

State of Provincial Healthcare System Spotlight on Gauteng May 2018

Background

Gauteng is the economic heart of South Africa. While South Africa's smallest province, it has a population of over 13 million people (roughly a quarter of the population of South Africa). With lots of money around and most of the population relatively close to urban hubs, delivering quality healthcare services in Gauteng should be easier than in most of South Africa's other provinces.

Yet health issues continue to be a major challenge in the province. Ongoing human resource shortages, overworked staff, unreliable ambulance services, staff who don't treat patients with dignity, medical negligence cases, and a lack of beds. This is the reality on the ground that continues to put people's health, dignity and lives at risk.

In addition, a tangled web of social failings impact on the healthcare challenges. There's high unemployment and competition for scarce resources. Public works shortfalls mean infrastructure in hospitals and clinics is not renovated or maintained. And the high cost of commuting, or lack of proper roads in new developments, represent very real barriers to accessing healthcare for many patients. It is a most distressing trend that already weak healthcare standards are slipping further and that there are clear losses in areas where gains had previously been achieved¹.

The Treatment Action Campaign (TAC) has been working in Gauteng since the early 2000s and continues to represent users of the public healthcare system and campaign on critical issues related to the quality of and access to healthcare. We currently have a network of 24 branches in all five districts in the province. Through these branches we monitor service delivery at a number of clinics and hospitals. Our members are the people who need the public health system to work, so they are the first to notice when it does not.

Each of our branches in the province has adopted a primary healthcare facility local to them and have been monitoring the state of services at these facilities since November 2017. The results highlight a number of critical concerns with regard to the state of services at clinics and community healthcare centres. A summary of the results of data collected in March 2018 is provided within our analysis below. The full data set is captured in appendix 1.

The monitoring tool used has 24 questions based on the services and quality of service that a primary healthcare facility should offer. The questions, developed in consultation with TAC members, are designed to address the key concerns for users of the public healthcare system – and as such should be seen as complimentary to the more systematic and operational monitoring conducted by the Office of Health Standards Compliance (OHSC). The monitoring was conducted by TAC members trained in the use of the tool. In addition to monitoring facilities, TAC branches engage with members of the community to understand the challenges and collect testimonies and complaints that relate to these concerns.

The data collected by our branches corresponds to the worrying picture of our public healthcare system painted by reports published last year by the OHSC². According to the OHSC report, facilities should score at least 80% to claim an acceptable level of care – yet in Gauteng of 52 clinics inspected by the OHSC (not necessarily the same facilities as monitored by TAC) only 12% of the clinics are performing at 50% or above. Only one clinic performed above the required standard to claim an acceptable level of care.

¹ Spotlight, December 2016: "Feature - Health in Gauteng". Available at: <https://www.spotlightnsp.co.za/wp-content/uploads/2016/12/spotlight-16-web.pdf>

² Annual Inspection Report 2015/16. Office of Health Standards and Compliance. Available at: http://us-cdn.creamermedia.co.za/assets/articles/attachments/68604_ohsc_annual_inspection_report_draft_4_20170318.pdf

# facilities	Rate
5	clinic performed below 20%.
17	clinics performed between 20-29%.
16	clinics performed between 30-39%.
8	clinics performed between 40-49%.
2	clinics performed between 50-59% score.
1	clinic performed between 60-69%.
2	clinics performed between 70-79%
1	clinics performed above the required standards to claim an acceptable level of care.

In addition to monitoring facilities, TAC branches engage with members of the community to understand the challenges and collect testimonies and complaints that relate to these concerns. We also conduct ongoing investigations into the state of a number of hospitals in the province, the results of which are shared in our analysis below.

Despite ongoing interventions, the situation in Gauteng remains critical. Many persistent challenges plague the provincial health system that require an urgent and comprehensive turnaround strategy by the Gauteng Department of Health. We outline our concerns below and demands in order to improve the situation. The MEC of Health and Premier must take these demands seriously. We require a written response from the department by 15 June 2018.

Key concerns and demands

1. Critical shortage of human resources

The shortage of human resources continues to be a major issue in Gauteng. Ensuring access to quality healthcare services and ensuring everyone living with HIV and TB get access to treatment and care depends largely on having enough qualified and committed staff – including doctors, nurses, pharmacists, pharmacy assistants, community healthcare workers (CHWs), lay counsellors, peer-educators, security guards, porters and cleaners.

We note the large number of vacancies that remain unfilled in the province. In December 2016, the Department reported that state hospitals need 1,151 Grade 1 medical officers, 110 medical registrars, 78 community service medical officers, 160 Grade 1 medical specialists, and 58 intern medical officers. There were then 17 clinical unit and department head vacancies and a dire shortage of nurses. The report noted 1,184 vacancies for Grade 1 nursing assistants, 1,340 Grade 1 professional nurses, 141 specialty nurses and 88 primary health clinical nurses³.

Looking at available data from the National Department of Health in February 2017, there were over 73 237 funded posts in Gauteng. Of these 60 343 were filled, leaving a shortfall of 6 100 vacant posts in the province. However, instead of filling vacant posts and ensuring that there are enough people to properly deliver our healthcare, some posts are instead being frozen. While many doctors and nurses remain unemployed, there are not enough open positions to employ them.

The freeze on new medical appointments is hindering the ability of hospitals to provide quality healthcare, it will also increase the risk of further medical negligence claims, further reducing the budget. This cycle must be broken.

³ Spotlight, December 2016. Available at: <https://www.spotlightnsp.co.za/wp-content/uploads/2016/12/spotlight-16-web.pdf>

The pressure of getting doctors and nurses into the system is complicated by the lure of private sector salaries and employment conditions. If interns and qualified doctors are prevented from entering the system it will severely compromise the service offered at the province's academic teaching hospitals.

