

Dear Honourable Minister Dr Mkhize

24 April 2020

Re: Urgent need to release an implementation plan for the Policy Framework and Strategy for Ward-Based Primary Healthcare Outreach Team (WBPHCOT)

We would like to congratulate you and the National Coronavirus Command Council on your excellent leadership during the COVID-19 pandemic. As you emphasised, South Africa is relying heavily on community health workers (CHWs) for contact tracing and finding people with COVID-19 at community-level to flatten the curve. With Universal Health Coverage as a set priority at country-level, a lot of ground-level work rests upon CHWs who conduct household visits across communities in South Africa.

In 2018, the Department of Health released the Policy Framework and Strategy for WBPHCOT, outlining their scope of work, and required resources, remuneration, training and support. Political commitment for policy implementation was secured through the United Nations High Level Meeting on TB, where the South African National AIDS Council (SANAC) presented key asks to our national leaders, including **to ensure implementation of the WBPHCOT policy and to ensure adequate training, supervision, remuneration and retention of all key supporting components of the healthcare workforce**. CHWs echoed these key asks in an advocacy letter handed to Dr Motsoaledi in 2019 for World TB day (attached). The sentiment about the importance of CHWs was emphasised by Dr. Ndjeka, the Director: Drug-resistant TB, TB and HIV at the National Department of Health stating that “CHWs are critical players in achieving the objectives of the END TB strategy.” However, no implementation plan for the WBPHCOT policy has been released by the Department of Health.

Adequate training and provision of personal protective equipment against transmission of infectious diseases such as TB and COVID-19 are basic occupational requirements to help CHWs fulfil their role in finding people with TB and COVID-19. However, as a CHW from TB Proof explains, CHWs are not protected in their roles: *“It is painful to see our CHWs working without protective gear in these hard times of coronavirus. My concern is how are CHW’s going to be protected from coronavirus? They do not have sanitisers or protective clothes and they still do home visits. When our health workers are sick, who will take good care of us because they will also be in need of care?”*

Despite the challenges they face, CHWs continue to work without support structures in place, demonstrating admirable and selfless commitment to provide person-centred care, and to advance the shared goal of universal access to high quality healthcare. Interviews with CHWs in Hammanskraal demonstrate their laudable passion to support people in their communities: *“... we must first bond with them... it is easy to talk to a friend... who will help them and give them information.”* They continue to put their clients first and are worried about the impact of COVID-19 on patients with other diseases, including TB and HIV, *“What is happening to clients now that we cannot deliver their medicines – some are unemployed and cannot afford money for transport to go to health facilities. In South Africa there are still a lot of people who do not have access to the media and even electricity, so they don’t understand COVID-19. It is not deliberate ignorance, it is a lack of access. We can no longer render those services due to coronavirus. This makes us feel hopeless and helpless.”*

What can be done to match their commitment to fight infectious diseases such as COVID-19 and TB?

We call on the National Department of Health to:

1. Partner with civil society organisations and CHWs for consultation on the implementation plan for the WBPHCOT policy - this can occur with remote participation during the lockdown period and beyond
2. Ensure adequate training of CHWs on COVID-19 and TB
3. Provide CHWs with adequate infection prevention and control equipment before sending any CHWs out for COVID-19 or TB tracing and household visits (as mandated by the Occupational Health and Safety Act, 1993)

Respectfully submitted by the following organisations:

1. TB Proof
2. Médecins Sans Frontières (MSF) South Africa
3. South African Medical Research Council (SAMRC)
4. Section 27
5. Desmond Tutu HIV Foundation
6. Rural Health Advocacy Project (RHAP)
7. The South African National Tuberculosis Association (SANTA)
8. People's Health Movement South Africa (PHM-SA)
9. Public Health Action Team (PHACT)
10. African Coalition on TB (ACT!)
11. Afro Global Alliance
12. Waci Health
13. Wote Youth Development Projects
14. Public Service Accountability Monitor (PSAM)