Health

The Department of Health promotes the health of all South Africans through a caring and effective national health system (NHS) based on the primary healthcare (PHC) approach.

Statutory bodies

Statutory bodies for the health-service professions include the Health Professions Council of South Africa (HPCSA), the South African Dental Technicians' Council, the South African Nursing Council (SANC), the South African Pharmacy Council and the Allied Health Professions Council of South Africa (AHPCSA).

Regulations in the private health sector are effected through the Council for Medical Schemes.

The Medicines Control Council is charged with ensuring the safety, quality and effectiveness of medicines.

Health authorities

National

The Department of Health is responsible for:

- formulating health policy, legislation, norms and standards for healthcare
- ensuring appropriate use of health resources
- co-ordinating information systems and monitoring national health goals
- regulating the public and private healthcare sectors
- ensuring access to cost-effective and appropriate health commodities
- liaising with health departments in other international agencies and countries.

Provincial

The provincial health departments are responsible for:

- providing and/or rendering health services
- formulating and implementing provincial health policy, standards and legislation
- planning and managing a provincial health-information system
- researching health services to ensure efficiency and quality
- controlling quality of health services and facilities
- screening applications for licensing and inspecting private health facilities

- co-ordinating the funding and financial management of district health authorities
- effective consulting on health matters at community level
- ensuring that delegated functions are performed.

Primary healthcare

The policy on universal access to PHC, introduced in 1994, forms the basis of healthcare delivery programmes and has had a major impact on the South African population.

Fifty-three health districts were established in line with the new metropolitan and district municipal boundaries. As a result of the expansion of facilities, the wider range of services on offer, and the free PHC policy, the number of PHC visits per person increased from an estimated 1,8 per year in 1992 to an estimated 2,3 per year in 2001, and in some provinces to 3,5 visits in 2003.

The services provided by PHC workers include immunisation, communicable and endemic disease prevention, maternity care, screening of children, Integrated Management of Childhood Illnesses (IMCI) and child healthcare, health promotion, youth health services, counselling services, taking care of chronic diseases and diseases of older persons, rehabilitation, accident and emergency services, family planning, and oral health services.

Patients visiting PHC clinics are treated mainly by PHC-trained nurses, or, at some clinics, by doctors. Patients with complications that cannot be treated at PHC level are referred to hospitals for higher levels of care.

Beneficiaries of medical aid schemes are excluded from free services.

The complementary medicine industry in South Africa is reportedly growing at a rate of 15% a year. A study published in 1997 showed that due to South Africa's remarkable biodiversity and cultural diversity, about 3 000 species of plants are used as medicines, with some 350 species most commonly used and traded as medicinal plants.

The National Drug Policy is, to a large extent, based on the essential drugs concept, and is aimed at ensuring the availability of essential drugs of good quality, safety and efficacy to all South Africans.

Community health

Government formalised the country's community health worker sector by launching the Community Health Worker (CHW) Programme in February 2004. It is estimated that there are 40 000 such workers in the country.

This category of health workers is an important element of the Presidential initiatives aimed at addressing health and fighting poverty. The massive expansion of the CHW Programme is a vital part of the Socia Cluster's contribution to the Expanded Public Works Programme. The programme will result in the integration of health and social programmes.

By May 2005, the qualifications framework for CHWs had been completed.

An integration programme at National Qualifications Framework (NQF) level 3 aimed at the community care giver was launched in June 2005.

Learning material for a CHW qualification at level 4 is expected to be in place by the end of January 2006. The first group was expected to be trained by June 2006.

Health budget

The budget for 2005/06 was R9,825 billion, representing an increase of 11,4% compared with 2004/05. This allocation is projected to rise to R10,658 billion in 2006/07 and to R11,184 billion in 2007/08.

Health policy

The NHS aims to improve public health through the prevention of diseases and the promotion of a healthy lifestyle. It also strives to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

The strategic priorities for the NHS for 2004 to 2009 are to:

- improve the governance and management of the NHS
- promote a healthy lifestyle
- contribute towards human dignity by improving the quality of care
- improve the management of communicable and non-communicable diseases
- strengthen PHC, emergency medical services and hospital service-delivery systems
- strengthen support services
- plan, develop and manage human resources (HR)
- plan, budget, monitor and evaluate
- draft and implement health legislation
- strengthen international relations.

Telemedicine

The South African Government has identified telemedicine as a strategic tool for facilitating the delivery of equitable healthcare and educational services, irrespective of distance and the availability of specialised expertise, particularly in rural areas.

In 1998, the Department of Health adopted the National Telemedicine Project Strategy.

In September 1999, the national Telemedicine Research Centre was established as a joint project of the Department of Health and the Medical Research Council (MRC).

The objectives of the centre are to:

- evaluate the operations and systems of national telemedicine projects to ensure improved delivery of healthcare services
- use a telemedicine clinical research testbed to test new telemedicine technologies for their clinical abilities and cost-effectiveness
- provide tools for implementing telemedicine, such as training, teaching material and local capacity professional development
- provide research into relevant protocols, standards and medico-legal aspects of telemedicine.

There are a number of telemedicine sites in South Africa.

Legislation

The National Health Act, 2003 (Act 61 of 2003), provides a framework for a single health system for South Africa. It highlights the rights and responsibilities of health-providers and -users and ensures broader community participation in healthcare delivery from a health facility up to national level.

The Act provides for the right to emergency medical treatment, to have full knowledge of one's condition, to exercise one's informed consent, to participate in decisions regarding one's health, to be informed when one is participating in research, to confidentiality and access to health records, to complain about service, and the rights of health workers to be treated with respect.

It establishes provincial health services and outlines the general functions of provincial health departments.

The Traditional Health Practitioner's Act, 2004 (Act 35 of 2004), was promulgated early in 2005. A council for traditional health practitioners was expected to be established during 2005.

The Nursing Bill provides for the introduction of community service for nurses. This should contribute significantly to efforts to ensure equitable distribution of nurses to meet the health needs of communities.

The Bill seeks to ensure that nursing education programmes are registered with the NQF. This means that, unlike in the past, nurses can gain recognisable credit and retain them for future studies. This will do away with the old-fashioned and time-consuming processes of repeating programmes by nurses who wish to further their studies.

In May 2005, in line with the National Health Act, 2003 (Act 61 of 2003), the Department of Health launched the National Health Council, which comprises the Minister of Health, members of executive councils for health and representatives of local government.

The council aims to unite the various elements of the national health system in a common goal to improve universal access to quality health services.

The Mental Healthcare Act, 2002 (Act 17 of 2002), ushered in a process to develop and redesign mental health services in line with the rights of mental healthcare users as guaranteed by the Constitution.

This legislation grants basic rights to people with mental illnesses, and prohibits various forms of exploitation, abuse and unfair discrimination.

The Act provides for:

- empowerment of the users themselves so that they can engage service-providers and society
- allocation of adequate resources
- commitment and leadership for the cause of mental health at all levels of society.

To achieve this, a series of innovative processes and procedures regarding the care, treatment and rehabilitation of mental health users, as well as clear guidelines on good practice in relation to the role of mental healthcare practitioners, will be introduced. This includes the establishment of provincial review boards to conduct systematic reviews of practices for quality assurance.

Although the Act reserves the right to involuntary hospitalisation, it also contains accompanying conditions for strict admission and reviewing processes and procedures before any decision on psychiatric referrals may be made.

National School Health Policy

The national school health policy and guidelines aim to ensure that all children, irrespective of race, colour and location, have equal access to school-health services.

