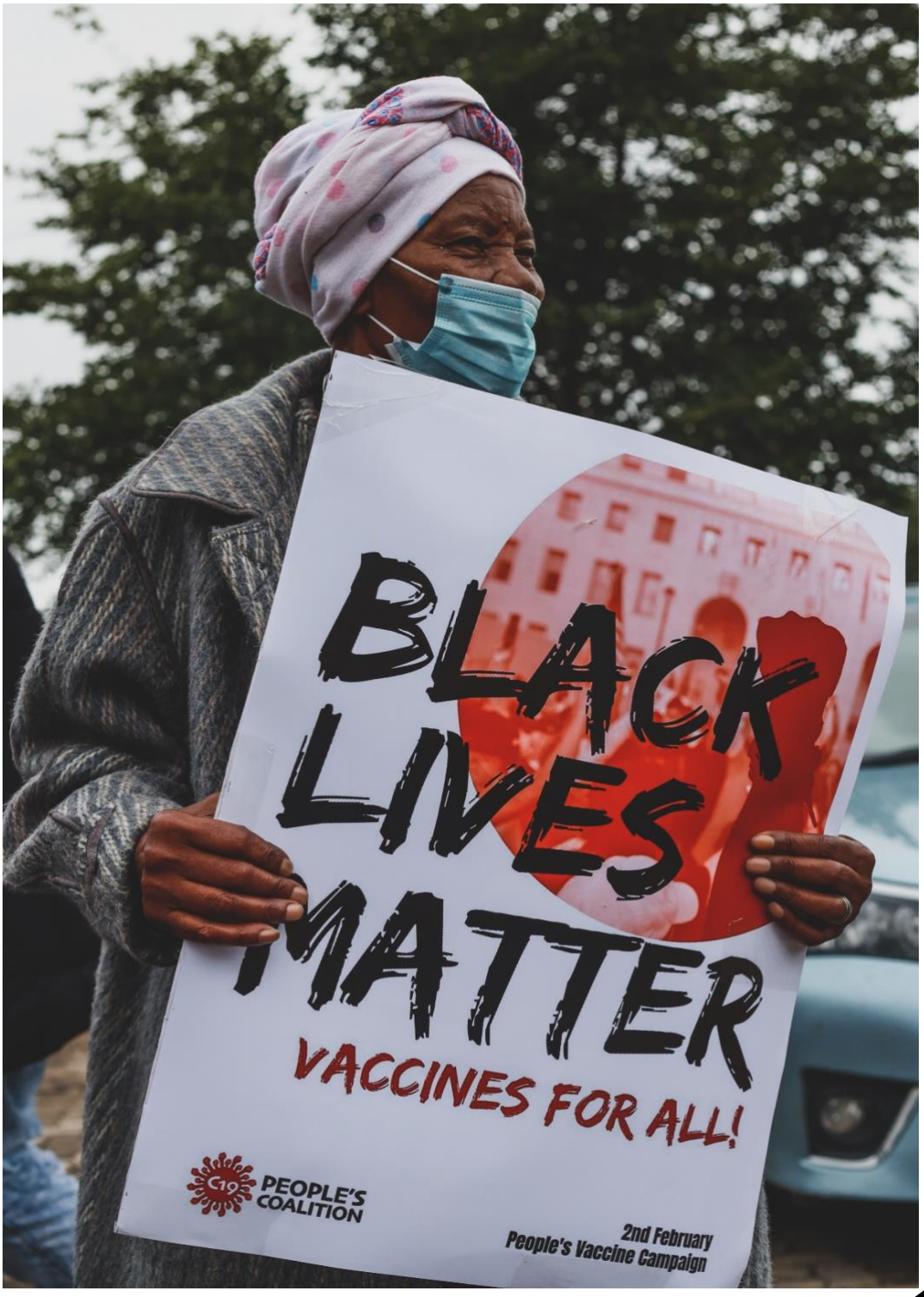
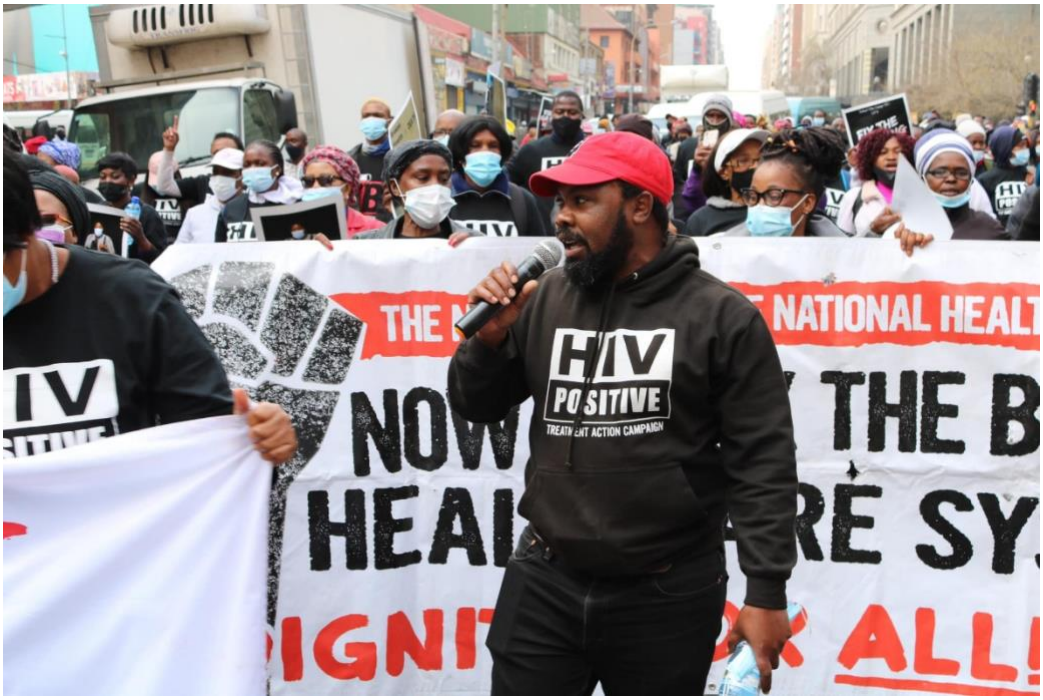
TAC

TREATMENT ACTION CAMPAIGN

PEOPLE'S HEALTH MANIFESTO 2021


BLACK LIVES MATTER
VACCINES FOR ALL!
C19 PEOPLE'S COALITION
2nd February
People's Vaccine Campaign

The Treatment Action Campaign's Questions to Political Parties



The vast majority of people in South Africa are reliant on the public healthcare system — including the vast majority of our members. It's an ailing system that at its best is under-resourced; at its worst it is severely dysfunctional.

COVID-19 has put more pressure on the system and led to a decline in overall number of visits to health facilities compared to previous years. Fewer HIV and TB tests have been carried out that will lead to more people with undiagnosed HIV or TB, and increase the number of people not on treatment.

As a country, we have the largest number of people living with HIV at 7.8 million — yet we are dangerously off-track to meet global targets to eradicate AIDS by 2030. We are falling behind most other countries in the region. Too many people living with HIV are lost before they start ARVs and once they do start treatment, they face severe retention challenges.

The failure to make sufficient progress towards these global targets can be directly linked back to the crisis in our clinics and poor-quality public healthcare services.

