HEALTH

The Department of Health aims to ensure that all South Africans have access to affordable, good quality healthcare through a caring and effective national health system (NHS) based on the primary healthcare (PHC) approach.

Statutory bodies

Statutory bodies for health-service professionals 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 (SAPC) 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 (MCC) is charged with ensuring the safety, quality and effectiveness of medicines.

Health authorities

National

The Department of Health's broad aims are to combat communicable and non-communicable diseases, and to strengthen health promotion and health systems.

The department 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 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 developing 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.

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
- consulting effectively on health matters at community level
- ensuring that delegated functions are performed.

The national department assists provincial health departments to develop service-transformation plans to reshape and resize the health services and develop appropriate, adequately resourced and sustainable health service-delivery platforms, which are responsive to needs.

Clinics

A network of clinics run by government forms the backbone of primary and preventive healthcare in South Africa.

Hospitals

Hospital management is being strengthened in various ways in all nine provinces. In 2007/08, the Department of Health planned to ensure that at least 50% of hospital managers enrolled in a formal hospital management-training programme.

The Hospital Revitalisation Programme entered its sixth year in 2008, and continues to illustrate the importance of an integrated strategy for improving health-service delivery.

South Africans' use of public healthcare services has almost doubled over the past eight years. The increase was due to improved access as a result of building some 1 600 clinics closer to the communities, improved packages of care available at clinics and the removal of user fees.

In 2008, immunisation coverage stood at 88%. The average number of new cases of diarrhoea per 1 000 children under the age of five dropped by more than half, from 258 in 2005 to 119 in 2006.

The *2006 Antenatal Survey* showed for the first time a decline in HIV prevalence, particularly among young people, and that tuberculosis cure rates were improving annually, while defaulter rates were declining.

The programme includes improving infrastructure, health technology (equipment), quality of care, management and organisational development within targeted hospitals in the programme. Since 2005/06, three new hospitals have been opened, bringing to eight the number of new hospitals. These are George Hospital in the Western Cape, Madikana ka Zulu Memorial Hospital in the Eastern Cape and Lebowakgomo Hospital in Limpopo. An additional three hospitals were expected to be completed by 2008/09. These are Dilokong and Nkhensani hospitals in Limpopo and Barkley West Hospital in the Northern Cape.

Emergency medical services (EMS)

Provincial departments of health are responsible for EMS, which includes 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 operating and formulating policy and guidelines, and in developing government EMS.

A key objective during 2007/08 was to reduce the response times of EMS in both urban and rural areas. The department assisted provinces to implement EMS plans. Private ambulance services provide services to the community. Some also provide aeromedical services to the private sector.

The South African Military Health Service of the South African National Defence Force plays a vital supporting role in emergencies and disasters. (See Chapter 16: *Safety, security and defence*.)

Comprehensive healthcare

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.

From 1997 to 2006/07, access to PHC, measured by visits, increased from 67 021 961 to 101 644 080.

A PHC audit was commissioned during 2007/08 to gererate comprehensive information on PHC infrastructure and services nationally. The audit was expected to be completed in 2008/09, and the results will be used to improve resource allocation and the delivery of the PHC package of care.

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. By mid-2008, PHC workers at about 70% of health facilities had been trained in IMCI.

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 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.

Since 2004, the Department of Health has prioritised the promotion of healthy lifestyles as one of the critical programmes that need to be advocated throughout the country.

The Healthy Lifestyles Programme was launched to promote health and well-being among individuals, communities and populations, enabling them to address the broad determinations of health and to identify health-risk factors. The critical aspect of the programme is to address the onset and prevalence of non-communicable diseases; the dangers of obesity, unhealthy diet and physical inactiveness; successful ageing and mental health; and the contribution of alcohol abuse to non-natural deaths (violence, road accidents, drowning and injuries).

The last Friday of February each year has been declared Health Lifestyle Day for both South Africa and the continent.

In its drive toward healthier lifestyles for all South Africans, the department is also increasing the number of health-promoting schools from 3 500 to 5 000 schools. These schools have initiated programmes to prevent tobacco use, develop food gardens and promote sports participation.

Public healthcare

Community health

The Community Health Workers Programme is a presidential initiative aimed at addressing health issues and fighting poverty. The Department of Health has decided to review the programme to ensure that these workers are trained to provide a number of services. This includes working closely with community caregivers employed by the Department of Social Development, which also provides home and community-based care.

The Department of Health sees this cadre of health workers as community-based generalist health workers. Their training combines competencies in health promotion, disease prevention, PHC and health-resource networking.

Immunisation

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 (EPI) is to reduce death and disability from preventable diseases by making immunisation accessible to all children.

The key priorities moving into 2008 were to strengthen the EPI, specifically the implementation of the Reach Every District (Red) Strategy, which seeks to improve routine immunisation coverage in all districts countrywide.

The Red Strategy will focus on districts and subdistricts with the lowest immunisation coverage.

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, tuberculosis (TB), diphtheria, pertussis, tetanus, haemophilus influenzae type B, hepatitis B and measles. By 2008, government's immunisation programme was reaching 88% of infants under the age of one year against diseases such as TB, measles, hepatitis and polio.