Human resource shortages cause long waiting times, patients being turned away from facilities, longer hospital stays, higher risk of deaths, and increased pressure on the few staff in place. The overburdening of staff is a major contributor to the worsening of staff attitudes. Further one of the major causes of medicine stockouts and shortages are a result of staff being too busy to place orders in time. The result of all of this is that patients do not access quality healthcare services as required by the Constitution. The results of TAC Gauteng's monthly monitoring in March 2018 shows the following in relation to human resources for health:

Staffing: Half of facilities were considered to have insufficient staff. 50% (12/24) of facilities were classified as not having enough staff and 50% (12/24) facilities as having enough. At the very least, this finding shows that a substantial number of people dependent on the public healthcare system perceive facilities as being understaffed.

Staff attitudes: At 25% of facilities (6/24) staff were generally considered to be friendly, at 70.8% (17/24) staff were classified as sometimes friendly, and at 4.2% (1/24) staff were generally considered not to be friendly. Bad staff attitudes – witnessed in all cadres in the health workforce – affect patients' ability to access healthcare in these facilities.

Waiting times: Our survey found that at 41.7% (10/24) of facilities people had to wait for more than an hour to be seen and at 25% (6/24) of facilities the wait was more than two hours which is hugely disruptive for people. Though mostly poor, waiting times were variable. At 33.3% (8/24) of facilities the waiting time was between 30 to 60 minutes, however 0% (0/24) of facilities saw people in less than 30 minutes.

In addition to doctors and nurses, there is also a major shortage of community healthcare workers (CHWs) in the province. CHWs have long been recognised to be an important part of a primary healthcare system. They have the potential to bring the community closer to health services, and health services closer to the community. Disease prevention, health promotion, and linkage to care are at the core of CHW programmes the world over. The efficacy of CHWs depends on the effectiveness of the healthcare system as a whole. They are not a panacea for a weak system and cannot replace facility-based healthcare services. What they can do is offer certain services to otherwise underserved communities and provide preventative and health promotion services that are not otherwise adequately available within the health system. Evidence suggests that CHWs can bridge the gap between the community and the healthcare system and can facilitate patient re-entry into healthcare services after a negative experience.

CHWs can also reduce the burden on already overstretched primary healthcare services by providing services outside the facility setting that traditionally happen at a clinic level. This includes providing treatment literacy, counselling and support services, providing HIV testing and offering information to help reduce risky behaviour, providing alternate ART collection methods including direct delivery to people's homes or via adherence clubs, providing prevention information and even distributing condoms. This reduces the burden on clinic staff that often leads to other problems that worsen the HIV and TB response. For instance, one of the major causes of facility level medicine stockouts and shortages which directly impacts treatment adherence, is that overstretched clinic staff sometimes fail to order medicine stock in a timely manner given that they prioritise attending to endless long queues of patients who require care. Additionally, TAC research in 27 facilities (outlined below), shows very poor levels of TB infection control at a primary healthcare level. Alleviating the burden on clinics through the CHW programme would provide time to, for example, screen patients for TB and to provide tissues and masks to those coughing.

In terms of the absolute number of CHWs needed to be employed in the province, the Brazilian best practice puts a ratio of 1 CHW to 600 people in the population (1:600) – this amounts to 23 399 in total in Gauteng. In 2016 there were 5 784 in post in the province. Based on these figures it is clear that there is a major gap in the number of CHWs in the province to effectively respond to HIV, TB and non-communicable diseases, with Gauteng needing over 75% more CHWs in post in order to meet the target.

District	Total CHWs required by 1:600 ratio	Actual CHWs in post (DHIS 2016)	Additional CHWs who should be in post in 2018	% of additional CHWs needed in 2018
City of Johannesburg Metropolitan Municipality	8 622	1 454	7 168	83,14%
Ekurhuleni Metropolitan Municipality	5 917	1 231	4 686	79,19%
Sedibeng District Municipality	1 637	1 191	446	27,23%
Tshwane Metropolitan Municipality	5 758	1 034	4 724	82,04%
West Rand District Municipality	1 466	874	592	40,40%
Gauteng	23 399	5 784	17 615	75,28%

Our demands:

- 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.
- 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.
- We demand the provincial health department fills the gap in community healthcare workers by adding 17 615 in or before the 2019/20 FY to ensure that there are 1:600 CHWs in the provincial health system.
- 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.
- 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.

2. Hospitals in a state of dysfunction

Although Gauteng is the most well-resourced province, services at a number of hospitals have been in shambles for many years due to severe staff shortages, serious negligence from nurses and doctors, a lack of care, and bad attitudes from staff. Complaints also include patients waiting for five or more hours to be attended to, and patients being left on stretchers in corridors for hours before they are seen by a doctor.

Thelle Mogoerane Hospital: The recently refurbished hospital is operating in a state of dysfunction. Patients suffer from a high level of neglect, bad attitudes from staff, and poor-quality services at the facility. TAC monitoring shows that the casualty is often overcrowded and the queues can last for many hours, even for those in critical condition who need urgent medical care. There are ongoing reports of serious cases of negligence leading to a worsening of health outcomes and in some cases even death⁴. People are seen on stretchers, sleeping in corridors due a shortage of beds. Ongoing sewage spillages were reported towards the end of last year⁵. The facility is also often in an unsanitary state. According to the numbers provided in March 2017 from the Gauteng Department of Health, the hospital was down to 1,683 staff members. There were 198 nursing vacancies, 87 vacancies in administration and 46 vacancies for doctors. TAC has raised concerns a

⁴ Spotlight, December 2017. Available at: <https://www.spotlightnsp.co.za/previous-editions/>

⁵ The Sowetan, October 2017: “Sewage floods R17bn hospitals kitchen”. Available at: <https://www.sowetanlive.co.za/news/2017-10-30-sewage-floods-r17bn-hospitals-kitchen/>

number of times to the crisis at Thelle Mogoerane Hospital^{6 7 8 9}, yet the situation has not yet been turned around.

Charlotte Maxeke Hospital: Recent fact finding at the hospital has uncovered extremely long waiting time for pregnant women who are forced to sit on plastic chairs for as many as three or four days before being admitted, being fed only tea and a slice of bread once a day. Once admitted, pregnant women complain of a lack of medical supplies and even formula for their babies.