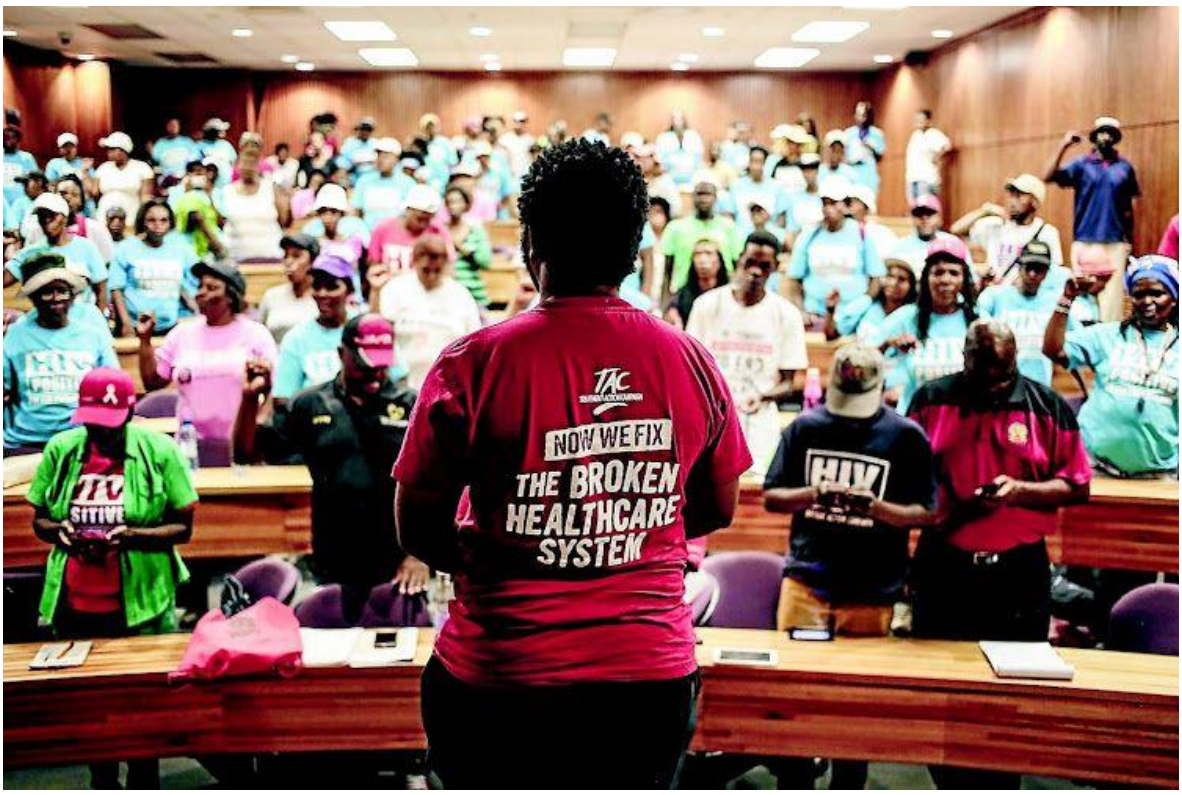
Often we start queueing outside the gates as early as 4am, only to wait all day, to never be seen. We get to the clinic, only to be sent home empty handed without the medicines we need. In many cases the nurses are overworked and under-resourced. Often, they shout at us. Doctors are scarce. Our files get lost or go missing. We wait in tiny overcrowded rooms, or sit outside without shade or seats even if we are elderly or sick. When we eventually get seen, in some clinics all the patients can see and hear our consultation. The buildings are often falling apart. We use pit latrine toilets. Equipment is missing or broken. The clinic committees we rely on to solve these problems either don't exist, or don't know what they should do.

Many of the bottlenecks standing in the way of fixing our healthcare system stem from poor quality governance and prioritising political interests over people. Often, politically appointed individuals, including councillors, lack the competence, commitment, or political will to address the very serious problems plaguing our healthcare system at various levels.

In November 2021, South Africans will go to the polls again to vote for their local councillors. According to the National Health Act, councillors are mandated to be heads of clinic committees, the primary vehicle through which communities can hold facilities accountable to their needs.

It is in this context that TAC has produced this Manifesto outlining what we consider to be the key health related issues in the upcoming elections. We consulted widely with our members and analysed the latest community-led monitoring data available from Ritshidze — a programme being implementing by five organisations of people living with HIV, including the Treatment Action Campaign. It is also in response to the various party manifestos that have limited or no commitment to fix our broken public healthcare system.

Note: *TAC remains independent from any political parties and our primary responsibility remains to serve the interests of our members and other users of the public healthcare system. That said, direct engagement with political parties at all levels is critical to increase accountability and force a more proactive and committed response to the collapse of our healthcare system.*

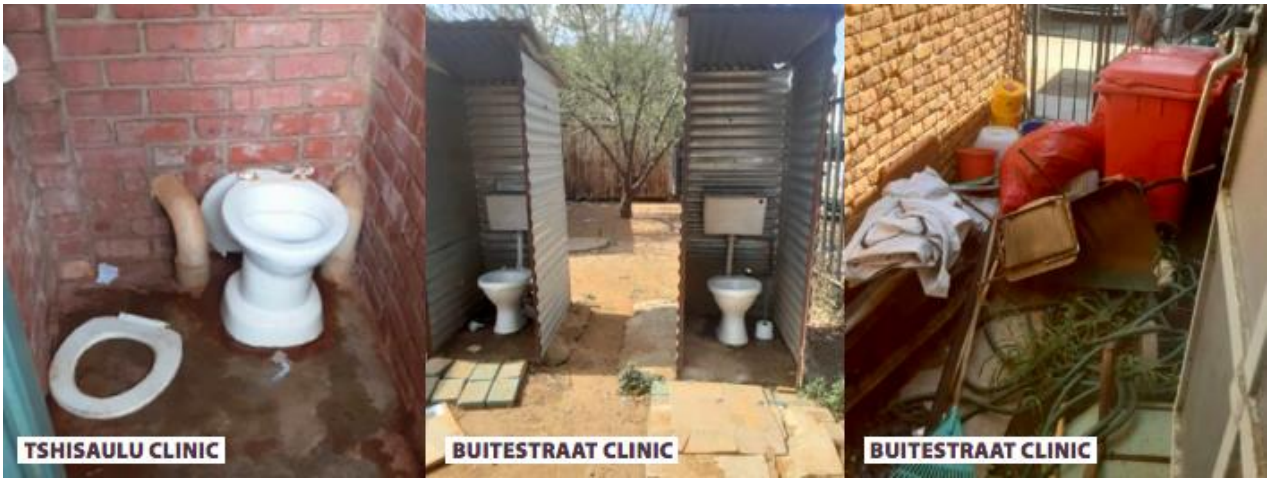


The Treatment Action Campaign's Questions to Political Parties

Below we outline our core health issues and questions to parties. We ask all major political parties to respond to these points and to indicate their positions clearly.

We have divided the 12 questions into three sections: fixing the health system, HIV and TB, and issues on governance and accountability.

FIXING THE HEALTHCARE SYSTEM



1. Health facility infrastructure

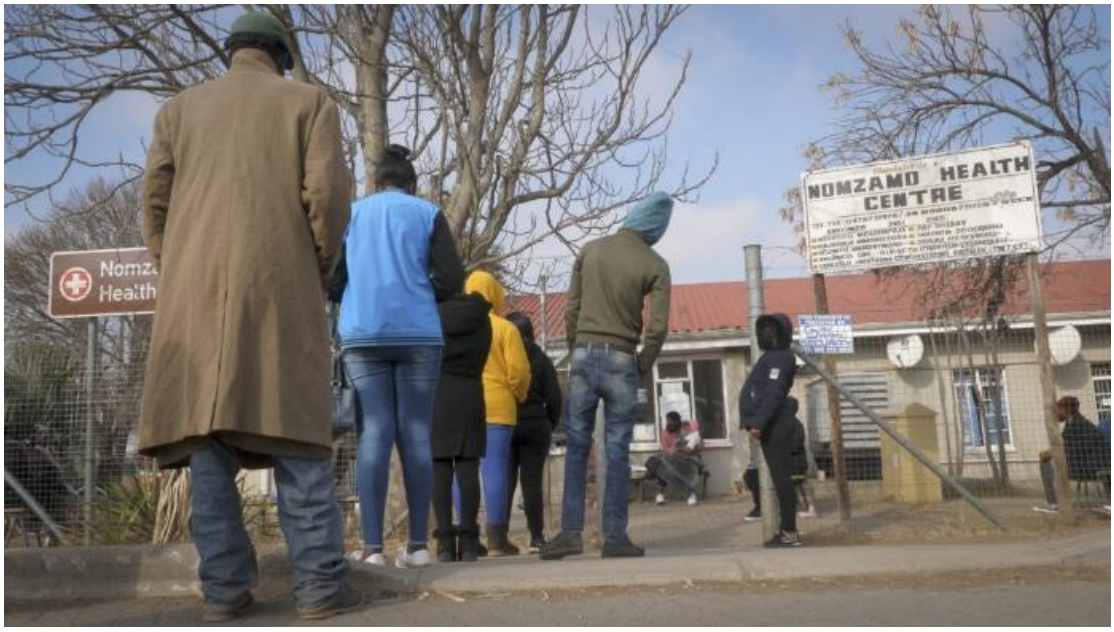
Of 405 health facilities monitored in August and September 2021 by Ritshidze, 25% were reported to be in a bad condition. 62 were old buildings that needed renovation. 41 had broken or cracked walls, roofs or floors. 25 broken windows or doors. 21 had broken furniture.

