Chapter 13

Health

The Department of Health is committed to providing quality health care to all South Africans, to achieve a unified National Health System, and to implement policies that reflect its mission, goals and objectives.

Statutory bodies

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

Health authorities

National

The Department of Health is responsible for

- formulating health policy and legislation
- formulating norms and standards for health care
- ensuring appropriate utilization of health resources
- coordinating information systems and monitoring national health goals
- regulating the public and private health-care sectors
- ensuring access to cost-effective and appropriate health commodities at all levels
- liaising with health departments in other countries and international agencies.

Provincial

The provincial health departments are responsible for

- providing and/or rendering health services
- formulating and implementing provincial health policy, standards and legislation
- the planning and management of a provincial health information system
- researching health services rendered in the province to ensure efficiency and quality
- controlling the quality of all health services and facilities
- screening applications for licensing and the inspection of private health facilities
- coordinating the funding and financial management of district health authorities
- effective consulting on health matters at community level
- ensuring that delegated functions are performed.

Primary Health Care (PHC)

The Government is committed to providing basic health care as a fundamental right. The first part of the national health-care plan includes free health services at public PHC facilities such as clinics and community health-care centres. The aim is to steer patients away from large hospitals. Persons who are members of a medical aid scheme

◀ According to the Minister of Health's Budget Vote in May 2001, health services were brought within easier reach of about six million people through the building of 500 clinics since 1994.

are excluded from free services. 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 health care; health promotion; youth health services; counselling services; chronic diseases; diseases of older persons; rehabilitation; accident and emergency services; family planning; and oral health services.

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

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.

The Essential Drug List (EDL) and Standard Treatment Guidelines (STGs) for PHC were revised in 1998. The STGs and EDL for hospital level (adult and paediatric versions) were also launched.

The EDL for all levels consists of 693 medicines. Provincial governments determine which of the medicines applicable to each level of care are stocked in the different facilities. The STGs and EDL for the different levels were developed using World Health Organisation (WHO) guidelines.

They will be revised regularly to include new developments in the medical and pharmaceutical fields. Part two of the plan, entailing regulatory reform of the private health sector, will require legislation and amendments to regulations before being put into action.

Districts

The Department's health plan is based on the district model, which functions according to the PHC approach and implies the establishment of health districts in every part of the country. Forty-two health regions and 162 health districts have been demarcated nationally. The health districts have been realigned with the newly demarcated municipalities.

Health policy

Some 40% of all South Africans live in poverty, and 75% of these stay in rural areas where health services are least developed. The core of the Government's health policy is to eventually provide health care that is affordable and accessible to all.

In 1999, the Minister of Health published a reviewed strategic framework to guide work over the next five years. Relevant aspects identified in this 10-point plan are:

- reorganisation of support services
- improvements in the quality of care
- revitalisation of public hospitals
- further implementation of the district health system and primary care
- a decrease in the incidence of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), sexually-transmitted diseases (STDs) and tuberculosis (TB)
- resource mobilisation and allocation
- human resource development.

In 2000, substantial developments took place in several of these areas:

- A unified National Health Laboratory Service was established to provide laboratory services to the public-health sector. Cabinet has approved the transfer of medicolegal services from the South African Police Service (SAPS) to the health departments.
- The National Planning Framework, provincial health plans and costing of services have progressed substantially, enabling a longer-term focused rehabilitation and revitalisation programme in the Department.
- The Government has taken several steps to address the HIV/AIDS pandemic, for example the HIV/AIDS Strategic Plan, the implementation of the Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS, and the extension of the pilot programme to provide anti-retroviral drugs and breast-milk substitutes to HIV-positive pregnant and lactating mothers.

- Significant progress in human resource development included the submission to Cabinet of a draft human resource plan for the sector and the negotiated abolition of rank and leg promotions. Community service was extended to dentists and pharmacists.

Telemedicine

The objective of the telemedicine system is to deliver health care, tele-education and telecare services over a distance to South Africans in areas where the need is greatest. It is used to establish an amalgamation of South African medical schools to provide cost-effective medical education for health-care providers throughout the country. The system facilitates recruitment and retention of health-care providers in rural communities.

By June 2000, there were 28 telemedicine pilot sites in six provinces. Static or dynamic images can be sent from the referring site to the provincial receive site or centre of excellence. Medical consultations can be interactive with the use of video conferencing equipment. An additional 73 sites are planned.

The Department of Health has established four technical working groups to investigate and report on the following aspects of telemedicine practice:

- clinical protocols
- tele-education in telemedicine
- network infrastructure and standards
- legal aspects, licensing and ethics.