Supplementary healthcare practitioners, May 2005

Practitioners	Number
Basic ambulance assistants	24 784
Ambulance emergency assistants	4 857
Environmental health officers	2 662
Medical technologists	4 833
Occupational therapists	2 759
Optometrists	2 458
Physiotherapists	4 739
Psychologists	5 875
Radiographers	5 196

Source: Health Professions Council of South Africa

The policy is in line with the United Nations Convention on the Rights of the Child, which affirms the State's obligation to ensure that all segments of society, in particular parents and children, are informed and have access to knowledge of child health and nutrition, hygiene, environmental sanitation and the prevention of accidents.

Department of Health officials will visit all provinces, especially those with a school health programme, to embark on a major training campaign of PHC nurses.

The nurses will be trained to:

- provide children with health education
- impart life skills
- screen children, especially those in Grade R and Grade 1, for specific health problems, and at puberty stage as children undergo physiological changes
- detect disabilities at an early age
- identify missed opportunities for immunisation and other interventions.

The policy was expected to be intensified in 2005.

Social Health Insurance (SHI)

SHI is expected to facilitate access to contributory health cover for families of all employed people. SHI will embrace three major principles:

- risk-related cross subsidies
- income-related cross subsidies
- mandatory cover.

Important groundwork for SHI was done in 2005.

Medicine administration

The Department of Health established the Directorate: Pharmaco-Economic to improve intelligence on medicine pricing. Components dealing with the licensing of pharmacies are being strengthened.

Important progress has been made, in association with the pharmaceutical industry, in making antiretroviral (ARV) medicines more affordable and accessible.

A survey found that the Essential Drug Programme was widely implemented, with 86% of essential drugs found in facilities, 90% of medicines prescribed being from the Essential Drug List, and 97% of facilities having copies of the standard

treatment guidelines, compared with 59% in previous surveys.

Health team

Health personnel are a crucial component in realising the Department of Health's vision. Major challenges still exist in attracting health personnel to the rural areas.

The department provides rural and scarce skills allowances to attract and retain health professionals in the public health sector in general and rural areas in particular. There are already success stories of young health professionals who settle in rural areas after completing their community service.

The department is interacting with countries like Britain to manage the migration of health workers. An agreement was signed with the Government of Iran to recruit doctors for areas experiencing a shortage of health professionals.

To further advance government's campaign to provide quality healthcare, especially in rural areas, a new cadre of health workers, namely mid-level workers, is being developed. These medical and pharmacist assistants will assist in relieving pressure on doctors and pharmacists and contribute towards improving healthcare delivery.

Draft Framework for Human Resources

The Department of Health presented the draft Framework for the HR for Health Plan in August 2005.

The National Health Act, 2003 requires that the National Health Council develops policy and guidelines for the development, distribution and effective utilisation of HR within the NHS.

The framework, which was approved by Cabinet, is the outcome of prolonged interaction with various role-players in the health sector.

The HR plan for health should provide an overall framework that brings together various interventions to deal with the challenges around HR. These interventions include:

- bilateral and multilateral efforts to manage international migration of health workers
- integrating HR planning in the building and revitalisation of health facilities
- improving overall working conditions for health workers
- providing rural and scarce skills allowances.

The plan should also provide a framework within which all stakeholders can contribute to addressing these challenges either individually or in partnership with government.

Physicians

By August 2005, 32 617 doctors were registered with the HPCSA. These included doctors working for the State, doctors in private practice and specialists. The majority of doctors practise in the private sector. In selected communities, medical students render health services at clinics under the supervision of medical practitioners.

In terms of the Continuing Professional Development (CPD) system, all doctors, irrespective of earlier qualifications, must obtain a specified number of points to retain their registration. The system requires that doctors attend workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs. Non-compliance with the requirements of the system could result in the doctor being deregistered.

Applications of foreign health professionals are subject to assessment by the Examinations Committee of the Medical and Dental Professions Board. Those admitted have to write an examination, after which they can be registered in the particular category for which they applied and were assessed.

Newly qualified interns are required to do remunerated compulsory community service at state hospitals. Only after completion of this service are they allowed to register with the HPCSA, and only then are they entitled to practise privately.

Community service for a range of professional groups, such as physiotherapists, occupational therapists and psychologists, was initiated in 2003. This has helped to provide health services to areas that have been unable to offer such services before. There are about 1 072 doctors, 344 pharmacists, 336 environmental health officers, 292 physio-

therapists and 214 radiographers and other categories of health professionals performing community service each year.

To regulate the recruitment of South African health professionals by other countries, the department assisted in the development of a code of ethical recruitment for members of the Commonwealth. A total of 1 658 foreign health professionals sought employment with the department during 2003/04. In addition, the department processed 47 intern and community-service applications from foreign health professionals; 201 work permits; 96 applications for permanent residence; and 594 applications for letters of endorsement for examination, registration and deployment purposes. The department revised its foreign recruitment and employment policy and developed a database on foreign employees.

The first national graduation ceremony of 17 Cuban-trained South African medical doctors took place at the Nelson Mandela School of Medicine in Durban in July 2005. Training in Cuba was part of a government-to-government agreement between South Africa and Cuba, signed in 1995 to address the shortage of health professionals in South Africa.

Medical assistants

In March 2004, the Minister of Health launched a plan to introduce medical assistants. The medical/physician assistant will be part of a team in different units in a district hospital, that is, the emergency unit, maternity and outpatient departments, or medical and surgical units.

In operating theatres, the medical/physician assistant will assist the doctor in basic procedures like incisions and drainage.

The regulation of medical assistants will rest with the HPCSA.

Registered medical interns, practitioners and dentists, 2002 – 2005

	2002	31 Aug 2005
Dentists	4 560	4 773
Medical interns	2 306	2 535
Medical practitioners	30 271	32 617

Source: Health Professions Council of South Africa

The education and training of medical assistants will take place close to the location where the medical assistant will work. Most learning will take place at district hospitals. A clear link will be maintained with universities through internal training, telemedicine and block learning. The training period will be three years, followed by an internship at the district hospital.

There will be one training site per province with 12 students per site per year in the initial stage. More training sites will be developed within the next five years.

By April 2005, progress had been made in defining the scope of practice and developing the curriculum for medical assistants.

Oral health professionals

By the end of August 2005, 119 dental and oral specialists, 957 oral hygienists and 437 dental therapists were registered with the HPCSA. There were 4 773 dentists at the end of August 2005.

Dentists are subject to the CPD and community-service systems.

Oral health workers render services in the private as well as public sectors.

Pharmacists

Since 20 November 2000, all pharmacists have been obliged to perform one year of remunerated pharmaceutical community service in a public-health facility. Those who have not completed this year of service are not allowed to practise independently as pharmacists.

A section of the Pharmacy Amendment Act, 2000 (Act 1 of 2000), which allows non-pharmacists to own pharmacies, came into effect during May 2003. It aims to improve access to medicine, make them more affordable, improve marketing and dispensing practices, and promote consumer interests.

In May 2005, the South African Pharmacy Council had 11 167 registered pharmacists. About 8 310 and 2 277 of these were rendering their services in the private and public sectors, respectively. Some 494 pharmacists engaged in community service in 2005. Some 501 pharmacist interns registered for 2005 internship.

By May 2005, there were 3 844 pharmacies registered with the council. Of these, 65,56% were community pharmacies, 15,4% public institutional and the remainder wholesale, consultant, manufacturing and private institutional pharmacies.

As of July 2005, every institutional pharmacy is required to have a responsible pharmacist. The public will thus receive exactly the same standard of pharmaceutical service as that experienced in the private sector.

