

Budget Monitoring Forum meeting with the Department of Health

Notes

22 October 2009

1. Meeting Chaired by Vuyiseka Dubula at 12:00 on 22 October 2009 in TAC offices Longmarket Street Cape Town.
2. **Attendees:**
 - Vuyiseka Dubula (TAC)
 - Nathan Geffen (TAC)
 - Denise Hunt (AIDS Consortium)
 - Shelia Barsel (NEHAWU)
 - Sello Mokhalipi (TAC/FSC)
 - Francois Venter (RHRU)
 - Daygan Eagar (PSAM)
 - Susan Cleary (UCT)
 - Dr. Thobile Mbengashe (DoH)
 - Nthabiseng Kohza (DoH)
3. Attendees introduced themselves
4. Vuyiseka explained the rationale behind the formation of the Budget Monitoring forum and its submission to the minister regarding the expected ARV budget shortfall
5. Dr. Mbengashe responded by saying that he had received the submission from the minister and was in the process of drafting an official response. He also said that the Department wanted to make every effort to engage more regularly with civil society to share service delivery challenges. He then went on to explain issues relating to the current ARV budget shortfall and what the Department has done to overcome these challenges. Specifically he discussed the following:
 - Poor provincial budgeting and setting of targets.
 - He said that there was a need to relook at the budgets of seven provinces as only two (Western and Northern Cape) appeared to have adequate budgets
 - The Department has estimated that it would take approximately R1.2 billion to overcome the shortfall for both ARVs and labs until the end of the 2009/10 financial year
 - The Department has applied to National Treasury and other funding partners such as PEPFAR for additional funds.
 - Treasury has given a commitment that it would cover R900 million or 74% of the shortfall and the US government has promised an additional R240 million. The Department therefore has commitments to cover between 80% and 90% of what is needed.
 - The Department is still in the process of working-out how the monies will be spent and how much each province will receive. A final proposal will be ready by the end of next week.
 - The Department's first priority though is to ensure that no one is turned away.
 - In relation to labs the provincial Departments are being asked to find funding for

those

- According to Dr. Mbengashe a major issue is the quality of information revived from provinces. So there is a political commitment to overcoming problems relating to treatment but the National Department is pushing for better lines of communication.
- He mentioned that there were a range of structural problems that need to be resolved in order to ensure that there are long term solutions to funding and service delivery challenges.

6. Vuyiseka questioned the way in which the Department has been communicating with members of the public, especially the “careless comments” made in relation to the current crisis. She went on to ask the Department to make a commitment to the NSP targets and ensure that no one is turned away from facilities without treatment.

7. In response to Vuyiseka’s comments Dr. Mbengashe said that:

- The current Business Plan targets cover 800 000 patients and that by 2011/12 the Department estimates that it will be able to cover 1.3 million patients. He said that they were therefore comfortable that they were moving towards universal coverage.
- Access does not necessarily equal good clinical outcomes and that systems of access also need to be prioritized.
- Business Plans currently have a financial focus but are weak on targets and projections.
- There is a need to get the baseline right and move towards needs based planning
- Teams are being sent to provinces to address key weaknesses in Business Plans
- The Department is working on its modeling and instruments
- But there are still significant capacity constraints, especially for the funding of vacant posts and achieving the right “mix” of staff.
- He that there would Nationally based guidance and support for provinces for the next two to three years

8. Sue said that there needs to be a focus on long term planning and the system for at least the next five years

9. In response Dr. Mbengashe said that:

- The Minister of Health has asked the UN to conduct a health sector review
- Operational plans do need extensive review
- The Department needs to also review how provinces assess need
- There also needs to be a push towards the full integration of TB and HIV services and that TB also needs to fall under the ambit of SANAC
- The Department is looking at the de-centralisation of services. This could include having nurses as initiators
- The Department is also looking to strengthen ties with communities and civil society
- There is a need to look at drug costs and how to bring these down

10. Nathan asked about the calculation of the number of people on treatment and the difficulties of getting information on pharmaceutical sales. He also said that spending on the tender should be made publically available

11. Dr. Mbengashe replied by saying that:

- There are problems with the quantities and verification of tenders
 - There are challenges with accruals as these do not give an accurate sense of budget movements
 - There is also a need to look at how conditional grants are structures
 - Information probably will not be made public but might be available to technical groups
12. Vuyiseka said that there is a need for better access to information. She raised the issue of the IST reports and that these need to be made publically available. She also said that civil society needs to be used as an early warning system
 13. Dr. Mbengashe said that he would look into the status of the reports and that there is a need to make a commitment to making more information publicly available. But this needs to be done with caution as “misunderstandings can create mistrust”. He was unable to say if the IST reports would become public.
 14. Vuyiseka said that while civil society did appreciate the Department’s openness work still needs to be done to improve trust.
 15. Francois said that the relationship is different at provincial level as provinces often take the law into their own hands. He said that the Minister must take a public stance that no provincial manager can stop providing treatment. This public commitment must happen soon if the Department is to calm fears.
 16. Dr. Mbengashe said that the Minister has already addressed provincial administrators but agrees that a public stance needs to be made.
 17. Sello said that Minister must be informed not to withhold information and that there must be transparency and partnership.
 18. Dr. Mbengashe asked if there were any issues that civil society was aware of?
 19. Vuyiseka said that we have briefed Yogan Pillay but the Department also needs to be open about the situation.
 20. Dr. Mbengashe responded by saying that things are improving and that there is a willingness to build new trust but we are not there yet. The Department does want to improve relationships by holding more meetings for example.
 21. Denise raised the issue of community care givers and the need for urgent intervention on draft legislation. She asked the Department to withhold on the adoption of the policy. She said if the policy was adopted challenges would persist and there has not been adequate public consultation. She said that if given more time civil society would be able to come back with workable inputs.
 22. Dr. Mbengashe said that he would explore the issue.
 23. **Meeting closed**