Tembisa Hospital: Recent monitoring and complaints from community members about Tembisa Hospital reveal a major shortage of staff that impede patients' ability to access healthcare. Because they are overworked and under-resourced, the few staff in place are known to be rude to patients and treat them in an undignified manner. Medical negligence cases are common, unsurprisingly given healthcare workers limited ability to care properly for them. There is a huge shortage of beds meaning people wait for days in the corridors or they get turned away without being seen. The hospital does not have any of its own ambulances. It is reported that some people are refused services unless they pay a fee. The surgical ward is too small, with only 10 beds. The machinery in casualty is outdated and not in good condition. One food service provider is owed R2 million for services and is restricting supply until paid. Gowns and linen are dirty. The x-ray machines are old and not all functioning well.

Mamelodi Hospital: Monitoring at Mamelodi Hospital exposes a number of ongoing challenges. There is a major shortage of staff including doctors and nurses. It is reported that surgeons are working more than 24-hour shifts. Being overburdened means for example that staff have bad attitudes towards patients, there are cases of negligence reported, we see pampers not being changed on patients, people are not given the medicines they need on time. Waiting times are excessive. People wait in casualty for up to four days to be referred to a ward. On top of the long waits, the casualty also has no windows and poor TB infection control leading to cases of TB infection. TB masks are not provided to staff or patients in the hospital. People with TB are mixed with those without on the wards, as there is no space for a dedicated TB ward, leading to cross infections. The roof in one area of the hospital is damaged and leaking due to a burst pipe, threatening to collapse. While Mamelodi Hospital is a new hospital, it is too small to service the needs of the feeder communities, leading to overcrowding, too few beds and long waiting times. There are reports of poor management and maladministration of the previous CEO.

In addition, according to media reports, doctors at many hospitals have not been paid overtime and have been told the Gauteng department does not have the money to pay them¹⁰.

Our demands:

- a. We demand an investigation into all hospitals in the province by end July 2018, after which a turnaround plan must be developed that addresses human resource shortages, ensuring adequate and functional equipment, improving the state of hospital infrastructure and any other issues raised in the investigation.

⁶ TAC, September 2016: "Hundreds picket at Thelle Mogoerane Hospital". Available at: <https://tac.org.za/news/hundreds-picket-outside-dysfunctional-thelle-mogoerane-hospital/>

⁷ TAC, July 2017: "No end to the crisis at Thelle Mogoerane Hospital". Available at: <https://tac.org.za/news/no-end-to-the-crisis-at-thelle-mogoerane-hospital/>

⁸ TAC, November 2017: "TAC sit in at Thelle Mogoerane Hospital". Available at: <https://tac.org.za/news/tac-sit-in-at-thelle-mogoerane-hospital/>

⁹ TAC, December 2017: "Hospital horrors". Available at: <https://tac.org.za/news/hospital-horrors/>

¹⁰ Times Live, April 2018. Available at: <https://www.timeslive.co.za/news/south-africa/2018-04-16-gauteng-health-facing-claims-totalling-r22bn-for-medical-negligence/>

3. Dire state of facility infrastructure and medical equipment missing or in disrepair

Since 2012 we have been raising concerns about the dire state of health facility infrastructure in the province. A report issued by TAC and SECTION27¹¹ at the time highlighted in part the poor condition of buildings, the power failures, the lack of safety features, the potholes, the non-functioning lifts and the impact of these failures on the provision of healthcare.

In September 2016, TAC Gauteng picketed outside Thelle Mogoerane Hospital in Vosloorus noting – among other issues – cracks and leaks in the hospital building that have still yet to be addressed to this day. In March 2017, we were alarmed at the collapse of an entrance to the Charlotte Maxeke Hospital in Johannesburg¹². Reports that doctors at Charlotte Maxeke Hospital had been complaining for years about the structural problems are especially alarming. Even worse is that they felt the need to remain anonymous in making those reports. Hospitals should be a place of safety and shelter, not a place where people are hurt.

Proper maintenance of existing infrastructure and the development of more suitable infrastructure is essential to ensure safety, suitability, cleanliness and the proper functioning of facilities across the province. While Treasury cuts the health facility revitalisation grant, the onus is on the MEC Ramokgopa to ensure enough money is put towards maintenance projects through the equitable share. National cuts must not impact negatively on the quality of our health facilities.

In addition to major infrastructural issues, at times health facilities in the province reportedly have no privacy, are often cramped and have not been properly maintained. TAC members report visiting clinics where nurses have brought curtains from their homes so patients can have some privacy and dignity during their consultations.

The results of TAC Gauteng’s monthly monitoring in March 2018 shows the following in relation to infrastructural issues:

Waiting areas: 58.3% (14/24) of facilities had enough room in the waiting area and 41.7% (10/24) did not. Waiting areas in 83.3% (20/24) of facilities were classified as clean while waiting areas at 16.7% (4/24) of facilities were classified as not being clean.

Infrastructure & toilets: 70.8% (17/24) of facilities were rated as being in good condition, 29.2% (7/24) of facilities were not. Of the 24 facilities, 50% (12/24) of facilities did not have clean functional toilets, and 50% (12/24) of facilities were rated as clean and with toilet paper.

Phone lines are reportedly not working in a number of the facilities we monitor in the City of Johannesburg and the East Rand.

Our demands:

- a. Urgent steps need to be taken by MEC Ramokgopa to audit the infrastructure all Gauteng health facilities and ensure what happened at Charlotte Maxeke does not happen again. A report outlining the findings of this audit should be published by end July 2018.
- b. 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.
- c. The 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, phones, 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.
- d. The Department in conjunction with the Department of Public Works must strengthen the Infrastructure Unit (engineers, maintenance crew, quantity surveyors, quality control) to address

¹¹ “Monitoring our Health”, TAC & SECTION27. December 2012. Available at: <https://tac.org.za/files/monitoring-our-health-final.pdf>

¹² TAC, March 2017: “TAC Gauteng demands audit of health facilities after Charlotte Maxeke collapse”. Available at: <https://tac.org.za/news/tac-gauteng-demands-audit-of-health-facilities-after-charlotte-maxeke-collapse/>

backlog maintenance, routine maintenance and the building of new health facilities and to prevent any unnecessary under expenditure of the Health Infrastructure Grant.