Nurses

The SANC sets minimum standards for the education and training of nurses in South Africa. It accredits schools that meet the required standards and only grants professional registration to nurses who undergo nursing education and training at an accredited nursing school.

The key role of the nursing council is to protect and promote public interest, ensuring delivery of quality healthcare. It does so by prescribing minimum requirements for the education and training of nurses and midwives, approves training schools, and registers or enrols those who qualify in one or more of the basic or postbasic categories.

At the end of 2004, there were 184 459 registered and enrolled nurses and enrolled nursing auxiliaries on the registers and rolls of the council. This represented a growth of 3,8% compared with 2003. The nursing profession represents more than 50% of the total professional HR of health services.

Similarly, 27 157 persons were registered as student and pupil nurses or pupil nursing auxiliaries on the registers and rolls of the council at the end of 2004. This represents a growth of 14% compared with 2003.

Allied health professions

In 2005, the following practitioners were registered with the AHPCSA:

- Ayurveda 122
- Chinese medicine and acupuncture 656
- chiropractors 506
- homoeopaths 726
- naturopaths 158
- osteopaths 62
- phytotherapists 28
- therapeutic aromatherapists 1 123
- therapeutic massage therapists 346
- therapeutic reflexologists 1 935.

National Health Laboratory Service (NHLS)

The NHLS is a single national public entity that consists of the former South African Institute for Medical Research (SAIMR), National Institute for Virology (NIV), National Centre for Occupational Health (NCOH), university pathology departments and public-sector laboratories. It consists of about 250 laboratories.

Their activities comprise diagnostic laboratory services, research, teaching and training, and producing serums for anti-snake venom and reagents.

Registered and enrolled nurses per province, 2004

	Registered nurses	Enrolled nurses	Nursing auxiliaries	Students in training
Eastern Cape	12 025	3 073	5 155	2 908
Free State	7 199	1 302	3 070	966
Gauteng	26 864	8 391	14 749	9 045
KwaZulu-Natal	18 995	10 929	9 039	8 524
Limpopo	7 284	2 913	4 170	1 947
Mpumalanga	4 674	1 768	1 803	568
North West	6 382	2 097	3 884	1 189
Northern Cape	1 919	531	928	210
Western Cape	13 148	4 262	7 905	1 800
Total	**98 490**	**35 266**	**50 703**	**27 157**

Source: South African Nursing Council (*www.sanc.co.za*)

All laboratories provide laboratory diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

The NIV and a section of the SAIMR have been combined to form the National Institute for Communicable Diseases (NICD), which is also part of the NHLS. The research expertise and sophisticated laboratories at the NICD make it a testing centre and resource for the African continent, in relation to several of the rarer communicable diseases.

The NCOH has been renamed the National Institute for Occupational Health. It investigates occupational diseases and has laboratories for occupational environment analyses.

Biovac Institute

The Biovac Institute, a public-private partnership for expanding local vaccine productions, was formally launched in 2004. The partnership will ensure the capital injection and expertise needed to revive production and will play a vital support role in local vaccine research.

Provincial health departments

Provincial health departments provide and manage comprehensive health services at all levels of care. The basis for these services is a district-based PHC model. The major emphasis in the development of health services in South Africa at provincial level has been the shift from curative hospital-based healthcare to that provided in an integrated community-based manner.

Clinics

A network of clinics run by government forms the backbone of primary and preventive healthcare in South Africa. Between 1994 and 2004, more than 1 300 clinics were built or upgraded.

Undertaken in collaboration with the Department of Health and various other partners, the Clinic Sanitation Programme was launched in 2005. The programme seeks to improve sanitation services among rural clinics across five provinces, namely KwaZulu-Natal, Mpumalanga, North West, Eastern Cape and Limpopo.

Hospitals

There were 386 provincial public hospitals in 2003, according to the Department of Health.

Ongoing programmes are in place to improve the quality of hospital services. The Charter of Patients' Rights has been developed, as well as procedures to follow when dealing with complaints and suggestions. A service package with norms and standards has been developed for district hospitals and is being extended to regional hospitals.

Steps are being taken to improve the quality of hospital services, with an increasing number of hospitals entering accreditation programmes. New quality-inspection authorities are to be established in terms of the National Health Act, 2003.

All maternal deaths are closely investigated as part of the maternal death surveillance and enquiry process.

Renewal of hospital stock focused initially on renovation and maintenance, but has progressed to major rebuilding under the Hospital Revitalisation Programme. The Hospital Revitalisation Grant increased by 12,7% from R912 million in 2004/05 to R1,027 billion in 2005/06.

In 2004/05, 26 hospitals participated in the Hospital Revitalisation Programme, which is meant to refurbish the infrastructure, strengthen management and improve quality of care.

As part of the programme, the department completed four new hospitals in 2004/05. These were:

- Piet Retief Hospital in Mpumalanga
- Swartruggens Hospital in North West
- Mannie Dipico Hospital in Colesberg in the Northern Cape
- Abraham Esau Hospital in Calvinia in the Northern Cape.

Registered and enrolled nurses, 2003 – 2004

	2003	2004
Registered nurses	96 715	98 490
Enrolled nurses	33 575	35 266
Nursing auxiliaries	47 431	50 703
Students in training	23 661	27 157

Source: South African Nursing Council

During 2005/06, government was expected to enrol 16 extra hospitals in the revitalisation programme and to complete the revitalisation of four hospitals, namely:
- Vredenburg and George hospitals in the Western Cape
- Lebowakgomo and Jane Furse hospitals in Limpopo.

The Hospital Association of South Africa represents the interests of more than 70% of private hospitals in South Africa.

Emergency medical services

Provincial departments of health are responsible for emergency medical services, which include ambulance services. Emergency-care practitioners receive nationally standardised training through provincial colleges of emergency care.

Some universities of technology also offer diploma and degree programmes in emergency care. Personnel can receive training to the level of advanced life support.

These services also include aeromedical and medical-rescue services.

Personnel working in this field are required to register with the HPCSA's Professional Board for Emergency Care.

The Department of Health plays a co-ordinating role in the operation, formulation of policy and guidelines, and development of government emergency medical services.

Private ambulance services also provide services to the community, mainly on a private basis. Some also provide aeromedical services to the private sector.

The South African Military and Health Service of the South African National Defence Force plays a vital supporting role in emergencies and disasters. (See chapter 17: *Safety, security and defence*.)

The role of local government

Local government is responsible for rendering the following:
- preventive and promotive healthcare, with some municipalities rendering curative care
- environmental health services, including the supply of safe and adequate drinking water, sewage disposal and refuse removal
- regulation of air pollution, municipal airports, fire-fighting services, licensing and abattoirs.

Many local authorities provide additional PHC services. In some instances, these are funded by provincial health authorities, but in major metropolitan areas the councils carry some of the costs.

The National Health Act, 2003 provides that formal service agreements between provinces and councils will be the basis for the future development of PHC.

Non-profit health sector

Non-governmental organisations (NGOs) at various levels play an increasingly important role in health, many of them co-operating with government to implement priority programmes. They make an essential contribution in relation to HIV, AIDS and tuberculosis (TB), and also participate significantly in the fields of mental health, cancer, disability and the development of PHC systems.

Two particularly high-profile and innovative non-profit organisations are Soul City (*www.soulcity.org.za*) and loveLife (*www.lovelife.org.za*). Both focus on health promotion and the use of the mass media to raise awareness about the prevention of illness, and to enable people to manage their health more effectively.

