants and the ongoing negotiations between unions and the government. But it is completely disproportionate that more than half of the health workers dismissed are serving the same population, and most of them, the same facility.

The list of workers targeted does not follow any rationale that will be sustained in court, which proves that there has not been any proper investigation on the individual names included.

Government action to dismiss nurses in Western Cape and across the country is unlawful because:

1. It removes the only health service from people who need it without alternatives in place;
2. TB and HIV/AIDS services are severely interrupted because of the dismissals now undermining the limited services provided;
3. It hampers the possibility of maintaining a limited service in emergency settings, and for other chronic care;
4. The decision to dismiss was not done on the basis of a fair process;
5. The state has failed over more than a decade to negotiate what constitutes essential services;
6. The human resources crisis in health care caused by poor conditions, increased workloads and failure to develop and implement a reasonable human resource plan for health has led to a legitimate strike; and
7. It unjustifiably limits the right to strike; it inflames and may prolong the strike action.

TAC has approached the unions to ensure that there is no disruption of chronic and emergency services. We oppose any disruption of such services.

We ask government to settle the wage negotiations with the unions as a matter of urgency. We also urge government to withdraw the unfair dismissal notices immediately. Because the situation is one of emergency, the TAC will join patients who are affected in an urgent interdict. We can be reached at the numbers below to settle the matter at any time.

Yours faithfully

Sipho Mthathi Zackie Achmat  
General Secretary Chairperson  
Ph 084-300-7007 Ph 082-516-8873

CC:  
Prof. Craig Househam  
Head of Department: Health Services, Western Cape  
(021) 483 5677

Dr. Keith Cloete  
Principal Director of Primary Health Services, Western Cape  
(021) 483 9921

[END OF LETTER]

**Press statement by the Southern African HIV Clinicians Society on interrupting antiretrovirals and other HIV-related drugs**

Issued by: The Southern African HIV Clinicians Society

Date: Tuesday 21 June 2007

The South African Public Sector strike has meant that many public sector patients with HIV may or already have had their treatment interrupted. This applies to antiretrovirals, as well as opportunistic illness treatment.

Interruption of treatment should be dealt with in the following manner:

- Try not to interrupt treatment if at all possible. If the dispensing clinic is not functional, patients should go to their nearest GP or pharmacy with their empty medication bottles, and request a repeat prescription from a private pharmacy. This may be costly, but the strike may be over soon, and a single month of treatment may be sufficient. Generics can be safely used to decrease cost.
- Should interruption be inevitable, stop all drugs on the same day (if in a controlled environment, nucleoside analogues can be continued for 5 days to cover the efavirenz or nevirapine ?tail?). Ensure that the person is restarted as quickly as possible. Consequences of stopping antiretroviral drugs include continued immune deterioration, so people with low CD4 counts should make every effort to restart immediately once clinics become functional again. Restart medication at prescribed doses as soon as it is available: do not increase or double doses to make up for missed medication.
- Successful ART requires three drugs. Patients who have run out of one or two of their antiretroviral medicines should NOT continue taking the others, in order to avoid the emergence of drug resistance.
- If the person can not afford treatment, every effort should be made to attend a functional clinic elsewhere, again with medication bottles so that the clinic staff can confirm doses and formulations.
- Patients who require initiation of antiretrovirals may find this is delayed. This is obviously not ideal. Clinicians in the public sector will need to weigh starting antiretrovirals without the necessary support systems against continued risk of illness in the face of progressive immunosuppression.
- Patients should be counseled not to decrease dosages so as to make medication last longer. This will increase the possibility of resistance. Dosing should remain the same, till the tablets run out.
- Patients and caregivers should stay in telephonic contact with their public sector clinics, if possible. Some HIV clinics are running emergency dispensing services, and patients may be able to get medication in the interim.

About the SA HIV Clinicians Society: See <http://www.sahivsoc.org/>

[END OF SA HIV CLINICIANS SOCIETY STATEMENT]

# **3rd South African AIDS Conference 5-8 June 2007**

## **Conference Resolutions**

### **Resolution 1:**

#### **Call for Urgent and Successful Resolution of Public Sector Strike**

Health care workers are the backbone of our country's response to HIV/AIDS. Without their passion, skill and commitment we will not be able to implement the NSP. Public sector workers generally knit and hold together the fabric of our society. Without them our communities fail. Without them we cannot deliver social security grants, security or education.

We believe our government is committed to the public sector. The principles of Batho Pele and the importance the NSP attaches to human resources are proof of this. In the light of this we call on the Government to find an amicable settlement to this strike.

This conference also believes that public sector workers deserve to work for salaries and in conditions that are consistent with their dignity. Significant and increasing investment in and commitment to these employees will help us to tackle the HIV/AIDS epidemic, and its social causes.

Conference delegates are deeply concerned by the pain and sense of demoralization expressed by these workers. We reach out to them and express solidarity and sympathy. We also support their calls for a salary increase that will meet real needs and incentivise these essential professions.

We therefore call for the strike to be settled urgently and on terms deemed acceptable to both sides.

### **Resolution 2:**

#### **Support for SANAC Deputy-Chair**

Echoing the Deputy President's commitment to this conference: We give our full support to the NSP, the restructured SANAC, and we are particularly confident of the leadership that the Deputy Chairperson elect Mark Heywood will provide. He has our trust as a builder of consensus and maintaining principle.

### **Resolution 3:**

#### **Support for Africans in Britain who are being deported for being HIV positive**

This conference is concerned about reports that refugees, asylum seekers and migrants with HIV who are on treatment are deported by the government of the United Kingdom to our countries where there is no universal access to treatment. We ask our Ministry of Foreign Affairs to raise this human rights violation. As civil society, researchers and clinicians, we extend our support to the campaign to end this injustice.

# Conference Declaration

[Download the conference declaration](#) (PDF on TAC website).

[END OF CONFERENCE NEWS]

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