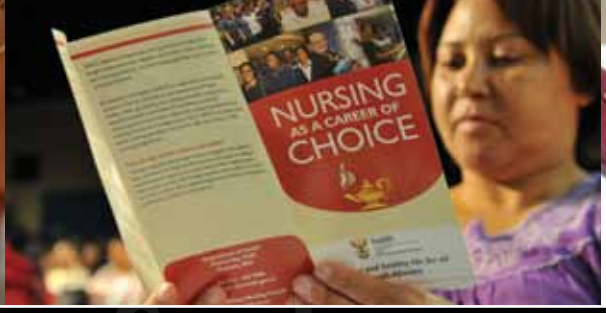

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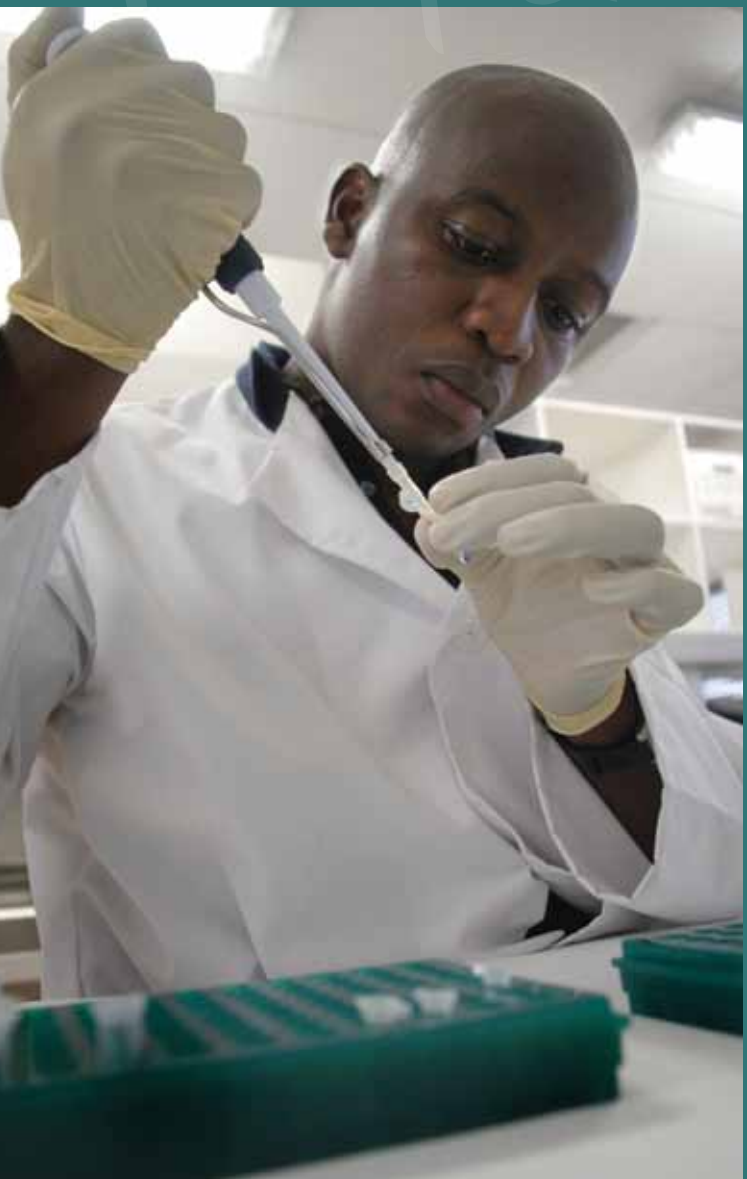

SOUTH AFRICA YEARBOOK 2011/12

With the ultimate objective of a long and healthy life for all South Africans, government is focusing on preventative measures, promoting a healthy lifestyle and improving the healthcare delivery system by concentrating on public healthcare being accessible, equitable and sustainable.

South Africa faces a burden of disease (BoD), consisting of HIV, AIDS and tuberculosis (TB); high maternal and child mortality; non-communicable diseases; and violence and injuries.

Strategies and interventions to deal with this are intertwined with the Negotiated Service Delivery Agreement (NSDA) and enhanced efforts towards accelerating progress in achieving the millennium development goals (MDGs).

It is therefore critical to address social determinants of ill health such as poverty, lack of potable water and proper sanitation, as well as child neglect. Some of these are the responsibilities of other government departments and require cooperation across government departments and clusters.

Demographic profile

For 2011, Statistics South Africa (Stats SA) estimated the mid-year population at 50,59 million. Approximately 52% (approximately 26,07 million) of the population was female. Nearly one third (31,3%) of the population was aged younger than 15 years and approximately 7,7% (3,9 million) was 60 years or older. Of those younger than 15 years, approximately 23% (3,66 million) lived in KwaZulu-Natal and 19,4% (3,07 million) lived in Gauteng.

Life expectancy at birth for 2011 was estimated at 54,9 years for males and 59,1 years for females and the infant mortality rate for 2011 was estimated at 38 per 1 000 live births. The estimated overall HIV prevalence rate was about 10,6%.

