

State of Mpumalanga Health System – Summary of Demands May 2018



- 1a. We demand the release of the provinces Human Resources for Health (HRH) plan before end June 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. All staff must wear name tags at all times – and the complaints register must be visible and accessible to patients. The 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.
- 1d. 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.
- 1e. We demand the provincial health department fills the gap in community healthcare workers by adding 4 065 in or before the 2019/20 FY to ensure that there are 1:600 CHWs in the provincial health system.
- 2a. 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 June 2018. We expect the MEC and the Premier to make this a priority and to ensure the funds are made available.
- 2b. 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.
- 2c. The provincial Department in conjunction with the provincial Department of Public Works 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.
- 2d. The provincial Department of Health must ensure that there is adequate funding to ensure that KwaMhlanga Hospital and Themba Hospital are maintained properly and fitted with the appropriate equipment in order to ensure that they are able to ensure all services and procedures can take place, and to provide both an adequate environment to staff and to healthcare users. The maternity ward at KwaMhlanga Hospital must be enlarged with adequate number of beds to ensure that women have access to quality maternal health services during the time they give birth.
- 3a. We demand at least 445 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. These must be an insourced, and run through a state programme.
- 3b. 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.
- 3c. We demand the provincial Department of Health takes the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.

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- 3d. 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, understand emergency medical terminology, understand the locations of the province to ensure ambulances can find patients easily – especially those in rural settings.
- 3e. We demand that ambulances are not over filled in order to ensure timely delivery of patients to health facilities in a dignified manner.
- 3f. We demand that all vehicles that are out of service, are urgently fixed and put back into service by end May 2018.
- 3g. We demand that the provincial Treasury investigates the contract with Buthelezi HEMS and into the fact that a three-year contract was awarded against the advice of treasury.
- 3h. We demand that the province complies with the judgment of the Supreme Court of Appeal on 10 November 2017 ordering the reinstatement of the previous service provider.
- 4a. We demand an urgent provincial strategy by no later than end June 2018 to address the continued and ongoing stockouts and shortages of medicines and other medical tools and supplies – this plan must address the impact of human resource shortages, poor management, and infrastructure where these impact on the ability of facilities to order and store supplies.
- 4b. We demand closer pick up points for medication for communities serviced by mobile clinics. This should be available within walking distance for elderly patients.
- 4c. Urgent interventions before end June 2018 to ensure that the ICU in KwaMhlanga Hospital is fully functional and the elevators and ICU in Ermelo Hospital are fully functional.
- 5a. 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. Adequate counselling services must take place when referring people between different models.
- 5b. By June 2018, the Mpumalanga Department of Health must launch an aggressive, and fully funded, TB contact tracing and active-case-finding campaign. This campaign must be linked 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.
- 5c. By June 2018, the Mpumalanga 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.
- 5d. In 2018, and in every year after that, the Mpumalanga 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.
- 5e. By end 2018, the Mpumalanga 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.

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5f. By end 2019, the Mpumalanga 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.

5g. By end July 2018, the Mpumalanga Department of Health must investigate why people in the province are dying while on TB treatment. A set of targeted interventions based on this evidence must be developed to address the above average death rate.

6a. We demand that by end June 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.

6b. We demand that masks and TB posters are distributed to all public health facilities by end April 2018. Spot-checks should be undertaken to ensure these are utilised effectively.

6c. We demand that by end April 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.

6d. 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 May 2018.

6e. We demand the release of the provinces Human Resources for Health (HRH) plan before end May 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.

7a. We demand that all people who access healthcare services do so with dignity and respect – proper training and information must be given to healthcare providers and clinic committees around the needs of sex workers, the LGBTQIA+ community, young people and people with disabilities.

7b. We demand that complaints regarding discrimination at facilities be addressed and where necessary disciplinary measures take place.

7c. We demand access to comprehensive sexuality education in all schools across the province.

7d. We demand easy access to male and female condoms in schools – these should be made available without request and in privacy.

8a. We demand an audit report of the functionality of all clinic committees and hospital boards by end June 2018.

8b. We demand that by end March 2018 a circular is sent out to all healthcare facilities in the province ordering the establishment of clinic committees and hospital boards at all facilities (as required in law) and providing ongoing guidance to facilities on the correct and lawful operation of these critically important structures.

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8c. We demand that all clinic committees and hospital boards are capacitated on their roles and responsibilities by end June 2018, and that an annual review takes place of the functionality of each structure by the Mpumalanga Department of Health.

8d. We demand that, where currently not, all AIDS councils are chaired by Mayors at the local and district level.

For more information contact:

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