57% of health facilities monitored had toilet conditions in bad condition. 191 had no soap. 165 had no toilet paper. 31 had water at all. 67 were out of order and 59 were broken. 69 had no lights.

While Eastern Cape, Free State, Limpopo, and the North West had the highest proportion of buildings and toilets in bad condition, facilities in a bad condition were seen across the country.

Questions to political parties:

a. Will you or your party prioritise improving the infrastructure of healthcare facilities, as buildings and toilets in a bad condition hinder people from accessing healthcare?
b. Will you or your party ensure that facility renovation projects do not face undue negative political influence at local level that hinder progress on construction?



2. Healthcare workers + waiting times

The shortage of healthcare workers is a major challenge seen throughout the country. While Provincial Departments of Health use between **60** to **70** percent of their budgets on human resources, facilities are still woefully understaffed.

Of **30,396** public healthcare users surveyed by Ritshidze, only **34.8%** said that staff were always sufficient to meet patients' needs. This has been exacerbated by the tragic deaths of over **1,297** healthcare workers as a result of COVID-19. Ritshidze has also found that staff at **24%** of facilities monitored complained of working with fewer staff because of the pandemic and **923** patients interviewed also stated there were less staff working than usual.

The freezing of posts and unfilled vacancies only worsen this challenge. **144** facilities monitored by Ritshidze reported professional nurse's vacancies. **45** have doctor vacancies. **66** have cleaner vacancies. **86** have enrolled nurse vacancies. Further, operational positions are also at times vacant. Some staff have fille filledd in in a

roles, officially or unofficially for many years. We call for proper staffing in operations management of healthcare facilities. Qualified staff should be appointed accordingly to enable smooth running of our facilities.

Understaffing is the main reason we are given for why clinics cannot open for longer periods in line with a May 2019 National Department of Health circular that called for the extension of working hours from 05h00 until 19h00 on weekdays and 08h00 until 16h00 on Saturdays.

Staff shortages also increase waiting times. Out of 10,260 patients interviewed in August and September 2021, 65% thought queues were long. Messy and disorganised filing systems only compound this problem, as reported by 15% of patients interviewed.

There is also a need for additional male healthcare workers. Fewer men access HIV, TB or other health services than women. While men only account for a third of new HIV infections, they account for more than half of the HIV related deaths. Often men feel more comfortable using Men's Corners, or attending male clinic days, where they can consult with male healthcare workers. Yet in April and June 2021, Ritshidze found that only 36% of facilities had male healthcare workers on staff.

Questions to political parties:

a. Will you or your party advocate for the filling of all vacant positions — both clinical and non-clinical — by October 2022?
b. What steps will you and your party take to ensure we can hire more healthcare workers across the country to address understaffing?
c. Will you or your party prioritise rapid rollout of the electronic medical records (EMR) system to reduce clinic waiting times and improve health services for transient populations before 2023?
d. Will you or your party advocate for male healthcare workers to be hired and the inclusion of male specific services at all health facilities in order to increase the uptake of services by men?

3. Stockouts

Stockouts and shortages of ARVs, TB medicines, contraceptives and other medicines and health products cause disruption, confusion, cost, and can detrimentally affect long term treatment adherence. Yet stockouts continue to be a major challenge across the country.

Ritshidze found that **10%** of people left, or knew someone who left, a clinic without the medication that they needed. The most commonly-reported medicine shortages by Facility Managers were contraceptives (**102 facilities**), vaccines (**71 facilities**), and HIV medicines (**52 facilities**).

Of the clinics that experienced a stockout or shortage as reported by the Facility Manager, 9% were forced to send people away empty handed, 65% provided an alternative medicine, and 21% gave patients a short supply. The persistent problem of stockouts and shortages of medicines and other health products must be solved as a matter of urgency.

Questions to political parties:

a. Do you agree that preventable medicine stockouts are unlawful and a violation of health rights?

b. What concrete steps will your party take to bring an end to stockouts and shortages of medicines and health products?

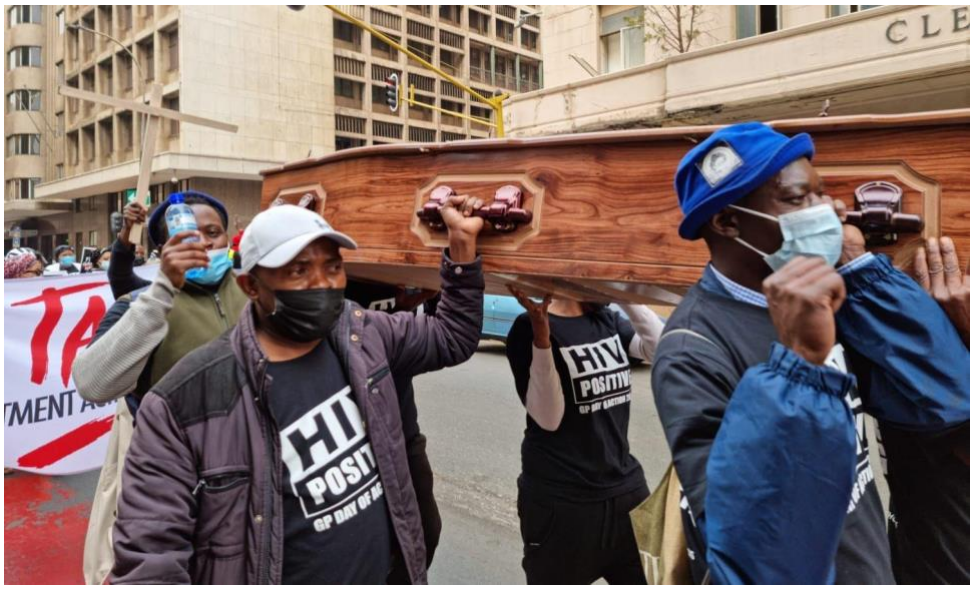
4. Emergency medical services

Emergency medical services and planned patient transport systems 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. Response times are unacceptable. Ambulances take hours to arrive or they never arrive at all. Many people have lost trust in the system.

The unreliability or unavailability or ambulances means people are often forced to make substantial out of pocket payments for transport. This is particularly problematic for communities with high rates of unemployment, only worsened during COVID-19.

Questions to political parties:

a. What concrete steps will you or your party take to ensure sufficient numbers of ambulances to meet the national norm of 1 ambulance per 10,000 people in the population?