Most developing countries face a transition in the epidemiological profile from a context with high fertility rates and high mortality from preventable causes to one in which a combination of lower fertility rates and changing lifestyles has led to aging populations and epidemics of tobacco use, obesity, cardiovascular disease, cancers, diabetes and other chronic ailments. South Africa is also in the midst of this transition, however the country also has a significant burden from communicable diseases, mainly HIV, AIDS and TB.

Negotiated Service Delivery Agreement

The NSDA reflects the commitment of key sectoral and intersectoral partners linked to the delivery of identified outputs as they relate to a particular sector of government. Government has agreed on 12 key indicators for its Programme of Action for the period 2010 to 2014. Each outcome area is linked to a number of outputs that inform the priority implementation activities that will have to be undertaken over the given time frame to achieve the outcomes associated with a particular output.

For the health sector, the priority is improving the health status of the entire population and contributing to government's vision of a long and healthy life for all South Africans. To accomplish this vision, government has identified four strategic outputs which the health sector must achieve. These are:

- increasing life expectancy
- decreasing maternal and child mortality
- combating HIV and AIDS and decreasing the BoD from TB
- strengthening health-system effectiveness.

The NSDA aims to achieve the following:

- life expectancy must increase from 54,9 years for males and 59,1 years for females (Stats SA 2011) to 58 years for males and 60 years for females by 2014
- South Africa's maternal mortality ratio (MMR) must decrease to 100 or less per 100 000 live births by 2014 (the *MDG Country Report* estimates South Africa's MMR at 625 per 100 000)
- the child mortality rate must decrease to 20 or less deaths per 1 000 live births by 2014
- the TB cure rate must improve from 64% in 2007 to 85% by 2014
- 80% of eligible people living with HIV and AIDS must access antiretroviral (ARV) treatment
- new HIV infections must be reduced by 50% by 2014.

Health Sector 10-Point Plan

The health sector's 10-Point Plan for 2009 to 2014 is serving as an important overarching and macro-framework for overhauling the health system to enhance its capacity to improve health outcomes and to harness focused interventions towards the MDGs.

The 10-Point Plan focuses on:

- providing strategic leadership and creating a social compact for better health outcomes
- implementing National Health Insurance (NHI)
- improving the quality of health services
- overhauling the healthcare system
- improving human resource (HR) planning, development and management
- revitalising infrastructure
- accelerating implementation of the HIV and AIDS, TB and Sexually Transmitted Infections (STIs) National Strategic Plan (NSP) 2012 – 2016 and reducing mortality due to TB and associated diseases
- mass mobilisation for better health for the population
- reviewing the drug policy
- strengthening research and development.

Health expenditure

The bulk of health-sector funding comes from National Treasury. The Department of Health's budget grew by 15,3% from R21,7 billion in 2010/11 to R25,7 billion in 2011/12. Policy areas that received additional funding included:

- the HIV and AIDS Conditional Grant
- the Hospital Revitalisation Conditional Grant
- the Mass Measles Immunisation Campaign
- stabilising personnel expenditure
- improving the conditions of service for employees in the department, including the National Health Laboratory Service (NHLS) and South African Medical Research Council (MRC).

Total expenditure on the comprehensive HIV and AIDS Conditional Grant will amount to R26,9 billion over the 2011 to 2014 period, based on the number of people on treatment increasing from 1,2 million in 2011 to 2,6 million by 2013/14.

At national level, an additional amount of R442 million was allocated for 2011/12, R692 million for 2012/13 and R2,28 billion for 2013/14. This will be used to improve quality, strengthen public healthcare teams, upgrade and maintain nursing colleges, improve maternal and child health, and for universal coverage of HIV and AIDS.

From 17 August 2011, the use of artificial trans fats, which have been linked to an increased risk of heart disease, is limited to a maximum of 2% in all foods.

Apart from heart disease, trans fats have also been linked to diabetes, certain types of cancer and obesity.

Additional funding was allocated at provincial level for preparatory work for the NHI, which amounts to R16,1 billion over a three-year period. This will be mainly for registrar posts, specialist posts at district level, family health teams and helping hospitals comply with norms and standards.

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 healthcare-providers and users, and ensures broader community participation in healthcare delivery from health facility 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
- have full knowledge of one's condition
- exercise one's informed consent
- participate in decisions regarding one's health
- be informed when one participates in research
- confidentiality and access to health records
- complain about poor service
- be treated with respect (health workers).

The Medical Schemes Act, 1998 (Act 131 of 1998), provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

The Council for Medical Schemes (CMS) Levies Act, 2000 (Act 58 of 2000), provides a legal framework for the council to charge medical schemes certain fees.

The Medicines and Related Substances Act, 1965 (Act 101 of 1965), provides for the registration of medicines and other medical products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.

The Mental Healthcare Act, 2002 (Act 17 of 2002), provides a legal framework for mental health in South Africa, and in particular, the admission and discharge of mental health patients by mental health institutions with the emphasis on human rights for mentally ill patients.