4. HIV and TB response falls short

Gauteng continues to face major HIV and TB epidemics – Sedibeng faces a high HIV burden, West Rand faces a high TB burden, and the City of Johannesburg, Ekurhuleni, and the City of Tshwane faces a high dual burden of both HIV and TB¹³.

According to the Thembisa model, in mid 2016, HIV prevalence across all ages in the province was at 12.6% (1,798,000 people). In 15 – 49 year olds this increased to 17.8%. There were 77 000 new HIV infections between mid 2015 to mid 2016. HIV related deaths mid 2015 to mid 2016 were at 35 300.

ART coverage in the province in mid 2016 was at 46.4%. Based on these figures nearly 963 728 people in Gauteng who could benefit from treatment, are not on it. Of those on treatment 72.5% were virally suppressed¹⁴. This indicates that there is need to improve adherence levels in the province in order to reach the 90% viral suppression target by 2020 as outlined by UNAIDS in the 90-90-90 targets – and reiterated by the National Strategic Plan on HIV, TB, and STIs 2017 – 2022 (NSP).

This table below outlines the number of people living with HIV per district, and the ART coverage based on figures from both the District Health Barometer (DHB) and PEPFAR (in the districts in which they work in the province). By these figures, the total ART coverage in 2017 had dropped slightly to 45.58%. This is significantly far from the 81% ART coverage that the NSP is aiming for in 2020 (90% of all people with an HIV diagnosis receiving ART).

District	Population (2018 estimates Stats SA)	Total population (District Health Barometer)	Total PLHIV (District Health Barometer)	HIV prevalence (%) (DHB)	Total on ART 2015 (DHB)	Total on ART 2017 (DHB)	% increase in ART coverage	People currently receiving ART 2017 (PEPFAR based figures 2018)	ART coverage by DHB figures	ART coverage by PEPFAR figures
City of Johannesburg	5 172 937	4 949 348	638 683	12.9%	288 361	291 965	1.2%	355 023	45,71%	55,59%
Ekurhuleni	3 550 039	3 379 105	507 096	15.0%	182 092	226 955	24.6%	249 692	44,76%	49,24%
Sedibeng	982 061	957 529	168 672	17.6%	53 036	69 854	31.7%	69 437	41,41%	41,17%
Tshwane	3 454 751	3 275 152	380 703	11.6%	143 497	169 186	17.9%	180 961	44,44%	47,53%
West Rand	879 799	838 592	110 662	13.2%	63 590	65 210	2.5%	n/a	58,93%	n/a
Gauteng	14 039 587	13 399 726	1 805 816	13.5%	730 576	823 170	12.7%	855 113	45,58%	n/a

Overall, the province must do much more to reach the 90-90-90 targets by 2020 - 90% of all people living with HIV knowing their HIV status; 90% of all people with an HIV diagnosis receiving sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy achieving viral suppression.

The Thembisa model found that for the purposes of reducing new HIV infections the “most important epidemiological parameter to target will be the infectiousness of patients receiving ART”. They explained that this will mean “promoting adherence interventions such as adherence clubs, patient supporters, and SMS contact”. In other words, the most important intervention for reducing new infections is helping people already on treatment to stay on treatment and become and remain virally suppressed.

¹³ National Strategic Plan on HIV, TB and STIs 2017 – 2022. SANAC. Available at: http://sanac.org.za/wp-content/uploads/2017/05/NSP_FullDocument_FINAL.pdf

¹⁴ Thembisa Model. Available at: <https://www.thembisa.org/content/downloadPage/Provinces2017>

Support groups: Support groups linked to each public health facility are critical to provide counselling and support services to people prior to testing, post testing, pre-treatment, and those struggling on treatment. There continues to be a high number of people lost to follow up. Even within the PLHIV community and TAC's own membership of mainly people living with HIV, there have been a number of losses in the past few years of people becoming treatment fatigued, stopping ARVs, and passing away. Much more needs to be done to provide counselling and mental health services to prevent this "pill fatigue" from taking place.

Adherence clubs: Adherence clubs are a way for people living with HIV and adhering properly to treatment, to collect their ARVs outside of their local clinic. Instead they join an adherence club where they can collect their medication and join discussions about issues of treatment adherence. This is a much friendlier, simpler and quicker system than waiting in long clinic queues. Not only do the clubs promote better adherence but they also relieve the burden on health facilities that are already stretched to capacity. Given the increasing uptake of HIV treatment through "test and treat" this burden will only grow. While the adherence club model has been piloted in Ekurhuleni and some parts of West Rand and the City of Johannesburg, this must be urgently rolled out to all other districts to ensure maximum impact. There have also been concerns regarding people in the City of Johannesburg being forced to attend clubs without being afforded any other options.

Fast track model: For people who are stable on ART, there should be an option to utilise a fast track model of treatment collection at a community level. The decentralisation of ART collection is especially important in rural communities where people have to walk several kilometres to collect HIV treatment. The province should implement at least one fast track individual ART refill collection system and at least one group simplified model of care in every clinic.

In terms of TB loss to follow up, addressing the loss to follow up rate will require an aggressive active case finding and contact tracing campaign linked to the government CHW programme. The XPRES study concluded that active tracing and intensified case finding by healthcare workers should be scaled-up. The study found that it was human resources rather than diagnostics that seemed to make the difference in reducing TB mortality. The study suggested that outreach to identify TB and to improve retention in care are more important than diagnostics like Gene Xpert in reducing the risk of death after starting antiretroviral treatment¹⁵.