5. Medical Negligence

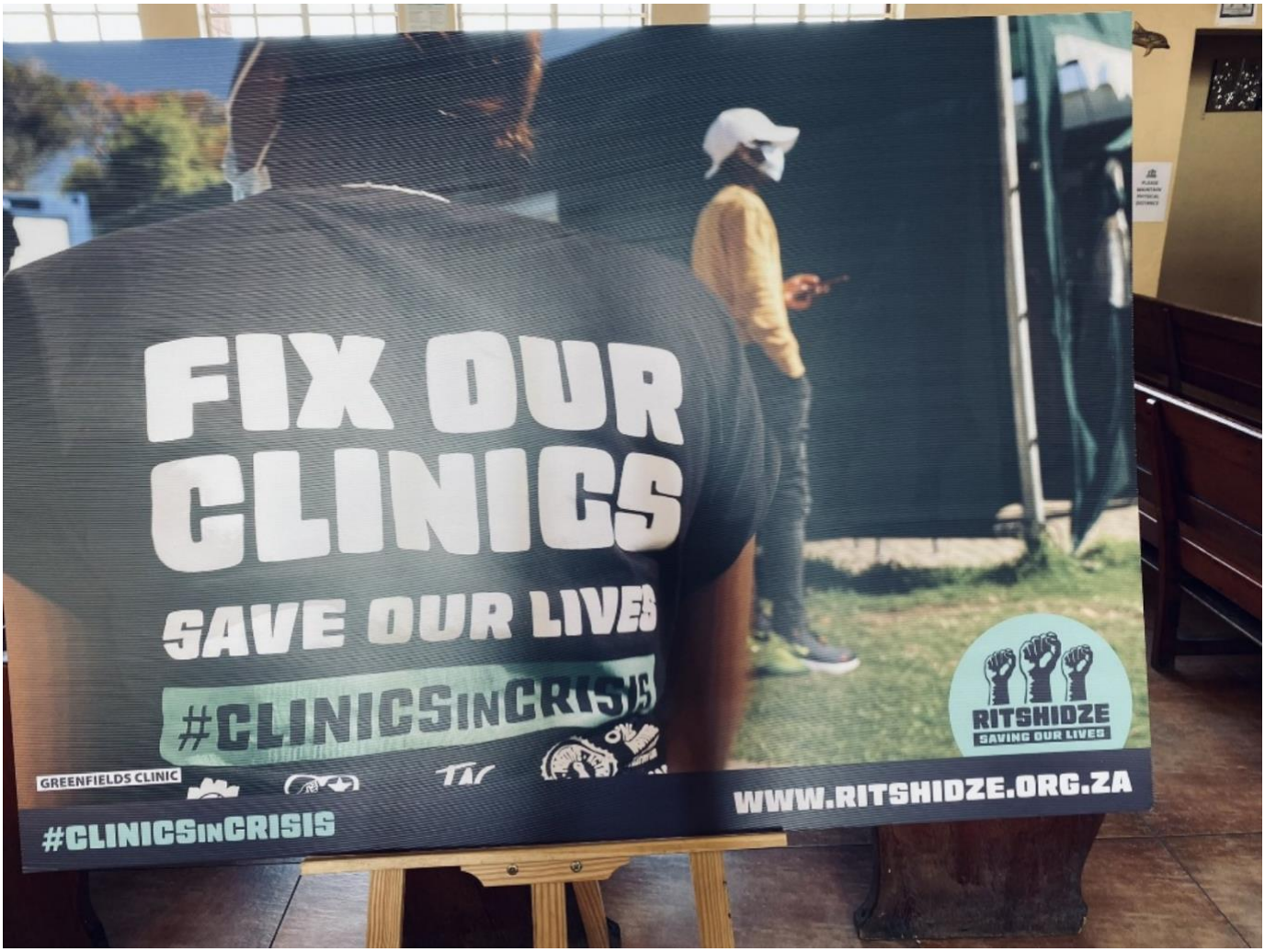
Medical negligence is a worrying trend that we witness in clinics and hospitals across the country. Many of these adverse incidents are avoidable, yet we continue to hear too many reports of patients experiencing these in the country's public health facilities. Medical negligence can lead to disability, recurrent or new medical issues, extended hospital stays or re-admission, loss of income and at times, avoidable death.

Included in these are issues of obstetric violence, which negatively affect women and their sexual and reproductive health rights. There are too many reports of women being treated with indignity and without respect and care during pregnancy and while giving birth.

Many incidents have translated to malpractice claims which continue to cost the health department huge amounts of money that could be used to improve the quality of healthcare services. News24 reported that the health department across all provinces spent R105,8 billion on malpractice claims in 2019/20. There needs to be a drastic improvement in patient safety, respect for patient rights and overall improved quality of healthcare in public facilities.

Questions to political parties:

a. Do you or your party believe that public healthcare users deserve access to quality healthcare services?
b. What will you or your party do to assist in reducing medical negligence cases that lead to astronomical costs on the public purse?


FIX OUR
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6. Access to medicines

In the early 2000s TAC spearheaded a remarkably effective global movement to radically reduce the prices of key HIV treatments. Even as big pharma sued our government for introducing legal provisions to access affordable generic treatment, TAC took to the streets demanding an end to corporate monopolies on medicines. However, while the battle for HIV treatment was won in South Africa — the wider war for access to medicines and other health technologies has been lost. Today, new generation antiretrovirals and new health technologies for COVID-19, hepatitis C, drug-resistant TB, and many cancers remain unaffordable for large numbers of people. Patents and other intellectual property monopolies in South Africa stand in the way of universal access to these treatments.

The international movement sparked by TAC's mobilisation eventually saw the signing of the Doha Declaration on TRIPS and Public Health that recognised the right of all countries to use flexibilities to ensure that patents and other intellectual property monopolies do not become barriers to treatment access. Twenty years later, it is ironic that several other developing countries have made use of the Doha Declaration but South Africa's own patent law still does not reflect these flexibilities. In 2011, TAC

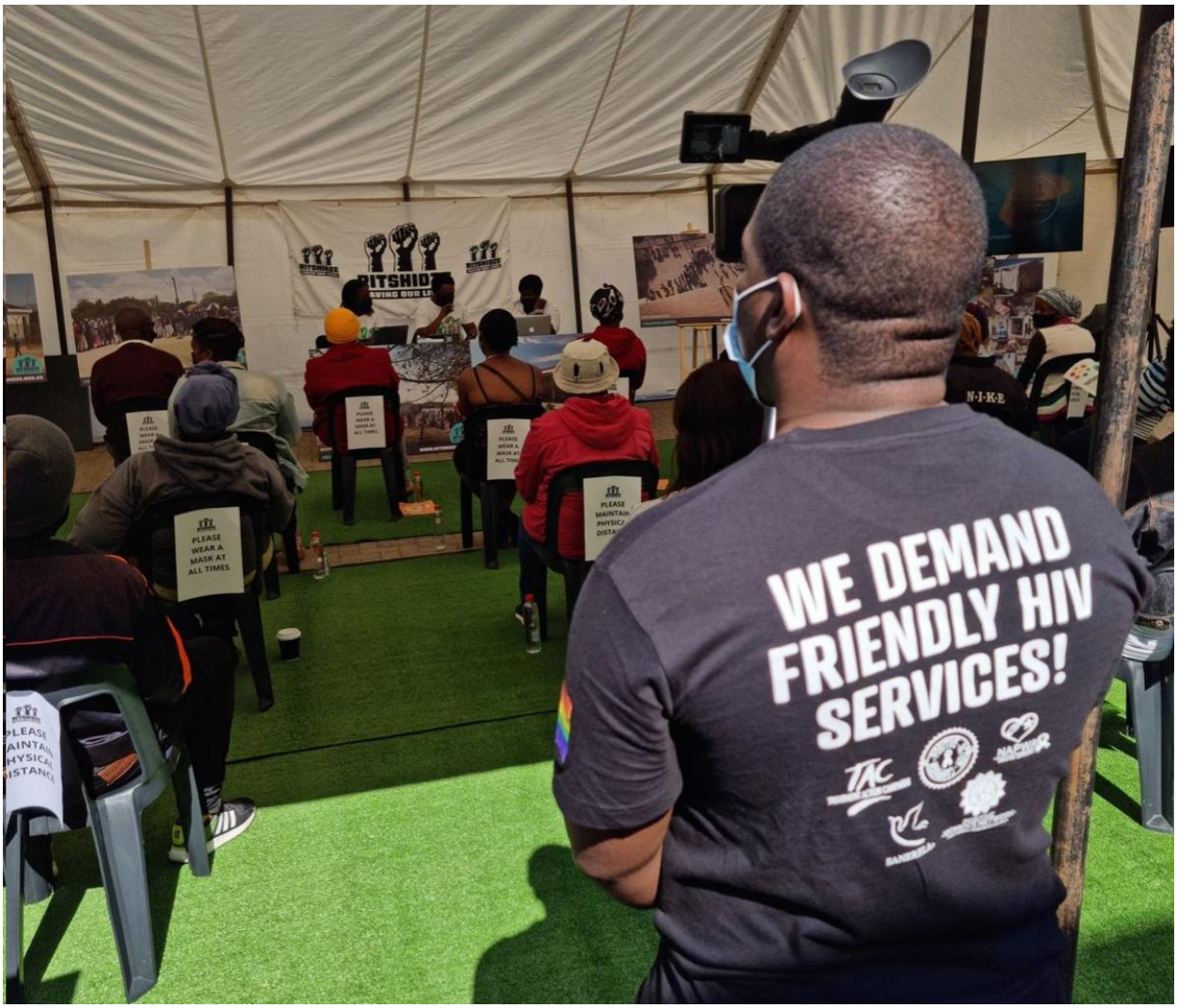
with several other organisations launched the Fix the Patent Laws campaign. It was another 10 years before the demands of our campaign were agreed to by Cabinet when it adopted the South African Policy on Intellectual Property, Phase 1 in 2018. It heralded a new era in medicine access. Yet three years later, nothing has changed in the lives of people in South Africa, who right now continue to need medicines that remain unaffordable and out of reach.