The Choice of Termination of Pregnancy Act, 1996 (Act 92 of 1996), provides for a legal framework for termination of pregnancies based on choice under certain circumstances.

The Sterilisation Act, 1998 (Act 44 of 1998), provides a legal framework for sterilisations, also for persons with mental health challenges.

The MRC Act, 1991 (Act 58 of 1991), provides for the establishment of the MRC and its role in relation to health research.

The Tobacco Products Control Amendment Act, 2008 (Act 63 of 2008), provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products as well as the tobacco industry's sponsorship of events.

The NHLS Act, 2000 (Act 37 of 2000), provides for a statutory body that renders laboratory services to the public health sector.

The Health Professions Act, 1974 (Act 56 of 1974), as amended, provides for the regulation of health professions, in particular, medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

The Pharmacy Act, 1974 (Act 53 of 1974), as amended provides for the regulation of the pharmacy profession, including community service by pharmacists.

The Nursing Act, 2005 (Act 33 of 2005), provides for the regulation of the nursing profession.

The Allied Health Professions Act, 1982 (Act 63 of 1982), as amended, regulates health practitioners like chiropractors, homeopaths and others, and for the establishment of a council to regulate these professions.

The Dental Technicians Act, 1979 (Act 19 of 1979), regulates dental technicians and establishes a council to regulate the profession.

The Hazardous Substances Act, 1973 (Act 15 of 1973), regulates hazardous substances, in particular those emitting radiation.

The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), as amended, regulates foodstuffs, cosmetics and disinfectants, in particular setting quality and safety standards for the sale, manufacture and importation thereof.

The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), provides for medical examinations of persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

The National Policy for Health Act, 2000 (Act 58 of 2000), determines a national health policy to guide the legislative and operational programmes of the health portfolio.

The Academic Health Centres Act, 1993 (Act 86 of 1993), provides for the establishment, management and operation of academic health centres.

The Human Tissue Act, 1983 (Act 65 of 1983), administers matters pertaining to human tissue.

In 2011, Cabinet approved the National Health Amendment Bill for Office of Health-Standards Compliance, which will accredit health facilities.

National Health Insurance

The *Green Paper on NHI* was released in August 2011 for comment. The cornerstone of the proposed NHI system is universal coverage. NHI is a financing system that will ensure the provision of essential healthcare to all citizens of South Africa (and legal long-term residents), regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund.

This is seen as a 14-year project, with the first five years being a process of building and preparation.

The NHI will offer all South Africans and legal residents access to a defined package of comprehensive health services. The State is committed to offering as wide a range of services as possible. Although the NHI service package will not include everything, it will offer care at all levels, from primary healthcare (PHC) to specialised secondary care, and highly specialised tertiary and quaternary levels of care.

Examples of what the NHI package will exclude are:

- cosmetic surgery that is not necessary or medically indicated but done as a matter of choice
- expensive dental procedures performed for aesthetic purposes and eye-care devices such as fashionable spectacle frames
- medicines not included in the National Essential Drug List, except in circumstances where the complementary list has been approved by the Minister of Health
- diagnostic procedures outside the approved guidelines and protocols as advised by expert groups.

The benefits provided will cover preventive, promotive, curative and rehabilitative health services. The emphasis will be on preventing disease and promoting health.

Improving child health

Several areas of progress have been identified, especially in terms of reducing the effect of childhood illnesses.

Improving immunisation coverage ranks high among renowned strategies for improving child health. Immunisation campaigns have been markedly successful in preventable diseases, including polio and measles.

Carefully planned and systemic interventions, based on the NSDA objectives, have been adopted for child health. These interventions are targeting various phases, namely pre-pregnancy; pregnancy; birth; newborn/postnatal and childhood (including integrated management of childhood); and adolescent illness.

Interventions are based on a three-tiered health-promotion and disease-prevention strategy i.e. preventing unintended pregnancies (primary prevention); preventing complications (secondary prevention); and preventing death or disability from complications (tertiary prevention).

Postnatal and newborn interventions include:

- early and exclusive breastfeeding
- warmth provision
- infection control
- provision of Vitamin A to the mother when indicated.

Community-based interventions include:

- increasing home visits by community workers to within 10 days of delivery for normal birth-weight babies and an additional three in the subsequent three weeks for lower birth-weight babies
- improving referral channels between community health workers and midwives
- expanding the Perinatal Problem Identification Programme to include more facilities.

In August 2011, the Minister of Health, Dr Aaron Motsoaledi, announced that government would no longer distribute free infant formula at health facilities, in an effort to promote exclusive breastfeeding.

The department adopted World Health Organisation (WHO) recommendations for promoting exclusive breastfeeding as part of its strategy to reduce child mortality. It is recommended even for HIV-positive mothers. Breast milk substitutes would only be recommended by health practitioners to mothers who, for medical reasons, could not physically breastfeed.