The Department of Health and the Medical Research Council (MRC) have signed a memorandum of understanding and established the Research Centre for Telemedicine. The Centre is responsible for conducting the telemedicine research-based needs of the Department and clinics.

Information

A new body to deal with pharmaceutical crimes was formed in August 2000 by the SAPS, the departments of Justice and Constitutional Development and Health, the South African Pharmacy Council and organised industries. The National Forum for Pharmaceutical Crime coordinates national investigations regarding pharmaceutical crimes, liaises with role-players, and coordinates intelligence information.

Legislation

The following pieces of legislation were introduced in 2000 and 2001:

- The Chiropractors, Homoeopaths and Allied Health Service Professions Second Amendment Act, 2000 (Act 50 of 2000), came into operation on 12 February 2001. The Act provides for *inter alia* the abolishing of the current Interim Council and the establishment of a new council and professional boards.
- The Tobacco Products Control Amendment Act, 1999 (Act 12 of 1999), came into operation on 1 October 2000. The Act provides for *inter alia* the prohibition of advertising and promotion of tobacco products, the prohibition of advertising and promotion of tobacco products in relation to sponsored events, prohibition of the free distribution of tobacco products and the receipt of gifts or cash prizes in contests, lotteries or games to or by the purchaser of a tobacco product in consideration of such purchase, and the increase of fines.
- Certain sections of the Pharmacy Amendment Act, 2000 (Act 1 of 2000), came into operation on 20 November 2000. The Act provides for *inter alia* the performance of community service by persons registering as pharmacists for the first time.
- Certain sections of the National Health Laboratory Services Act, 2000 (Act 37 of 2000), came into operation on 10 May 2001. The Act provides for *inter alia* the establishment of a juristic person to be known as the National Health Laboratory Service and the abolition of the South African Institute for Medical Research, the National Institute for Virology, the National Centre for Occupational Health, certain forensic laboratories, and all provincial health services.

The Department of Health intended to table the following Bills in Parliament during 2001:

- Medical Schemes Amendment Bill
- Medicines Control Bill
- Mental Health Bill
- National Health Bill
- Nursing Bill
- Traditional Healers Bill.

Registered medical interns, practitioners, pharmacists, nurses and dentists, 1999–2000

	1999	2000
Dentists	4 435	4 481
Medical interns	1 485	1 054
Medical practitioners	29 180	29 788
Nurses (students included)	189 621	187 440

Source: HPCSA and South African Nursing Council

The following regulations in terms of the relevant legislation were promulgated in 2000 and 2001:

- The Health Act, 1977 (Act 63 of 1977), relating to the fluoridation of water supplies, stipulates that a water supplier must register as such with the Director-General of Health within one year after the commencement of the regulations. The water supplier must start with the fluoridation of water within a period of two years or such period as determined by the Director-General after the date of registration.
- Regulations relating to the performance of remunerated community service by pharmacists in terms of the Pharmacy Act, 1974 (Act 53 of 1974), were promulgated. This put the profession of a pharmacist on par with that of a medical practitioner with regard to the performance of compulsory community service.
- The Tobacco Products Control Act, 1993 (Act 83 of 1993), regulates the advertising of tobacco products and sponsored events as well as the conditions under which the smoking of a tobacco product in places may be permitted.
- The Chiropractors, Homoeopaths and Allied Health Service Professions Act, 1982 (Act 63 of 1982), provides for the constitution and election procedures of the Chiropractors, Homoeopaths and Allied Health Service Professions Council of South Africa. The Act also provides for the constitution of the various professional boards in terms of the Act for the first time.
- The registration and training of student dental technicians and student dental technologists were regulated in terms of the Dental Technicians Act, 1979 (Act 10 of 1979).

Medicine administration

The South African Medicines and Medical Devices Regulatory Authority Act, 1998 (Act 132 of 1998), was published in the *Government Gazette* in December 1998.

The Act provides for the replacement of the existing Medicines Control Council with the South African Medicines and Medical Devices Regulatory Authority. Due to various technical difficulties, the Act was not put into effect. The Medicines and Related Substances Control Act, 1965 (Act 101 of 1965), remained on the statute books throughout 2000.

A breakthrough occurred in April 2001 when the Pharmaceutical Manufacturers' Association and 39 pharmaceutical com-panies withdrew the court case against the Medicines and Related Substances Control Amendment Act, 1997 (Act 90 of 1997). This piece of legislation has been the subject of court action for a number of years. It endeavours to make a number of important changes to the control and distribution of medicine in the country. The Act also makes provision for measures to reduce the cost of medicine to the general public. These include a prohibition on bonussing and sampling of medicines, generic substitution by pharmacists, as well as the parallel importation of medicine. Provision is also made in the legislation for dispensing licences to be issued to health-care profes-sionals other than pharmacists who wish to dispense medicines. The regulations to Act 90 of 1997 are, however, awaited before the legislation can be put into effect.