In September 2008, the Department of Health introduced two new vaccines into its immunisation programme. This will assist in preventing deaths from pneumonia and diarrhoea.

Health budget

Some R15,1 billion was made available for the operations of the national Department of Health for 2008/09. In addition, a number of conditional grants were provided for provinces and these funds were transferred to them by the national department for their disbursement.

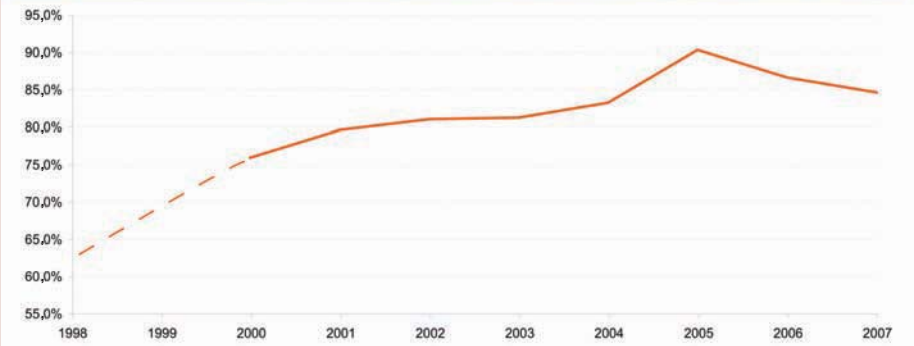
The Hospital Revitalisation Conditional Grant increased by R600 million to R2,883 billion for 2008/09.

The HIV and AIDS Conditional Grant increased by R350 million to R2,585 billion, while the National Tertiary Services Grant increased by R193 million to R6,076 billion for the 2008/09 financial year.

Government plans to increase the number of healthcare workers in the country. An additional 25 000 posts will be filled by 2010.

Immunisation coverage

%	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
coverage	63.0%		75.8%	79.5%	80.9%	81.1%	83.1%	90.2%	86.5%	84.5%



Health policy

By promoting a healthy lifestyle, the NHS aims to improve public health through disease prevention. It also strives to consistently improve the healthcare-delivery system by focusing on access, equity, efficiency, quality and sustainability.

Given that health needs will always outstrip available resources, the health sector identifies key priorities for each planning cycle.

The strategic priorities for 2008/09 were to:

- strengthen health programmes
- improve quality by developing and implementing health-facility improvement plans
- develop an integrated national health information system
- strengthen health financing, in particular, increasing funding for the public health sector
- achieve further reduction in the prices of medicines and pharmaceutical products
- strengthen human resources (HR) for health
- strengthen international health relations
- improve management and communication.

The details are contained in the Annual National Health Plan as well as the Strategic Plan of the national Department of Health.

In August 2008, the Department of Health gazetted the draft policy on African Traditional Medicine (ATM) for comment by the public.

The draft policy deals with and makes policy recommendations around the following key areas:

- legal and legislative framework: the draft policy calls for the incorporation of ATM into the country's health systems based on the large amount of people who use it already
- education, training, research and development: the draft policy recommends that a National Institute of African Traditional Medicine (NIATM) be established to co-ordinate, undertake and provide leadership in the research of ATM
- cultivation and conservation of medicinal plants and animals: the draft policy proposes that the NIATM be responsible for ensuring the safety, quality and timely availability of ATM and raw material.

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. The Telemedicine Project Strategy facilitates frequent contact between doctors in underdeveloped and developed centres.

It also provides the academic professionals from major South African medical academic institutions with the opportunity to extend their educational capabilities to healthcare professionals throughout the rural communities of South Africa. The initial telemedicine evaluation done by the Medical Research Council (MRC) found that access to specialist radiologist reporting was possible within an hour, compared with five to seven days in the past.

Telemedicine has improved medical practitioners' ability to diagnose and manage various medical conditions, particularly those related to trauma and chest diseases, and has reduced professional isolation.

Legislation

National Health Act, 2003 (Act 61 of 2003)

The National Health Act, 2003 provides a framework for a single health system for South Africa. It highlights the rights and responsibilities of health providers and healthcare users, and ensures broader community participation in healthcare delivery from a health facility level up to national level. It establishes provincial health services and outlines the general functions of provincial health departments.

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
- of health workers to be treated with respect.

The draft Tobacco Products Control Amendment Bill seeks to bring South African law into line with the World Health Organisation's (WHO) tobacco-control convention by banning sales to children under the age of 18 – the current age is 16. It intends to address remaining loopholes in tobacco-control legislation.

The Bill also seeks to ban the selling or supplying of any confectionery or toy resembling or representing any tobacco product. It will tighten up on advertising, sponsorship, promotion and distribution, and on information required in the packaging and labelling of tobacco products. In terms of the Bill, it will be illegal to advertise or promote

a tobacco product through sponsorship of any organisation, event, service, physical establishment, programme, project, bursary, scholarship or any other method.

A manufacturer or importer of a tobacco product will not be able to make any charitable financial contribution or sponsorship unless it is made anonymously. False, misleading or deceptive labelling of tobacco products will also be outlawed.

