Published on *Treatment Action Campaign* (http://www.tac.org.za/community)

Call to Action - Support Nozizwe Madlala-Routledge. Demand the implementation of the National Strategic Plan

By *moderator*
Created *2007/08/15 - 12:00am*
15 August, 2007 - 00:00 ? moderator

The dismissal of former Deputy-Minister of Health, Nozizwe Madlala-Routledge, reinforces growing concerns about President Mbeki and Minister Tshabalala-Msimang's commitment to implementing the National Strategic Plan on HIV/AIDS 2007-2011 (NSP). Madlala Routledge created a new partnership that contributed to the development of this plan. She fought for a scientific approach to HIV medicine, based on the principles of universal access to treatment and comprehensive evidence-based prevention. The TAC believes we can best show our support for Madlala-Routledge by galvanising public support for the implementation of the NSP.

Following Madlala-Routledge's dismissal, the Government Communication and Information Service released a statement reiterating government's committal to the NSP. The sincerity of this commitment can be concretely measured. Some of the key targets that the NSP commits to achieving by the end of 2007 are

- an additional 120,000 adults on treatment,
- an additional 17,000 children on treatment,
- 70% of all pregnant women tested for HIV,
- 25,000 pregnant women receiving a comprehensive package of AIDS care including antiretroviral treatment,
- 60% of HIV-positive pregnant women receiving the mother-to-child transmission prevention of HIV package, and
- 45% of infants born to HIV-positive women receiving PCR tests to determine their status by six months.

The NSP also commits to improved drug regimens, the introduction of a new policy on HIV testing, appropriate policies on questions such as male medical circumcision and much else.

We call on government to restore our confidence in the Department of Health and demonstrate its real commitment to the NSP by taking the following actions:

1) **Reduce maternal and child mortality:**
(a) Immediately give all health facilities offering single-dose nevirapine for mother-to-child transmission prevention the go-ahead to upgrade to dual-therapy if they believe they have the capacity to do so. The NSP acknowledges ?better efficacy is achieved with dual therapy in PMTCT. A dual -therapy regimen is also known to be highly cost effective.?
(b) Scale up the number of women who are offered and receive mother-to-child transmission prevention. Too many HIV-positive women still do not receive the full mother-to-child transmission prevention package resulting in tens of thousands of avoidable infant HIV infections annually. While the Department of Health claims that serviced are offered broadly, actual access and uptake are limited.
(c) Offer PCR testing to the infants of HIV-positive women so that infants with HIV can be placed onto antiretroviral

treatment immediately, which will greatly reduce the number of infant deaths as recently discovered by a major study conducted in South Africa.
(d) Put in place mechanisms to ensure that all pregnant women with CD4 counts near or below 200 are offered antiretroviral treatment for their own health. This will reduce maternal mortality. Also, infants with healthy mothers have a greater chance of survival.
(e) The Department of Health's investigation into conditions at Frere Hospital is inadequate. But the recommendations of this report must be implemented immediately and further concerns that are coming to light must be addressed, not by taking disciplinary action against health workers who raise these concerns, but by rectifying the resource and management problems in Frere Hospital.
(f) Identify all hospitals throughout South Africa offering sub-optimal care and develop an emergency staffing and support plan for these health facilities.

2) **Scale up and improve antiretroviral and opportunistic infection treatment:**
(a) Allow provincial health departments to accredit health facilities that are in a position to provide antiretroviral treatment and end the slow and unnecessarily complicated antiretroviral site accreditation process run by the National Department of Health. This will allow more facilities to provide antiretrovirals and relieve waiting lists. Unless this is done urgently, it will be impossible to meet the NSP's targets.
(b) Revise the Department of Health's human resources plan to include effective mechanisms for filling unfilled posts and relieving the human resources crisis in the public health system. A clinic-level assessment of unfilled posts is needed. The human resources plan also needs to be amended in line with the NSP as it currently fails to address the HIV epidemic.
(c) Revise the national antiretroviral treatment protocols to include better drugs.
(d) Take steps to reduce the prices and ensure the sustainable supply of all antiretroviral medicines, in particular efavirenz and lopinavir/ritonavir.
(e) Publish a list of all sites offering post-exposure prophylaxis for rape survivors and publish information explaining how rape survivors can access this intervention.
(f) Implement antiretroviral treatment in prisons as committed to by government in negotiations with the TAC and subsequently reneged upon.
(g) Take measures to allow more health facilities to access cotrimoxazole, fluconazole, acyclovir and all opportunistic infection medicines on the essential drugs list.
(h) Allow fluconazole to be dispensed as a schedule 4 drug (i.e. the schedule it is registered) in the public health system.