Health team

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

Physicians

Some 29 788 doctors were registered with the HPCSA in 2000. These include doctors

working for the State, doctors in private practice and specialists. The majority of doctors practise in the private sector. Doctors are trained at the medical schools of eight universities. Medical students render health services to selected communities at clinics under the supervision of medical practitioners.

From 1 January 1999, in terms of the Continuing Professional Development (CPD) system, all doctors, irrespective of earlier qualifications, have to obtain a specified number of points in order to retain their registration. The system runs in cycles of five years and involves doctors attending workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs.

Non-compliance with the requirements of the system could result in, among other things, the doctor being deregistered.

The use of foreign professionals has assisted in relieving the shortage of skilled medical practitioners in many parts of South Africa. In November 2000, a new registration system for medical practitioners and dentists was announced, which will change the conditions under which foreign-qualified professionals practise in South Africa. The system will end a moratorium on the registration of foreign doctors. Under the new system, as prescribed by the Regulations promulgated in November 2000, registration will be done in the following categories:

- independent practice (general practitioner)
- public service (general practitioner)
- education, postgraduate study
- public service (community service)
- independent practice (specialist)
- military services
- voluntary services.

Applications will be subjected to assessment by the Examinations Committee of the Medical and Dental Professions Board. Those who are admitted will have to write an examination after which they will be registered in that particular category for which they applied and were assessed.

There are set guidelines under which registration will take place in each of the categories. Applicants will have to satisfy internship/community service requirements before they seek registration with the HPCSA.

There are some 5 587 foreign-qualified doctors working in South Africa.

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

In 2000, 94% of doctors who completed their internship in 1999 were placed in public hospitals to do community service.

Total of supplementary health-care groups as at end of December 2000

Ambulance emergency assistants	3 140
Environmental health officers	2 247
Medical technologists	4 784
Occupational therapists	2 368
Optometrists	1 935
Physiotherapists	4 093
Psychologists	4 941
Radiographers	4 583

Source: HPCSA

Oral health professionals

In 2000, a total of 4 475 dentists, 381 dental and oral specialists, 885 oral hygienists and 372 dental therapists were registered with the HPCSA. The HPCSA took a decision also to register dental assistants. From 1 January 1999, dentists have also been subject to the CPD system. The system of community service was extended to dentists in July 2000.

There are six oral and dental teaching hospitals connected to the universities of the Witwatersrand (Wits), Pretoria, Stellenbosch, the Western Cape, Durban-Westville and Medunsa outside Pretoria.

Dentists receive their clinical training at five of these hospitals, while dental technicians are trained at the Natal, Peninsula, Pretoria and Witwatersrand technikons.

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

Pharmacy registration statistics on 31 December 2000	
Bodies corporate	757
Close corporations	1 021
Pharmacists	10 506
Pharmacists' assistants (PB)	904
Retail pharmacies	2 555
Pharmacy students	1 441
Pharmacists' assistants (LPB)	854
Transmed pharmacies	59
Wholesale/manufacturing/ distribution pharmacies	489

Source: South African Pharmacy Council

Pharmacists

The Pharmacy Amendment Act, 2000, which makes provision for all graduates who wish to register as pharmacists for the first time to work for the State as part of the Government plan to provide health services to all communities, came into effect on 20 November 2000. All pharmacists who have registered since that date 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 are not allowed to practise independently as pharmacists. By May 2001, approximately 350 pharmacists had commenced community service since 20 November 2000.

A number of sections of the Pharmacy Amendment Act, 1997 (Act 88 of 1997), came into effect on 20 November 2000. The only sections of this Act which have not yet come into operation are those which relate to changes to the ownership of pharmacies, as well as the section relating to the applicability of the legislation to the State.

Five sets of regulations to the Pharmacy Act, 1974 (Act 53 of 1974), as amended, also came into operation on this date. These regulations relate to the practise of pharmacy, pharmacy education and training, the registration of persons and the maintenance of registers, the performance of pharmaceutical community service, as well as the management of a person who is unfit to practise for reasons other than unprofessional conduct. The coming into effect of the remaining sections of the Act, as well as the new regulations have made provision for *inter alia*:

- a new approach to the training of pharmacists' assistants who are mid-level workers who assist the pharmacists in providing pharmaceutical services
- a new non-punitive approach to the management of persons who are unfit to practise for reasons other than unprofessional conduct
- numerous changes to the regulation of the practise of pharmacy.