The target for school health services is to be proactive and use disease-prevention strategies at school through screenings for common problems. This will ensure the continuum of care and integration of services for the child's development from neonate to adolescent. The programme aims to increase the proportion of schools which are visited by a school nurse; conduct health screenings of learners in Grade One for eyes, ears and teeth; and prevent heart disease by providing prophylactic treatment for the prevention of rheumatic heart disease.

Chris Hani Baragwanath Hospital in Soweto, Gauteng, is the largest hospital in the world, occupying just over 70 ha, with about 3 200 beds and 6 760 staff members. In March 2011, it was announced that the hospital would get two new multi-detector CT scanners as part of a broader R157-million programme to improve equipment.

Women's health

Women tend to have a higher BoD than men and therefore need more services. The package of interventions for women's health includes:

- family planning and contraceptive services
- care following sexual assault
- treatment of STIs
- a focus on diseases specific to women such as cervical cancer.

Sexual and reproductive health interventions include contraceptive information services, safe termination of pregnancy and reproductive health education and services.

Sexual assault is an area needing strengthening due to weak intersectoral collaboration between the provincial departments of health, non-governmental organisations (NGOs), the South African Police Service and the justice system. In 2011, the Department of Health audited how services are geared towards providing quality and comprehensive care for sexual-assault patients.

Key interventions in adolescent health include increasing coverage for the youth and adolescent-friendly health services in all PHC facilities. Between 40% and 50% of health facilities are implementing this intervention. This figure will be increased to 70%. The draft Youth Health Strategy was finalised in 2011 and distributed to provinces and districts to guide health services' response to young people's health needs.

Reports from health facilities indicate that 42% of new mothers and babies were reviewed within six days after delivery and discharged from

health facilities. This figure is set to improve with the campaign to take healthcare to communities through the revitalisation of PHC.

To enhance these gains, the department is embarking on a Safe Motherhood Strategy to comprehensively deal with maternal morbidity and mortality. The interventions are multipronged (individual and community-based approaches) as well as multilayered, being delivered via various platforms (such as at home, primary level and secondary level).

There will be community level interventions that will focus on advocacy and social marketing regarding nutritional advice, iron and folate supplements and clinical interventions, including blood-pressure screening, screening and treatment of syphilis and urinary tract infections, and fast-tracking pregnant women starting antiretroviral treatment (ART).

Combating HIV, AIDS and TB

The NSP on HIV, AIDS and TB for 2011 to 2016 was launched on World AIDS Day, 1 December 2012.

It consists of five goals and four strategic objectives. The five goals are:

- reduce new HIV infections by at least 50% using combination prevention approaches
- initiate at least 80% of eligible patients on ART with 70% alive and on treatment five years after initiation
- reduce the number of new TB infections as well as deaths from TB by 50%
- ensure an enabling and accessible legal framework that protects and promotes human rights to support implementation of the NSP
- reduce self-reported stigma related to HIV and TB by at least 50%.

In April 2010, the country embarked on a massive HIV Counselling and Testing (HCT) Campaign seeking to test and screen 15 million people for HIV and other chronic diseases by June 2011. The campaign was a big success, with millions of people responding to the call to know their HIV status.

By February 2012, more than 17 million people had been tested for HIV and more that eight million had been screened for tuberculosis. This reflected a sixfold increase in the number of people tested for HIV over the previous year. Of those tested, two million people were found to be HIV-positive and were referred for further care.

In September 2011, the United Kingdom's Department for International Development committed another £17 million (R198 million) to South Africa's Maternal and Child Healthcare Programme.The funds will be used to strengthen maternal and child-health service delivery through the following outputs:

- enabling districts to oversee improvement of reproductive, maternal and child health (RMCH) services
- strengthening delivery of school health, municipal ward-based primary healthcare, and obstetric and neonatal emergency services
- improving demand and accountability for RMCH services
- removing barriers to uptake and access RMCH services.

The four strategic objectives are the following:

- address social and structural barriers to HIV, STI and TB prevention, care and impact
- prevent new HIV, STI and TB infections
- sustain health and wellness
- increase the protection of human rights and improve access to justice.

Prevention remains the cornerstone of efforts to combat HIV and AIDS in South Africa. Leadership in this critical area has ensured that South Africa is getting global recognition for the massive efforts and interventions designed to combat HIV, AIDS and TB at national, provincial and local level.

The department's Prevention of Mother to Child Transmission (PMTCT) Programme is yielding results with sustained declines observed in transmission rates while programme coverage is increasing. There is a high uptake of treatment for PMTCT – 98% of HIV-infected mothers tested were put on treatment.

The proportion of children whose mothers are HIV-positive, and who were infected, decreased from 8% in 2008 to 3,5% in 2010.

Modelling studies conducted in South Africa suggest that large-scale provision of medical male circumcision to achieve 80% coverage could significantly reduce HIV incidence by 25% to 35%. Health policy requires that medical male circumcision be provided as part of male sexual and reproductive health, and in combination with the provision and consistent use of condoms and the promotion of sexual partner reduction.