In addition, no person will be able to sell, offer to sell, supply, distribute or buy any tobacco product by post, the Internet or any other electronic media. It will be an offence to distribute or supply any tobacco product free of charge or at a reduced price, other than a normal trade discount.

The Medicine Control Amendment Bill provides for the establishment of a new regulatory authority for health products, which will replace the MCC.

The Bill adopts best practices from many democracies and is an effort to further strengthen the regulatory environment while decreasing the time taken to certify and register new medical products and consider clinical trials.

Nursing Act, 2005 (Act 33 of 2005)

The Nursing Act, 2005 provides for the introduction of mandatory community service for nurses. This should contribute significantly to efforts to ensure equitable distribution of nurses to meet the health needs of communities.

The Act seeks to ensure that nursing-education programmes are registered with the National Qualifications Framework (NQF) so that nurses can gain recognised credits and retain them for future studies. The main objectives of the Act are to:

- serve and protect the public in matters involving health services provided by the nursing profession
- ensure that the SANC serves the best interests of the public and does so in accordance with national health policy
- promote the provision of acceptable nursing care
- regulate the nursing profession and the way in which nurses conduct themselves
- promote the operations and functions of the SANC and the registrar
- promote liaison regarding health, nursing education and training standards
- ensure that the SANC advises the Minister of Health on matters affecting the profession
- provide for the registration of nurses and the keeping of registers.

Mental Healthcare Act, 2002 (Act 17 of 2002)

The Mental Healthcare Act, 2002, introduced a process to develop and redesign mental health services in line with the rights of mental-healthcare users, as guaranteed by the Constitution of the Republic of South Africa, 1996. This legislation grants basic rights to people with mental illnesses, and prohibits various forms of exploitation, abuse and discrimination.

The Act provides for:

- empowering the users themselves so that they can engage service-providers and society
- allocating adequate resources
- commitment to 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. 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.

All provinces have established independent mental-health review boards, charged in terms of the Mental Healthcare Act, 2002, to oversee the care, treatment and rehabilitation of patients who were admitted without their consent.

National School Health Policy

The aim of the National School Health Policy and Guidelines is to ensure that all children, irrespective of race, colour and location, have equal access to school-health services.

The policy is in line with the United Nations (UN) 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 were expected to 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 when children undergo physiological changes

- detect disabilities at an early age
- identify missed opportunities for immunisation and other interventions.

Social Health Insurance (SHI)

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

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

In 2005/06, Cabinet approved the establishment of the Risk Equalisation Fund (REF). A draft Bill that amends the Medical Schemes Act, 1998 (Act 131 of 1998), to give the Council for Medical Schemes the authority to implement the REF was also finalised. The REF will be used to address the existing residual risk rating in the medical schemes industry, and will contribute to improving the efficiency of private healthcare centres by encouraging competition on the basis of quality of services.

Medicine administration

The MCC has been in existence for many years and was set up to specifically ensure regulatory measures, quality and safety of medicines. Essential drug lists and treatment guidelines have been developed for hospitals and primary healthcare facilities.

2010 FIFA World Cup™

In 2008, the Minister of Health pledged to FIFA that the infrastructure of the South African NHS, specifically a comprehensive medical service (including 24-hour emergency medical treatment) and disaster management, would be available during the 2010 World Cup in the host cities.

A total of R286 million has been allocated for health and medical services for the 2010 World Cup, including the acceleration of government's programme for improving EMS.

This includes modernising communications centres, modernising and expanding the ambulance fleet, expanding aeromedical services and enhancing emergency-care training and emergency centres.

The World Cup Health Unit is also working closely with the FIFA World Cup Organising Committee to ensure that stadiums have adequate medical facilities.

Free PHC will be provided for all spectators at official venues, including a script or referral to a health facility, if necessary. However, any investigations, procedures or admissions will be paid for by the patient.

Dispensing machines will be situated throughout the stadiums for basic drug purchases. Twenty-four-hour pharmacies will be in place for the duration of the event.

Health professionals

National Human Resource Plan (NHRP) for Health

South Africa's health system faces complex HR demands, which are also characteristics of health systems in many other countries.

Ensuring an adequate HR pool for the staffing of the public health sector in particular is a major task that is complicated by the burden of many global disease challenges.

Even though the private health sector is not experiencing pressure to the same degree, maldistribution within this sector is a serious issue.

The HR demands are an important part of the challenges confronting the NHS. In this regard, government took a step to strengthen the entire health system by launching the NHRP to address the challenges.

The National Health Act, 2003 requires that the National Health Council formulates policy and guidelines for the development, distribution and effective use, as well as the management, of HR within the NHS. It aims to address the problems of recruitment, training and retention of health professionals.

South Africa has played a significant role in ensuring that the issue of the migration of health personnel remains high on the global health agenda.

To regulate the recruitment of South African health professionals by other countries, the department assisted in developing a code of ethical recruitment for members of the Commonwealth.

Physicians

There are more than 34 500 doctors registered with the HPCSA. These include doctors working for the State, those in private practice and specialists. The majority of doctors practise in the private sector. In selected communities, medical students supervised by medical practitioners provide health services at clinics.