While ongoing and unnecessary delays mark the domestic law reform process, globally South Africa has championed a plan to improve access to COVID-19 health technologies by waiving intellectual property on medicines, vaccines and other health products for COVID-19. We commend the government for its progressive stance in the global arena, but this is only one part of the puzzle to improve access to medicines. South Africa needs to urgently fix its own patent laws now to increase access to medicines, vaccines and medical tools at home.

Questions to political parties:

a. Do you and your party commit to advocate for a temporary moratorium on granting intellectual property protection on COVID-19 related health products?
b. Do you and your party commit to advocate for automatic compulsory licensing of COVID-19 related health products with existing or pending patents?
c. Do you and your party commit to fix the patent laws to urgently ensure use of all legal flexibilities to improve access to health products?

HIV + TB


PLEASE WEAR A MASK AT ALL TIMES
WE DEMAND FRIENDLY HIV SERVICES!
TAC

7. HIV

Unnecessary trips to the clinic just to collect an ARV refill adds both a burden on PLHIV and to the already overwhelmed clinic and healthcare worker staff. This inefficiency can also contribute to PLHIV disengaging from care directly impacting the country's attainment of 95% of PLHIV on treatment.

Extending treatment refills, also known as providing "multi-month dispensing" or MMD, is one strategy to reduce unnecessary burdens and support both PLHIV and the health system to be more efficient. However, Ritshidze data from August and September 2021 reveals that 14% of PLHIV still reported refills of 1 month or less — which is very problematic considering that South Africa's national policy standard is for two months. It is also worrying during the period of COVID-19 when refills should be longer to ensure PLHIV can make fewer trips to the clinic.

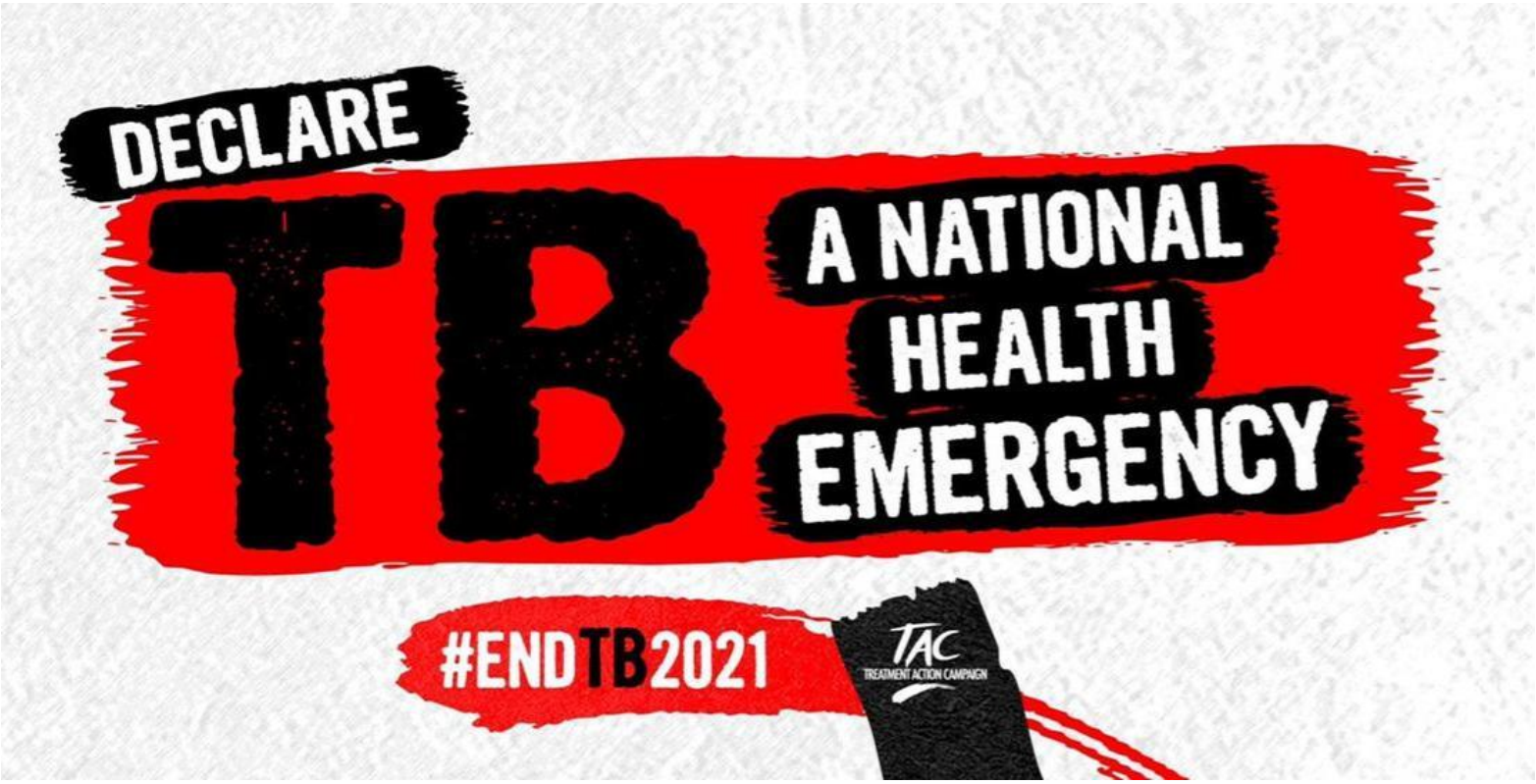
Repeat prescription collection strategies — such as external pick up points and adherence clubs — are another way to simplify and adapt HIV services. These are simpler and quicker systems than waiting in long clinic queues. Most PLHIV interviewed by Ritshidze thought these pick up points made ARV collection quicker, and were satisfied, but too many people still are forced to wait in long clinic queues to collect through standard medicine dispensing.

Given the satisfaction levels, and that 51% of people want to collect ARVs closer to home, we need to get more people out of the clinic and into external pick up points to collect longer ARV refills.

Questions to political parties:

a. Are you and your party committed to the rapid extension of HIV treatment refills to 6 month supply?

d. Are you and your party committed to the establishment of additional external pick up points closer to people's homes for collection of chronic medication?