By June 2011, more than 50 000 men had undergone medical male circumcision nationally. The Department of Health supported this service as part of a comprehensive package of prevention. Also, the numbers of male and female condoms being distributed nationally increased.

The second phase of clinical trials of an Italian-developed HIV vaccine, to be conducted by researchers in South Africa as part of a wider cooperation project between Italy and South Africa, was launched in Garankuwa, north of Pretoria, in April 2011.

Funded by the Italian Government, the study will be conducted by researchers and staff at the Medunsa Clinical Research Unit of the University of Limpopo's Medunsa Campus in Garankuwa.

The department has had a promising uptake in access to treatment. By September 2011, 1,6 million people were receiving ART.

Government has increased capacity to care for people living with HIV and requiring ARV treatment. By February 2012, more than 1 750 nurses had been trained in Nurse Initiated and Managed ART, making it possible for professional nurses to put people on treatment.

In a further boost for the treatment programme, the South African National AIDS Council (Sanac) endorsed the National Health Council (NHC) policy to initiate treatment for all those who test positive and have a CD4 count of 350 or less.

Reporting of TB management, specifically treatment outcomes, has enjoyed considerable attention. By mid-2011, the TB cure rate for the year had been achieved. Treatment completion rates and default rates were on track, while 17 facilities were made available for diagnosing and initiating treatment for drug-resistant TB patients.

TB control and management is improving, with more than eight million people screened during the HIV Counselling and Testing (HCT) Campaign and the national TB cure rate reaching the 70% mark for the first time, although work still needs to be done to achieve the 85% recommended by the WHO.

In June 2011, the department announced a three-pronged strategy to deal with TB.

The first part of the strategy lies in the acquisition of GeneXpert technology, a revolution in the diagnosis of TB that takes only two hours to identify and confirm the disease, as opposed to a week. Under previous methods, up to 28% of patients could be misdiagnosed, whereas GeneXpert technology is 98% accurate.

The second strategy is that of active case finding. Every TB patient has the capacity to infect 15 others in his or her lifetime. Teams consisting of five members each visit the friends and families of TB patients in the department's database. They then screen everyone who has had contact with the TB patients and proceed with treatment if necessary, thereby containing the disease to a large extent. Between February and June 2011, 41 000 families were visited and 112 000 people screened.

The third strategy involves nine specifically designed multi-drug-resistant hospitals, using technology from the Council for Scientific and Industrial Research (CSIR), one in each province. The special design reduces the chances of healthcare workers, especially nurses, from being infected by TB patients.

Combating communicable and non-communicable diseases

Work on reducing the impact of chronic conditions (non-communicable diseases) resulted in the hosting of the Diabetes Leadership Forum Africa 2010 in South Africa in September 2010. By mid-2011, an implementation plan for the Diabetes Declaration was being finalised. A chronic disease-management register was implemented in the first half of the year.

Intersectoral work on alcohol and violence is the focus of partnerships at community level. The *Phuza Wise* Campaign and the strengthening of PHC teams are aimed at addressing the national scourge.

Other initiatives aimed at reducing the effect of non-communicable diseases included the United Nations Summit on Non-Communicable Diseases, held in September 2011 in New York.

The burden of respiratory and diarrhoeal diseases is a cause for concern. It may be related to HIV and AIDS, however, there is still a component that is not linked to HIV and has to be addressed in this context. To respond adequately to disease outbreaks, the department will need to strengthen its response to disease-outbreak and surveillance systems.

Over a million people die of malaria annually in Africa, mostly children under the age of five. Most cases of malaria in South Africa are caused by *plasmodium falciparum*. It is potentially the most dangerous type of malaria, and can prove rapidly fatal.

Government's efforts to combat malaria incidence have been largely successful. Available data demonstrate a downward trend.

Distribution of public health facilities in South Africa, 2009

Health facilities	Number of facilities (2009)	Population per health facility
Clinics	1 967	12 718
Community healthcare centres	332	148 553
District hospitals	264	186 817
National central hospitals	9	5 479 966
Provincial tertiary hospitals	14	3 522 835
Regional hospitals	53	930 560
Specialised psychiatric hospitals	25	1 972 788
Specialised tuberculosis hospitals	41	1 202 919
Total	**4 333**	**13 457 156**

Source: Department of Health

Improving quality of care

The 10-Point Plan for Health reflects the importance of improving the quality of care in the department's institutions as one of the priorities. This is further reflected in the NSDA, where quality is one of the key suboutputs of improved health-system effectiveness.

Six priority areas have been identified for immediate improvement:

- staff attitudes and the values underpinning them
- reducing the long waiting times or delays in receiving care
- ensuring all facilities are spotlessly clean and tidy
- protecting the clinical as well as physical safety of patients and staff
- taking the measures needed to avoid transmission of infections and cross-infections
- ensuring that basic medicines and supplies are available when patients are seen.

These form part of a wider set of core standards for quality healthcare that would need to be complied with across all health services.

