Report of the meeting to assist civil society campaign for better health budgets and accountability of health expenditure

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Moratoriums, long waiting lists and stockouts have become an unacceptable feature of the state's highly active antiretroviral treatment (HAART) and prevention of mother-to-child transmission (PMTCT) programmes. The programmes are poorly monitored. Their budgets are not evidence-based. Expenditure on them is opaque and poorly managed. Health officials are failing to properly develop, manage, monitor and evaluate health budgets and expenditure. They are not being held accountable. The consequence of this dire situation is that many people are dying avoidably.

The objective of this meeting was therefore to launch a civil society campaign to monitor and improve the state's management of health finance, with emphasis on the HAART and PMTCT programmes.

Presentations

Several presentations were made at the meeting. They highlighted the problems with health programmes and explained how civil society could intervene to improve the situation.

Brian Honermann presented an analysis of the Free State health department's business plan. He pointed out elementary errors, misalignments between the plan and the budget and how it was unclear from examining the budget why the province was running out of funds for ARVs, as it did during the moratorium of late 2008. A key problem with the health budgets is the lack of available and current information. For example, the personnel system is not in order. Trudie Harrison and Sello Mokhalipi from the Free State AIDS Coalition gave examples of ARV stockouts and shortages of staff to dispense medicines. Pregnant women are not being initiated on the PMTCT programme. The Free State Health Department has warned that there will be a moratorium again in September. During the discussion the meeting heard of shortages of medicines like folic acid for pregnant women and cotrimoxazole. Of those who die on the Free State HAART programme, more than 80% do so before initiating treatment, i.e. they die on waiting lists. We also heard that the OSD has not been properly planned and has a potentially massive unplanned impact on the provincial health budgets. It was agreed that we have twin crises: (1) the management of health expenditure and the fact that provincial health budgets are woefully inadequate to meet the country's health needs.

Adila Hassim explained how the Constitution and several pieces of legislation work together to provide a basis for holding government accountable on budgeting and expenditure. The Constitution provides for the progressive realization of the right to access health services. It also provides the rights to administrative justice and access to information. These are relevant when moratoriums are put in place, budgets are cut and

expenditure is inadequate and poorly monitored. Hassim explained how the National Health Act, Public Finance Management Act (PFMA) and Promotion of Administrative Justice Act (PAJA) give effect to constitutional rights. She explained that the Constitution gives the national government the power and duty to ensure that health-care is provided for adequately at provincial level.

Susan Cleary presented an analysis of the impact of the HIV National Strategic Plan on health-care and its implications for equity. She also presented data on the inequality of expenditure between the private and public sectors. She argued that the public health system is inadequately funded to meet its current needs. The HAART and PMTCT programmes currently use about 4% of the health budget, rising to 42% in 2020. Cleary explained that the under-resourcing of the public health system over the last 15 years could be reversed if there was a rapid scale-up of health expenditure. She showed that to achieve this within a National Health Insurance (NHI) system, expenditure on the NHI would have to increase from 3.1% of GDP in 2010 to 4.8% in 2013 and 5.1% in 2020.

Alison Hickey-Tshangana explained, based on her experience working in government, how civil society could work with and influence the state's budgeting process. She told the meeting that the biggest factor influencing the budget was the previous year's budget (as opposed to real needs). Hickey-Tshangana presented the budget timetable and explained the most opportune times to intervene. By November it will be practically impossible to make further adjustments to the budget, so we will need to act quickly to influence this year's health expenditure. She gave several ideas on which processes civil society should become involved in. For example, provincial benchmark meetings can be used to feed information and queries to the Treasury representative responsible for health. She emphasised the importance of brief presentations based on accurate research.

Nhlanhla Ndlovu gave two presentations showing how civil society can monitor state budgeting and expenditure. He showed a comparison of AIDS budgets and expenditure in Botswana, Zambia, Swaziland, Lesotho and Mozambique using the National AIDS Spending Assessments methodology. This methodology could possibly be used to useful effect in South Africa. He then presented various tools that civil society can use to monitor state budgets and expenditure. Ndlovu and the Centre for Economic Governance in Africa will be training the Treatment Action Campaign (TAC) to use some of these tools in the next few months.

Principles of the Budgeting and Expenditure Forum

TAC chairperson Nonkosi Khumalo led a discussion on how to take this campaign forward. This group will constitute itself as the Budgets and Expenditure Monitoring Forum. It will meet twice a year to report back on work done and monitor progress. Nathan Geffen of the ALP will be the initial convenor.

The forum recognises that:

- The burden of disease in South Africa is disproportionately large compared to countries at similar levels of development. This is primarily due to the HIV epidemic.
- Health-care is unequally distributed primarily as a legacy of apartheid. Building a decent health-care system capable of responding adequately to HIV and other diseases is a government priority. Civil society has a duty to assist government to do this. It must also hold government accountable.