Soul City pioneered one of the most successful multimedia edutainment initiatives and is known for its sound research-based approach. *Soul Buddyz* is a real-life television drama specifically developed to empower eight to 12-year olds and the adults in their lives. It is the most popular television programme in the country for children. In 2005, running in parallel with the *Soul Buddyz* episodes, was the television programme *Buddyz on the Move (BoM)*. *BoM* was the first actuality programme developed specifically for children and shows *Soul Buddyz* club members' involvement in their communities.

loveLife focuses more on teenage sexuality and relationships and the prevention of HIV-infection and related conditions. It reaches adolescents aged between 12 and 17 and takes a straightforward

approach to addressing the underlying factors that fuel the spread of HIV, teenage pregnancy, and sexually transmitted infections (STIs), including society's reluctance to address youth sexuality, the impact of peer pressure and sexual coercion, a sense of pessimism, poverty and the obstacles that keep young people away from South Africa's public health clinics.

Apart from mass-media advertising campaigns backed by a helpline, loveLife focuses on providing services for young people. It has a programme to transform existing reproductive-health and communicable-infection services to make them more 'youth-friendly'. It has also developed drop-in centres where young people can get information and support.

The Health Systems Trust conducts research and helps build appropriate delivery systems for PHC. Funded partly by the Department of Health, it has supported the development of the district health system, monitors the quality of care at public-sector clinics, and facilitates the introduction of services to reduce mother-to-child transmission of HIV.

The South African Cancer Association and the Council Against Smoking share government's approach to the prevention of many chronic non-communicable diseases. They partnered government in the development of tobacco-control measures and their implementation.

Established national health NGOs – such as the St John Ambulance and the South African Red Cross – continue to focus on emergency care and first-aid capacity. They have adapted their services to take account of changing needs, particularly the impact of HIV and AIDS.

Several important organisations in relation to HIV and AIDS are run by people living with HIV or AIDS. The biggest of these is the National Association of People Living with AIDS, which has branches in many areas. There are also many unaffiliated support groups that serve local communities.

Human-rights and health-rights issues in relation to HIV and AIDS have given rise to groups such as the AIDS Law Project and the Treatment Action Campaign, which are pursuing a high-profile campaign in support of expanded treatment.

Faith-based organisations (FBOs) are one of the mainstays of hospice and home-based care for those infected and affected by HIV and AIDS. The Salvation Army was perhaps the first to become meaningfully involved, but in recent years organisations of other faiths and denominations have become increasingly significant sources of care. Many FBOs are also involved in HIV-prevention programmes.

Traditional 'service' organisations like the Lions and Rotary have health projects that boost the public health sector. Fields in which they have made a particular mark are mass immunisation – particularly through the Polio-Free Initiative – and reducing the national backlog of cataract surgery.

The involvement of NGOs extends from the national level, through provincial structures, to small local organisations rooted in individual communities. All are vitally important and bring different qualities to the healthcare network.

Costs and medical schemes

The Council for Medical Schemes regulates the private medical aid scheme industry in terms of the Medical Schemes Act, 1998 (Act 131 of 1998). The council is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act, 2000 (Act 58 of 2000). There are more than 160 medical schemes, with a total annual contribution of about R35 billion, servicing about seven million subscribers.

Medical schemes are the single largest financing intermediary, accounting for nearly 7% of all healthcare expenditure. This is followed by provincial health departments at 33% and households (in terms of out-of-pocket payments directly to healthcare providers) at 14% of all healthcare expenditure.

Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals, depending on the facilities offered. Provincial-hospital patients pay for examinations and treatment on a sliding scale in

accordance with their income and number of dependants. If a family is unable to bear the cost in terms of the standard means test, the patient is classified as a hospital patient. His/her treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Provincial hospitals offer treatment to patients with medical aid cover, charging a tariff designed to recover the full cost of treatment. This 'private' rate is generally lower than the rate charged by private hospitals.

The Medical Schemes Amendment Act, 2001 (Act 55 of 2001), improves the regulatory capacity of the Registrar for Medical Schemes and regulates reinsurance. The Act:

- provides improved protection for members by addressing the problem area of medical insurance, revisiting the provision on waiting periods and specifically protecting patients against discrimination on grounds of age
- promotes efficient administration and good governance of medical schemes by insisting on the independence of individuals in certain key positions.
- has introduced mechanisms to address problematic practices in the marketing of medical schemes and brokerage of services.

Minimum benefits are also prescribed. In 2004, several chronic conditions were added to the package of prescribed minimum benefits.

Community health

The most common communicable diseases in South Africa are HIV, AIDS, TB, malaria, measles and STIs.

The appropriate and timeous immunisation of children against infectious diseases is one of the most cost-effective and beneficial preventive measures known.

The mission of the South African Expanded Programme on Immunisation is to reduce death and disability from vaccine-preventable diseases by making immunisation accessible to all children.

In South Africa, it is recommended that children under the age of five be immunised against the most common childhood diseases. Immunisation should be administered at birth, six weeks, 10 weeks, 14 weeks, nine months, 18 months and five years of age. Childhood immunisations are given to prevent polio, TB, diphtheria, pertussis, tetanus, haemophilus influenzae type B, hepatitis B and measles.

Polio and measles

There have been no confirmed measles deaths since 2000, as a direct result of the Measles Elimination Strategy. The last confirmed polio case in South Africa occurred in 1989, but it remains vital to maintain high levels of protection.

The Department of Health observed the National Polio Eradication Week from 4 to 10 April 2005 as part of the *Health Month* Campaign that focused specifically on maternal and child health.

The campaign aimed to complement the World Health Organisation (WHO) 2005 *World Health Day* Campaign slogan *Make Every Mother and Child Count.*

This was in line with the millennium development goals agreed on by the international community in 2000 to reduce maternal deaths by three quarters and child mortality by two-thirds by 2015.

Three committees have been formed, as required by the WHO, to monitor the polio-eradication process. These are the National Certification Committee, the Laboratory Containment Committee and the Polio Expert Committee.

South Africa, Lesotho and Swaziland established the Intercountry Certification Committee to ensure that polio-free certification in the region occurred by December 2005.

Integrated Management of Childhood Illnesses

IMCI promotes child health and improves child survival as part of the National Plan of Action for Children. It is being instituted as part of the Department of Health's policy on the NHS for Universal Primary Care.

South Africa's nurses and doctors are well-trained to treat all diseases using the IMCI strategy. Diseases such as pneumonia, malaria, meningitis,

diarrhoea and malnutrition are easily managed. In South Africa, the IMCI strategy has been adapted to include assessment and classification of HIV.

More than 7 000 healthcare providers have been trained in this strategy, which requires that every child brought to a clinic should be examined for difficult breathing, diarrhoea, fever and malnourishment.

Malaria

Malaria is endemic in the low altitude areas of Limpopo, Mpumalanga and north-eastern KwaZulu-Natal. About 10% of the population lives in a malaria risk area.

The prevalence of malaria decreased substantially over the past five years from prevalence levels above 80% in some areas to current levels, which are below 10%. This can be attributed to the success of in-door residual spraying using the insecticide Dichloro-Diphenyl-Dichloromethan (DDT) and the partnership with Mozambique and Swaziland.

Malaria cases reported from January to May 2005 totalled 4 539. This represented a 44,5% decrease from the 8 173 cases reported during the same period in 2004. During the same period, 35 deaths were reported compared with 55 in 2004, which represented a 36,4% decrease in malaria-related deaths.

Through the innovative multinational Lubombo Spatial Development Initiative involving Mozambique, South Africa and Swaziland, malaria prevalence in Mozambique has been reduced by 82%, and in KwaZulu-Natal by 96% compared with 2002. A trans-Limpopo initiative is also being explored between South Africa and Zimbabwe.

