

**State of Eastern Cape Healthcare 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 5,000 in the 2018/19 FY and 3 659 in the 2019/20 FY to ensure that there are 1:600 CHWs in the provincial health system.

1d. 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.

1e. 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. 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.

2b. We demand that all broken, inadequate and missing equipment and medical supplies be replaced or provided to health facilities to ensure the proper and improved functionality of these services by end August 2018.

3a. We demand that the provincial Department of Health address the recommendations of the South African Human Rights Commission EMS Hearing Report from 24 & 25 March 2015.

3b. We demand at least 722 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.

3c. 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.

3d. We demand the provincial Department of Health takes the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.

3e. We demand that staff members who are working in EMS must be sufficiently trained, including basic ambulance drivers and call centre staff members to ensure appropriate service and better staff attitudes at all levels;

3f. The provincial Department of Health must ensure that it has the suitable types of ambulances for all kinds of terrain including 4x4 vehicles in rural areas.

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.

4b. By end July 2018, the Eastern Cape 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.

4c. By end July 2018, the Eastern Cape 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 Eastern Cape 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 August 2018, the Eastern Cape Department of Health must decentralise the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) programme to accessible locations across the province to improve chronic medication collection for all public health users. In addition, we recommend the piloting of “pharmacy ATMs” as showcased in Gauteng within this fast track model for chronic conditions.

4f. By end 2018, the Eastern Cape 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.

4g. By end 2019, the Eastern Cape 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 other 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.

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5e. 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. 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.

6a. We demand an immediate intervention at Tower Psychiatric Hospital with evidence of this intervention by end June 2018. This intervention must urgently address our concerns around the poor quality services provided, lack of cleanliness of the facility, lack of dignity for patients, and unethical behaviour of staff.

6b. We demand that the province provides us with a detailed list of all mental health facilities in the province and a report on the human resource and infrastructural state of these facilities. We demand to see this report by end July 2018.

6c. We demand the development of specialist care centres that provide dignified care and support services to people with mental illness and learning disabilities.

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