- There are competing demands for state funds. This competition is especially acute during a recession. The state must have a rational policy for deciding between competing demands and this should be based on constitutional duties, legislative and moral obligations and the principle that health needs are public goods.
- At present there is a discord between many aspects of the health budget and what is needed. Health budgets need to move swiftly to being evidence-based, transparent and understandable. One of the essential steps for this to happen is the development of district health plans, as provided for in the National Health Act.
- The monitoring and evaluating (M&E) of how health budgets are spent and the management of that expenditure is woefully inadequate. For example, the data available on the PMTCT and HAART programmes is inaccurate. We need access to routine expenditure information so that we can properly assess the performance of government.
- The mishandling of the Occupation Specific Dispensation, the failure to keep the Department's human resources database up-to-date and the failure to implement proper M&E systems for the PMTCT and HAART programmes represent failures of accountability. Accountability of civil servants, including the ones responsible for these failures, and political leaders is essential if health programmes are to be delivered successfully.
- Not only must we hold the state accountable, but also civil society (including ourselves), donors and the private sector.
- The problems with the HIV programmes are not unique. Other health programmes, e.g. diabetes, cancer etc., are facing similar problems. We need to make alliances with health workers and community organisations working to improve these programmes.

Way forward

The meeting decided on the following plan of action:

- Send a letter to Treasury, preferably endorsed by several of the organisations present, describing the problems highlighted here and listing reasonable demands for rectifying them.
- Announce this forum (probably in a press conference) in light of the fact that the HAART and PMTCT programmes are under threat.
- Research the facts on the OSD debacle and publicise it.
- Take action to prevent further moratoriums, particularly the one threatened by the Free State Department of Health in September.
- Make submissions to the Free State provincial health and treasury departments, as well as the national departments and the Parliamentary Portfolio Committee on Health.
- Produce a fact sheet for the members of community based organisations like TAC and the Free State AIDS Coalition, describing the problems and what needs to be done about them.

- Take action to obtain access to and make public the IST reports commissioned by Minister Hogan when she was health minister. We are aware that these reports are complete.
- Consider the possibility of demonstrations outside the Free State legislature and the national Parliament.
- Consider litigation if reasonable measures are not taken to improve the budgeting, expenditure, monitoring and evaluation of the HAART and PMTCT programmes.

The success of the forum will depend on the participation of the organisations and individuals who attended the first meeting and others who have expressed interest in this forum. Let us work together to improve the health system.

Delegates

No	**Surname**	**Name**	**Organisation**	**Emails (DELETED FOR WEBSITE VERSION)**
1	Balati	Lawrence	TAC	
2	Booth	Paul	ALP	
3	Cleary	Susan	UCT	
4	Dubula	Vuyiseka	TAC	
5	Eagar	Daygan	PSAM - Rhodes Univ	
6	Erhiawarien	Mercy	Equal Education	
7	Geffen	Nathan	ALP	
8	Giya	Godknows	IDASA	
9	Goudge	Jane	Wits	
10	Harrison	Trudie	FS Coalition	
11	Hassim	Adila	ALP	
12	Heywood	Mark	ALP	
13	Hickey	Alison	PDG (Consultant)	
14	Hoboyi	Nokhwezi	TAC	
15	Honermann	Brian	ALP	
16	Khumalo	Nonkosi	ALP	
17	Lombard	Anna-Marie	Health-E News	
18	Madikizela	Zukile	TAC	
19	Makhanya	Promise	TAC	
20	Makhetha	Kabelo	FS Coalition	
21	Mbatha	Malusi	TAC	
22	Meyer-Rath	Gesine	Wits/ Boston University	
23	Mfiki	Amelia	TAC	
24	Mofomade	Mashudu	TAC	
25	Mohamed	Ahmed	Equal Education	
26	Mokhalipi	Phineas	FS Coalition	
27	Moultrie	Harry	ECHO	
28	Mtyingizana	Beata	NALEDI	
29	Mwenge	Kisimba	IDASA	
30	Ndlovu	Nhlanhla	CEGAA	
31	Scheepers	Ella	ALP	
32	Schowalter	Laurie	SAHIV Clinicians Society	
33	Steele	Theo	COSATU	
34	Van den Heever	Alex	Consultant	
35	Wlodarski	Agnieszka	ALP	

Organisations represented and/or interested

ALP, TAC, Free State AIDS Coalition, CEGAA, PSAM, Southern African HIV Clinicians Society, NALEDI, DENOSA, COSATU, NEHAWU, CAPRISA, Equal Education, IDASA, ECHO, RHRU

Apologies and/or expressions of interest

Sheila Lapinski (NEHAWU), Andrew Gray (CAPRISA), Mark Blecher (Treasury), Brian Brink (Anglo American)