In 2000, 10 506 pharmacists were registered with the South African Pharmacy Council, approximately 16% of whom were employed in provincial and State hospitals. Pharmacists are trained at the universities of Potchefstroom, Port Elizabeth, Wits, Rhodes (Grahamstown), Durban-Westville, the Western Cape, the North and Medunsa in collaboration with Technikon Pretoria.

Nurses

The South African Nursing Council controls nursing education and the practice of nursing in South Africa.

It prescribes the minimum requirements for the education and training of nurses and midwives, approves training schools, and registers or enrols those who qualify in one or more of the basic or postbasic categories.

At the end of 2000, there were 171 645 registered and enrolled nurses and enrolled nursing auxiliaries on the registers and rolls of the Council.

The nursing profession represents more than 50% of the total professional human resources of health services. At the end of 2000, 15 795 persons were registered as student and pupil nurses or pupil nursing auxiliaries on the registers and rolls of the Council.

Basic training for registration as a nurse and midwife is offered at approved universities and at nursing colleges in association with universities.

The duration of the basic course for registration as a professional nurse and midwife is four academic years.

Postbasic courses for registered nurses are offered at universities, nursing colleges in association with universities, hospital nursing schools and technikons. The minimum duration of the postbasic courses for registration of an additional qualification is one academic year.

Basic training for enrolled nurses is offered at approved nursing schools which may be nursing colleges or hospital nursing schools. The duration of training for the course is two years.

Basic training for nursing auxiliaries is offered at approved hospitals, homes for the aged, and institutions for the disabled. The duration of training is one year.

Supplementary health services

Supplementary health professionals are trained at either a university or a technikon. South Africa has a dire shortage of health professionals such as physiotherapists, dietitians and radiographers. At the middle of May 2001, there were 89 793 supplementary health professionals registered with the HPCSA.

Chiropractors, homoeopaths and allied health service professionals

In 1999, 831 qualified chiropractors, homoeopaths and allied health service practitioners were registered with the then Chiropractors, Homoeopaths and Allied Health Service Professions Interim Council.

Students are trained at Technikon Natal in Durban and at Technikon Witwatersrand, Johannesburg.

During 2000, the Chiropractors, Homoeopaths and Allied Health Service Professions Second Amendment Act, 2000, was signed by the President. The Amendment Act makes provision for the following:

- establishment of the Allied Health Professions Council of South Africa, which will replace the Interim Council
- the opening of four new registrars:
  - Chinese medicine and acupunture
  - therapeutic aromatherapy
  - therapeutic massage therapy
  - therapeutic reflexology.
- the opening of three closed registrars:
  - naturopathy
  - osteopathy
  - phytotherapy.

Information

In September 2000, Mrs Mankuba Jacobeth Ramalepe from the Northern Province was honoured by the WHO for her outstanding contribution to health in the region. She received a medal and about R35 000 for her work in improving the provision of PHC services to the Ithuseng community in the Northern Province. The award was made at the 50th session of the Regional Committee for Africa held in Ouagadougou.

Provincial health administrations

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

Clinics

A network of mobile clinics run by the Government forms the backbone of primary and preventive health care in South Africa. Clinics are being built or expanded throughout the country. According to the Minister of Health's Budget Vote in May 2001, health services were brought within easier reach of about six million people through the building of 500 clinics since 1994.

Hospitals

Provincial hospitals play a vital role in the training of physicians, nurses and supplementary health personnel. According to the latest provincial data returns, there were 110 143 hospitals in use in 2000.

All sections of the South African healthcare system are undergoing major reform to improve access, quality and cost-effectiveness. Reform of the public hospitals began with the Hospital Strategy Project, to review the hospital system. A report with recommendations (published in 1996) identified the

need to strengthen and decentralise the management of hospitals to institutional level. Since then, the main focus has been the reconstruction and redevelopment of hospital facilities and the strengthening and decentralisation of management. An important element of hospital reform is the empowering of managers locally by decentralising management authority. The Department has linked this initiative with a move towards general management where it no longer is the case that only doctors stand at the head of institutions. The Cost Centre Accounting in Public Hospitals has also been implemented at 13 of the 15 pilot sites. It has assisted managers in managing costs in the following areas: pharmacy, laboratory services, x-rays, personnel expenditure and blood tests.

In 1996, an audit of all hospital facilities in the country was commissioned by the national Department of Health. It was estimated that some R8 billion to R10 billion would be required (at 1998 R values) to bring the national hospital estate up to an acceptable level of repair.

The Hospital Rehabilitation and Reconstruction Programme was established in 1998. Over R550 million had been spent and 282 hospitals completed by March 2001. The Government intends to continue funding to complete the Programme at a rate equivalent to R500 million per annum. The focus is on investment to achieve transformation.

