

State of KZN Health System – Summary of Demands May 2018



1a. We demand the release of the provinces Human Resources for Health (HRH) plan before end July 2018. This plan should include a comprehensive list of current vacancies.

1b. We demand that all vacant posts be filled in the next financial year and that the employment of nurses and doctors is prioritised in the 2018/19 financial year.

1c. We demand the provincial health department fills the gap in community healthcare workers by adding 9 282 in or before the 2019/20 FY to ensure that there are 1:600 CHWs in the provincial health system.

1d. By end July 2018 we demand a plan to ensure there is sufficient full-time oncology capacity within the public health sector and those people have the right quality equipment to treat and care for all cancer patients.

1e. The provincial Department of Health must carry out investigations into all allegations made with regard to health personnel failures – including neglect and bad attitudes – and that following this investigation disciplinary action be taken where appropriate and compensation be paid out to victims of neglect or ill-treatment.

1f. Often staff do not treat people properly due to stress, exhaustion, and burn out as a result of the malfunction in the health system including, lack of time, tools, equipment or medicines. Better staff support systems should be put in place by the provincial Department of Health in order to ensure staff wellness and support.

2a. Where mobile clinics are used, they should provide a complete package of primary healthcare services including diagnosis, treatment and care for HIV, TB, mental health, diabetes etc.

2b. Where mobile clinics are used they should attend to the community on a frequent basis so that people are able to access health services when they need them.

2c. By end August 2018 we demand a clear strategy on how mobile clinics and Ward Based Outreach Teams (CHWs) will work together to ensure that people in areas without clinics can receive the healthcare services they need and deserve.

3a. We demand an urgent, fully-funded, plan to address infrastructural issues at the facilities identified above. We demand to see this plan before the end of July 2018. We expect the MEC and the Premier to make this a priority and to ensure the funds are made available.

3b. The provincial Department must ensure that there is adequate funding and personnel to ensure that health facilities are maintained, fitted with the appropriate technology (medical equipment, ICT equipment, access to internet etc.) in order to address the compromised ability of facilities to provide both an adequate environment to staff and to healthcare users.

3c. The provincial Department in conjunction with the Department of Public Works must strengthen the Infrastructure Unit (engineers, maintenance crew, quantity surveyors, quality control) to address backlog maintenance, routine maintenance and the building of new health facilities and to prevent any unnecessary under expenditure of the Health Infrastructure Grant.

3d. The provincial Department must ensure that they are enough chemotherapy, radiotherapy, and other oncology equipment across hospitals in order to treat all people with cancer in the province.

4a. By end December 2018, 100% of primary health facilities across the province must have differentiated models of care including functional adherence clubs, support groups, and fast track (CCMDD) models of care for people living with HIV linked to all primary health facilities across the province to improve treatment adherence rates in the province.

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4b. By July 2018, the KwaZulu-Natal Department of Health must launch an aggressive, and fully funded, TB contact tracing and active-case-finding campaign. This campaign must be linked to the provincial government CHW programme. A specific programme needs to be implemented to 'find the missing cases,' with specific monitoring of progress and tracking of investments in staff, logistics and supplies clearly documented each month.

4c. By July 2018, the KwaZulu-Natal Department of Health must begin a provincial TB awareness, education, and social mobilisation campaign to educate people about HIV and TB and encourage the uptake of HIV and TB services. This must include treatment and prevention literacy information in order to improve TB infection control, reduce risky sexual behaviour, encourage screening and testing for HIV and TB, and encourage treatment initiation. This education, awareness, and social mobilisation campaign must take place both inside public health facilities and outside.

4d. In 2018, and in every year after that, the KwaZulu-Natal Department of Health must ensure that every person receiving antiretroviral therapy in the public sector receives at least one viral load test per year. Clinics must be held accountable for offering enhanced adherence support and following clinical algorithms to switch patients in a timely manner for those with detectable viral loads.

4e. By end 2018, the KwaZulu-Natal Department of Health must ensure that all clinics in the province are offering rapid ART initiation and rapid provision of TB treatment to all clinically eligible patients, with treatment start times reduced to under 7 days. In the case of DR-TB, this requires decentralisation of DR-TB care to all primary healthcare facilities in all high-burden districts.

4f. By end 2019, the KwaZulu-Natal Department of Health must ensure that all people living with HIV have been screened for TB, and if eligible (they do not have TB and are not on TB treatment) are offered the option of taking TB preventative therapy (isoniazid) in order to reduce the risk of contracting TB.

5a. We demand that by end July 2018 the provincial Department of Health carries out their own full audit of all public health facilities in the province to assess whether sufficient TB infection control measures are in place. The audit will involve the health department assessing the state of TB infection control at each facility based upon WHO guidelines. After which the Department must develop a plan based upon the infrastructural, human resource or behavioural challenges found in order to improve TB infection control. The Department must publish the audit results.

5b. We demand that masks and TB posters are distributed to all public health facilities by end June 2018. Spot-checks should be undertaken to ensure these are utilised effectively.

5c. We demand that by end June 2018 a circular is sent to all facilities to ensure that:

- All windows to be kept open;
- TB infection control posters to be displayed in visible places in the waiting area;
- Patients to be screened for TB symptoms upon arrival;
- People coughing or with TB symptoms to be seen first to reduce the risk of transmission;
- People who are coughing to be separated from those who are not while waiting; and
- People who cough a lot or who may have TB to be given tissues or TB masks.

5d. Where infrastructural issues mean that public facilities create a TB risk factor (e.g. too small, or poor ventilation), an urgent, fully-funded turnaround strategy must be developed to outline how these challenges will be rectified. The strategy must be released by end of July 2018.

5e. We demand the release of the province's Human Resources for Health (HRH) plan before end July 2018. This plan should include a comprehensive list of current vacancies. Adequate human resources are essential for addressing long waiting times, and in this instance, the prolonging of exposure to potential TB infection. All facilities that have highlighted a waiting time of more than 30 minutes should be prioritised for additional human resources in this financial year. We expect the MEC and the Premier to make this a priority and to ensure the funds are made available.

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6a. We demand at least 1 138 functional ambulances be in service in the province in order to meet the national norm of 1 ambulance to 10 000 – this should be seen as a minimum.

6b. We demand the provincial Department of Health reviews its Planned Patient Transport programme to ensure that patients have access to transport to and from health facilities to prevent unnecessary out-of-pocket payments. This will also help to strengthen service at the district level and ensure the referral system between facilities is accessible to patients thereby effectively operationalising the primary healthcare approach.

6c. We demand the provincial Department of Health takes the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.

6d. We demand that all EMS personnel must be sufficiently trained to ensure they have good medical skills, provide quality medical care while patients are in transit, are compassionate to patients and have good attitudes, and understand emergency medical terminology.

7a. We demand an audit report of the functionality of clinic committees and hospital boards by end July 2018.

7b. We demand that all clinic committees and hospital boards are capacitated on their roles and responsibilities by end August 2018, and that an annual review takes place of the functionality of each structure by the KwaZulu-Natal Department of Health

7c. We demand the convening of a commission to investigate the functionality of Ward AIDS Councils. This commission should consist of members of civil society, the Provincial AIDS Council Secretariat, representatives of the Office of the Premier, representatives of the Office MEC of Health. Operation Sukuma Sakhe vehicles should be used for this investigation. No individual should receive any payment for taking part in the commission's investigation.

7d. All individuals sitting in AIDS Councils at all levels must represent a specific organisation or constituency.

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