Our demands:

- a. 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.
- b. By July 2018, the Gauteng 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.
- c. By July 2018, the Gauteng 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.
- d. In 2018, and in every year after that, the Gauteng 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.

¹⁵ XPRES Study. Available at: <http://www.aidsmap.com/New-TB-screening-methods-cut-deaths-in-people-with-HIV/page/3221271/>

- e. By end 2018, the Gauteng 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.
- f. By end 2019, the Gauteng 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.

5. Poor TB infection control at health facilities

TB remains the leading reported cause of death in South Africa with over 33 063 deaths (8.4% of natural deaths) in the country in 2015¹⁶. The rate of new cases of active TB in South Africa remains extremely high at around 438 000 in 2016¹⁷. While total TB rates do appear to be slowly declining (down from 250 000 in 2015), multi-drug resistant TB (MDR-TB) and extreme drug resistant TB (XDR-TB) rates are increasing. The World Health Organization (WHO) estimates 19 000 cases in 2016 up from 7 350 in 2007¹⁸.

TB can be spread through the air when people with active TB disease cough or sneeze. However, various infection control measures can be taken to reduce the risk of TB transmission.

In the run-up to World Tuberculosis (TB) Day in March 2018, TAC Gauteng assessed the state of TB infection control in 24 public primary health facilities across the province. The following questions were answered by TAC members from local branches linked to each facility assessed:

1. Is there enough room in the waiting area?
2. Are you seen within 30 minutes of arriving at the facility?
3. Are the windows open?
4. Are there posters telling you to cover your mouth when coughing or sneezing?
5. Are people in the facility waiting area asked if they have TB symptoms?
6. Are people who are coughing separated from those who are not?
7. Are people who cough a lot or who may have TB given tissues or TB masks?

Based on the answers to these seven questions facilities were ranked RED (3+ questions answered “no”), ORANGE (1-2 questions answered “no”), or GREEN (0 questions answered “no”).

Of 24 facilities assessed in March 2018, 17 were found to be in a “RED” state with very poor infection control measures in place. 5 were found to be in an “ORANGE” state, and none were found to be in a “GREEN” state with good TB infection control measures in place. 2 were not included due to missing data. If we wish to make progress against TB, GREEN ratings should be the norm in the public healthcare system, instead they are non-existent.

The bad: There were mixed results in terms of ensuring windows were kept open (4 out of 24 facilities did not open the windows), posters being visible on the walls telling people to cover their mouths when coughing or sneezing (6 out of 24 facilities did not have posters), the size and space of the waiting rooms (10 out of 24 facilities did not have enough room), and screening for TB symptoms (11 out of 24 facilities did not screen).

The ugly: Facilities surveyed performed extremely poorly in terms of the length of waiting times (all - 24 out of 24 - facilities failed to see people within 30 minutes), separating those who were coughing a lot from those

¹⁶ National Strategic Plan on HIV, TB and STIs 2017 – 2022. SANAC. Available at: http://sanac.org.za/wp-content/uploads/2017/05/NSP_FullDocument_FINAL.pdf

¹⁷ Global Tuberculosis Report, WHO. Available at: <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf?ua=1>

¹⁸ Ibid

who were not coughing (17 out of 24 facilities did not separate people), and in offering tissues or masks to people who cough a lot (17 out of 24 facilities did not offer tissues or masks).

The full results in the province are outlined on the following page. While the survey has some limitations, and is by no means an exhaustive survey of facilities in the Gauteng, it nevertheless provides compelling evidence that we have an infection control problem at a number of public sector facilities. Given that poor infection control at health facilities may be a significant contributor to TB transmission in South Africa, this is a red flag that should be taken seriously. The problems highlighted in TB infection control through the audit are indicative of the wider crisis within the Gauteng health system, where overstretched nurses at understaffed clinics lack the capacity and resources to engage effectively in TB infection control measures.

Name of facility	Is there enough room in the waiting area for everyone?	Are you seen within 30 minutes	Are the windows in the facility open?	Are there posters telling you to cover your mouth when coughing or sneezing?	Are people in the facility waiting area asked if they have TB symptoms?	Are people who are coughing separated from those who are not?	Are people who are coughing a lot or may have TB given TB masks or tissues?	SCORE	RANK
Beverly Hills Clinic	No	No	No	Yes	Yes	No	No	5	RED
Boitumelo Clinic	No	No	Yes	No	Yes	No	No	5	RED
Braamfischer Clinic	No	No	No	No	No	No	No	7	RED
Diepkloof Clinic	Yes	No	No	No	No	Yes	No	5	RED
Ext 3 Clinic	Yes	No	Yes	Yes	No	?	Yes	2	?
Goba Clinic	Yes	No	Yes	Yes	Yes	Yes	Yes	1	ORANGE
JJ Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Khutsong South Clinic	Yes	No	No	No	No	No	No	6	RED
KwaMakhutha Clinic	No	No	Yes	Yes	Yes	No	No	4	RED
Mandisa Clinic	Yes	No	Yes	Yes	No	No	No	4	RED
Micheal Maponya Clinic	Yes	No	Yes	No	No	Yes	No	4	RED
Moleleki Clinic	No	No	Yes	Yes	No	No	No	5	RED
Odirileng Maponya	No	No	Yes	?	Yes	No	No	4	RED
Orlando Clinic	No	No	Yes	No	No	Yes	No	5	RED
Palmridge Clinic	Yes	No	Yes	?	Yes	No	Yes	2	?
Polosong Clinic	No	No	Yes	Yes	No	No	No	5	RED
Refentse Clinic	No	No	Yes	Yes	Yes	Yes	Yes	2	ORANGE
Simunye Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Sinethemba Poortjie CHC	Yes	No	Yes	Yes	Yes	No	Yes	2	ORANGE
Stanza Bobape Clinic	Yes	No	Yes	Yes	Yes	No	Yes	2	ORANGE
Tembisa CHC	Yes	No	Yes	Yes	No	No	No	4	RED
Thafeni Clinic	Yes	No	Yes	Yes	Yes	No	No	3	RED
Tlamelong Clinic	Yes	No	Yes	Yes	Yes	Yes	Yes	1	ORANGE
Zone 17 Clinic	No	No	Yes	Yes	No	No	No	5	RED

In addition to the primary healthcare facility survey, TAC Gauteng carried out a snap survey into the state of TB services and infection control at 2 hospitals in the province. While we recognise that many other indicators could have been tracked, these specific questions do reflect on the general state of TB services being provided at the hospitals monitored.