Each province is allocated funding according to a formula, which takes into account needs and historical funding patterns. The fund is administered by the national Department of Health. Three major hospital investments are being undertaken by the Department of Health.

Information

The Medicinal Plants Forum for Commonwealth Africa was held in Cape Town in December 2000. The Forum investigated research and development, the regulatory environment and sustainable production and trade in medicinal plants. South Africa has a strong tradition of herbal medicine. It also has 10% of the world's plant species and over 2 000 traditional healers. There are 27 million users of traditional medicine in Africa.

The New Nelson Mandela Academic Hospital will form a 660-bed complex with the Bedford Specialist Orthopaedic Hospital and the upgraded Umtata General Hospital to provide new level-two services for the Umtata area in the Eastern Cape. The new Hospital will also provide modern and well-equipped facilities to support undergraduate teaching for the health sciences facility at the University of Transkei. Construction of the Hospital was expected to be completed by the end of 2001.

The new 777-bed Pretoria Academic Hospital will replace existing inappropiate accommodation to form the centre element of an integrated referral network of health facilities for the Pretoria region. The new Hospital is to be opened in two phases, the first of which will be in 2001 and the second in 2003.

The new 850-bed Inkosi Albert Luthuli Central Hospital in Durban will be the flagship tertiary health facility in KwaZulu-Natal, and will receive the first patients in 2001. The province expected to sign a major contract in 2001 to outsource the provision of Information Technology services, medical equipment procurement and maintenance within a total facilities management package.

Emergency medical services

Emergency medical services, which include ambulance services, are the responsibility of the provincial departments of health. Emergency Care Practitioners receive nationally standardised training through provincial Colleges of Emergency Care. Some technikons also offer diploma and degree programmes in Emergency Care. Personnel can receive training to the level of advanced life support. These services also provide aeromedical and medical rescue services.

Personnel working in this field are required to register with the HPCSA, which has a Professional Board for Emergency Care.

The national Department of Health plays a coordinating role in the operation, formulation of policy and guidelines, and develop-

ment of government emergency medical services. Private ambulance services also provide services for the community, mainly on a private basis. Some of these services also provide aeromedical services for the private sector.

The South African Health Services of the South African National Defence Force plays a vital supporting role in times of emergencies or disasters.

National Health Laboratory Service

Plans to amalgamate all government laboratory services into a single National Health Laboratory Service came to fruition in 2000 with the passing of the National Health Laboratory Service Act, 2000.

The new structure will enable more effective access to a key health support service. The Service will be the preferred provider for the public health sector.

South African Vaccine Producers and State Vaccine Institute

The South African Vaccine Producers and State Vaccine Institute play a crucial role in the control and prevention of communicable diseases, by producing human vaccines and antiserum against diseases affecting the developing world. At present, the South African Vaccine Producers are not operational owing to restructuring that aims for a strategic equity partnership with the private sector. The recapitalisation and effective operation of the South African Vaccine Producers and State Vaccine Institute will be completed in 2001/02.

The role of local government

Local government has been recognised as a separate sphere of government, thereby endorsing its constitutional status. Some of the services rendered at this level include the following:

- preventive and promotive health, 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.

Privatisation

According to the National Health Accounts (March 2001), there were 200 private hospitals and a total of 23 706 beds in use in South Africa in 1999. Many of these hospitals are owned and managed by consortia of private physicians or by large business organisations. Private hospital fees are generally higher than those of provincial hospitals.

The mining industry makes an important contribution to curative services by providing its own hospitals. In 1998, there were 60 mining clinics and hospitals with 6 065 beds.

Ancillary services

Various independent organisations, most of them voluntary, also provide vital health services.

The South African Red Cross renders emergency, health and community services and offers training in first aid and home-nursing. It also operates an ambulance service, medical supply points, old-age homes, an air ambulance and air-rescue service, and comprehensive youth programmes.

The St John's Ambulance Foundation operates in major centres around South Africa and offers training in first aid and home care to individuals, schoolchildren, and commerce and industry. It operates eye-care clinics around the country aimed at underprivileged communities.

Centres stock a range of first-aid kits for factory, office and home environments, as well as hiring out mobility aids. Various community service projects in the field of PHC are undertaken.

Medic Alert is a worldwide medical identification system. All members wear an identification emblem on which their medical condition and membership number are engraved. Health personnel have 24-hour telephone access to this register. Medic Alert also serves as a register for organ, tissue and body donors, as well as for people with pacemakers.

The South African First Aid League provides first aid at sports meetings, civil protection and training in first aid. It also provides first-aid kits.

