

FreeState Factsheet

Almost 3 million people live in the Free State and the province has the lowest life expectancy in the country (50 years) and an unemployment rate of 40% (StatsSA).

Medical supplies and drugs

Hundreds of essential drugs and supplies are reportedly out of stock at the provincial depot as well as supplies needed for critical medical investigations.

Documents leaked to the TAC and SECTION27 reveal that on 11 June the provincial depot was out of at least 11 antiretrovirals, paracetamol, surgical gloves and masks, surgical blades, needles, surgical gauze swabs, viral load and CD4 test kits and antibiotics. One list had 23 items out of stock and the other 182.

In December last year, the Stop Stockouts Project (SSP) reported that the Free State had recorded “alarmingly high” levels of drug stockouts and shortages, specifically TB and HIV medication. The SSP found that one in two facilities in the Free State had been affected by ARV and/or TB drug stockouts and/or shortages. The SSP warned that the time that a failure to institute emergency joint action by provincial and national departments had the potential to cause unnecessary suffering and death.

A survey conducted by the SSP in July found:

- All six of the facilities surveyed had experienced a stock out of an essential medication during the last three months
- Among the 14 patients interviewed from 12 clinics around the province:
 - Six patients had been sent home without essential medication (due to stock outs);
 - Three had been given smaller quantities of prescribed medication (due to shortages);
 - One patient’s antiretroviral treatment was switched back and forth from the standardised Fixed Dose Combination pill to the previous single molecule formulations (three pills per day).

Finances

The Department of Health finances have been taken over by the provincial treasury.

Primary Health Care Services are rendered through 222 clinics and 10 Community Health Centres. Hospital services are provided through 24 district hospitals, 4 regional hospitals, 1 specialised psychiatric hospital, 1 tertiary hospital and 1 central hospital, which are spread throughout the province. 253 health facilities provide antiretroviral therapy in the province.

The Free State Department of Health has a budget of R8.1 billion for the 2014/15 financial year.

The current financial crisis dates back to 2008 where due to poor financial management systems, human resource and equipment shortages, weak monitoring and evaluation systems and bureaucratic malfunctioning the Department had overspent its budget and, as a result had to implement cost

containment measures of which one was a moratorium imposed to stop initiating new patients on to antiretroviral treatment. Again, in 2014 the Free State Department of health was set to overspend it’s 2013/14 budget thereby placing pressure on the Department’s 2014/15 budget. At the end of the 2013/14 financial year the Free State Department of Health was R700 million in debt. This meant that the

Department was no longer in a position to pay for services. In order to prevent further overspending, financial management authority was withdrawn from the HOD (head of department) of Free State

Department of Health and given to the Provincial Treasury. Mr Godfrey Mahlatsi (who is the head of the Provincial Treasury) has been given full accounting officer powers over the Health dept. His main brief is to:

- a. Deal with the non-payment of critical medicines and medical suppliers in the province;
- b. Deal with the poor procurement of goods and services so that we cut out any waste and inefficiency; and

- c. Ensure that there is enough money in the bank to pay for future supplies.

In the 2012/13 Financial Year the Free State Department of Health had 20 staff members on precautionary suspension which cost the Department R1, 257 million. In 2012/13 the Department received a qualified audit opinion. The Report of the Auditor General found that “the department did not always comply with applicable laws and regulations. In most instances, there were no formal processes in place to monitor compliance with legislation, which resulted in the number of reported non-compliance issues. There was also a lack of consequences for poor performance where laws and regulations were not complied with”.

Human Resources

Recent medical graduates (both from the under and post graduate streams) have not been appointed, resulting in them sitting at home or searching for work in other provinces.

Staff are burnt out and leaving for other provinces and countries.

Hospitals

In the eastern Free State, one hospital stopped performing elective surgical procedures, and non-emergency patients are being turned away because of the lack of funds.

At tertiary hospitals in Bloemfontein, elective (non-emergency) operations are cancelled due to a lack of resources, to the detriment of both the patients and the young clinicians who work at the academic centre to be trained in such procedures.

Civil society engagement

For over a year the TAC and SECTION27 have tried to engage the Premier Ace Magashule and his health MEC Dr Benny Malakoane. Instead of meeting with the TAC they have chosen to launch a witch hunt against activists who speak out and deny that there are problems. Doctors, nurses, activists and other roleplayers have been too fearful to speak out.

The TAC and SECTION27 have reported the Free State health issues to the National Department of Health, including the health minister Dr Aaron Motsoaledi, but their response is that the NDoH does not have the capacity or power to intervene.

Community Health Workers

We still have received no explanation as to why 127 peaceful protestors, mostly Community Health Workers, were arrested on 10 July after staging a peaceful vigil outside the provincial department of health head office. The 127 were held in police cells and released a day later on warning. The matter has been remanded for further investigation and instructions from the Director of Public Prosecution. They are due to appear in the Bloemfontein Magistrates Court on September 1.

The community healthcare workers and activists staged the sit in after months of trying to engage MEC of Health Benny Malakoane and his officials. They had previously been promised a meeting with Malakoane following a sit in at Bophelo House on 27th June. The meeting did not happen. Earlier written requests also came to nothing. Both the Premier of the Free State, Ace Magashule, and Malakoane have consistently ignored the plight of the community health workers.