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

Qualified practitioners	Dec 2008
Dental therapists and oral hygienists	5 098
Emergency care personnel	46 305
Medical and dental professionals	44 971
Optometry and dispencing opticians	3 054
Physiotherapy, podiatry and biokinetics professionals	6 754
Psychology professionals	9890
Source: Health Professions Council of South Africa	

workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs. Non-compliance with the requirements of the system could result in a doctor being deregistered.

Applications by 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.

Between November 2006 and March 2008, the Department of Health appointed 507 foreign medical doctors to public-health-sector posts. A further 515 were endorsed towards sitting for the medical board exams with the HPCSA and 216 were rejected through the screening process of the departments of health and of home affairs in compliance with the Immigration Act, 2002 (Act 13 of 2002). Of the 507 appointed, 364 were from developing countries, including 317 from Africa – mainly the Democratic Republic of Congo (137), Nigeria (133) and Zimbabwe (12). Of the 114 doctors from developed countries, 61 were from Britain, 15 from the Netherlands, 11 from Germany, seven from Sweden, and five each from Australia and Belgium.

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

Community service for a range of professional groups, such as physiotherapists, occupational therapists and psychologists, aims to improve access to quality healthcare for all South Africans, especially in underserved areas. It also gives young professionals the opportunity to develop skills, and acquire knowledge and behaviour patterns that will help them in their professional development.

Oral health professionals

By December 2008, there were 948 oral hygienists, 477 dental therapists and 4 799 dentists registered with the HPCSA.

Dentists are subject to the CPD and community-service systems. Oral health workers render services in the private and public sectors.

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public-health facility. Those who have not completed this year of service may not practise independently as pharmacists.

The primary object of the SAPC is to assist in the promotion of the health of the population of South Africa. This is achieved in the fields of registration, education, practice and professional discipline.

The SAPC assists in the promotion of the health of the population on a national basis by establishing, developing, maintaining and controlling standards of education and practice of persons required to be registered in terms of the Pharmacy Act, 1974 (Act 53 of 1974).

The council is responsible for promoting the provision of pharmaceutical care, and for upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice in both the public and the private sectors. The council also advises the minister or any other person on any matter relating to pharmacy.

The SAPC is a statutory council which receives no grants or subsidies from government or any other source. The council is funded wholly by the profession who registers with the SAPC. The main consumer of its services, namely the public does not and is not expected to contribute financially to the functioning of the council.

An important characteristic of the profession is that it is self-regulatory, and that non-professional authorities such as governments or governmental

The clinical associate programme is a three-year programme that will produce a cadre of health professional who will work mainly in community health centres and district hospitals. Upon qualification, they will be registered with the Health Professions Council of South Africa with a defined scope of practice. They will be able to assess patients, make a diagnosis, treat and prescribe appropriate therapy and undertake minor surgical procedures under the supervision of medical officers.

agencies do not dictate to the profession on matters of professional responsibility and training.

The council is a statutory body and the country's official "keeper of pharmacy registers". To safeguard the public, registration with the council is a legal prerequisite for practising pharmacy.

The council is vested with statutory powers of peer review.

It is the vision of the council to ensure that pharmaceutical services in the country are the best to meet the healthcare needs of the people.

Categories of persons registered

In terms of the Act, the following categories of natural and juristic persons are registered with the council: pharmacy students, pharmacist interns, pharmacists performing community service, pharmacists, specialist pharmacists, pharmacist's assistants, responsible pharmacists and providers and assessors.

Pharmacy training

Pharmacy training is provided by eight pharmacy schools that have been approved by the SAPC. Training consists of four years of full-time study followed by a 12-month preregistration practical training period.

The practical training year is of extreme importance for the pharmacy graduate. It is an opportunity for the pharmacist intern to gain practical experience and knowledge.

This practical training period may be conducted in a community pharmacy, institutional pharmacy, manufacturing pharmacy or a provider of a qualification in pharmacy approved by the council for such training. After successful completion of the year of practical training, as well as a preregistration evaluation, the intern is registered as a pharmacist and must do one year of pharmaceutical community service in a public-sector facility before he/she can practise independently as a pharmacist.

A list of institutions that offer pharmacy education is available from the SAPC (*www.pharmcouncil.co.za*) and all enquiries regarding undergraduate and postgraduate studies should be addressed directly to these institutions.

The provincial departments of health also offer bursaries. Enquiries regarding bursaries and university fees must be directed to individual institutions. During academic training, a candidate must register as a pharmacy student after successful completion of the first year of study.

This registration enables him/her to work in a pharmacy under the supervision of a pharmacist. Such registration is cancelled when a candidate discontinues his/her studies.

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 roles of the nursing council are to protect and promote public interest, and to ensure the delivery of quality healthcare by prescribing minimum requirements for the education and training of nurses and midwives, approving training schools, and registering or enrolling those who qualify in one or more of the basic or post-basic categories.