The following questions were asked:

1. Is there a TB ward at the hospital?
2. Does the TB ward have proper ventilation?
3. Are there enough beds at the hospital in the TB ward?
4. Where are the TB patients kept if there is no TB ward?
5. Are people with DS-TB separated from those with DR-TB?
6. Are TB medicines available at the hospital (i.e. no stockouts or shortages)?
7. Are TB ward staff protected from contracting TB?
8. Are masks offered to relatives visiting people with TB?
9. Do all TB patients complete treatment (i.e. no loss to follow up)?

Name of Hospital	Is there a TB ward at the hospital?	Does the TB ward have proper ventilation?	Are there enough beds at the hospital in the TB ward?	Where are the TB patients kept if there is no TB ward?	Are people with DS-TB separated from those with DR-TB?	Are TB and DR-TB medicines available at the hospital? (i.e. no stockouts)	Are TB ward staff protected from contracting TB?	Are masks offered to relatives visiting people with TB?	Do all TB patients complete treatment? (i.e. no loss to follow up)	SCORE
Carletonville Hospital	Yes	Yes	Yes	n/a	Yes	Yes	Yes	Yes	No	1
Sebokeng Hospital	Yes	Yes	Yes	n/a	Yes	Yes	Yes	Yes	No	1

While not exhaustive of TB related services, or hospitals in Gauteng, this snap survey has shown that both hospitals failed to ensure patients complete their TB treatment courses and are not lost to follow up. People lost to follow up who do not finish their treatment course can potentially develop resistance to TB treatment, further spread TB to those around them, and ultimately potentially die without being cured.

Based on this evidence and analysis we therefore demand the following:

Our demands:

- a. 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.
- b. 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.
- c. 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.
- d. 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.
- e. 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. 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.

6. Rights violations of people with mental health conditions

The devastating loss of life in the Life Esidimeni tragedy recently shook the country. As the painful arbitration hearings unfolded, families cried and spoke about the suffering of their loved one's undignified deaths. We heard how those who had the power to prevent this tragedy washed their hands and tried to evade responsibility, doing the minimum to collect their paychecks. The painful reality is that substantial sums of money were involved and that in many cases the only explanation for some of the implicated NGOs taking in patients that they were not qualified to care for was greed.

Following the arbitration hearings, MEC Ramokgopa recently also outlined plans to gather better data and information from mental healthcare patients and the families of the patients; vowed better consultation with families, and urgent assessment of the province's mental health patients, so that if necessary they can be transferred from the NGOs to better care facilities. However, the award handed down also required the MEC to produce a turnaround plan to improve mental healthcare services more broadly in the province within 30 days. To date this plan has not been published.

Our demands:

- a. We demand the urgent release by the MEC of a turnaround plan to improve mental healthcare services in the province, the deadline of which has passed (within 30 days of the award). Part of this plan must include a strategy of engagement with interested parties including civil society in the implementation of the plan.

7. Financial maladministration & budgetary issues

Even though it's South Africa's richest province, Gauteng is under pressure from a growing metropolis and is not future-proofing fast enough for its evolving needs. There are challenges of rapid urbanisation, with high migrant numbers and community members who are transient and difficult to track medically. The province also has to plan for accelerated environmental degradation, overcrowding, job shortages, limited resources and the growing gap between the haves and have-nots.

The divisions are evident in data from Stats SA's General Household Survey of 2016, which was released in June 2016. For example, Gauteng is home to the highest percentage of medical aid members in the country at 27.6 percent¹⁹, but this still leaves 70 percent of the population reliant on that R46.4 billion to be spent wisely and effectively.

The Gauteng Department of Health has its own hurdles to overcome, including proving that it is fit to govern. After being placed under administration in 2013, the department finally achieved an unqualified audit from the Auditor General for its financial management this year.

In 2018, Gauteng's 2018 budget set aside R46.4 billion to the provincial Department of Health, an increase of R4.4 billion from the previous financial year²⁰. This amounts to 38% of the provincial budget for the year²¹. R28 million was put aside for compensation of the Life Esidimeni victims²².

In order to turn the department's finances around, Premier Makhura has reportedly set up a special task team. In addition, MEC Ramokgopa announced that there would be no new capital projects in this financial year, in order to deal with the current financial problems. This is of concern given the urgent need for infrastructural renovation at a number of health facilities as outlined above.

¹⁹ Stats SA's General Household Survey of 2016. Available here: <https://www.statssa.gov.za/publications/P0318/P03182016.pdf>

²⁰ The Gauteng health budget for the 2017-18 financial year was ZAR 42 billion. In 2016-17 it was ZAR 37.4 billion. Available at: <https://www.spotlightnsp.co.za/wp-content/uploads/2016/12/spotlight-16-web.pdf>

²¹ TimesLive, March 2018. Available at: <https://www.timeslive.co.za/news/south-africa/2018-03-06-health-gets-biggest-chunk-of-gauteng-budget/>

²² The Citizen, March 2018. Available at: <https://citizen.co.za/news/south-africa/1846251/this-is-where-gauteng-is-pouring-its-massive-r121bn-budget/>

A significant amount of money that could be put towards improving healthcare services in the province, is being diverted towards paying medical negligence claims. The Gauteng Department of Health spent R521 million on 138 cases between January 2017 and March 2018. Yet the department still faces an additional 1 597 cases in the courts amounting to a further R22 billion²³. This is almost half the health budget. Yet if vacant posts are not filled, then medical negligence claims will only continue.