8. TB Infection Control

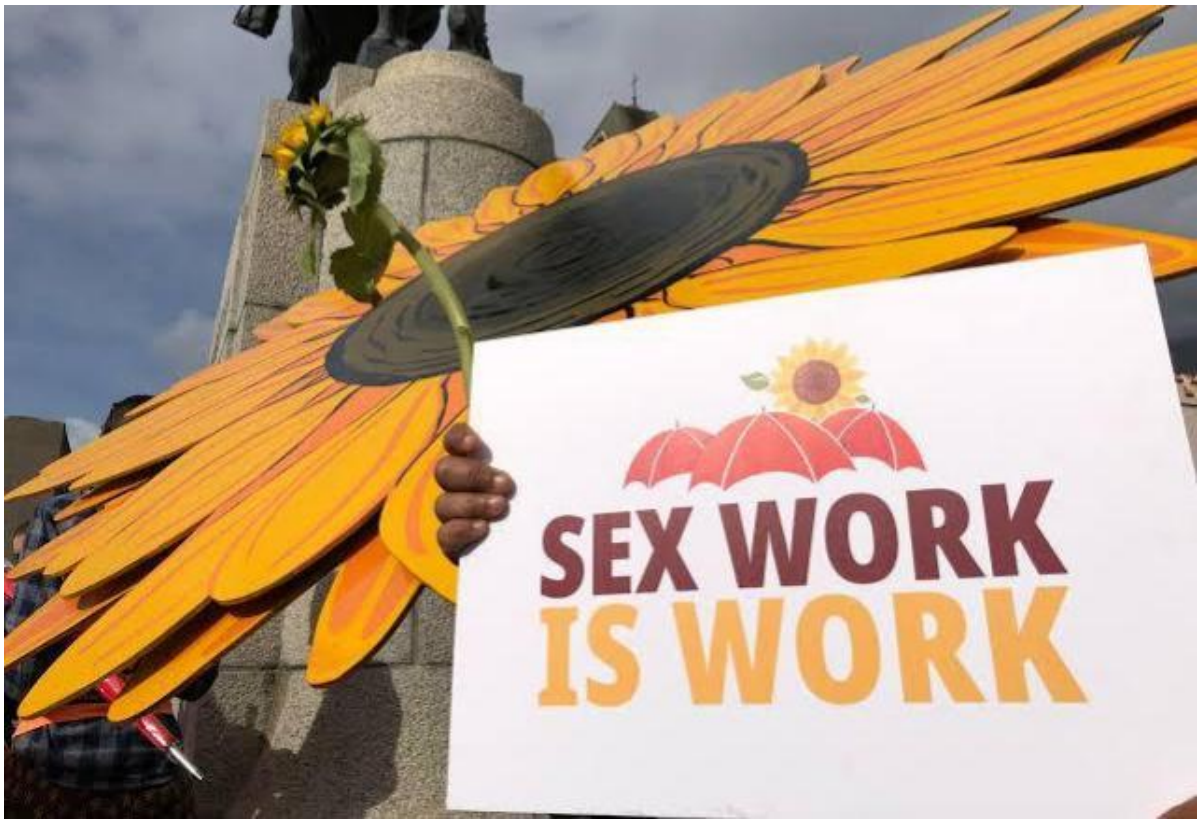
Six simple interventions are at the heart of how clinics, hospitals and other public buildings can be part of turning the tide on TB infection — a disease that still kills close to 60,000 people a year in South Africa, according to the World Health Organization (WHO). By following a checklist of good practice, clinics can be safer for patients and staff.

Yet too many clinics are failing to adhere to this checklist. Through Ritshidze we have found that while 95% of facilities kept all windows open, only 47% of facilities ensured enough room and space for people to wait without overcrowding. Only 60% of facilities always screened everyone arriving for TB symptoms; and only 50% of facilities always separate people who are coughing on arrival. Only 1 facility had reduced waiting times to less than an average of an hour and 15 minutes.

We have the knowledge and the tools to stop the spread of TB, but we aren't using them. We have seen what is possible for COVID-19, yet we have not integrated TB into screening protocols. TB and drug resistant TB remain an emergency in South Africa. It is essential that the government in its entirety commits to addressing this crisis and ensures that all our public spaces are at low risk of TB transmission.

Questions to political parties:

a. Will you and your party commit to carry out a full audit of all public health facilities and other public buildings to assess whether sufficient TB infection control measures are in place?



9. Key Populations

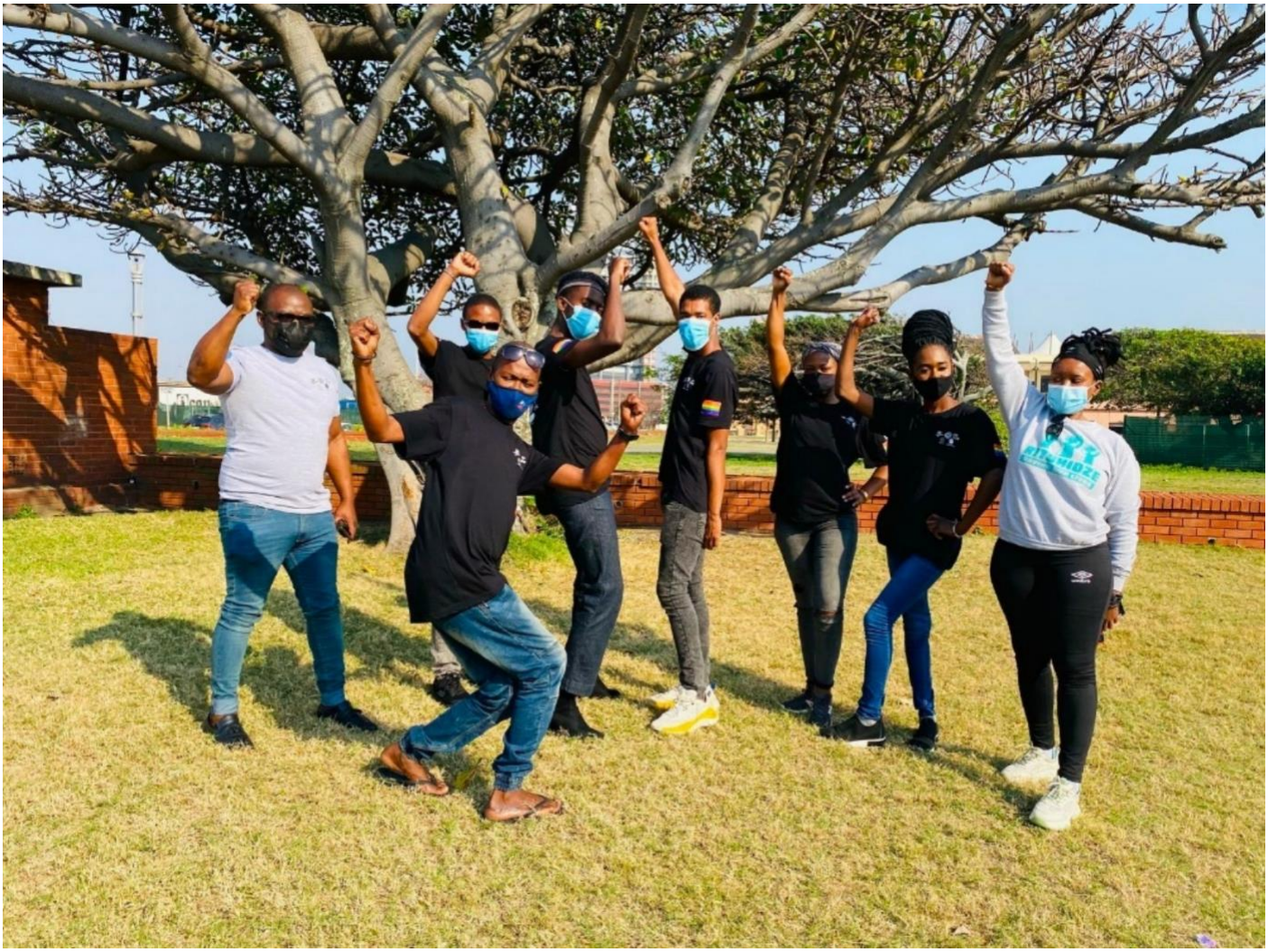
Key populations — including men who have sex with men (MSM), transgender people, people who use drugs (PWUD), and sex workers — are at high risk of getting HIV and are often restricted from accessing services due to stigma, discrimination and criminalisation.

For key populations to receive quality services, clinics must be spaces that are safe and comfortable and free from poor attitudes. Healthcare workers and other non-clinical staff must be sensitised to provide friendly services at clinics, which are the entry point for most key populations to access HIV, TB, and other health services.

