

EMAIL ONE:

Subject: Answers to your questions

Date: Tue, 4 Nov 2008 08:58:37 +0200

From: "Palesa Santho" <SanthoPB@fshealth.gov.za>

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Internal Provincial Department of Health Correspondence regarding Shortage of ARVs in Free State Province: November 2008

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CC: "K.E. Uebel" <UebelKE@fshealth.gov.za>

Dear Colleagues

We are facing indeed a difficult period. You at the sites are faced with an even worse situation whereby you have to turn patients away because of the present circumstances. The same patients who look at you as their last hope in life. It's really unfortunate, and I am sorry that you had to be placed in that position.

I have posed questions to Dr Tshabalala and the HIV/AIDS directorate, the questions that I have been receiving from you since yesterday.

1. What should be said to the patients who have been on the waiting list and have been given a date (Nov/Dec)? What alternative date should they be given? Bearing in mind that sites like Heidedal CHC have a waiting list of about 6 months since Drs Jones and Waldie left and Dr Moolman is left on her own.

2. Do we still do drug readiness?

3. Do we still need to be baseline bloods?

Please see the response in the mail below.

Kind regards.

Palesa

>>> M. Tshabalala 2008/11/04 >>>

Hi Palesa,

These are genuine issues we are faced with. Answers are not easy to come by, however this how I respond to them:

1. Waiting list: Those on waiting list will be postponed without changing their position on those lists. Presently it is not possible to speculate when the province will be able to start new clients on ARVs. I suggest that we endeavor to get telephone numbers of everyone where possible (their friends', family members', neighbors', etc) and contact them when we get the ARVs and are ready to start them. We will do whatever it takes to inform them.
2. We can suspend drug readiness training because: 1 it will raise false hopes. 2 by the time we start them with ARVs they may have forgotten everything they were told because they did not practice it and drug readiness training may have to be repeated.
3. No baseline blood are not necessary anymore because they may have to be repeated when the drugs are here. CD4 count should still be done though so we can continue putting them on the waiting lists but most of them come to our sites having done the CD4 counts already.
4. I repeat we continue as normal for children (put them on treatment).

I hope this helps.

Regards.

Mvula

>>> Palesa Santho 11/3/2008 2:02 PM >>>

Dear Dr T and Me Portia

The circular has been sent to the sites and my phone has been ringing off the hook.

Main questions?

1. What should be said to the patients who have been on the waiting list and have been given a date (Nov/Dec)? What alternative date should they be given? Bearing in mind that sites like Heidedal CHC have a waiting list of about 6 months since Drs Jones and Waldie left and Dr Moolman is

left on her own.

2. Do we still do drug readiness?

3. Do we still need to be baseline bloods?

Please assist.

Kind regards

Palesa

EMAIL TWO:

Subject: STOP PUTTING NEW CLIENTS ON ARVs

Date: Mon, 3 Nov 2008 10:02:40 +0200

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>>> M. Tshabalala 2008/11/03 >>>

Dear Colleagues,

The province (FS) is experiencing an acute shortage of antiretroviral drugs (ARVs). This will lead to clients on treatment defaulting not because of their own fault. The only way to avoid this is by keeping the remaining ARVs for the exclusive use of those on treatment already with the exception of clients on the PMTCT program (pregnant women). In the meantime the FSDOH will be trying to find ways to remedy this situation.

This is in accordance with the guidelines approved by the HOD on the 31st July 2008 (attached).

In short what this practically means is that, until further notice, no new clients should be started on ARVs except for pregnant women in the PMTCT program, that includes their babies.

I hope you find this in order. Kind regards.

Dr M Tshabalala
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P/S:

CORRECTION

The last but one bullet in the attached guidelines reads:

"The same regimen should be resumed when all the ARVs in that particle = regimen are available again."

The word particle should read 'particular'