

Update

The Treatment Monitor

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Background

- Aim to support implementation of government AIDS plans (NSP)
- Focus has been on data – numbers on HAART
- Monitoring, information dissemination, research and strengthening networks
- Quality of care – soft issues

- REFLECTION:
- Health systems – what are the key challenges in quality delivery
- Feminized epidemic – what are barriers for women

- CORE THEMES

- Sexual and Reproductive Health and Rights in relation to continuum of care
- Human Resources policy and regulation for health systems

SRHR

- Epidemic feminised - more women infected (60%) and affected – caregivers
- Treatment has focussed on access to HAART
- Quality of care and provision of care in SRHR framework neglected

- Sexual and Reproductive Intentions – contraception, research
- Perinatal Transmission/PPTCT
- Drugs for Women
- Cervical Cancer
- Violence (syndromic approach)
- Pregnancy register
- Abortion – fertility desires

CTOP:service provision 1997-2006

- 529 410 women accessed services
- Service access uneven (Gauteng 40%, W Cape 15%)
- 76% in 1st trimester, 80% of terminations to women over 18 yrs
- In 2005, 50% of designated facilities providing services
- 91% reduction in maternal mortality from unsafe abortion
- HIV and abortion services not integrated – abuse or missed opportunities
- CTOPA – medical and surgical distinction and support for nurses

Impact of epidemic on health sector: Supply

- 2002 survey of 512 public sector workers in four provinces: 16.3% were HIV infected
- 2005 HIV prevalence study at Helen Joseph and Coronation Hospitals: 13.7 % of 644 nurses were HIV infected
- DENOSA – 30 members die each month of 60 000
- Stress and morale impacts of disease and death profiles
 - Increased workplace burdens i.e workload, increased severity of illness and perceived indifference from management
 - Consequent experience of burnout
 - Significant in hospital facilities, and within hospitals, in medical and paediatric service

South Africa's human resource crisis – disparities and deterioration

(Thanks for Prof V D Rensberg)

South Africa's relatively favourable position

- **Doctor:population ratios:** High-income countries - 1:357; South Africa - 1:1 500; Sub-Saharan Africa - 1:10 000, still deteriorating

Public/private disparities and public deterioration

Medical practitioners - 29 655 - 6.5/10 000

- Public 37.7% (11 170) versus private 62.3% (18 485)
- Public : private distribution - 2.9 versus 25.5/10 000
- Public deterioration - 2.19 to 1.97/10 000

Professional nurses - 94 552 - 34.3/10 000

- Public 42% (41 063) versus private 58% (53 489)
- Public deterioration - 12.0/10 000 to 10.7/10 000

Provincial disparities

- 58% of doctors in two provinces: 36% Gauteng; 22% Western Cape
- National **doctor:population** ratio 6.7/10 000 - provincial disparities - high 14.7 (Western Cape); low - 1.8/10 000 (Limpopo)
- National **nurse:population** ratio 34.3/10 000 - provincial disparities - high 41.9 (Free State); low - 21.2/10 000 (Northern Cape)

- Provider initiated testing – human rights/ethics
- Task-shifting with nurses initiating HAART
- Routine testing with Community Health Workers being about to do finger prick tests; and
- Nurses being able to prescribe pain relief
- Nurses fatigue - burnout

Process

- Online sharing of stakeholders to be invited and compiling of research or content
- National meeting or dialogue to audit this work
- Policy analysis to review key gaps, challenges and areas for further work
- Putting together of advocacy strategy for policy engagement and dissemination of information

In the pot!

- Request by HPCSA
- Networking with SANC and DENOSA
- RRA and JCSMF
- Co-facilitating a national UNGASS-AIDS process to review SRHR progress. International process – with Gestos and Mosaic
- ACTIONAID – 10 country review on Violence against women and HIV/AIDS