

# Free State ART shortages: Lack of funding means ART waiting lists are frozen

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The head of the Free State Health Department, Professor Pax Ramela, released a statement on 14 November 2008 which explained that ART shortages in the Free State were not the result of financial mismanagement, but of a lack of funding instead. This allegation was initially leveled by doctors in the province who were shocked to learn that the ART coffers were empty.

TAC has been closely monitoring the situation in the Free State since it emerged earlier this month that the Provincial ART roll-out was jeopardised by insufficient financial resources:

- [To download TAC's original statement on the Free State ARV shortages from 10 November please click here.](#)
- [To view our update on the Free State issue from 13 November please follow this link](#)
- [To download our November 17 statement on the Free State ARV shortages please click here.](#)

This week Ramela explained that the National Treasury had allocated the Free State R189,630,000 for the province's ART roll-out, through the HIV/AIDS Conditional Grant. This was R63 million below the Free State's budget for the treatment. Furthermore, the Free State was not one of the beneficiaries of bridging funding made available by Treasury to support the ART roll-out, despite the R63 million budgeting shortfall faced by the province.

Ramela has refuted allegations of financial mismanagement, arguing that: "It is irresponsible to suggest mismanagement as a cause of our Problem". TAC believes that conducting a provincial HIV/AIDS programme without adequate funds is a form of financial mismanagement.

TAC believes that, as the highest provincial power in charge of the ART roll-out, it was the responsibility of the Free State Health Department in collaboration with the National Department of Health and the National Treasury to ensure that adequate funding for the treatment was procured.

To run out of essential medications and to therefore halt the initiation of new, critically ill patients onto ART is totally unacceptable and threatens the lives of HIV-positive South Africans. On 10 November Palesa Santho, the head ARV pharmacist for the Free State, sent an email to colleagues which stated that she was "trying relentlessly to get some Kaletra". This essential second-line ARV is also used in PMTCT programmes. Stock-outs of Kaletra are extremely harmful to the health of people on the drug, as well as the infants of HIV-positive mothers who would potentially access it via PMTCT.

Ramela explained that the Free State Department of Health had initiated dual therapy for the prevention-of-mother-to-child-transmission of HIV. Dual therapy is preferable to monotherapy because it lowers the risk of HIV transmission to the infant, and also partially protects the mother from developing resistance to some antiretrovirals used in monotherapy regimens. Ramela stated: "The [Free State Health] Department was informed that R7-million would be made available for dual therapy and the Department is yet to receive that funding."

Because of the delayed start to the public ART roll-out programme, many patients present at clinics in a critical state of health and need to begin ART immediately if their lives are to be saved. TAC applauds the Free State for exceeding its

target of initiating 27 000 patients onto ART for this financial year. The Free State's initiation of an additional 2 291 patients onto ART is a sign that many patients are critically in need of the treatment, and that the provincial Health Department has been striving to meet their needs.

While Ramela stated that no patients in the Free State have yet had their ART regimens interrupted due to the treatment shortages, despite Santho's warning about shortages of Kaletra, he also explained that 'the entry of new patients into the programme has been delayed since the beginning of November'. As the average CD4 count of patients beginning ART in South Africa is under 100, there are huge increases in mortality and morbidity if ART is delayed even for a few weeks.

As the ART roll-out is scaled up across South Africa, it is essential that provincial Health Departments receive adequate funding from Treasury to support their roll-outs. As stated by Francois Venter, the President of the HIV/AIDS Clinicians Society : 'Each further day of delayed treatment has a cumulative negative effect on the roll-out'. TAC continues to receive reports from doctors who are turning critically ill patients away from their clinics because of ART shortages.

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