South Africa is a signatory to the Abuja Declaration, which undertakes to reduce malaria morbidity and mortality by 50% by 2010.

By September 2005, progress was being made in the development of the Health Charter. The charter aims to strengthen collective efforts within the health system to improve access to affordable and quality healthcare.

There is active co-operation with Zimbabwe on cross-border malaria control. Malaria-control experts are being sent to other Southern African Development Community countries to provide technical assistance and strengthen control programmes in the subregion.

To monitor the disease effectively, the MRC, together with the national and provincial departments of health, developed a malaria-information system to obtain information about the disease and operational aspects pertaining to control programmes. Through these public-private partnerships, malaria is effectively being controlled in southern Africa. However, to ensure that the incidence of malaria remains on a downward trend, increased intercountry collaborations are essential.

Malaria-control teams of the provincial departments of health are responsible for measures such as education, patient treatment, residual spraying of all internal surfaces of dwellings situated in high-risk areas, and detection and treatment of all parasite carriers. It was decided to continue with controlled and restricted use of DDTs because of the growing resistance to pyrethroid insecticides.

The MRC's South African Traditional Medicines Research Group is investigating plants used by traditional healers for the treatment of malaria. Two plants that are effective against malaria parasites in vitro have been identified, and the active compounds in one of the plants have been identified and isolated.

Insecticide-treated nets are another intervention that has had an impact, reducing the number of malaria deaths, particularly among children under the age of five years.

Tuberculosis

Improvements in TB care are confronted by increasing numbers of cases, from 109 328 TB cases reported in 1996 to 255 773 TB cases reported in 2003.

Despite improvements in the TB Control Programme – such as an electronic register, decreased waiting time for test results, and high coverage with Directly Observed Treatment Short Course (DOTS) –

both cure and completion rates are suboptimal, at 53,9% (cured) and 67,8% (successful treatment completion rate). A national surveillance study showed resistant strains in 1,7% of new cases and 6,6% of previous cases returning for treatment.

The Department of Health has implemented DOTS, advocated by the International Union Against TB and the WHO. The focus is on curing infectious patients at the first attempt, by ensuring that:

- they are identified by examining their sputum under a microscope for TB bacilli
- they are supported and monitored to ensure that they take their tablets
- the treatment, laboratory results and outcome are documented
- appropriate drugs are provided for the correct period
- TB control receives special emphasis in terms of political priority, finances and good district health management.

Treatment is free of charge at all public clinics and hospitals in South Africa.

The TB Control Programme is being strengthened by:

- appointing TB co-ordinators in each health district
- strenghtening the laboratory system
- strengthening the implementation of DOTS
- mobilising communities to ensure that patients complete their treatment.

HIV and AIDS

Government's Comprehensive Plan for the Management, Care and Treatment of HIV and AIDS is centred around preventing the spread of HIV-infection and improving the health system to enable the Department of Health to provide a series of interventions aimed at improving the lives of those infected and affected by HIV and AIDS.

While retaining a strong focus on HIV prevention and expanding support for positive living in the early stages of HIV-infection, the plan also provides for ARV treatment in the public health sector as part of government's comprehensive strategy.

The plan envisaged that there would be at least one service point in every health district across the country and, within five years, one service point in every local municipality.

These service points will give citizens access to a continuum of care and treatment, integrated with the prevention and awareness campaign which remains the cornerstone of the strategy.

This involves:

- stepping up the prevention campaign so that the estimated 40 million South Africans not infected stay that way
- a sustained education and community mobilisation programme to strengthen partnerships in the fight against the epidemic
- expanding programmes aimed at boosting the immune system and slowing down the effects of HIV-infection, including the option of traditional health treatments for those who use these services
- improved efforts in treating opportunistic infections for those who are infected but have not reached the stage at which they require ARVs
- intensified support for families affected by HIV and AIDS
- introducing ARV treatment for those who need it, as certified by doctors.

The Department of Health's strategy in dealing with HIV and AIDS operates on two levels. The first level involves a comprehensive strategic response to HIV and AIDS as outlined in the HIV, AIDS and STIs

South Africa was one of the 29 countries and organisations that pledged a total of US$3,7 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the two-year period (2006 and 2007) at the Global Fund Replenishment Conference held in London in September 2005.

The Minister of Health, Dr Manto Tshabalala-Msimang, announced at the conference that the South African Government would continue to support the Global Fund by making a contribution of US$6 million (about R36 million) over the next three years.

The replenishment conference was hosted by the United Kingdom Department for International Development and was the last of three meetings to assess Global Fund performance and resource needs.

Strategic Plan for South Africa. Prevention strategies continue to form the backbone of the department's response to HIV and AIDS.

The second level relates to the Comprehensive Plan for Management Care and Treatment. By mid-2005, implementation of the plan was progressing well. Voluntary counselling and testing (VCT) sites continue to see more people than before, while through the Khomanani social mobilisation campaign, the department intensified efforts to spread messages around VCT, as well as prevention.

Regarding care and support for HIV-positive people, messages around positive living and healthy lifestyles are also being intensified.

Budget for the plan increased by 45% from R782 million in 2004/05 to R1,135 billion in 2005/06.

By September 2005, reports from provinces indicated that more than 61 900 patients were receiving ARV treatment. Efforts to improve monitoring systems continue to ensure that these patients and their response to such treatment can be tracked.

By September 2005, there were 178 sites spread across all 53 districts and in about 60% of subdistricts. The department was extending the nutritional interventions by providing nutritional and vitamin supplements.

The South African National AIDS Council serves as a forum for strengthening and integrating programmes within government, as well as between government and civil society.

Africa's first dedicated hand-surgery complex is to be established at the Chris Hani Baragwanath Hospital in Soweto.

Once complete, the unit will comprise two hand theatres, therapy areas for physiotherapy and occupational therapy, out-patient rooms, X-ray facilities, an administration section, wards for hand-surgery patients and a dispensary.

The Chris Hani Baragwanath Hospital is the largest referral centre for hand surgery in South Africa, conducting about 120 operations a month.

In 1976, the hospital became the first in the world to successfully conduct a hand replantation operation. It has also pioneered hand reconstruction in cases of congenital deformities in children.

Leading mining and engineering companies, including Impala Platinum, Anglo American, Gold Fields, African Rainbow Minerals and Scaw Metals Group, are expected to inject over R5,3 million into the project, while the Gauteng Health Department will provide trained staff, equipment and donations in kind.

Improved access to voluntary HIV counselling and testing

Ensuring access to confidential and voluntary HIV counselling and testing is one of the essential elements of the plan, as it provides an important entry into other health interventions, e.g. TB and STI treatment. This goal focuses on expanding access to VCT in both the private and public sectors.

By the end of 2004/05, 3 369 healthcare facilities were providing VCT, mainly at the PHC level, a 100% increase from 1 500 in 2002/03. About 5 000 healthcare facilities were expected to provide VCT by 2005/06.

Preventing mother-to-child transmission (PMTCT) of HIV

The PMTCT programme is expanding. The original research sites continue to provide a full package of care, and help to answer critical operational questions such as the impact of infant-feeding options and the significance of drug resistance.

Most provinces are extending this comprehensive package to more facilities.

By 2003/04, 1 652 facilities had implemented the PMTCT programme, a significant increase from 540 in 2002/03. According to the policy, all PHC facilities should offer VCT and PMTCT programmes by March 2006.

Rape survivors

Cabinet's decision in April 2002 to offer ARVs to victims of sexual assault as part of a comprehensive package of support, is being implemented. The post-exposure prophylaxis programme includes counselling on the effectiveness and risks of using ARVs.