Allied health professions

By January 2008, the following practitioners were registered with the AHPCSA:

- Ayurveda practitioners 76
- Chinese medicine practitioners 162
- Acupuncture practitioners 179
- chiropractors 502
- homoeopaths 564
- naturopaths 92
- ostoeopaths 49
- phytotherapists 25
- therapeutic aromatherapists 636
- therapeutic massage therapists 248
- therapeutic reflexologists 1 188.

It was announced in September 2007 that in terms of Section 16 of the Allied Health Professions Act, 1982 (Act 63 of 1982), and in consultation with the AHPCSA, the provisions of the Act would be applied to the profession of Unani Tibb.

The Professional Board for Ayurveda, Chinese Medicine, and Acupuncture and Unani Tibb was also established in September 2007.

Registered and enrolled nurses, 2007	
Registered nurses and midwives	103 792
Enrolled nurses and midwives	40 582
Nursing auxiliaries	59 574
Students in training	15 258
Source: South African Nursing Council	

National Health Laboratory Service (NHLS)

The NHLS is the single largest diagnostic pathology service in South Africa with over 265 laboratories serving 80% of the country's population. All laboratories provide laboratory diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

The NHLS conducts health-related research, appropriate to the needs of the broader population, into HIV and AIDS, TB, malaria, pneumococcal infections, occupational health, cancer and malnutrition, among other things.

The NHLS trains pathologists, medical scientists, occupational health practitioners, technologists and technicians in pathology disciplines, as well as occupational health practitioners.

Its specialised divisions comprise the:

- National Institute for Communicable Diseases, whose research expertise and sophisticated laboratories make it a testing centre and resource for the African continent, particularly in relation to several of the rarer communicable diseases
- National Institute for Occupational Health, which investigates occupational disease and has laboratories for occupational environment analyses
- National Cancer Registry, which provides epidemiological information for cancer surveillance.

Medical Research Council

The MRC was established in accordance with the MRC Act, 1991 (Act 58 of 1991), and is the largest health research body in South Africa.

The aims of the MRC are to promote the improvement of the health and quality of life of South Africans.

Health research is the core business of the MRC and must be validated and of high quality if it is to impact on the health of South Africans.

The MRC's peer review and audit systems ensure such high standards are met. MRC research, development and technology transfer encompass all spheres of knowledge generation that impact on health and quality of life – from basic to applied research.

Following international best practice, all the broad disciplines of human health research are within the ambit of the MRC; from laboratory to clinical, to public health, to policy and to implementation. This work is often done in an integrated, multidisciplinary fashion.

Frequently, a participatory approach is used in setting the research agenda, performing and analysing the research and disseminating the research results.

Health research is the primary instrument by which the MRC seeks to gain a better understanding of people's bodies and minds and their interaction with the environment, as well as discovering methods by which the department can preserve and promote physical, mental and spiritual health.

The portfolio of MRC research must also address the health and development priorities of South Africa as defined by the National Health Research Committee, set up under the National Health Act, 2003, to advise the Minister of Health on health-research priorities for South Africa. The MRC research priorities are agreed upon annually in consultation with the Minister of Health.

Furthermore, the MRC's vision of "building a healthy nation through research" can only be achieved if research results are translated into policy, practice, health promotion and products.

The principal stakeholder of the MRC is the national Department of Health.

The Department of Science and Technology has oversight of all research and development in South Africa, and is therefore an important stakeholder and key enabler for the MRC to deliver on its mandate.

The MRC Strategic Plan is informed by the following:

- the MRC's vision, mission, values and culture
- the MRC's research challenges and opportunities
- national health priorities
- the MRC's shared values and ethics
- the MRC's key performance indicators.

The key strategic imperatives are:

- high-quality, priority-driven research and training
- HR development and retention

Early in 2008, the Medicines Control Council approved and registered a cervical cancer vaccine for use in South Africa.

The vaccine is a human papillomavirus (HPV) vaccine indicated for the prevention of pre-cancerous cervical lesions associated with the most common cervical cancer-causing HPV types 16 and 18.

It is designed to enhance the immune response and increase the duration of protection against cancer-causing virus types. During 2008, the vaccine was used in more than 50 countries across Europe, Australasia and South America.

- transformation and development
- capital expenditure
- forging and nurturing strategic partnerships
- communication with key strategic partnerships
- performance management
- promotion of a shared value system and ethics
- translation of research, knowledge management and biotechnology

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.

Non-governmental organisations (NGOs)

Many NGOs at various levels continue to play a crucial role in healthcare and co-operate with government priority programmes.

They make an essential contribution in relation to HIV, AIDS and TB, and also participate significantly in the fields of mental health, cancer, disability and the development of PHC systems.

Through the Partnership for the Delivery of PHC Programme (PDPHCP), including the HIV and AIDS Programme, the department has strengthened its collaboration with NGOs.

The PDPHCP has empowered communities and NGOs working in the health sector by focusing on three key areas:

- providing skills to all NGOs in the rural nodes by using accredited service-providers
- reducing unemployment by ensuring that NGO workers are provided with stipends
- ensuring accountability by requiring NGOs to include community members in their administration structures.

The involvement of NGOs extends from 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.

Medical schemes

The private medical aid scheme industry is regulated by the Council for Medical Schemes (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 about 124 medical schemes servicing about seven million people.