8. Poorly functioning accountability structures

In South Africa, governance structures in the form of clinic committees and hospital boards are intended to ensure community participation at a local and district level. They are provided for in South African law and are key to ensuring accountability and a successful AIDS and TB response. They are the forums through which public healthcare users are meant to engage and take ownership over the health system, raise concerns and ensure accountability at local, district, and provincial levels. They should input and feedback into the planning, delivery and organisation of health services and play an oversight role in the development and implementation of health policies and provision of equitable health services. The committees are made up of a combination of community and civil society representatives and health professionals of each area. They allow community concerns to be elevated through the structures from local to district to provincial and finally to national level.

Section 42 of the National Health Act 61 of 2003 requires provinces to provide for clinic committees and hospital boards and ensure their functioning. However, to our knowledge Gauteng has not implemented this legislation - and it cannot be claimed that clinic committees or hospital boards function effectively across the province. Too many lack a clear understanding of their role and responsibility and no financial resources are allocated to improve this situation. In certain cases, reports show that community members' complaints brought before the committees are ignored. The committees are often run by facility managers who do not represent the needs of the community. TAC is attempting to capacitate certain clinic committees aiming to improve functionality to the benefit of public healthcare users, however TAC does not work in all clinics across the province. Of the 24 clinics surveyed in March 2018, 4 (17%) had no clinic committee, and of those with a clinic committee, few can be said to be functioning. This is despite a recent advertisement to recruit members in April 2018.

In addition, TAC Gauteng also has concerns over SANAC structures at a ward, district and provincial level. Often, these structures do not properly understand their function, the role of civil society in them, or what they are meant to achieve. These AIDS councils are meant to give civil society a way to have a say in South Africa's HIV and TB response. However, in Gauteng AIDS councils at local and ward level are non-existent. At a district level, the AIDS Councils are dormant and dysfunctional. At a provincial level, the provincial Department of Health and the SANAC secretariat lack understanding into the role of civil society at the AIDS Council. Further there is no funding for the structure to achieve its mandate. AIDS Councils must be functional and responsive to the realities we face in our communities in order to ensure an appropriate HIV and TB response that meets people's needs. This means all structures, including sectors, must understand their function and have the resources to achieve it.

We urge MEC Ramokgopa to ensure a new era of openness, engagement and accountability from the provincial health department. No healthcare worker should fear victimisation or job security as a result of speaking out. In order to ensure better communication flows, accountability structures such as hospital boards and clinic committees should be fully functional to ensure the concerns of health workers and community members are addressed effectively. A system should be established to take management teams out of their offices and into the community to listen to the needs of the people on a regular basis.

Our demands:

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

²³ Times Live, April 2018. Available at: <https://www.timeslive.co.za/news/south-africa/2018-04-16-gauteng-health-facing-claims-totalling-r22bn-for-medical-negligence/>

- b. We demand that all clinic committees and hospital boards are capacitated on their roles and responsibilities by end July 2018, and that an annual review takes place of the functionality of each structure by the Gauteng Department of Health.
- c. We demand that all local and ward AIDS Councils be established by end July 2018.
- d. We demand that all AIDS Councils at local, ward, district and provincial levels meet quarterly in order to provide a space for discussions and reflections on the state of the epidemic in the area, which interventions are working and which are not, and where interventions must be strengthened or modified to improve the response.

9. Gender based violence and killings of women and LGBTQIA+ community members

TAC Gauteng is outraged and distressed by the violent killings of Karabo Mokoena, Tambai Lerato Moloi, Popi Qwabe, Bongeka Phungula, Mananki Annah Boys, Jeannette Cindi, Priska Schalk, Meisie Molefe, and many other women and young girls who have been killed recently in the province. A report released last year from Stats SA echoes this alarming trend of abuse in our society – stating that one in five women experience physical violence in their lives, rising to one in three for the poorest households.

23 years after the onset of democracy, women and LGBTQIA+ community members in South Africa continue to face disturbing levels of oppression, violence and injustice. The South African Constitution guarantees equality and freedom for all regardless of sex, gender, or sexual orientation – however across the country reports of murder, rape – including spousal rape and the so called ‘corrective rape’ of lesbians, harassment, domestic violence and sexual violence is worryingly prevalent. The reality of these Constitutional guarantees remains only on paper for the vast majority of women in our country.

Unfortunately, the rape and murder of women is nothing new in South Africa. TAC, the Social Justice Coalition, Sonke Gender Justice, and a number of other organisations have worked over more than a decade to improve the criminal justice system and to change gender norms in society. We recognise that the problem of patriarchy, homophobia and violence against women in our society is complex, deeply entrenched and has no quick solutions. But that is no excuse for inaction. We do not need to reinvent the wheel. We must learn from the important work of the Khayelitsha Commission of Inquiry that has already examined many of these issues²⁴. The Gauteng government must use the recommendations as a template for the province. This must include more equitable distribution of police resources and a commitment to progressive reform of the criminal justice system.

Our demands:

- a. Premier Makhura must show concrete leadership in ensuring meaningful equality for women and LGBTQIA+ people in all spheres of our society including through using the recommendations of the Khayelitsha Commission of Inquiry as a template for implementation in Gauteng.
- b. All SAPS members must attend a Domestic Violence training course. In addition, they must attend a sensitivity training on LGBTQIA+ issues in order to ensure there is no discrimination or stigma for LGBTQIA people requiring police assistance.

