

Zam/033/0006/6

11/10/90

MEETING OF THE HEALTH SECRETARIAT

DATE; 11 October 1990

PRESENT: Comrades Ralph, Winnie, Florence and Pren

Apologies: Comrade Haggar - on emergency call to Chelston

Agenda: 1. Last Mins. + Matters Arising.

2. Outstanding FINNIDA funds for 1990
3. MHQ/HS coordination on health services, for MK comrades.
4. Transport Office/HS coordination
5. Brief on new Offices.
6. Correspondence.
7. General Matters.

Meetings started at 09.11.hrs

I Matters Arising:

1. Comrade Florence reports that she made 2 attempts over the past week to meet with comrade Pemba, but could not find her at the Clinic. She is also not aware of who the deputy administrator is at the clinic.

The meeting noted that the matter of soughting out the clinic routine has been dragging on for more than 3 weeks and advises that the clinic staff (whom soever available) be met and the matter discussed.

2. An estimate of K59,000 for dental equipment installations at the Emmasdale Clinic has been submitted to FINNIDA. The HS does not envisage problems of funding since there is adequate outstanding funds available from the ANC/ FINNIDA 1990 budget allocations.

I Outstanding FINNIDA funds for 1990

Agreed the funds will be used for the dental unit installation and an ANC Health Department meeting. Comrade Pren to make initial draft of objectives, participants, agenda, programme and budget for discussion and approval at next HS meeting.

III MHQ/HS coordination on health services for MK comrades.

Agreed that this issue should be discussed with comrade Haggar. Comrade Winnie to arrange a separate meeting of the HS on the issue with comrade Haggar.

IV Transport Office/HS coordination.



IV Transport Office/HS Coordination.

Comrade Pren raised the mistrust and suspicions of the transport office to have the HS vehicle registered.

- The TR plates were not regarded as valid.
- The documentation submitted from the dealers were also not taken into trust.
- Its gone 3 weeks that nothing was done about its registration and there are fears that this will remain so for a long time. Comrade Pren to write a memo urging speedy response to registration of the vehicle.

V Brief on new Office Premises.

Available. Urgent need of funds. Comrade Ralph to approach TG on authorization for use of unused NPA funds. Meeting informed that DPA (Danish People's Aid) cannot sponsor ANC projects outside Luanda. This was a historical agreement which has not been renegotiated.

Meeting closed at 11.17hrs.



MEETING OF THE HEALTH  
SECRETARIAT

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DATE: 10.09.90

PRESENT: Comrades Ralph, Winnie, Florence and Pren.

APOLOGIES: Comrade Haggard

- AGENDA:
1. Last minutes + matters arising
  2. On repatriation
  3. Report on Prep for ANC National Consultative Conference
  4. Report - WHO Regional Conference
  5. Report by comrade Pren on visit to East Africa, WHA, Mandela Tour of America, Europe and African countries and impressions of S.A visit.
  6. Correspondence
  7. General Matters

Minutes of 22.08.90 Read and adopted

Matters Arising:

1. PHC Conference in Nigeria attended by 2 NAMDA delegates. HS was unable to send a representative.
2. Conference of DONORS - awaiting date and venue
3. Preliminary SIDA Consultations with ANC - This appears only to be rumoured. There is no written invitation of meeting. Recap on SIDA projects.
  - a) Swedish Nurse Training Course
  - b) The AIDS project
  - c) Treatment of ANC patients abroad
  - d) VOVSA project. The meeting was informed that SIDA plans to scrap this project in light of opposing tensions for it. Since there's no official confirmation of this the HS should look at recommendations of the Swedish Red Cross meeting in HRE, which was attended by comrade Rebecca and Peter Mfeleng.
4. Emmasdale Clinic routine - comrade Florence to report on this in next meeting. ~~Dental~~  
Dental unit at the clinic not functional due to long delays in getting maintenance unit to approach private technicians.



5. AIDS project - it is unclear whether comrade Lungile will return to Lusaka. There is no communication yet on her part. Reports reaching HS inform she has found a job in S.A. Ralph to brief comrade Kelebogile and Mphakamise on the project.
6. Letter from comrade Edith Pemba on comrade Cindi requesting suspension from clinic. Duties at HS notes the deep insecurity and indecision of this comrade with regard to his personal plans; Contends that any suggestion on deployment would/might invoke negative reaction, suggests that the matter be "played by ear" or through gentle persuasion.

#### AGENDA ISSUES:

##### I. On Repatriation:

There is very scanty and unconfirmed reports on this. Comrade Khosi would need to meet with the HS.