In 2007, the number of beneficiaries covered by medical schemes increased by 5% to 7 478 040. These membership numbers exclude members of bargaining council schemes and Motohealth Care Medical Scheme. Membership of restricted schemes grew by 21,7% – this growth may be attributed to the Government Employees Medical Scheme, which has increased its membership by more than 300% since 2006.

The contributions that schemes collected from their members increased by 12,3% to R64,7 billion, while the claims that schemes paid on behalf of their members rose by 10,2% to R56,3 billion from R51,1 billion in 2006. Contribution increases were higher for open schemes compared to restricted schemes. Of the total amount they spent on healthcare, schemes paid R20,2 billion (36%) to hospitals. Expenditure on private hospitals increased by 12,5% to R19,9 billion in 2007.

This increase was 5,3% when adjusted for inflation. The number of beneficiaries admitted to private hospitals increased to 180 per 1 000 beneficiaries from 171 per 1 000 in 2006. 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 families are unable to bear the cost in terms of the standard means test, patients are classified as hospital patients. Their 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
- introduced mechanisms to address problematic practices in the marketing of medical schemes and brokerage of services.

Minimum benefits are also prescribed.

Mobile health

In June 2008, the Phelophepa Healthcare Train was announced as the winner of the United Nations Public Service Award for improving the delivery of services.

The innovative "miracle train", the Phelophepa, has since its inception in 1993 as a modest three-coach eye clinic, developed into a fully fledged healthcare train, boasting four additional clinics providing dental care, healthcare and with the inclusion of a medicine clinic, basic health education and counselling services in South Africa's remote, underprivileged communities.

Working in partnership with provincial departments of health, Phelophepa, which means "good, clean health" in both Setswana and Sesotho, seeks to deliver comprehensive, affordable and accessible healthcare in communities with no health services or with poor infrastructure.

During its coverage of 36 points annually, Phelophepa's personnel educate and guide local volunteers in basic health education.

Communicable diseases

Polio and measles

South Africa was declared free of the wild poliovirus by the African Regional Certification Commission in 2006. This is a subcommitee of the independent Global Certification Commission that works closely with the WHO.

During 2008/09, the department continued its surveillance of polio-free certification indicators, until the Global Certification Commission declares global eradication of polio.

There have been no confirmed measles deaths since 2000, as a direct result of the Measles Elimination Strategy.

The number of children who have been confirmed by laboratory tests to have had measles in South Africa decreased from 829 in 2004 to only 31 in 2007.

Integrated Management of Childhood Illnesses

The 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.

The strategy aims to integrate all interventions relating to children to ensure that a package of care is offered to each child.

Malaria

Malaria is endemic to the low-altitude areas of Limpopo, Mpumalanga and north-eastern KwaZulu-Natal. About 10% of the population lives in malaria-risk areas. Limpopo and Mpumalanga have covered more than 85% of malaria risk areas with indoor residual spray for malaria vector control while KwaZulu-Natal is currently at 82%. The development and implementation of malaria health-promotion activities in the three affected provinces is under way.

The number of malaria cases declined drastically over the past eight years from 51 444 in 1999 to 5 210 cases in 2007. Factors behind the decline include an increase in indoor residual spraying using DDT, with an overall coverage of more than 80%. South Africa's collaboration with Swaziland, Mozambique and Zimbabwe – through cross-border malaria-control initiatives – has contributed towards a decline in malaria cases.

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

The South African Malaria Initiative (SAMI) is a national consortium of researchers who are pooling their expertise to find ways of dealing with the disease.

At the launch of SAMI in February 2006, the department emphasised the need for wide-ranging partnerships, and a combination of advanced science, access to South Africa's rich biodiversity, and clinical engagement with malaria patients to achieve results.

The Department of Health has committed funds to support SAMI's collaborative research programmes that are aimed at developing new

diagnostic assays, validating new drug targets and identifying new methods for detecing the malaria parasite in mosquito salivary glands. To monitor the disease effectively, the MRC, together with the national and provincial departments of health, has 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 being controlled effectively in southern Africa. However, to ensure that the incidence of malaria continues to decline, increased intercountry collaboration is 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.

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

While the South African cure rate has been improving over the recent past, it is still below the cure rate of many developing countries. The worst-affected provinces are the Eastern Cape, Western Cape, KwaZulu-Natal and Gauteng, which contribute about 80% of the country's total TB burden.

As part of TB control, national infection-control guidelines for health facilities were produced and distributed to provinces. Health workers were trained in infection control. Isolation guidelines were prepared, with input from the departments of correctional services and health, and circulated to provinces for comment before finalisation and implementation. By the end of March 2008, all provinces had established TB treatment tracer teams composed of nurses and community health workers to follow up patients that default treatment.

An additional R33 million was allocated to launch the TB Treatment Defaulter Tracing Programme to further decrease the defaulter rate. These funds are being used to deploy an additional 72 teams in subdistricts nationwide that have poor TB treatment outcomes.