A set of national core standards has been developed, approved and published for application in the national health system. They will be used as the basis for strengthening the quality of health services provided locally, provincially and nationally.

A standardised assessment process is being progressively rolled out across the country to enable public establishments to identify and address critical gaps and benchmark themselves against similar establishments, prior to an external inspection to certify compliance.

To ensure compliance across the system, an independent body will be established to develop mechanisms to enforce these standards, and to objectively measure and report on whether all health establishments in both the public and private sector meet the prescribed set of standards.

In November 2011, Cabinet approved the National Health Amendment Bill for Office of Health Standards Compliance, which will accredit health facilities. In preparation, the department put in place quality norms and standards, which cover the availability of medicines and supplies, cleanliness, patient safety, infection prevention and control, positive attitudes and waiting time in all health facilities.

By August 2011, the department had audited over 1 600 public health facilities against these standards. Quality-improvement projects to address the gaps identified by these audits were expected to be developed as part of the service-delivery improvement programme, which is the largest and most ambitious of its kind ever to be implemented in South Africa. A series of case studies on this programme will also be produced.

Re-engineering primary healthcare

The re-engineered PHC system is one of the Department of Health's four central interventions of the NHI.

A task team, comprising the three ministerial mortality committees, deans of the faculties of

Health Sciences and other experts who advised the Minister on the development of district clinical specialist teams, was convened in 2011. Their recommendations were adopted by the NHC and are being implemented.

The district specialist task teams each consist of an:

- anaesthetist
- family physician
- PHC nurse
- obstetrician
- advanced midwife
- paediatrician
- advanced paediatric nurse.

Every district has a team responsible for supportive supervision and clinical governance within its defined geographic area. These task teams need to strengthen existing services and ensure equitable access to appropriate care for all mothers, babies and children.

This is achieved by enhancing the clinical competence of healthcare workers, promoting improved health facilities and facilitating referral pathways to specialist services.

The teams focus on the facilitation, integration and coordination of staff, services, programmes and packages of care with the aim of improving health outcomes and the quality of care for mothers, babies and children.

Improving the functionality and management of the health system

The Development Bank of Southern Africa (DBSA) conducted a diagnostic assessment of the competencies of hospital chief executive officers and district managers to assist in designing interventions at facility level intended to support improvements in health outcomes envisaged by the NSDA.

Regulations providing clear designations of different categories of hospitals and guiding the recruitment of appropriately skilled and competent hospital management were developed. This contributes towards management accountability, and effective and efficient healthcare delivery.

Improving human resources planning, development and management

By 2011, South Africa was producing about 1 200 doctors a year, which was insuffient to service the nation's healthcare needs. The Department of Health initiated the HR Strategy for Health, which addresses the problem on several platforms.

The deans of South Africa's eight medical schools were tasked to find an innovative way of increasing the intake of medical students, with one of the eight medical schools heeding the call and enrolling 40 extra students in 2011. The other medical schools were expected to follow suit in 2012.

In addition, plans to establish a ninth medical school in Limpopo were announced. The department also announced the addition of new infrastructure at four tertiary hospitals and medical schools in Limpopo. The department is aiming for a threefold increase in the number of medical students produced annually.

In April 2011, the department hosted the National Nursing Summit 2011, which focused on addressing HR concerns in the nursing sector. The department identified 122 nursing colleges nationwide that would be improved, of which 72 were expected to be refurbished and improved by the end of 2011/12. The project will run over three years at a total cost of R1,24 billion, of which R220 million was earmarked for the 2011/12 financial year, and R510 million each in subsequent years.

Talks were held with retired nurses, which led to the creation of a database, so that these retired nurses can register to return to work on a temporary basis.

Government also encouraged the media to draw attention to the annual International Nurses Day in May, to increase public awareness of the profession.

Improving the working conditions of health workers

The health sector has continuously implemented efforts to improve healthcare workers' conditions of service. The Occupation Specific Dispensation (OSD) was introduced as an integrated career-development framework comprising remuneration, career progression and patching, and performance management of the professional or clinical workforce, based on roles and functions. The main focus of the system so far has been on remuneration.

However, the performance-management aspects of the OSD will be refined and expanded as the roll-out of the OSD intensifies. OSD implementation started with the roll-out to nurses

in 2007 and incorporation of additional health professional categories such as dentists, medical practitioners and medical specialists, pharmacists, pharmacist assistants and emergency medical services personnel. Implementing the OSD policy achieved mixed results, necessitating a review in 2011.

Improving health infrastructure

Over 2 100 individual infrastructure-related projects exist in health facilities in South Africa – ranging from maintenance and minor repairs through to renovation and major construction works. As a result, 138 clinics and 38 community health centres were constructed nationally (an increase of 4% in the total number of PHC facilities in South Africa). An infrastructure-support model has been implemented, a component of which includes the appointment of engineers in each province to provide consistent technical expertise for managing active projects in the health sector.

