

POCKET GUIDE TO SOUTH AFRICA



HEALTH

Government's priority is to improve the health status of the entire population and contribute to the 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 burden of tuberculosis (TB)
- strengthening health-system effectiveness.

The Department of Health's 10-Point Plan for the health sector includes the following priorities:

- providing strategic leadership and creating a social contract for better health outcomes
- implementing the National Health Insurance (NHI) system
- improving quality of health services
- overhauling the healthcare system and improving its management
- improving human-resource management, planning and development
- revitalising infrastructure
- accelerating implementation of the Strategic Plan 2012 – 2016 for HIV, AIDS and Sexually Transmitted Infections (STIs) and increasing focus on TB and other communicable diseases
- reviewing the drug policy
- improving the effectiveness of the health system
- strengthening research and development.

Funding

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.

Health status

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 Negotiated Service Delivery Agreement objectives, have been adopted for child health.

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,

Women's health

The fifth Millennium Development Goal requires countries to improve maternal health and reduce their maternal mortality ratio by 75% by 2015.

The data, based on reported live births from the District Health Information System (DHIS) (2010), shows that the percentage of women in South Africa whose live birth occurred in a health facility increased from 76,6% in 2001 to 94,1% in 2009. This indicates a significant improvement in the extent of services provided at healthcare facilities in South Africa.

Access to and use of antenatal care services has an impact on pregnancy outcome, child survival and maternal health.

According to the DHIS, 97% of pregnant women used antenatal care during 2009.

The data shows that South Africa has demonstrated commitment to reducing maternal mortality. It is evident that expanded health infrastructure, enhanced access and increased usage are beginning to translate into improved health outcomes for women.

Women tend to have a higher burden of disease 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.

Communicable disease control

HIV prevalence in South Africa appears to be stabilising after peaking in the 1990s and early 2000s. South Africa has the largest Antiretroviral (ARV) Therapy Programme in the world.

In April 2010, the upscaled HIV and AIDS Prevention and Treatment Plan was launched. Measures include that:

- All children under one year of age receive ARV treatment if they test HIV-positive, irrespective of their CD4 level.
- All patients with both TB and HIV get ARV treatment if their CD4 count is 350 or less.
- All pregnant HIV-positive women with a CD4 count of 350 or less are started on ARV treatment.
- All other HIV-positive pregnant women not falling in this category are put on treatment at 14 weeks of pregnancy to protect the baby.
- A massive counselling and testing campaign has been launched, and all 4 300 public health institutions in the country are ready to receive and assist patients. By February 2012, more than 17 million people had been tested for HIV and more than eight million had been screened for TB.

The department's Prevention of Mother-to-Child Transmission (PMTCT) Programme is yielding results, with sus-

In April 2011, the Department of Health hosted the National Nursing Summit, which focused on addressing human-resource concerns in the nursing sector. The department identified 122 nursing colleges nationwide that would be improved, of which 72 were expected to be refurbished by the end of 2011/12. The project will run over three years at a total cost of R1,24 billion.



tained 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.

Nationally, mother-to-child transmission of HIV has declined from about 8% to 3,5%.

Government has increased capacity to care for people living with HIV and requiring ARV treatment. Facilities providing ART increased to 1 668 by June 2011. More than 1 750 nurses have been trained in Nurse Initiated and Managed ARV Treatment, making it possible for professional nurses to put people onto treatment.

A characteristic of AIDS in South Africa is the interlinkage with the prevalence of TB.

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 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 World Health Organisation.

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

Policy **Improving quality of service**

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 the physical safety of patients and staff

- taking the measures needed to avoid transmission of infections and cross-infection
- ensuring that basic medicines and supplies are available when patients are seen.

In November 2011, Cabinet approved the National Health Amendment Bill for Office and 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 more than 1 600 public health facilities against these standards.

Re-engineering primary healthcare (PHC)

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

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.

Improving health infrastructure

Over 2 100 individual infrastructure-related projects exist in health facilities in South Africa – ranging from maintenance and minor repairs 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 18 projects are identified as flagship projects, supported through public-private partnerships.

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.

Although the NHI service package will not include everything, it will offer care at all levels, from PHC to specialised secondary care, and highly specialised tertiary and quaternary levels of care.

Nutrition

The work of the Department of Health is critical in improving children's nutrition levels. Key targets by 2014 include:

- decreasing the percentage of the total population who experiences hunger from 52% to 30%, using national food consumption survey data
- dropping the rate of undernutrition of children from 9,3% to 5%
- keeping the Consumer Price Index stable for poor people (who are heavily dependent on the prices of food)
- establishing more than 67 920 community, institutional and school gardens to enable at least 30% of poor households to produce some of their food and improve income.

Health team

In 2010, the team of healthcare practitioners consisted of:

- 36 000 registered medical practitioners, including doctors working for the State, those in private practice and specialists
- 54 673 emergency care practitioners
- 5 185 dentists
- 3 032 optometrists
- 5 624 physiotherapists

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



- 6 816 psychologists
- 231 086 nurses.

South Africa has a shortage of certain health professionals such as physiotherapists, dieticians and radiographers.

National Health Laboratory Service

The NHLS is the largest diagnostic pathology service in South Africa, with over 250 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 governments and medical practitioners.

The NHLS conducts health-related research appropriate to the needs of the broader population, including research into 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.

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.