Poison centres are staffed 24 hours a day. These centres also provide vital advice on antidotes and treatment for doctors, pharmacists, hospitals and the public.

Life Line provides a 24-hour telephone counselling service for those in distress. Similar confidential services are Child Line, Rape Crisis and Suicides Anonymous.

Alcoholics Anonymous is a non-profit organisation aimed at helping addicts deal with alcoholism.

Hospices are centres established to improve the quality of life of the terminally ill through care, support and love. Nursing staff look after the physical, social, emotional and psychological needs of the patients and their relatives.

Transnet's health-care train, known as *Phelophepa* (good health), offers a unique service, bringing accessible and affordable health-care facilities to rural communities. Since its inception five years ago, *Phelophepa's* education programme has broadened existing services, which include eye, dental, health and psychological clinics, and an x-ray and a pharmacy service. The train is run by qualified permanent staff. The basic health education programme gives volunteers from local communities the opportunity to enhance their basic health-care knowledge. Topics such as baby care, how to keep your environment and body clean, and the prevention of STDs and AIDS, have been included in a five-day course presented weekly in the edu-clinic.

Information

In December 2000, South Africa hosted a United Nations (UN) sponsored workshop aimed at curbing or eliminating 12 persistent organic pollutants, including DDT, which has been used since World War II to protect people against malaria.

It was South Africa's view that DDT needed to be used for health usage only. The delegation also added that a successful malaria-spraying programme had saved millions of lives in southern Africa.

It is estimated that more than 25% of South Africa's population is in need of some form of primary eye care. Sight Africa, the first primary eye-care programme, was launched in April 1998. Sight Africa is the brainchild of Lions Club International of South Africa and the South African Optometric Association. It aims to provide primary eye care to disadvantaged or indigent people who are visually impaired.

The Bureau for the Prevention of Blindness performs 4 000 cataract operations each year to restore eyesight.

Costs and medical schemes

Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals depending on the facilities offered. All provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants. If a family is unable to bear the cost in terms of the standard means test, the patient is classified as a hospital patient. His or her treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

By April 1999, 168 private medical schemes were registered in terms of the provisions of the Medical Schemes Act, 1967 (Act 72 of 1967).

The Medical Schemes Act, 1998 (Act 131 of 1998), was promulgated on 1 February 1999. The intention of the Act is to make affordable health care more accessible to the aged and chronically ill. It aims to create a just and fair health system in a number of ways, and prohibits the exclusion of applicants on the basis of age, sex or past and present state of health. The Act also sets out a number of requirements aimed at ensuring improved governance, financial administration and the accountability of schemes.

The Medical Schemes Amendment Bill requires that proposed reinsurance contracts must be independently evaluated and then approved by the Registrar of Medical

Schemes before they are finalised. The Bill prescribes the factors that the Registrar must consider in this approval process. It does not give the Registrar unlimited powers.

The Bill requires financial reporting by schemes to the Registrar on a quarterly basis. It provides for additional rapid reporting on request, and addresses the question of inspections for purposes of monitoring. The Bill pays attention to regulating the operations of brokers in the medical schemes field, and empowers the Minister to make regulations on the conduct of brokers and conditions in which they may operate. The same clause empowers the Minister to impose penalties on medical schemes or administrators for the late payment of claims.

Community health

The optimal utilisation of resources for primary, secondary and tertiary health care is the responsibility of the Department of Health. The most common communicable diseases in South Africa are TB, malaria, measles and STDs.

Information

In August 2000, cholera broke out in KwaZulu-Natal. By February 2001, more than 53 000 people had been infected with the disease, which had claimed the lives of 115 people. More than R20 million had been spent to fight the disease. The disease also spread to other provinces.

In January 2001, a team of experts from the WHO commended the KwaZulu-Natal health authorities for the way in which the disease was handled.

In the same month, the Government allocated R35 million to two of KwaZulu-Natal's regions which were highly affected by the disease. The funds would be used for the speedy delivery of water and sanitation services in the Uthungulu and Ugu regions. Over the next three years, the Department of Water Affairs and Forestry will provide a further R100 million for the delivery of water and sanitation services in the province.

At the end of January 2001, the Government announced that the National Disaster Management System would be mobilised and budget spending would be reprioritised to fight the disease, which by then had claimed lives in KwaZulu-Natal, Northern Province and Gauteng.

In February 2001, it was announced that five provinces would deploy 125 medical staff members to KwaZulu-Natal. Three other provinces were in the process of finalising assistance. By May 2001, the epidemic had infected about 100 000 people and caused more than 200 deaths.