All provinces are working according to national protocols. In some provinces, the focus is on multi-

disciplinary crisis or victim-empowerment centres, while in others, the service is offered through the emergency rooms of general hospitals.

HIV and AIDS vaccine research and development

The South African AIDS Vaccine Initiative (SAAVI) was established in 1999 to develop and test an affordable, effective, and locally relevant HIV and AIDS vaccine for southern Africa. Since its establishment, SAAVI has made good progress, particularly for a biotechnology project of this nature.

SAAVI is a holistic vaccine development initiative that has three South African developed products undergoing the regulatory process preceding the first phase of human trials. SAAVI activities cover the broad spectrum of vaccine-development components, including laboratory research and development, immunology testing in animals, community education, ethical protocol development, actual modelling, data collection and management, laboratory testing and planning for clinical trials.

SAAVI works closely with many international organisations, including the African AIDS Vaccine Programme and the International AIDS Vaccine Initiative. It receives funding from some of these organisations, including the HIV Vaccine Trials Network of the United States' National Institute of Health, and the European Union.

Training

By February 2005, the Department of Health had ensured the training of 7 658 health personnel nationally, in the management, care and treatment of HIV and AIDS.

Home/community-based care

By May 2005, there were 1 700 projects offering home-based care nationally.

Reproductive health

Government has a number of programmes in place to support women and men in making their reproductive choices. Among these are the Family Planning Programme, which provides for counselling; a range of choices of family-planning methods such as contraceptives, access to legal termination of pregnancy and sterilisation under specific conditions; as well as education on sexuality and healthy lifestyles. These services are provided free of charge at PHC facilities.

The Department of Health has developed a card for women's reproductive health to improve continued care and to promote a healthy lifestyle. The card is retained by the patient and facilitates communication between health services. Pregnancy Education Week is held annually in February to educate women on their reproductive rights and related issues.

The contraception and the youth and adolescent health policy guidelines promote access to health services for vulnerable groups, by improving the capacity of health and other workers to care for women and children.

The guidelines are aimed at providing quality care, preventing and responding to the needs of young people, and promoting a healthy lifestyle among the youth. The promotion of a healthy lifestyle includes programmes or activities on issues such as:

- life skills
- prevention of substance and alcohol abuse
- provision of a smoke-free environment.

Eight critical areas within the youth and adolescent health policy guidelines have been identified, namely:

- sexual and reproductive health
- mental health

National Condom Week from 13 to 17 February 2005 focused on encouraging people to be more responsible in their sexual behaviour. National Condom Week is aimed at spreading the message that most sexually transmitted infections, with the exception of HIV, are curable. Condom usage has increased by 50% in the last five years from a paltry 15%.

The distribution of male condoms increased from 302 million in 2003 to 346 million in 2004. A total of 1,2 million female condoms were distributed through 203 sites nationwide in 2004.

- substance abuse
- violence
- unintentional injuries
- birth defects and inherited disorders
- nutrition
- oral health.

Guidelines for maternity care deal with the prevention of opportunistic infections in HIV-positive women, and the provision of micronutrient supplements to help ensure the well-being of mothers.

Guidelines for the cervical cancer-screening programme aim to reduce the incidence of cervical cancer by detecting and treating the pre-invasive stages of the disease.

The Cancer-Screening Programme aims to screen at least 70% of women in their early 30s within 10 years of initiating the programme. It allows for three free pap-smear tests with a 10-year interval between each test. Pilot sites for the screening of cervical cancer have been set up in Limpopo, Gauteng and the Western Cape. The project will be rolled out to all provinces.

The Choice on Termination of Pregnancy Act, 1996 (Act 93 of 1996), allows abortion on request for all women in the first 12 weeks of pregnancy, and in the first 20 weeks in certain cases. The Act was amended to improve access and alleviate the pressure on existing termination services. The system of designating services will be changed to ensure that more public health facilities offer termination procedures.

In 1998, the infant mortality rate was measured at 45,4 per 1 000 live births. This decreased in 2003 to 42,5 per 1 000 live births. Mortality of children under five years also decreased from 59,4 per 1 000 live births in 1998 to 57,6 per 1 000 in 2003.

The proportion of births attended to by either a nurse or doctor increased from 84% in 1998 to 92% in 2003. This can be attributed to the increased access to health services both in terms of availability of health facilities in various communities, and free health services for pregnant and lactating women, as well as children under the age of six years.

Since the implementation of the Act, about 40 000 women safely terminate pregnancies annually.

The Department of Health continues to support training in abortion care and contraception provision.

The Subdirectorate: Women's Health has developed contraception service-delivery guidelines. The subdirectorate is reviewing the national guidelines on the management of survivors of sexual offences, and developing a policy on the management of survivors of sexual offences.

Environmental health

In terms of the National Health Act, 2003, environmental health services are vested with local government. This shifted the responsibility for rendering environmental health services to metropolitan and district councils from 1 July 2004.

Traditional medicine

In August 2003, South Africa launched the National Reference Centre for African Traditional Medicines to research African herbs and evaluate their medicinal value as part of government's campaign to fight HIV, AIDS, TB and other debilitating and chronic diseases and conditions.

The launch of the centre was the result of a research programme initiated by the Department of Health and the MRC. It aims to test the effectiveness, safety and quality of traditional medicines, as well as to protect people from unscrupulous conduct and unproven medical claims within the traditional healing sector.

To protect the intellectual property rights of traditional peoples, the MRC will conduct biomedical research on medicinal plants. Traditional claims will also be channelled through this centre.

Government supports research by universities and science councils into the efficacy of many traditional medicines used for various conditions.

The WHO estimates that up to 80% of Africa's people use traditional medicine. In sub-Saharan Africa, the ratio of traditional health practitioners to the population is about 1:500, while the ratio of medical doctors is 1:40 000.

Traditional health practitioners have an important role to play in the lives of African people and have the potential to serve as a critical component of a comprehensive healthcare strategy.

In South Africa alone, there are an estimated 200 000 traditional health practitioners. They are the first healthcare providers to be consulted in up to 80% of cases, especially in rural areas, and are deeply interwoven into the fabric of cultural and spiritual life.

Research also indicates that in many developing countries, a large proportion of the population relies heavily on traditional health practitioners and medicinal plants to meet PHC needs. Although modern medicine may be available in these countries, traditional medicines remain popular for historical and cultural reasons.

The MRC will conduct tests to evaluate such medicine, develop substances that could be used for chronic conditions, including immune boosters, and provide information on these medicine to the general public.

Tobacco control

An estimated 25 000 South Africans die each year from tobacco-related diseases.

Regulations of the Tobacco Products Control Amendment Act, 1999 (Act 12 of 1999), include:

- a ban on all advertising for tobacco products from 23 April 2001
- all public places must be smoke-free, but employers and restaurateurs can set aside 25% of their space for smokers, which must be separated by a solid partition
- a fine of R10 000 for those who are caught selling or giving cigarettes to children.

In October 2003, the Minister of Health released details of new provisions designed to protect public health by strengthening South Africa's tobacco control laws. The Tobacco Products Control Act, 1993 (Act 83 of 1993), was amended to provide for, among other things:

- the prohibition of advertising and promotion of tobacco products
- the prohibition of the free distribution of tobacco products and the receipt of gifts or cash prizes in contests, lotteries or games
- the prescription of maximum yields of tar, nicotine and other constituents in tobacco products.

The Act is in line with the provisions of the WHO's International Framework Convention on Tobacco Control (FCTC) and makes it more effective by closing loopholes and increasing fines.