By February 2008, about 86% of the defaulters in these subdistricts were traced and 53% started on treatment. An additional R400 million was allocated to strengthen the response to multidrug resistant TB and extreme drug-resistant TB, including improving facilities where these patients are hospitalised. Failure to complete TB treatment poses a major challenge. Government spends R400 on treating every patient with ordinary TB. When patients discontinue treatment and develop a multidrug-resistant form of TB, the cost of treatment dramatically increases to R24 000, including hospitalisation and more expensive drugs.

The Department of Health has implemented the Directly Observed Treatment Short-Course Stra-tegy (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 correctly
- 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
- strengthening the laboratory system
- strengthening the implementation of Dots
- mobilising communities to ensure that patients complete their treatment.

The key elements of the plan focus on strengthening TB service-delivery systems and processes, and embarking on an intensive communication and social-mobilisation campaign.

The Department of Health is rolling out a new rapid diagnostic test for multidrug resistant tuberculosis.

By July 2008, the test was available in four provinces and expected to be rolled out to the rest of the country.

A group of renowned African leaders has come together to take a leadership role on the issues of HIV and AIDS in Africa. Known as the Champions for an HIV-Free Generation, the leaders are calling for their peers to step up efforts in the fight againt the disease. The campaign was launched in August 2008. Led by Botswana's former President Festus Mogae, the group of champions includes South Africans Archbishop Emeritus Desmond Tutu and Constitiutional Court Justice Edwin Cameron, former presidents Joaquim Chissano (Mozambique), Benjamin Mkapa (Tanzania) and Kenneth Kaunda (Zambia) and Professor Miriam Were, chair of the Kenyan National AIDS Control Council. The champions aim to mobilise leadership in Africa and advocate effective policies and action on HIV prevention. They will seek to initiate a dialogue in changing behavioural and societal norms. The campaign has been endorsed by a series of private-sector and governmental organisations from around the world.

The aim is to increase the smear conversion rate in the short-term, and the cure rates in the medium-term in these districts and provinces. Each province is responsible for addressing the following critical issues:

- making available adequate financial and HR responsible for TB at all levels
- ensuring access to laboratory services
- strengthening the TB reporting and recording system
- strengthening referral systems to ensure proper treatment and follow-up of transferred patients and patients requiring treatment for co-infections
- implementing a highly visible social-mobilisation and media campaign
- strengthening the supervision system to ensure facility and community-level health workers receive adequate mentoring and support.

HIV and AIDS

The Department of Health has developed the National Strategic Plan (NSP) for HIV and AIDS for 2007 – 2011. The plan emphasises treatment and prevention. It also spells out clear, quantified targets, and places a high priority on monitoring and evaluation.

The primary goal of the NSP is to reduce the rate of new HIV infections and to mitigate the impact of AIDS on individuals, families and communities.

The NSP aims to achieve a 50% reduction in new infections by 2011 and provides an appropriate package of treatment, care and support services.

The package includes counselling and testing services as an entry point; healthy-lifestyle interventions, including nutritional support: treatment of opportunistic infections; antiretroviral (ARV) therapy; and monitoring and evaluation to assess progress and share research.

By the end of February 2008, the department had cumulatively initiated more than 450 000 patients on ARV treatment, in more than 310 accredited sites across the nine provinces.

By June 2008, there were 16 accredited ARV sites in correctional services with 4 294 offenders receiving ARV therapy.

The treatment, care and support intervention is gaining momentum in line with government's commitment to deal with this challenge.

The department has 86% of the subdistricts with at least one service point accredited to provide comprehensive care to people living with HIV and AIDS. The South African National AIDS Council (SANAC) serves as an important platform for partnerships against AIDS. SANAC aims to guide the multisectoral response to HIV and AIDS. It will also ensure effective monitoring and evaluation of the NSP.

HIV and AIDS vaccine research and development

The South African AIDS Vaccine Initiative was established in 1999 to develop and test an affordable, effective, and locally relevant HIV and AIDS vaccine for southern Africa. Saavi works closely with many international organisations, including the African AIDS Vaccine Programme and the International AIDS Vaccine Initiative. It receives funding from various organisations, including the HIV Vaccine Trials Network of the United States' National Institute of Health, and the European Union.

Home- and community-based care (HCBC)

HCBC is a central tenet of the care component of the comprehensive response to HIV and AIDS. This service is provided mainly through NGOs and community-based organisations.

The objectives of the HCBC Programme are to ensure:

- access to care, and follow-up through a functional referral system
- that children and families who are affected and infected by HIV and AIDS have access to social-welfare services within their communities.

More than 30 000 community caregivers received stipends up to December 2007.

Some 14 960 community caregivers received basic HCBC and Ancillary Healthcare National Qualifications Framework Level One and Two training. More than 1,1 million beneficiaries received care and support services between April 2007 and December 2007.

Reproductive health

Government has introduced a number of programmes 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. Reproductive Health Month 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
- 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 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 to 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.

The Department of Health supports training in abortion care and providing contraception.

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.

Traditional medicine

The National Reference Centre for African Traditional Medicines researches African herbs and evaluates their medicinal value, as part of government's campaign to fight HIV, AIDS, TB and other debilitating and chronic diseases and conditions.