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

The mission of the South African Expanded Programme on Immunisation is to reduce death and disability from vaccine-preventable diseases by making immunisation accessible to all children and women of childbearing age. Immunisations against TB, whooping cough, tetanus, diphtheria, poliomyelitis, hepatitis B and measles are available free of charge to all children up to the age of five years. Tetanus vaccine is administered to women at risk during pregnancy to protect the newborn infant against neonatal tetanus. Other services include control of rabies and certain endemic diseases, such as malaria.

Integrated Management of Childhood Illnesses (IMCI)

Every year, some 12 million children in developing countries die before they reach their fifth birthday, many during the first year of life. Seven in 10 of these deaths are due to acute respiratory infections (mostly pneumonia), diarrhoea, measles, malaria or malnutrition, and often to a combination of these conditions.

IMCI is a strategy to promote child health and improve 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 of the National Health System for Universal Primary Care.

The core intervention is integrated case management of the five most important causes of childhood deaths and of common associated conditions. Implementation of the IMCI strategy in South Africa involves improvement in

- the case management skills of health staff through the provision of locally-adapted guidelines on IMCI, and activities to promote their use
- the health system required for effective management of childhood illnesses
- family and community practices.

The IMCI material has been adapted for

South Africa, and implementation and training are ongoing.

In July 1999, the Minister of Health and her provincial counterparts declared that the IMCI would be in place in every district throughout the country by the end of 2003.

Malaria

Malaria is endemic in the low-altitude areas of the Northern Province, Mpumalanga and north-eastern KwaZulu-Natal. The highest-risk area is a strip of about 100 km along the Zimbabwe, Mozambique and Swaziland border. The disease should therefore be viewed as a regional and not a country-specific problem. The malaria risk areas are divided into high, intermediate and low-risk areas.

In South Africa, 61 934 malaria cases and 423 related deaths were reported by December 2000.

Malaria control teams of the provincial departments of health are responsible for measures such as education, treatment of patients, residual spraying of all internal surfaces of dwellings situated in high-risk areas, and detection and treatment of all parasite carriers.

It was decided to continue with a programme of controlled and restricted use of DDT because of the growing resistance to pyrethroid insecticides.

Using geographic information systems in a unique way, the MRC has produced the first district malaria distribution maps for the country, which have direct implications for focused and cost-effective control measures.

Nearly 35 000 homesteads and facilities have been plotted in collaboration with the Department of Health. Also in collaboration with the Department of Health, the risk map for the entire country is updated annually. The MRC in Durban maintains a website containing, among other things, maps compiled by the Mapping Malaria Risk in Africa project. The initiative has seven regional centres throughout Africa.

The MRC is retailoring its Malaria Research Programme to increase collaboration and transdisciplinarity towards effectively meeting the country's present and medium-term needs. In this regard, intercountry collaborative malaria control initiatives are being undertaken to build capacity within the southern African region.

This includes community-based research on drug efficacy and insecticide varieties, and the potential of integrated control using bed nets.

The MRC's South African Traditional Medicines Research Group is investigating plants used by traditional healers for the treatment of malaria, TB, skin disorders and immune system stimulation.

Two plants that are effective against malaria parasites have been identified, and the active compounds in one plant have been identified and isolated. Anti-TB chemical entities have been also isolated from traditional medicines.

In June 2001, the Southern African Development Community (SADC) Malaria Action Plan, which aims to reduce the effects of the disease in the region, was launched by South Africa's Minister of Health at Victoria Falls, Zimbabwe. The Plan was launched at the Southern Africa Malaria Control Annual Meeting, where the main focus is to create measures to halve the number of malaria deaths in southern Africa – from 300 000 to 150 000 per year – by the year 2010.

The Plan covers vectoral control and insecticide resistance, surveillance, forecasting and epidemic preparedness, case management, drugs, insecticides, insecticide-treated materials, operational research, community mobilisation and capacity-building.

Information

In December 2000, the National Day against HIV/AIDS was launched by former Presidents Nelson Mandela and FW de Klerk and Archbishop Desmond Tutu in Johannesburg. The theme of the Day was *Compassion, Care and Cure*. The idea for the Day of Prayer was initiated by *Sowetan* Editor-in-Chief Dr Aggrey Klaaste.

Tuberculosis (TB)

TB has been a problem in South Africa for over 200 years. The spread of the disease has been exacerbated by the unique pattern of mining, industrialisation, urbanisation and politics. The epidemic is growing by about 20% per year. This is due to an increase in poverty and the population. Not enough patients are cured at the first attempt, and AIDS is complicating the disease.

In response to this, the Department of Health has implemented the Directly Observed Treatment Strategy (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 then supported and monitored to ensure that they take their tablets
- the treatment, laboratory results and outcome are documented
- the right drugs are given 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.

