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ALP and TAC statement on Minister Manuel?s budget speech

The Treatment Action Campaign and the AIDS Law Project (ALP) welcome the budget speech of the Minister of Finance. In the days ahead we will study the detail of the health appropriation and provide further comment if necessary. Given that the bulk of health spending comes from resources that are allocated to the provinces, provincial budgets are particularly important to establish whether there is an appropriate growth in the health allocation.

We commend the following aspects of the budget speech:

- The commitment to continued real growth in public expenditure on health, education and criminal justice and the enduring principle of protecting the poor;
- The commitment to continued expansion of the ARV treatment and TB programmes;
- The commitment to improve remuneration for health professionals.

There are other aspects of the budget speech that we support. We outline these, along with our reservations, below.

Prevention of Mother-to-child HIV Transmission (PMTCT)

We note the commitment to ensure funding for dual therapy for PMTCT. However we are concerned with the slowness in the implementation of this policy. The revised PMTCT protocol was adopted a year ago, with the National Strategic Plan on HIV and AIDS (NSP) itself calling for the revision as far back as May 2007. Even in its revised form, the PMTCT protocol falls short of what is recommended by the World Health Organisation (WHO).

The NSP calls for a 50% reduction in HIV infection rates by 2011. This target can only be achieved with adequate fiscal support. Last year, 330,000 HIV-positive women in South Africa gave birth, and approximately 70,000 of their infants were born HIV-positive. Full implementation of the revised protocol will reduce these numbers significantly. We therefore call for clear timeframes for the implementation of the revised protocol and an assurance that it will include earlier initiation on ARV treatment for pregnant women, so as to protect their health.

HIV and TB integration

While we welcome the increase in the TB budget, there is no indication that there it is based on an integrated HIV and TB strategy. These programmes are funded parallel to one another. While in some ways this makes sense, the increasing co-infection rate forces us to develop an integrated response to the two epidemics.

This is also related to the comprehensive failure of the TB programme to achieve cure rates sufficient to reduce the INCREASE in the disease burden. Indeed, according to the health budget summary current cure rates are failing to meet the targets set in the TB Strategic Plan.

Improving fiscal governance

We affirm the focus of the Minister on government accountability and his call for ?active? parliamentary oversight of accounting officers (Directors-General of national departments and provincial heads of departments) to ensure that they

act in accordance with their responsibilities as set out in the Public Finance Management Act.

We note the increased allocation to the provinces, but we emphasise that this reinforces the need for effective synergy and oversight of the provincial implementation of nationally determined priorities. In particular, provincial health budgets need to ensure that ? where necessary ? sufficient resources are allocated from equitable shares to supplement conditional grant allocations.

We note that systems are being designed to improve national oversight of provincial heath services and to address the weaknesses of fiscal federalism. Given the anarchy that often exists in provincial expenditure and the unchecked scope for corruption this must be a priority.

Improving quality of health service delivery

Particularly significant is the announcement of the plan to fund and set up the Office of Standards Compliance required by the National Health Act. This echoes the recommendation made by the ALP over the last year. Given that the National Health Act was passed in 2003, it is long overdue. There are a number of sections in the National Health Act related to the functions and powers of this office that need to be given effect. We call for a swift and visible implementation of this resolution.

Also, while there is an increased allocation for infrastructural projects, there is no mention as to how these are to be run, or whether provision has been made to ensure that budgets for infrastructure are synchronised with budgets for recurrent costs ? especially staff.

The human resources crisis in the health sector is deep and requires a thorough and ongoing calculation of actual human resource needs. This must be based on a commitment to ensuring that service delivery tasks are appropriately allocated to different cadres of health care workers, including community health workers.

Conclusion

There are of critical aspects related to health care that are not dealt with in the budget speech. While the Minister is frank in respect of some of the failures in the expenditure for health care, it is notable that there is no mention of the fact that the Free State had to cut back essential health services as a result. In addition, the increased allocations for health over the past year have been entirely undermined by the mismanagement of the Occupation Specific Dispensation.

Other areas that need to be addressed include: the provision of emergency medical services, a plan for controlling private sector costs and prices, improving the district health system and preventing and managing disease outbreaks, such as cholera.

All indicators tell us that our health outcomes are worsening. It will take a concerted effort of all stakeholders, as well as sufficient resourcing, in order to reverse these outcomes. We commit to providing our support to the Department of Health to ensure that the constitutional promise of building a healthier society is realised.

Finally we remind all those involved in the provision and management of health care that we ?will not be deaf to the voice of those in pain. We will not be blind to incompetence or greed.?

For more information please contact:

Adila Hassim or **Mark Heywood** from the **ALP** on: (011) 356-4100.

Vuyiseka Dubula or **Rebecca Hodes** from **TAC** on: (082) 763-3005 or (079) 426-8682, respectively.

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