10. Migrants unable to access healthcare

The issue of migrants unable to properly access quality healthcare is another issue in Gauteng. Migration has always been part of human behaviour, moving to and from places for better opportunities or to flee harsh, untenable living conditions. The challenge of managing healthcare in the context of migration, though, can be complicated. Undocumented individuals who have no medical records, or are suspicious of anything associated with the state, remain highly vulnerable and they are prone to fall through the cracks. There can also be language and cultural barriers and a state of perpetual transience that makes sticking to healthcare regimes or follow up medical checks difficult for patients. Gauteng is also subjected to xenophobia directed at those who are seen as outsiders taking up scarce resources in the economic heart of South Africa, which

²⁴ Khayelitsha Commission of Inquiry. Available here: http://www.khayelitshacommission.org.za/images/towards_khaye_docs/Khayelitsha_Commission_Report_WEB_FULL_TEXT_C.pdf

makes managing migration a heightened priority for the province. At times foreign nationals are faced with discrimination, stigma and poor treatment from healthcare workers.

Our demands:

- a. By end June 2018 the provincial Department of Health must send out a circular to all health facilities in which they instruct Hospital Managers and Clinic Managers to ensure that foreign nationals are treated at health facilities, in a dignified manner without stigma or discrimination. Foreign nationals must be treated exactly the same as South African nationals. Those who fail to adhere to this will face disciplinary action.

11. Dire state of emergency medical services

The provincial emergency medical services (EMS) and planned patient transport (PPT) systems in Free State are characterised by long waiting times, a lack of reliability, and indignity—all experienced in the most vulnerable and frightening moments of life for people who depend on these services.

The current failure of the EMS system impacts disproportionately on the most vulnerable and especially on those in poor and rural settings. The unavailability of ambulances either in emergencies or for planned patient transport means that many people are forced to make substantial out-of-pocket payments to access health services at facilities. For those who are unable to pay for these services, they have no option than to wait for an ambulance which often take hours to arrive, or does not arrive at all.

In terms of absolute numbers, there is a major shortage of ambulances in service in the province. According to the Department of Health’s standards there should be 1 ambulance to 10,000 people. In a population of more than 4 million that amounts to the minimum of 405 ambulances as outlined below.

District	Population (2018 estimates Stats SA)	# of ambulances required at 1:10 000
City of Johannesburg Metropolitan Municipality	5 172 937	517
Ekurhuleni Metropolitan Municipality	3 550 039	355
Sedibeng District Municipality	982 061	98
Tshwane Metropolitan Municipality	3 454 751	345
West Rand District Municipality	879 799	88
Gauteng	14 039 587	1 404

Our demands:

- a. We demand at least 1 404 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.
- b. 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.
- c. We demand the provincial Department of Health takes the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.
- d. 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.

Conclusion

Overall, the persistent and severe challenges outlined in this report result in people who depend on the public healthcare system receiving inadequate, poor quality and undignified healthcare. The Gauteng healthcare system is broken. This dysfunction impacts disproportionately on the poorest and those in rural communities. The broken health system also impedes on the success of the provincial HIV and TB response. It needs an urgent turnaround strategy to clean the dirt in the system and to get rid of all the corruption and mismanagement that continue to deprive public healthcare users of their Constitutional right to access quality healthcare services.

Our members and members of our communities have had enough of the decay in our public healthcare system. We will hold politicians accountable for their indifference to the suffering of other human beings. We will not accept the way our dignity is being trampled on by the corrupt and the politically connected.

TAC will continue to monitor it and to seek solutions through all the means at our disposal. We request a written acknowledgement of the concerns and demands outlined in this report by 15 June 2018. After which, the timeframes outlined in the individual demands must be adhered to.

For more information contact:

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For ease of reference we again list all our demands below:

- 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 17 615 in or before 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 investigation into all hospitals in the province by end July 2018, after which a turnaround plan must be developed that addresses human resource shortages, ensuring adequate and functional equipment, improving the state of hospital infrastructure and any other issues raised in the investigation.
- 2b. Urgent steps need to be taken by MEC Ramokgopa to audit the infrastructure all Gauteng health facilities and ensure what happened at Charlotte Maxeke does not happen again. A report outlining the findings of this audit should be published by end July 2018.

2c. 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.

2d. The 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, phones, 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.

2e. The 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.

3a. 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.

3b. By July 2018, the Gauteng 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.

3c. By July 2018, the Gauteng 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.

3d. In 2018, and in every year after that, the Gauteng 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.

3e. By end 2018, the Gauteng 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.

3f. By end 2019, the Gauteng 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.

4a. 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.

4b. 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.

4c. 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.

4d. 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.

4e. 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. 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.

5a. We demand the urgent release by the MEC of a turnaround plan to improve mental healthcare services in the province, the deadline of which has passed (within 30 days of the award). Part of this plan must include a strategy of engagement with interested parties including civil society in the implementation of the plan.

6a. We demand an audit report of the functionality of clinic committees and hospital boards by end June 2018.

6b. We demand that all clinic committees and hospital boards are capacitated on their roles and responsibilities by end July 2018, and that an annual review takes place of the functionality of each structure by the Gauteng Department of Health.

6c. We demand that all local and ward AIDS Councils be established by end July 2018.

6d. We demand that all AIDS Councils at local, ward, district and provincial levels meet quarterly in order to provide a space for discussions and reflections on the state of the epidemic in the area, which interventions are working and which are not, and where interventions must be strengthened or modified to improve the response.

7a. Premier Makhura must show concrete leadership in ensuring meaningful equality for women and LGBTQIA+ people in all spheres of our society including through using the recommendations of the Khayelitsha Commission of Inquiry as a template for implementation in Gauteng.

7b. All SAPS members must attend a Domestic Violence training course. In addition, they must attend a sensitivity training on LGBTQIA+ issues in order to ensure there is no discrimination or stigma for LGBTQIA people requiring police assistance.

8a. By end June 2018 the provincial Department of Health must send out a circular to all health facilities in which they instruct Hospital Managers and Clinic Managers to ensure that foreign nationals are treated at health facilities, in a dignified manner without stigma or discrimination. Foreign nationals must be treated exactly the same as South African nationals. Those who fail to adhere to this will face disciplinary action.

9a. We demand at least 1 404 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.

9b. 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.

9c. We demand the provincial Department of Health takes the necessary steps to address the shortage in emergency medical personnel by filling all vacant posts.

9d. 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.