3) **Monitor the NSP properly:**
Conduct an audit within the next six months to determine the number of adults and children with HIV being monitored by the public health system, the number of adults and children on first and second-line antiretroviral treatment, the number of women who are offered, take up and receive the full mother-to-child transmission prevention programme, the number of infants born to HIV-positive women who receive PCR tests by six weeks and six months, the number of infants born to HIV-positive women who have taken up mother-to-child transmission prevention who are HIV-positive, the number of people who have asked for and received post-exposure prophylaxis and facilities offering this intervention, the number of facilities offering antiretroviral treatment, the number of facilities offering comprehensive mother-to-child transmission prevention services, the number of facilities offering post-exposure prophylaxis and the number of facilities offering provider initiated HIV testing.

4) **Create an independent appropriately funded South African National AIDS Council (SANAC):**
Give SANAC the resources it needs to be independent, meet regularly, act efficiently and provide leadership on HIV/AIDS.

5) **Send unequivocal messages on treatment and prevention and stop charlatans from misleading people**:
The following steps will ensure that more people ask for treatment in the public health system before they have reached advanced stages of AIDS.
(a) Investigate and stop the activities of people, such as Matthias Rath, who sell unregistered medicines as treatments for HIV. This was committed to in negotiations between TAC and the Deputy-President last year but no action has been taken.
(b) The President and Minister of Health regularly, using the media, should encourage people to get tested, where necessary get treated using antiretrovirals, and practice safer sex.

6)**Implement urgent measures to combat drug-resistant TB:**

Despite civil society organisations, including TAC, meeting with the Acting Minister of Health earlier this year and releasing a joint statement, we have yet to see urgent action to combat drug-resistant TB, including giving all health facilities with high TB incidence the resources to install appropriate ventilation of waiting rooms, public education about cough hygiene and ventilation, wearing of masks in high TB incidence facilities, the introduction of better diagnostics, contact tracing of drug-resistant TB cases and appropriate surveillance to determine the extent of the drug resistant TB epidemic.

7)**Give deadlines for taking action on important public health decisions**:

Establish timeframes for important health decisions on issues such as the introduction of voluntary male medical circumcision and provider initiated HIV testing in the public health system.

TAC will supplement these demands with demands for the improvement of specific selected health facilities in coming weeks.

How you can help

Members and supporters of TAC will stage mass protests across South Africa in the coming weeks. We ask the local and global community to take action. You can undertake one or more of these actions to support the above demands:

1) Attend the mass meeting at the University of Cape Town on Wednesday, August 15, 1-2 pm.
Venue: Jammie Plaza, Upper Campus (if raining: Leslie Social Sciences Building)
For further information, contact: Busisiwe Skosana (TAC UCT): 076 453 9393, Hannah Hussey (TAC UCT): 073 349 6292, Boitumelo Nkgudi (Health Sciences Student Council): 073 073 3714

2) Hold demonstrations in your area. Watch the TAC website and the media for details about further actions.

3) Fax your South African embassy/consualte and/or meet with your ambassador. Also fax correspondence with your local South African embassy/consulate to President Mbeki at any of the following numbers:

+27 21 461 2838
+27 12 323 8246
+27 12 323 3231
+27 12 323 6080
+27 12 464 2171

5) Write letters to newspapers focusing on one or more of the above demands.

6) Write or meet with your local councilors and/or MEC for Health about one or more of the above demands.

7) Meet with your District Health Council to ask about the above demands. Even better, participate in decision-making of your district health council to ensure that the above demands are implemented in your district.

8) Sign the following petition:
http://www.thepetitionsite.com/3/support-for-nozizwe-madlala-routledge

Further advice

For media comment please contact any of the following TAC spokespeople:

Vuyiseka Dubula - Cape Town 082 763 3005 or 021 447 2593
Nosisa Mhlathi ? Cape Town 084 399 0031 or 021 788 3507
Portia Ngcaba - Eastern Cape 078 456 9102 or 043 722 2645
Nkhensani Mavasa - Limpopo 072 865 8651 or 015 291 5448
Gordon Mthembu ? Gauteng 072 897 7552 or 011 873 4130

For background information, please contact the TAC National Office:
Nosisa Mhlathi - 021 788 3507 or 084 399 0031

Also email:

info@tac.org.za

- HIV/AIDS National Strategic Plan
- Nozizwe Madlala-Routledge

- HIV/AIDS National Strategic Plan
- Nozizwe Madlala-Routledge

Source URL (retrieved on *2016/05/30 - 10:25pm*): http://www.tac.org.za/community/node/2143