The MRC initiated toxicology studies to further study selected indigenous plants to assess their potential medicinal efficacy.

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 medicine, 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 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 embedded in 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 department is undertaking various initiatives in this regard. These include:

- implementing the Traditional Health Practitioners Act, 2007 (Act 22 of 2007), to establish the Interim Traditional Health Practitioners Council of South Africa providing for a regulatory framework to ensure the efficacy, safety and quality of traditional healthcare services
- providing for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health profession.

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, foetal alcohol syndrome and neural tube defects. Implementation of policy guidelines for managing and preventing genetic disorders, birth defects and disabilities will reduce morbidity and mortality resulting from these conditions.

This will involve decentralising training, expanding the sentinel sites for birth-defect monitoring, and co-operating 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. 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 certain sentinel sites.

Oral health

The Department of Health's policy on promoting oral health has shifted from curative, hospital and urban-based oral healthcare to integrating oral healthcare in the Road to Health Chart for babies, as part of the Healthy Lifestyles Campaign.

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 few years.

The 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 discourages tobacco consumption and advocates physical activity, healthy nutrition, safe sex and safe alcohol usage. The department undertook various activities to reduce the burden of non-communicable diseases, including:

- a number of health-screening activities
- the Move for Health Programme to encourage physical activities
- nutrition programmes, including providing vitamins and establishing food gardens
- programmes to reduce risky behaviour such as smoking, and alcohol and drug abuse.

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

Government introduced free health services for people with disabilities. Beneficiaries include people with permanent, moderate or severe disabilities, and 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 to 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.

Public-sector hospitals have been made more accessible to people with disabilities. Guidelines on the implementation of the National Rehabilitation Policy have been finalised, and the revision of the price list for orthotic prosthetic devices completed.

In supporting the health needs of the elderly, the department's policy is to keep the elderly in the community with their families as long as possible.

The department continues to develop national policy guidelines on the management and control of priority diseases or conditions of older persons, to improve their quality of life and access to healthcare services.

These include developing 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, guidelines on stroke and 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.

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 employers' and employees' attention 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 to evaluate present miners for possible compensational occupational lung diseases either until they die or are compensated maximally. The Compensation Commissioner for Occupational Diseases is responsible for paying benefits to miners and ex-miners who have been certified to be suffering from lung-related diseases contracted as a result of their 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. The Mental Health Information Centre (MHIC) is situated at the Health Sciences Faculty of the University of Stellenbosch.

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 into mood, psychotic, dementia and 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.

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 (OR Tambo, 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.

Alcohol and substance abuse

According to a report by the MRC's Alcohol and Drug Abuse Research Group, released in 2008, heroin, one of the most addictive drugs, is

increasingly being used by Cape Town youth. The latest report on data collected by the South African Community Epidemiology Network on Drug Use on patients under the age of 20 admitted for treatment during the second half of 2007 shows the Western Cape has the second highest number of heroin addicts in the country.

Of a total of 3 058 patients seen across 29 centres, 11% of Western Cape addicts were using heroin, as opposed to 10% in Gauteng, 6% in Mpumalanga and 3% in the Eastern Cape. KwaZulu-Natal had the highest number of heroin addicts at 39%.

Provincial police statistics showed a 132% increase in drug-related crimes in five years.

In the reporting period, the abuse of over-the-counter and prescription medicines continued to be an issue. 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 messages 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

A series of concrete measures has been implemented to eliminate violence against women and children.

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

The 365 Days Programme and National Action Plan to end Violence against Women and Children was launched in March 2007. The plan is a follow-up to the 365 Days of Action to End Gender Violence Conference that adopted the Kopanong Declaration in which a cross-section of South Africans committed to supporting a joint campaign for eradicating this gross human-rights violation.

The Kopanong Declaration envisaged that each year, the 16 Days of No Violence against Women and Children Campaign would become a platform to heighten awareness, and to take stock of gaps and achievements to ensure sustained and measurable efforts to end gender violence.

Violence prevention

The Department of Health plays an important role in preventing violence. PHC professionals are being trained in victim empowerment and trauma support. Healthcare professionals are also receiving advanced training in managing complicated cases of violence in secondary-level victim-empowerment centres, established by the Department of Health in some provinces. There are also violence-prevention programmes in place in schools 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.

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.

By mid-2008, the Tobacco Control Amendment Bill was being processed by Parliament. In June 2008, five schools in the Thabo Mofutsanyana District in the Free State were launched as tobacco-free as part of the collaborative effort to discourage the use of tobacco products among the youth.

The five schools have signed pledges to be tobacco-free and have developed their own institutionalised school-specific tobacco-control policies. Programmes in the five schools are to be evaluated with a view to expanding to other provinces in the country.

Food is controlled to safeguard the consumer against 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 fundamental to the success of the INP and includes:

- 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 or at-risk communities, groups and individuals for nutrition interventions, and provides appropriate nutrition education to all.

The Department of Health has established a number of clinic, school and community gardens to assist in developing food security.

In accordance with the the Food Fortification Programme, 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 monitoring compliance and for 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 uses 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 7: *Education*.)

Acknowledgements

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South African Pharmacy Council
Sapa

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