

Nursing SA Back to Health

8 January 2016

Sixteen years ago, Thabo Mbeki, then president, shocked the world with his Aids denialism. It has taken the same amount of time for the world Aids conference to return to this country. The health ministry is expected to roll out antiretrovirals (ARVs) for all and the much-vaunted National Health Insurance (NHI) stumbles along. Oh, and Banting-diet guru Tim Noakes is in the dogbox for trying to persuade a mother to put her baby on his low-carb diet. Yes, 2016 has got something for just about everyone.

HIV

This year, it is expected that South Africa's HIV treatment guidelines will change in accordance with World Health Organisation (WHO) recommendations that everybody living with HIV should be on treatment regardless of their CD4 count, says the Treatment Action Campaign's Marcus Low.

Currently, South Africa provides ARV drugs only to people with a CD4 count lower than 500, HIV-positive pregnant women and children younger than five.

"The evidence is clear. We need to get people on [HIV] treatment as soon as possible because if we don't, the risk of [them developing illnesses such as] cancers and TB are much higher. The costing analysis shows that we'll save money by treating more aggressively in the short term," says Low.

South Africa, with 3.2-million people on ARVs, has the biggest HIV treatment programme in the world. Should the government decide to follow WHO recommendations, this could increase to more than six-million people.

But Low warns that South Africa's response to the disease has waned in recent years but he believes the international conference in Durban later this year will provide an opportunity to revitalise the country's response to the epidemic.

The last time South Africa hosted the international Aids conference was in 2000, when Mbeki described ARVs as "poisons". His views were supported by the health minister at the time, Manto Tshabalala-Msimang.

Although South Africa has come a long way since then, Low argues that more need to be done to end the epidemic.

"In a way, buying more medicine is the easy part. Getting the medication to the people and making sure that people understand the importance of taking the treatment – that's much more difficult."

Key problems in the health system, such as drug shortages and stock-outs, must be addressed if South Africa has any hope of beating HIV, he says.

Health Professions Council

The Health Professions Council of South Africa (HPCSA) regulates the education, training, registration and practice of health professionals. In 2015, Health Minister Aaron Motsoaledi launched an investigation of the council. It revealed that the HPCSA is "in a state of multisystem organisational dysfunction, which is resulting in the failure of the organisation to deliver effective and efficiently on its primary objects".

The executive director of the social justice group Section27, Mark Heywood, called for the implementation of recommendations made in the report, such as replacing the current management team with an interim one.

“The human resource shortages are becoming critical in our healthcare system, not just in doctors but nurses and specialists in the public healthcare system. But when you have an HPCSA that is corrupt, dysfunctional and slow, you can’t address that,” he says.

The council has struggled for years to hold health professionals accountable for their questionable conduct. One such example is the case of Wouter Basson, the former head of the apartheid government’s chemical and biological warfare programme. He was found guilty of unethical conduct in December 2013. A penalty is yet to be imposed.

Sentencing hearings in this case came to a dramatic halt at the beginning of 2015 when Basson called for the committee members and chairperson hearing his case to recuse themselves. This application was rejected by the council. A date for Basson’s sentencing hearings has not yet been set.

Last year, the HPCSA began hearings into the conduct of Tim Noakes, an exercise and sport science professor at the University of Cape Town known for his advocacy of a low-carb, high-fat diet (Banting). Noakes is appearing before the council after he advised a mother on Twitter to wean her baby on a low-carb, high-fat diet.

National Health Insurance

The release of the NHI white paper last year provided a rough timeline of the stages of implementation of the scheme, with 2016-2017 set as the final years of its pilot phase.

But a lot more works remains to be done. According to the white paper, a transitional fund must be established to pay for contracting private doctors. Institutions, such as the national health commission, are to be established during this phase.

But Heywood warns that the only way the NHI can be successfully implemented is if the government shows political will and takes decisive action to address the shortcomings of the healthcare system.

“We have closely monitored Gert Sibande [one of the pilot districts] for three years, and what we have seen is, at best, a stagnation in the quality of healthcare services and, at worst, a deterioration [as a result of] continued human resource shortages and difficulties with recruiting private doctors to provide services under NHI,” he says.

Private healthcare

The cost of private healthcare has increased exponentially over the years, leading the Competition Commission to conduct a market inquiry into this sector in 2013.

Critical to the implementation of the NHI is a unified health system – one in which the private sector is working towards the same overall objective as the public sector, says Heywood.

“That means government needs to show the will to ensure that there are regulations brought into being that control the escalating prices in the private sector,” he says.

Oral hearings in this inquiry should start in the next few months.

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