By 2006, the levels of nicotine and tar contents of cigarettes will be reduced even further.

Restrictions on the tar level will be reduced from the current 15 milligrams (mg) to 12 mg, while nicotine will decrease from 1,5 mg to 1,2 mg in all cigarettes sold in South Africa.

South Africa is a co-signatory with 74 other countries of the FCTC that commits governments worldwide to take measures to reduce tobacco use.

In 2005, South Africa became one of the few countries to have satisfied the FCTC.

The Department of Health has set up a tobacco hotline ([012] 312 0180) for the general public to lodge smoking-related complaints.

People who want to stop smoking may contact the National Council Against Smoking's Quit Line on (011) 720 3145.

The results of these interventions are encouraging. Research indicates that smoking prevalence among the adult population decreased from 36% in 1996 to 22% in 2003. Smoking among the youth decreased from 23% in 1999 to 18,5% in 2002.

Alcohol and substance abuse

Foetal Alcohol Syndrome (FAS) is one of South Africa's most common birth defects. It is caused by a mother's consumption of alcohol during pregnancy. Rates in South Africa are the highest recorded anywhere in the world. In the Northern Cape, one in 10 children starting school shows signs of FAS, and in the Western Cape, one in 20.

According to a report by the MRC's Alcohol and Drug Abuse Research Group, released in October 2003, alcohol remains the dominant substance abused in South Africa. Across the five sites in the South African Community Epidemiology Network on Drug Use, between 44% (Cape Town) and 69% (Mpumalanga) of patients in specialist substance-abuse treatment centres list alcohol as their primary substance of abuse.

The use of cannabis (dagga) and mandrax (methaqualone) alone or in combination (white pipes) continues to be high. The increase in treatment demand for cocaine addiction reported in Cape Town, Durban and Gauteng, has levelled off.

Over time, there has been a dramatic increase in treatment demand for heroin as the primary drug abused in Cape Town and Gauteng, but this has also levelled off. Demand for long-term treatment appears to be increasing. The abuse of over-the-counter and prescription medicines such as slimming tablets, analgesics and benzodiazepines (e.g. diazepam and flunitrazipam) continues to be a problem, but treatment-demand indicators are stable.

Inhalant/solvent use among young people continues to be an issue of concern. Poly-substance abuse remains high, with 34% of patients in specialist treatment centres in Gauteng and 47% in Cape Town reported to be abusing more than one substance. All sites for which age data are available have shown an increase over the past few years in treatment-demand by persons younger than 20 years of age.

Draft regulations on the labelling of alcoholic beverages were published in the *Government Gazette* in February 2005. The regulations define an alcoholic beverage as any drink for human consumption with an ethyl alcohol content of above 1%.

The regulations propose a number of messages that should be printed in black and white, covering at least 12,5% of the container label or promotional material of an alcohol product.

The health message can be in any of the South African official languages, but must be in the same language as that of the container label or promotional material. The regulations prohibit any claims of health benefits that may be derived from consuming alcoholic beverages.

Contravention of these regulations can lead to a fine or imprisonment of up to five years, or both.

Violence against women and children

The Department of Health has implemented a series of concrete measures to eliminate violence against women and children.

To raise awareness of this grave social problem, the *16 Days of Activism on No Violence Against Women and Children* Campaign is held at the end of every year.

The Domestic Violence Act, 1998 (Act 116 of 1998), was enacted in December 1999, and mass campaigns have been held to create community awareness of the Act. The MRC, through the South African Gender-Based Violence and Health Initiative (SAGBVHI) assisted the Department of Health to compile and adopt the sexual assault policy and clinical management guidelines for the management of sexual-assault cases. These were distributed to provinces for implementation.

Training of health-providers in victim empowerment and trauma management is ongoing. A national pilot project on secondary-level services for victims of violence and other psychological crises is ongoing in Mpumalanga, KwaZulu-Natal and the Eastern Cape.

The training done by SAGBVHI members has raised the awareness of healthcare workers, particularly nurses, about the health impact of violence against women.

Violence prevention

The Department of Health is playing an important role in the prevention of violence. PHC professionals are being trained in victim empowerment and trauma support. Healthcare professionals are also receiving advanced training in the management of complicated cases of violence in the secondary-level victim empowerment centres, established by the department in some provinces. Violence-prevention programmes in schools are also running in some provinces.

The Crime, Violence and Injury Lead Programme, co-directed by the MRC and the University of South Africa's Institute for Social and Health Sciences, aims to improve the population's health status, safety and quality of life. This is achieved through public health-orientated research aimed at preventing death, disability and suffering arising from crime, violence and unintentional incidents of injury. The programme's overall goal is to produce research on the extent, causes, consequences and costs of

injuries, and on best practices for primary prevention and injury control.

Birth defects

It is estimated that 150 000 children born annually in South Africa are affected by a significant birth defect or genetic disorder.

The Department of Health's four priority conditions are albinism, Down's syndrome, FAS and neural tube defects. Implementation of policy guidelines for the management and prevention of genetic disorders, birth defects and disabilities will reduce morbidity and mortality resulting from these conditions. This will involve the decentralisation of training, the expansion of the sentinel sites for birth-defect monitoring, and collaboration with NGOs in creating awareness.

South Africa, through the Birth Defects Surveillance System, is a member of the International Clearing House for Birth Defects Monitoring Systems. In the long term, this should result in more accurate diagnoses. Links have been made with those sentinel sites reporting on perinatal mortality, as congenital anomalies have been shown to be among the top three causes of perinatal mortality at some sentinel sites.

The Department of Health participates in regular meetings with NGOs to discuss collaborative issues.

Oral health

In 2005, the National Health Council approved the National Oral Health Strategy.

The strategy aims to improve the oral health of the South African population by appropriately preventing, treating, monitoring and evaluating oral diseases.

The Department of Health is also enganged in a process of amending the regulations on fluoridating water supplies to implement water fluoridation to prevent dental decay.

Chronic diseases, disabilities and geriatrics

The Department of Health has identified the fight against chronic diseases such as cancer, hypertension, diabetes and osteoporosis as a priority area over the next five years.

The five-year plan is premised on the development of meaningful strategies for preventing diseases such as cancer with special emphasis on healthy lifestyles including physical activity. The department has embarked on an outreach promotion programme – Healthy Lifestyles – that advocates good diet, responsible alcohol consumption, regular exercise and avoiding tobacco use.

Healthcare professionals from each province have been trained in the management of asthma, hypertension, diabetes and eye health. This includes training in a health-compliance model to improve patient compliance.

The department aims to reduce avoidable blindness by increasing the cataract-surgery rate.

Government introduced free health services for people with disabilities in July 2003. Beneficiaries include people with permanent, moderate or severe disabilities, as well as those who have been diagnosed with chronic irreversible psychiatric disabilities.

Frail older people and long-term institutionalised state-subsidised patients also qualify for these free services.

People with temporary disabilities or a chronic illness that does not cause a substantial loss of functional ability, and people with disabilities who are employed and/or covered by relevant health insurance, are not entitled to these free services.

Beneficiaries receive all in- and outpatient hospital services free of charge. Specialist medical interventions for the prevention, cure, correction or rehabilitation of a disability are provided, subject to motivation from the treating specialist and approval by a committee appointed by the Minister of Health.

All assistive devices for the prevention of complications and cure or rehabilitation of a disability are provided. These include orthotics and prosthetics, wheelchairs and walking aids, hearing aids, spectacles and intra-ocular lenses. The Department of Health is also responsible for maintaining and replacing these devices.