Eighteen major revitalisation projects have been initiated nationwide in hospitals in urgent need of infrastructure development. Five of these are identified as flagship projects, supported through public-private partnerships. The balance will be supported by a more streamlined hospital-revitalisation programme, which incorporates a much improved provincial resource planning and allocation model, enabling a reduction in unspent funding on infrastructure projects countrywide. In addition, the assistance of infrastructure-development resource persons and built-environment specialists from the DBSA and CSIR has been secured to strengthen implementation, monitoring and evaluation in all provinces.

It is anticipated that the pace of implementation will accelerate because of these interventions. In addition, measures for better financial management and planning will ensure a decline in the amounts of roll-overs and unspent funds for infrastructure development in the country.

Review of the drug policy

The health sector is experiencing various challenges with the supply of drugs and pharmaceuticals. Sporadic drug stock-outs have occurred in health facilities, resulting from multiple factors, both internal and external to the health sector. These include financial constraints resulting in delays in the payment of suppliers, drug-supply management problems, suppliers' incapacity to deliver according to demand, suppliers' inability to adhere to lead times and tender prices being higher than international prices.

A task team appointed to investigate these challenges completed its work and presented a set of recommendations to the NHC on the reform of medicine-procurement systems in the public sector. These included strategies to:

- improve drug procurement and payment systems to ensure reliable and uninterrupted supply
- ensure more cost-effective procurement of drugs through the centralisation of the authority of procurement
- address system failures resulting in medicine shortages.

The outcome of the task team's work has helped reduce tender prices of ART to the value of R4,2 billion over two years. This has resulted in savings of R4,7 billion, which will enable the health sector to place more people on ART. Access to ART will be expanded by half a million people each financial year. A central procurement authority will be established to improve the efficiency of systems, including the procurement of vaccines, TB medicines, ART and reproductive health products.

Strengthening research and development

The Department of Health has forged partnerships aimed at strengthening research and development with other government departments such as science and technology; entities such as the MRC, the Human Sciences Research Council and the Health Systems Trust; and academic institutions.

The Department of Science and Technology has established centres of competence in malaria, TB, HIV and AIDS, cancer and diabetes in conjunction with the Department of Health.

The National Health Research Committee (NHRC) and National Health Research Ethics

The Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria approved US$302 million (about R2,06 billion) for South Africa, over a period of five years starting in 2011, for the prevention, treatment and care of HIV, AIDS and TB.

Of the $302 million, US$196 million is for AIDS medication, US$33 million for medical male circumcision, US$10 million for strengthening health systems and community response programmes to HIV and AIDS, and TB, and US$8 million for direct support of TB programmes.

US$128-million – 65% of which is for antiretroviral therapy – was approved for 2011 and 2012.

Committee have been established in terms of the National Health Act, 2003. The NHRC's duties are to:

- determine the health research to be carried out by public health authorities
- ensure that health-research agendas and research resources focus on priority health problems
- develop, and advise the Minister on the application and implementation of an integrated national strategy for health research
- coordinate the research activities of public health authorities.

Research bodies that have been established in terms of the statutes will scale up their efforts to build research capacity in the country. The research agenda will be designed to respond in accordance with the priorities.

South Africa needs to develop a model for the translation of evidence generated through empirical research into national health policy. In an interactive manner, research must review health-policy implementation. To this end, a health and policy technical unit has been budgeted for in the 2011 to 2013 period to develop and institutionalise this capacity within the department.

Levels of healthcare

National

According to the National Health Act, 2003, the Department of Health must ensure the implementation of national health policy as far as it relates to the national department and issue guidelines for the implementation of national health policy.

The department must:

- liaise with national health departments in other countries and with international agencies
- issue and promote adherence to norms and standards on health matters
- promote adherence to norms and standards for the training of HR for health
- identify national health goals and priorities, and monitor the progress of their implementation

The South African National Council on Alcoholism and Drug Dependence's (Sanca) national body was established in 1956, with its major concern being the prevention, treatment and aftercare of alcoholism and drug dependence.

Today, there are 32 Sanca societies in most of the larger centres around the country – at least one in each of the nine provinces.

- coordinate health and medical services during national disasters
- participate in intersectoral and interdepartmental collaboration
- promote health and healthy lifestyles
- promote community participation in the planning, provision and evaluation of health services
- conduct and facilitate health systems research in the planning, evaluation and management of health services
- facilitate the provision of indoor and outdoor environmental pollution-control services
- facilitate and promote the provision of health services for the management, prevention and control of communicable and non-communicable diseases
- coordinate health services rendered by the national department with the health services rendered by provinces and provide such additional health services as may be necessary to establish a comprehensive national health system.

Provincial

The National Health Act, 2003 specifies that the Member of the Executive Council responsible for health in a province must ensure the implementation of national health policy, norms and standards.

