



STATEMENT BY THE MEC FOR HEALTH ON THE REPORTED “CRISIS” AT THE EDENDALE, AND OTHER HOSPITALS, ARV PROGRAMME

TO: ALL MEDIA

DATE: 19 JUNE 2009

EMBARGO: 11H00, 19 JUNE 2009

Ladies and Gentlemen;

I felt I have a duty to report to you and the people of KwaZulu-Natal on the wildly reported “crisis” at Edendale Hospital’s Anti-retroviral treatment clinic. Before I do that, allow me to state for the record that there is no crisis at Edendale Hospital but there are challenges that the hospital is faced with. I must also emphasize that we are talking about a largest treatment site in the country with around 10 985 patients currently receiving their ARV treatment in a 55 year old hospital.

The anti-retroviral programme was initiated in July 2004 and has grown to be the largest ART programme in the country; and I am convinced the largest in the continent at this level. By the end of that financial year, we already had 40 accredited service points and these have increased to 89 service points (62 hospitals, 16 Community Health Centres, 3 Primary Health Centers, 5 Correctional Services facilities and 3 Non Governmental Organizations) by end of May 2009.

When we started the programme we started at a high note enrolling 8 973 patients (2004/05), followed by 84 939 (2005/6) in the following financial year, 143 526 (2006/7) in the subsequent year, 195 312 in the next financial year (2007/8) and currently (2008/9) we have enrolled 225 863 patients as at end of March 2009. Pietermaritzburg accounts for 13 % of patients in the province and



Edendale Hospital provides to 5 % of all patients receiving ARVs in the province. More than 800 000 patients have been screened for eligibility and counseled on proper management, care and support programmes.

All our facilities have adequate stock of medications, nutritional support packs and we have not had a stock out – medications running out of stock. Down referral of clinically stable and patients adhering to treatment is working very well. We conduct regular and ongoing training for all categories of staff and coordination meeting are held regularly. We have also established sentinel sites for pharmacovigilance and staff trained accordingly.

I would like to take this opportunity to thank all our hard working men and women in hospitals and clinics who continue to provide an uninterrupted service to those in need of ARVs. I also like to thank the General Manager for Strategic Health Programmes, Dr Sandile Buthelezi, and his team for whose leadership we are where we are and enrolling more people into the programme.

Let me then come back to the Edendale Hospital issue.

Ladies and Gentlemen; I would like to repeat and state that the problems at Edendale Hospital have more to do with space limitations, inability to recruit pharmacists, inability to retain doctors, not enough data capturers to capture information into the computer system thus requiring that a pharmacist or a pharmacy assistant must be taken off dispensing to do this, and ageing infrastructure problems.

In the last few months we have been trying to recruit pharmacists for sessional work and/or full time employment with no success. The pharmacy of the hospital caters for all sorts of ailments, including patients collecting chronic medication, and has proven to be limited to cater for all patients including those for ARVs.



Doctors have been recently appointed have indicated that they are leaving the hospital. Senior Pharmacists are attending interviews for jobs in the private sector.

I have asked a team from Head Office, the District Office and the Hospital to immediately address these problems. We must reiterate that the ART programme at Edendale Hospital has never been suspended, nor patients been turned away. With immediate effect, we are going to do the following;

- (i) Construction to extend the pharmacy is well advanced and we hope that it will be completed in a week or two. We are also moving offices to make way for more doctors' consulting rooms.
- (ii) We are head-hunting pharmacists for full time employment or sessional work. There are two posts that will be filled soon where adverts were placed and candidates responded. We have also advertised two posts for Principal and Senior Medical Officers that we hope to fill soon.
- (iii) The Hospital CEO and Medical Manager posts will also be filled soon. Short listing has been completed and interviews have been scheduled.
- (iv) To relieve overload at the hospital, we have looked at two main options that can be implemented in the immediate. Firstly, is to have a roving multi disciplinary team, consisting of doctors, pharmacists, nurses, etc; that will help Primary Health Centres (PHC) to start initiating patients into the ART programme. We are targeting Mpophomeni, Gomani, Mpumuza and Maguzu clinics. Doris Goodwin (formerly KwaHlenga Bantu) and Gcinamina are accredited and will begin to initiate by end of July 2009.
- (v) Secondly, all patients that are stable, have an undetectable viral load and have a good adherence track record will hence-forth be managed at Community Health Centres. These patients will be given three-month prescriptions and be managed at lower levels.



We believe that these initiatives will address the current backlogs and also help in improving the uptake thus reduce the waiting lists. We are also discussing ways to work with Non Governmental Organisations (NGOs) wherein they will conduct Anti-retroviral literacy in order for nurses to concentrate on their clinical work. We work very closely with other stakeholders and donors to complement our efforts and ensure that we do not deprive those who need treatment.

I also wish to address the message that is being sent out by elements outside of the Department of Health, who seem to “know” more than we do. **THERE IS NO SHORTAGE OF ANTI-RETROVIRAL MEDICINES IN HOSPITALS AND THERE CAN BE NO SHORTAGE IN CLINICS BECAUSE WE DO NOT KEEP THEM THERE!** We have systems in place that monitor stock levels at institutions in order to ensure that there are no stock-outs and/or medicines expiring in shelves.

I must mention that implementing such a huge programme is not as simple as many make it to be. There are a number of challenges that we encounter along the way that have required that we innovate in order to improve the quality of service delivered.

Among the major problems that are general throughout the province is the whole issue of human resource shortages. With the norm stating that 1 mutli disciplinary team must serve 500 patients, it has proven difficult to recruit sufficient dieticians, doctors and pharmacists. This problem is worldwide and not peculiar to KwaZulu-Natal or South Africa.

This kind of programme requires everybody’s concerted effort – from families who must support those in treatment, to communities who must provide a caring environment and society as whole to support these programmes in every way possible.



We appreciate that the backbone of a successful programme is a committed multidisciplinary team of health care workers. Also, we need our people to join our efforts by getting tested early and regularly so that when their CD4 counts get below 200 they are channeled into the programme before they are sick.

Where there are challenges other than those we are addressing, we urge our people to bring these to the attention of Managers in each institution so that they are addressed timeously.

In closing, I wish to urge all our health care workers not to participate in the illegal strike planned for next week. This government understands your frustrations and is committed to addressing them in the immediate. As a doctor; I know and have felt what you are feeling but would like to urge you not to make our people collateral victims. We would expect all of you to be at work and to allow the logical conclusion of the negotiation process.

I thank you.

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