
TO: KERRY CULLINAN
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EMBARGO: NONE

RESPONSE TO QUESTIONS ON EDENDALE HOSPITAL'S ARV CLINIC

It is not true that the services at the Edendale Hospital Anti-retroviral Clinic have been "suspended" however, due to space shortages and the high number of patients enrolled to this programme; the hospital has been compelled to reduce the daily intake of patients per day.

This situation has not been "allowed to reach this point" but the escalating number of patients enrolling for the Anti-retroviral (ARV) programme in a hospital that is 55 years old has depleted the available space. It must also be mentioned that the hospitals had planned that it would have 8500 patients on the ARV programme by 2010 but this number was reached last year (2008) and the current enrollment is at 10 985.

The problem at the hospital is not that it needs the "creation of new pharmacists" posts but the hospital has vacancies that it cannot fill. At the moment it is failing to recruit pharmacists for permanent and sessional employment in order to support the services at the hospital.

The extension of the pharmacy is in progress. We are hoping that the construction would be completed by the end of the month.

The hospital has already started down referring patients (at least three months after initiation) who do not need hospital care to clinics and for intermittent visits to the hospital for review and when they need to be seen by a doctor. The dispensing is still done at Edendale with transport being arranged to take medicines to clinics for collection by patients.

This model is being reviewed for roll-out through out the province in order to free hospital space for other conditions such as non communicable diseases, trauma cases, maternal and child care and many other similarly important conditions. We have begun working with non-governmental organizations in this area where the department supports them and they in turn provide treatment to patients. Such an example is the iThemba Labantu Clinic in uMlazi (Durban).

"Near home and community-based care takes many forms, but typically it is provided with the support of relatives, friends, or community volunteers working for a non-governmental organization and supported to a greater or lesser extent by health professionals, mainly nurses. It is generally holistic care that offers treatment and psychosocial support to patients, as well as support to care givers and relatives, including orphaned children. Community-based programmes also do important work in raising awareness, challenging stigma and teaching health seeking behaviour. However, they do require support to enable them to carry

the extra burden. The challenge is that most such programmes work in isolation from one another and from the health services, and their funding is precarious” says the KwaZulu-Natal MEC for Health, Dr Sibongiseni Dhlomo.

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For more information please contact Dr Dhlomo at 082 807 2718

**ISSUED BY:
MR LEON MBANGWA
DEPARTMENTAL SPOKESPERSON
KWAZULU-NATAL: DEPARTMENT OF HEALTH**