The provincial department must, in accordance with national health policy and the relevant provincial health policy:

- provide specialised hospital services
- plan and manage the provincial health information system
- participate in interprovincial and intersectoral coordination and collaboration
- coordinate the funding and financial management of district health councils
- provide technical and logistical support to district health councils
- plan, coordinate and monitor health services and evaluate the rendering of health services
- coordinate health and medical services during provincial disasters
- conduct or facilitate research into health and health services
- plan, manage and develop HR for rendering health services
- plan the development of public and private hospitals, and other health establishments agencies

The Primary Healthcare (PHC) Sector Policy Support Programme was jointly developed by the European Union and the South African (EU-SA) Department of Health. It has a total financial commitment of approximately R1,2 billion.

The agreement was signed in February 2011 by the Finance Minister, on behalf of the Department of Health, and the EU Commissioner, and is aligned to Output 4: Strengthening of health systems, in particular, the re-engineering of the PHC system.

The programme was launched at the EU-SA Presidential Summit, held in September 2011 in the Kruger National Park.

- control and manage the cost and financing of public health establishments and public health agencies
- facilitate and promote the provision of port health services, comprehensive primary health services and community hospital services
- provide and coordinate emergency medical services and forensic pathology, forensic clinical medicines and related services, including the provision of medico-legal mortuaries and medico-legal services
- control the quality of all health services and facilities
- provide health services contemplated by specific provincial health service programmes
- provide and maintain equipment, vehicles and healthcare facilities in the public sector
- consult with communities regarding health matters
- provide occupational health services
- promote health and healthy lifestyles
- promote community participation in the planning, provision and evaluation of health services
- provide environmental pollution control services
- ensure health systems research
- provide services for the management, prevention and control of communicable and non-communicable diseases.

Municipalities

Every metropolitan and district municipality must ensure that appropriate municipal health services are effectively and equitably provided in their respective areas.

Statutory bodies

Statutory bodies for health professionals include the Health Professions Council of South Africa (HPSA), 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 CMS. The Medicines Control Council is charged with ensuring the safety, quality and effectiveness of medicines.

Health professionals

Physicians

There are more than 36 000 medical practitioners 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 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.

Oral health professionals

By November 2010, there were 946 oral hygienists and 464 dental therapists 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 SAPC develops, maintains and controls standards of education and practice of persons

required to be registered in terms of the Pharmacy Act, 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.

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.

Nurses are required to complete a mandatory 12-month community-service programme, whereafter they may be registered as nurses (general, psychiatric or community) and midwives.

The key roles of the nursing council are to protect and promote public interests, and 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.

Between 2002 and 2011, the number of registered nurses increased by 37%, from 172 869 to 238 196.

National Health Laboratory Service

The NHLS is the single largest diagnostic pathology service in South Africa, with 349 laboratories serving 80% of the country's population. All laboratories provide 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 among other things, HIV and AIDS, TB, malaria, pneumococcal infections, occupational health, cancer and malnutrition.

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

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
- the National Institute for Occupational Health, which investigates occupational diseases and has laboratories for occupational environment analyses
- the National Cancer Registry, which provides epidemiological information for cancer surveillance
- the South African Vaccine Producers, which is the only South African manufacturer of antivenom for the treatment of snake, scorpion and spider bites.

Allied Health Professions Council of South Africa

The AHPCSA is a statutory health body established in terms of legislation to regulate all allied health professions, which include ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic-massage therapy, therapeutic reflexology and unani-tibb.

Medical Research Council

The MRC was established in accordance with the MRC Act, 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 that high standards are met. MRC research, development and technology transfer encompass all spheres of knowledge-generation – from basic to applied research.

The council's researchers have made significant contributions to the key priorities of the Department of Health's 10-point plan, through operational and applied research projects, by supporting and evaluating programmes, or on an advisory level by serving on policy and technical teams. Examples include work on the NHI, quality and standards, the prevention of mother-to-child

HIV transmission, TB, HIV prevention and surveillance systems, and research that translated into the introduction of the rotavirus and pneumococcal vaccine in 2011.

The council conducts and funds national health research, and supports research capacity development. The council's HIV and AIDS, and TB units are conducting clinical research on an HIV vaccine, microbiocides, ARVs, and TB treatment and diagnostics. Researchers are evaluating interventions for the prevention of injury and violence, and on reducing non-communicable diseases. In 2011, the council launched a national collaborative research programme in cardiovascular and metabolic diseases. The council is also part of the Global Alliance for Chronic Diseases.

In 2012, the council will host the ICT4Health Secretariat, which comprises informatics, telemedicine and e-health. The secretariat will support the Ministerial Advisory Committee for Health Technology and the department in finalising the national telemedicine and overarching e-health policies and strategic plans, and coordinate the drafting of the health strategy and policy.

Non-governmental organisations

Many NGOs at various levels continue to play a crucial role in healthcare, and cooperate with government's 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 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 important and bring different qualities to the healthcare network.

Medical schemes

In September 2011, there were about 110 medical schemes with around 8 068 505 beneficiaries. These schemes have a total annual contribution flow of about R84,9 billion.

The private medical-aid scheme industry is regulated by the CMS, in terms of the Medical Schemes Act, 1998. The council is funded mainly through levies on the industry in terms of the CMS Levies Act, 2000.

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.

Acknowledgements

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