What health workers tell us:

A doctor working in Bloemfontein reported that they were increasingly running out of essential devices which they need for lifesaving procedures. These devices include infusion sets (connects insulin pump to the body), central venous lines (a catheter placed into a large vein in the neck, chest or groin to administer medication or fluids) and spinal needles (used for spinal anaesthesia and lumbar punctures to test for among others meningitis).

The medical depot supplying the department of health pharmacies in the district that includes Bloemfontein, had no antibiotics left in middle June this year and almost no antihypertensives or antidiabetics. This would translate into doctors being unable to treat acute infections (such as pneumonia) or to control high blood pressure or blood sugars in chronically ill patients. These patients will sustain complications and damages to their health.

“As far as I am concerned, the situation is still pretty bad. What becomes more and more clear though is that the provincial department of health is more interested in silencing critical voices than in getting service delivery going.

Honestly speaking, I see a system that is collapsing, and a political leadership that targets not only whistle-blowers but any decent clinician that is concerned with good, safe and sound delivery of health care and therefore voices his or her worries. There is a climate of terror and intimidation being created here, and it is to the detriment of the patients/ population in need.

Even the most dedicated and thick-skinned clinicians, the backbone of the system, are losing hope.”

What an NGO in the Free State is telling us:

“Quite honestly, I cannot see much improvement yet at the clinic and hospital level. The people in the FSDoH office, tell me that things are being sorted out with FS Treasury managing them. But, building maintenance is still appalling. At Batho Clinic here in Bloem, a wall fell down about 8 weeks ago so a whole wing of the clinic has been closed off and it is all affecting the electricity supply to the whole clinic. At Thusong Clinic, also here, they have had water supply problems since October 2013, which have continued to increase, and now they have no water at all at the clinic!!! They have to carry water in buckets from taps in the community. These are both big facilities with over 1,200 people on ART – which gives you an idea of the total number of feet that go through these clinics every day.

I do not see new professional staff members being appointed yet. At a 24 hour clinic in Botshabelo, they have one qualified pharmacist, and often the clinic is run on only two nursing sisters! Staff morale is low because of these working conditions, and yet there are the most amazing sisters that one finds here and there who are really committed to rendering the best possible services. All they need is good leadership and encouragement and support which they do not get from FSDoH in Bophelo House. The Mangaung Metro District office is still completely dysfunctional – and I really mean this. They do not respond to telephone calls or emails and they are all terrified to take a decision.

Maintenance of equipment is also a huge problem. I recently had a case of an extremely ill woman who had just been told that her HIV+ premature baby had died. She was literally starving to death and when we got her to casualty, the doctor said we should take her home and just feed her for 5 days as she was too weak to cope with any medication. This we did and she started to recover. Then we took her back and they said they wanted to do an x-ray for TB before the initiated treatment. The computer for the x-ray machine was broken, this is at Pelonomi Hospital, so they could not give us any results so they did not start any treatment. This went on for six days. She became gravely ill and our person who was caring for her called an ambulance which took her to National Hospital where she died two days later. I cannot accuse FSDoH of being responsible for her death because she was living in extreme poverty. The baby was born HIV+

because she was too weak to walk to the nearest clinic and did not have any money for taxi fare. This is the real daily life in South Africa 20 years into democracy.

The great news is that they have agreed that all ART sites can issue two months supply at a time now, which fits into our adherence clubs beautifully. This has delighted the ART clients as you can imagine. But, at clinics such as Kagisanong here in Bloemfontein, they do not have enough storage space for drugs so they still cannot issue a two month's supply. They have talked about erecting a container for pharmaceutical storage for more than three years now, but nothing happens. This clinic also has endless problems with burglaries, yet they do not erect a security fence with 24-hour security guards. Every time they break into the clinic at night, the whole of the next day the clinic is closed while the police investigate.

The problem is not money, it is lack of proper management skills from the top level downwards. Political interference prevents capable people from being employed. How can health be left under the jurisdiction of the provinces when they clearly show that they do not have adequate capacity to render proper services?"

What the national government's Health Facilities Audit (2011) tells us:

Improved patient safety and security: 37%

Positive and caring attitudes: 44%

Cleanliness: 47%

Availability of medicines and supplies: 54%

Infection prevention and control: 56%

Waiting times: 57%

What have we been asking for?

1. The National and Free State governments must make a full and complete disclosure of the state of the province's finances.
2. Free State premier Ace Magashule must follow the lead of his counterpart in Mpumalanga David Mabuza and release a frank and detailed assessment of the state of the province's health system and what his plan is to turn it around.
3. The 2009 recommendations of government's Integrated Support Team investigation into the Free State health system must be implemented (see appendix).
4. Health MEC Dr Benny Malakoane must be suspended with immediate effect with an independent investigation into his conduct and failure to act. We would like to see him fired.
5. Reinstatement of all recently dismissed Community Health Workers. The exploitation of these important workers must stop - We want them to have better rights, clear scope of practice and increased salaries. National Health Minister Dr Aaron Motsoaledi must release the long overdue policy on Community Health Workers.