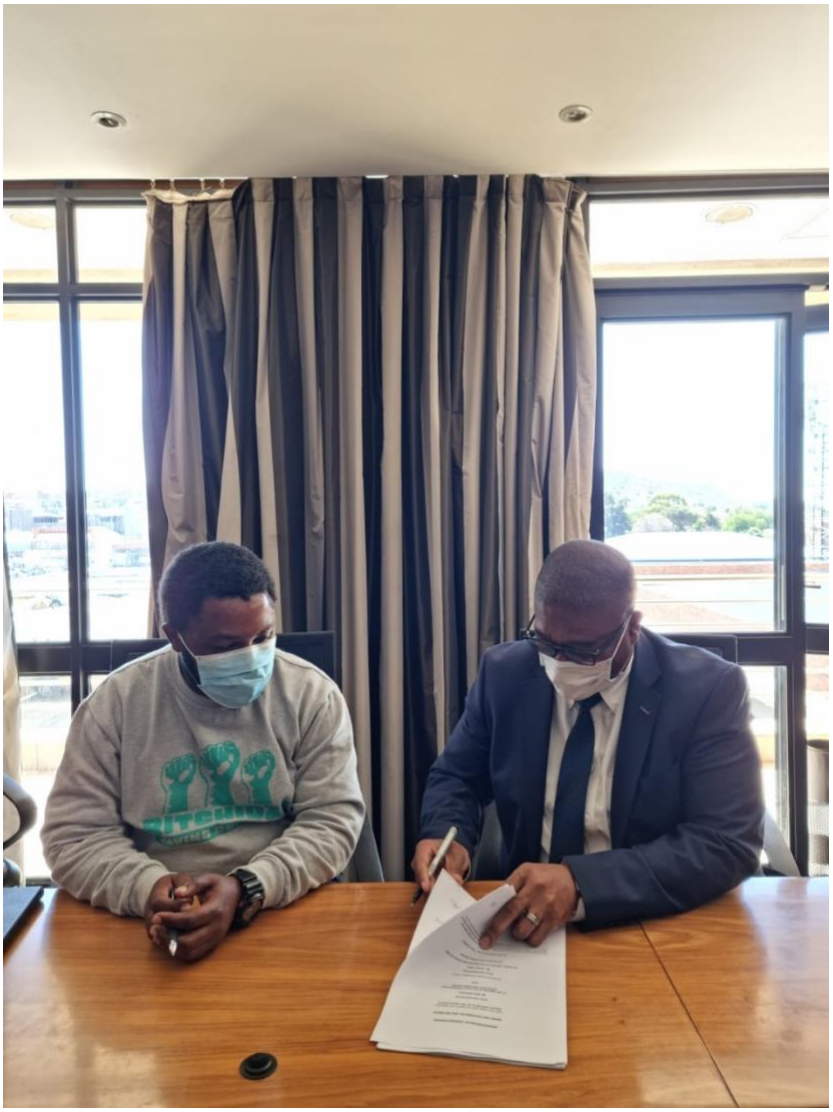
Key populations also need services that are specific to their needs, however, very few clinics are providing these services. For example; out of 391 Facility Manager's interviewed in April and June 2021 by Ritshidze, only 122 sites offer pre-exposure prophylaxis (PrEP) for sex workers. Only 84 sites offer lubricant to men who have sex with men. Only 9 sites offer hormone therapy for transgender people. No sites offered any harm reduction services for people who use drugs such as methadone or needle exchange.

Questions to political parties:

a. What concrete steps will you and your party take to ensuring the sensitisation of clinic staff to provide key population friendly, safe and welcoming services?
b. How will you and your party demonstrate political will to respect, protect, promote, and fulfil the right to health for all key populations?



GOVERNANCE + ACCOUNTABILITY



10. Accountability

In South Africa, governance structures in the form of clinic committees and hospital boards are intended to ensure community participation in the healthcare system at facility-level. They are provided for in South African law and are key to ensuring accountability and a successful HIV/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.

However, often these structures are not serving us as communities. Too often they are non-functional and ineffective. Too many lack a clear understanding of their roles and responsibilities. Furthermore, in many instances clinic committees and hospital boards do not have personnel to constitute a valid body.

Hospital boards and clinic committees need to be free from political manipulation. There must be greater direct involvement of community members and representatives of groups representing public healthcare users. At times clinics facing many challenges have clinic committees, but they fail to address the issues because the representatives do not have power. We call for this power to be given back to the communities and for the local governing party to step back in these structures.

Secondly, AIDS councils are another way for civil society to have a say in the AIDS response. It is critical to ensure that AIDS Councils are functional and responsive to the realities we face in our communities. AIDS Councils can play a critical role in getting business, labour, civil society and various government departments to work together in the fight against HIV and TB. AIDS Councils should meet every quarter to discuss the AIDS response. However, just having meetings is not good enough, people have to make sure that these meetings are used to catalyse a more effective response to the HIV and TB epidemics in the province or districts.

The poor or non-functioning of these structures is largely due to a lack of political will from Premiers and MECs at provincial level and mayors at district level. Political parties who are serious about the fight against HIV and TB must ensure that these structures are fully functional and contributing to the fight against HIV and TB.

Questions to political parties:

a. Will you or your party push for a community-led and wide-scale capacity building programme to train clinic committees on their roles and responsibilities to ensure their functionality?
b. Will you or your party push for the capacitation of AIDS Councils?

11. Corruption and Theft of Public Funds

Corruption and theft of public funds is rife in the Department of Health at all levels. This takes away resources needed for quality healthcare delivery. Examples abound. The release of the SIU reports into the misuse of R1,2 Billion from Health coffers between 2007 and 2012 under Brian Hlongwa's watch as well as the misuse of R150 million in the Digital Vibes saga under the watch of Dr Zweli Mkhize offer glimpses into the need for more stringent actions against perpetrators. Examples also include the SIU investigation into alleged misuse of COVID-19 funds by Dr Bandile Masuku, another former MEC for Health in the Gauteng province and the tragic assassination of Babita Deokaran when she was reported to have been a key witness in a corruption case. Clinics and Community Health Centres (CHC) are not immune from this behaviour.

We urge the government to introduce strict measures to prevent corruption and to prosecute all those responsible for theft of public funds meant for healthcare.

Questions to political parties:

a. What concrete steps will you and your party take to prevent corruption in the healthcare department?

b. Will your party ensure speedy prosecution of those found guilty of corruption?

12. End Austerity Budget — Increase Resources for Health

We need an increase in domestic health expenditure. A reformulation of the budget has meant less money for primary healthcare. The HIV and TB response has also been greatly harmed by austerity measures. It is estimated that R5.6 billion has been lost nominally in the next three year cycle. We need political parties to help set this right by lobbying to stop the defunding of the two pandemics.

Questions to political parties:

a. Will your party ensure allocation of adequate funding for healthcare, particularly increasing funding for HIV and TB?

b. How will your party implement effective budget management to ensure smooth running of the healthcare system, particularly infrastructure maintenance, availability of medicines and adequate personnel?

Political parties are requested to send their responses to the questions above to TAC at: xabisa.qwabe@tac.org.za
Before 25 October 2021.

TAC will publish responses on 28 October 2021.