##### II ANC NCC:

Conference Committee urges ANC Health Policy to be prepared and discussed for adoption at next NCC. HS discussed mechanisms of going about achieving this:

- a) ~~Comrades~~ <sup>CDS</sup> Health Commission could prepare draft and submit for ANC Health Department to discuss at in-house seminar. This would also require HS input into draft.
- b) Point (a) with input from Health Worker organisations at home.
- c) Comrads Nkosana + Deliza to prepare draft with input from Health Worker Organisations, then distribute for input from ANC Health Department in exile.

In all this, time factor (end of September) should be taken into consideration. Funding to be provided by ~~comrades~~ <sup>CDS</sup>.

Point (c) approved.

##### III WHO REGIONAL CONFERENCE:

Attend<sup>ED</sup> by comrade Ralph. Most contentious issue is approach by S.A government to WHO for input on AIDS prevention and control Prof. Monekosso to meet with Mandela over issue, agreed.



Report by comrade Pren:

a) Clarifications on VLTL visit to East Africa.

- Finnida sent a consultant to evaluate 1990 project proposal agreed in Lusaka. This was a surprise because the HS was not informed beforehand.
- VLTL Rep agreed on an ambulance for their (VLTL) 1990 input.
- Finnida advises that there would be no problem if orders available in TZ be submitted to FINNIDA for funding in accordance with project agreement.
- Delays in arranging clearance for both VLTL and FINNIDA Reps were not of our making, nor the office of the Chief Rep in Dar.
- Comrade Pren to submit explanation to Helsinki Rep on these questions.

b) East Africa RHT Issue:

- The Chief Rep requested comrade Pren to participate in a commission of enquiry into the suspension of 7 Health Workers of the team.
- Notes that the RHT was not a member of the RPC as stipulated in the ANC Consitution.
- Much attention needs to be given to RHC work - Administration, Organisation of Records, Drugs, Personnel, quality of medical care, organisation of Health programmes (AIDS, TB, Alcohol and Drug abuse, MCH) reports and coordination with HS.
- The decision <sup>to</sup> transfer comrade Balungile Shembe to Harare for treatment was taken on the basis of lack of organisational capacity of our team to look after her (shortage of nurses, physiotherapist etc) and very poor care offered at Morogoro Hospital. Supplementary to this was the political <sup>repercussions</sup> ~~repercussions~~ involved with this patient.
- Questions of transport and patient diets were singled out as problematic areas needing attention.
- Report on selection of candidates for the Swedish Nurse Training Course was favourable.



The Mandela Tour:

- Trip was gruelling and no consideration was given to age and chronic health problems such as hypertension on which altitude had at times adverse effects.
- A letter was written by comrade Pren drawing the attention of the NEC to these comments.
- There is a need for the NEC to also address the question of medical care on an on-going basis for all our leaders. This was raised with comrade Steve Tshwete who promised to look into the matter. Comrade Deliza suggests a memo on the issue be submitted to the NEC by our doctors.

The WHA:

This was attended by both comrades Ralph and Pren. In essence, the resolution on FLSs and NLMS was unanimously adopted including the USA and Britain. This must be seen in light of current changes affecting global politically negotiated settlement. We should anticipate greater coordination with FLSs and other independent African States.

The budget and the global AIDS programme continue to receive maximum attention. The first due to many, especially third world, countries unable to pay their dues. <sup>11 (ELEVEN)</sup> Countries lost their voting rights after precautionary warning were issued in 1989. Measures such as curbing post-graduate scholarships in developed countries and looking into new fund-generating schemes are a direct consequence of this.

The second because of the failure of current global efforts to control the spread of AIDS. This is due partly to economic constraints and partly to non-compliance by still many countries to a global strategy on AIDS prevention and control. Environmental issues, particularly the green house effect and dumping of toxic wastes have come to the fore.



On Impressions of SA visit:

- Was unexpected.
- Refrained from public appearances but talking to individual progressive health workers, the commonest and most contentious issue is how is the ANC setting up its health structure inside the country? There is presently no concrete answer to this question. The views expressed by comrade Manto on this question are favoured.
- We should guard against developing a paternalistic attitude towards the progressive health organisations. Rather, we should work with these service organisations on the ground with a view to giving leadership and developing campaigns on health for the department. We do need our own publication on health.
- We need now more than ever before to work as a united, cohesive group of ANC Health Workers.

The meeting closed at 13.26hrs.