The Department of Health made a commitment to eradicate the backlog in terms of the provision of assistive devices for people with disabilities. In this

regard, 4 770 wheelchairs and 4 674 hearing aids were provided during 2004/05.

The department continues to develop national policy guidelines on the management and control of priority diseases/conditions of older persons to improve their quality of life and access to healthcare services. These include the development of exercise posters and pamphlets, and guidelines that focus specifically on older persons, e.g. national guidelines on falls in older persons, guidelines on active ageing, national guidelines on stroke and TIA (transient ischemic attacks), and national guidelines on osteoporosis. The National Strategy on Elder Abuse, together with the national guidelines on the management of physical abuse of older persons, have been implemented in all provinces. These raise awareness of abuse in all its subtle forms.

Occupational health

The introduction of legislation such as the Occupational Health and Safety Act, 1993 (Act 181 of 1993), and the Mines Health and Safety Act, 1996 (Act 29 of 1996), has done much to focus the attention of employers and employees on the prevention of work-related accidents and diseases. The Compensation for Occupational Injuries and Diseases Act, 1993 (Act 30 of 1993), places the onus on medical practitioners who diagnose conditions that they suspect might be a result of workplace exposure, to report these to the employer and relevant authority.

The Medical Bureau for Occupational Diseases has a statutory function under the Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), to monitor former mineworkers and evaluate present miners for possible compensational occupational lung diseases until they either die or are compensated maximally.

The Compensation Commissioner for Occupational Diseases is responsible for the payment of benefits to miners and ex-miners who have been certified to be suffering from lung-related diseases contracted as a result of working conditions.

Mental health

The promotion of mental health is one of the cornerstones of South Africa's health policy. The Mental Healthcare Act, 2002 provides for the care, treatment, rehabilitation and administration of mentally ill persons. It also sets out the different procedures to be followed in the admission of such persons.

There are 18 state institutions with some 10 000 beds.

Private psychiatric hospitals and clinics cater for patients requiring hospitalisation for less severe psychiatric illnesses. General hospitals have some psychiatric beds. A further 7 000 beds are hired from the private sector for treatment of long-term chronic psychiatric and severely intellectually challenged patients.

In keeping with government policy of promoting care of the severely intellectually challenged within the community, these persons receive care-dependency grants to reimburse their families for personal expenses. This allows persons to remain with their families in the community. These grants are administered by the Department of Social Development. In recent years, the focus of treatment has shifted from medication only, except where necessary, to patient rehabilitation.

A comprehensive psychiatric community service is managed by health authorities countrywide. Where possible, consultations are undertaken by multidisciplinary teams comprising psychiatrists, psychiatric nurse practitioners, psychologists, pharmacists, social workers and occupational therapists.

According to the Mental Healthcare Act, 2002, mental health is a health issue like any other. The purpose is to bring community services closer to mentally ill patients instead of simply placing them in institutions.

The Act focuses on a strong human-rights approach to mental health. It also makes the process of certifying a person more complex, and introduces a 72-hour assessment period before a person can be certified. Previous legislation relied on psychiatrists and doctors to make the decision, but the new Act recognises that there are not enough psychiatrists, especially in rural areas.

According to the Act, a mental-healthcare practitioner may make such a decision. It also introduces a review board, comprising a mental-healthcare

practitioner, a legal expert and a community representative to examine the certified patient's case. The patient and the family will be able to appeal to the board, and all certified cases will be reviewed at least once a year.

The Mental Health Information Centre (MHIC) is situated at the Health Sciences Faculty of the University of Stellenbosch and has been in operation since 1995. It forms part of the MRC's Unit on Anxiety and Stress Disorders and aims to promote mental health in South Africa.

The MHIC is also actively involved in research, and conducts academic and clinical research trials for conditions such as obsessive-compulsive, panic, post-traumatic stress and generalised anxiety disorders. Research is also undertaken on mood, psychotic and dementia disorders, as well as other major psychiatric disorders. A key focus area is mental health literacy. The MHIC regularly conducts mental health attitude and stigma surveys among various population and professional groups.

As part of a national campaign to educate and inform the public on mental illness, Mental Health Awareness Month was held in July 2005. Special attention was paid to encouraging healthy practices through education and training programmes, as well as to the development and maintenance of working conditions that support and contribute to the well-being of employees with mental problems.

Quarantinable diseases

The Port Health Service is responsible for the prevention of quarantinable diseases in the country as determined by the International Health Regulations Act, 1974 (Act 28 of 1974). These services are rendered at sanitary airports (Johannesburg, Cape Town and Durban international airports) and approved ports.

An aircraft entering South Africa from an epidemic yellow-fever area must make its first landing at a sanitary airport. Passengers travelling from such areas must be in possession of valid yellow-fever vaccination certificates. Every aircraft or ship on an international voyage must also obtain a pratique from a port health officer upon entering South Africa.

Consumer goods

Another function of the Department of Health, in conjunction with municipalities and other authorities, is to prevent, control and reduce possible risks to public health from hazardous substances or harmful products present in foodstuffs, cosmetics, disinfectants and medicines; from the abuse of hazardous substances; or from various forms of pollution.

Food is controlled to safeguard the consumer against any harmful, injurious or adulterated products, or misrepresentation as to their nature, as well as against unhygienic manufacturing practices, premises and equipment.

Integrated Nutrition Programme (INP) and food security

The INP aims to ensure optimum nutrition for all South Africans by preventing and managing malnutrition. A co-ordinated and intersectoral approach, focusing on the following areas, is thus fundamental to the success of the INP and include:

The Department of Health, in partnership with the Nutrition Society of South Africa, the Medical Research Council, the Association for Dietetics in South Africa and the South African Society of Parenteral and Enetral Nutrition, hosted the 18th International Congress of Nutrition (ICN) for the first time on African soil in Durban in September 2005.

The ICN is held every four years under the auspices of the International Union of Nutritional Sciences. The congress, under the theme *Nutrition Safari for Innovative Solutions*, aimed to positively position the role of nutrition in health, human development and well-being, equity, and quality of life in Africa and other developing countries.

It also provided a platform for experts and role-players from all over the world to explore and exchange knowledge about nutrition, generate new insights and define innovative solutions for global nutrition problems.

- disease-specific nutrition support, treatment and counselling
- growth monitoring and promotion
- nutrition promotion
- micronutrient malnutrition control
- food-service management
- promotion, protection and support of breast-feeding
- contributions to household-food security.

The INP targets nutritionally vulnerable/at-risk communities, groups and individuals for nutrition interventions, and provides appropriate nutrition education to all.

The Food Fortification Programme was launched in April 2003. With effect from 7 October 2003, millers are compelled by law to fortify their white and brown-bread flour and maize meal with specific micronutrients.

The regulations on food fortification stipulate mandatory fortification of all maize meal and wheat flour with six vitamins and two minerals, including Vitamin A, thiamine, riboflavin, niacin, folic acid, iron and zinc.

Environmental health practitioners at local government level are responsible for compliance monitoring and law enforcement. Fines of up to R125 000 can be imposed upon millers who fail to comply.

The National School Nutrition Programme is based on community participation and mobilises communities to develop food gardens. The primary goal of the programme is school feeding, while also utilising resources invested by government to create sustainable livelihoods for local communities.

The programme has been transferred from the Department of Health to the Department of Education. (See chapter 8: *Education*.)

It also focuses on creating employment opportunities for women. The focus is on the 21 Presidential nodes where women are encouraged to form small businesses to administer the school-feeding programme for schools in the area.

Acknowledgements

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South African Nursing Council
South African Pharmacy Council
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