HEALTH REVOLUTION
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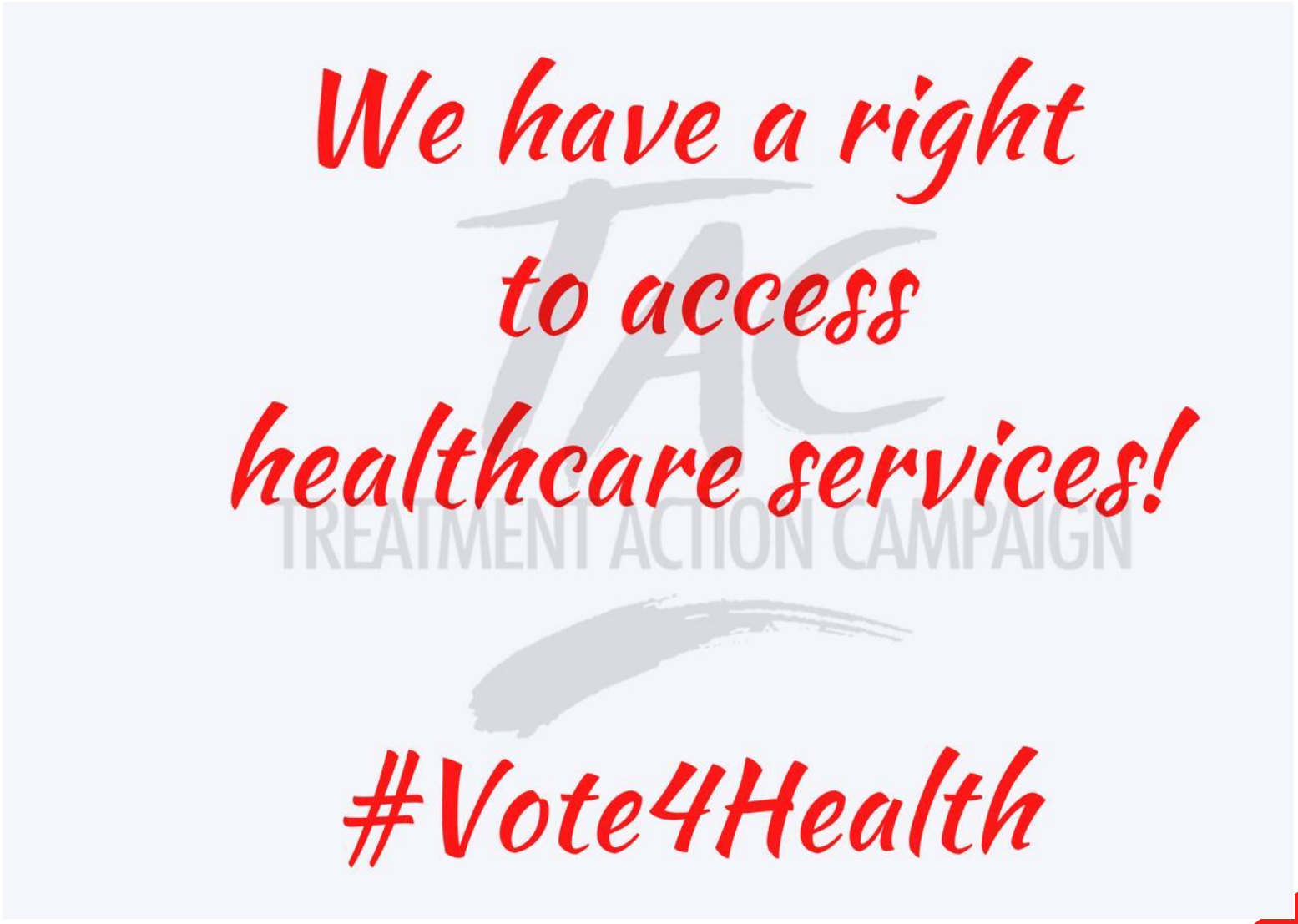
We have a right
to access
healthcare services!
TREATMENT ACTION CAMPAIGN
#Vote4Health

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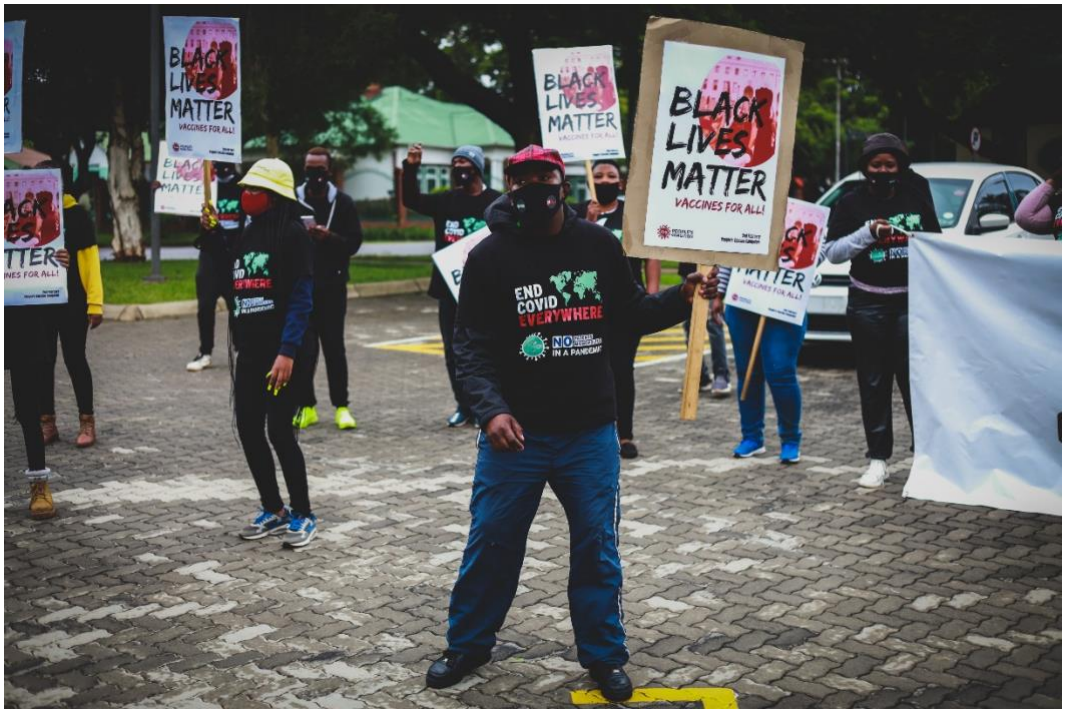
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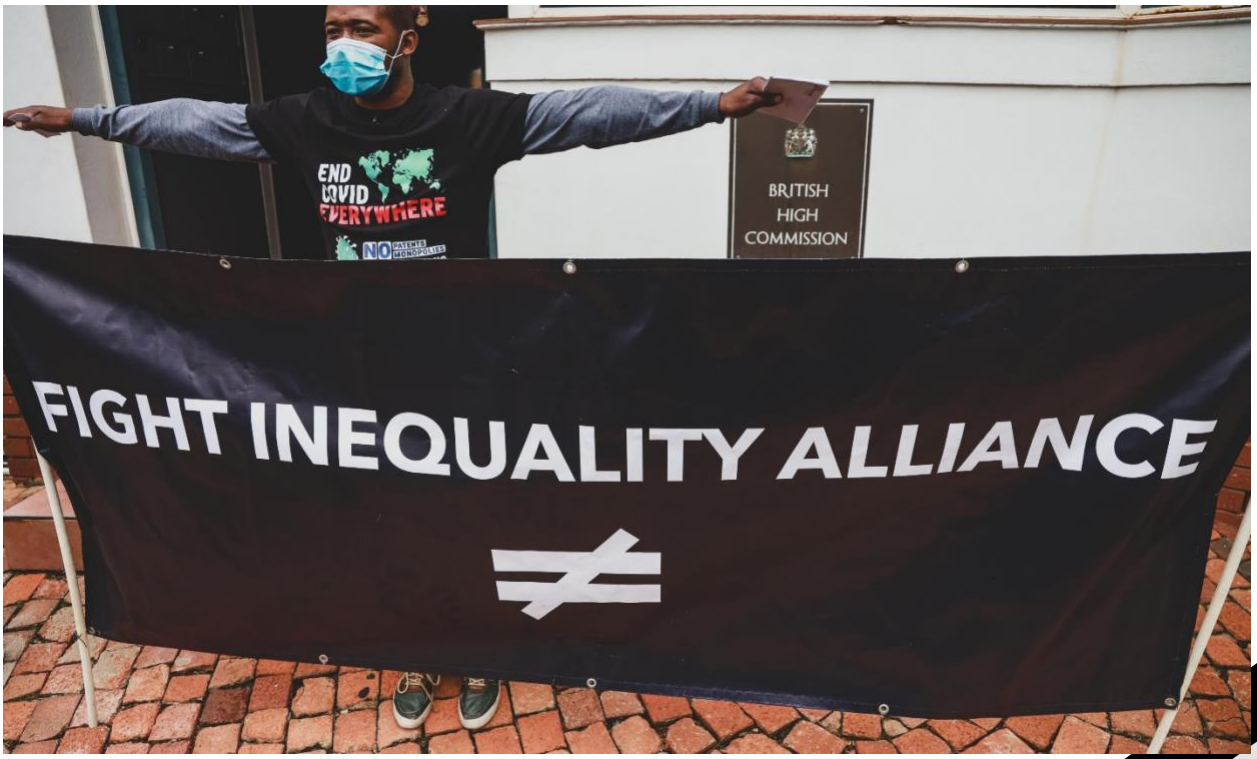
END COVID EVERYWHERE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