A TB team has been set up at national level, while all provinces have TB coordinators. A reporting system, which tracks the outcome of all infectious patients, has been implemented country-wide.

Information

In 1999/00, 200 million male condoms were procured and distributed while 800 000 female condoms were distributed to 31 pilot sites nationally. Some 250 million condoms were distributed in 2000/01.

Information

In November 2000, almost 90 musicians from all over Africa performed in an AIDS benefit show, called *One Billion Against AIDS*, in Johannesburg. Actor Danny Glover and singers Angelique Kidjo, Awilo Longoba, Brenda Fassie, Miriam Makeba and Ringo were among the guests at the concert.

Demonstration and training areas have been set up country-wide. Training manuals, posters and charts have been developed, and courses presented. Communication between clinics and laboratories has improved, and treatment guidelines for drug-resistant TB have been developed. In 2001, the number of DOTS districts grew from 128 to 174.

The Cape Town office of the Global Alliance for TB Drug Development was recently launched at the MRC. Being one of three world offices, it will shoulder the responsibility for research and development in endemic countries. The other two offices are situated in New York (the international seat of governance) and Brussels (for advocacy and fund-raising). It is a multi-million dollar project, with total funding expected to exceed US$150 million. The Gates and Rockefeller foundations have already announced commitments totalling US$40 million.

It is also necessary to ensure equity be-tween the north and the south in their access to research funding, and manufacturing opportunities, and to develop research capacity as a by-product of the global effort.

It is with these issues in mind that a TB Research and Development Coalition of stakeholders in high-burden countries has been formed. The international coordinating office will also be run from the Cape Town office of the Global Alliance, situated at the MRC. The Coalition will focus on those regions in the world most affected by TB, namely Africa, Asia and Latin America.

HIV/AIDS and STDs

The Directorate: HIV/AIDS and STDs is the lead agency responsible for coordinating and guiding the response of the Government and all other sectors working in this field. The Directorate promotes quality care and support of HIV-infected persons.

In terms of the Constitution, 1996 (Act 108 of 1996), and the Labour Relations Act, 1995 (Act 66 of 1995), people with HIV are provided with legal protection, and no job

applicant or employee may be tested for HIV without his or her informed consent. AIDS is classified as a communicable disease in South Africa.

The South African National AIDS Council (SANAC), launched in January 2000, meets monthly and is chaired by the Deputy President. This forum brings together government and civil society.

Sectors that are represented on SANAC include the youth, women, business, labour unions, religious communities, traditional leaders, traditional healers, people living with HIV, non-governmental organisations (NGOs), the hospitality sector, sports, local government, national government Ministers and the media.

SANAC technical task teams have been appointed to address the following priority areas:

- prevention
- treatment, care and support
- research, monitoring and surveillance

Information

In December 2000, the Ministry of Health and Pfizer Inc. announced final approval and commencement of the South African Diflucan Partnership Programme, a unique initiative intended to benefit HIV/AIDS patients in need.

The Programme is a comprehensive partnership carefully designed to help ensure proper diagnosis and care for those who cannot afford treatment for two opportunistic infections commonly associated with AIDS. The ini-tiative will provide the company's anti-fungal medica-tion, Diflucan(r) (fluconazole), at no charge to HIV/AIDS patients suffering from cryptococcal meningitis or oeso-phageal candidiasis, two AIDS-related opportunistic infections. Pfizer expects to contribute more than R375 million ($50 million) of Diflucan over the course of the Programme.

The Programme will be administered by trained medical professionals in government hospitals and clinics across South Africa, and will be regularly assessed to ensure that it successfully meets patients' needs.

Information

In February 2001, the National School of Public Health at Medunsa and Department of Industrial Psychology of the University of Stellenbosch launched the first postgraduate diploma in the management of HIV/AIDS in the workplace. The course consists of on-the-job training, allowing managers to learn and apply their skills.

- legal and human rights
- social mobilisation, information, education and communication.

The 13th International AIDS Conference was held in Durban, KwaZulu-Natal in July 2000, the largest international medical conference ever hosted in Africa. It was attended by 12 000 delegates.

In October 2000, the Government launched HIV/AIDS guidelines and a fact sheet for health-care workers. The guidelines are contained in five booklets, and cover managing HIV in children; TB and HIV/AIDS; prevention and treatment of opportunistic and HIV-related diseases in adults; ethical considerations for HIV/AIDS; and clinical research and HIV-testing.

Vaccine initiative

The South African AIDS Vaccine Initiative (SAAVI) was set up in May 1999 to research and develop an affordable, effective and preventive vaccine for general use in South Africa and the SADC countries. The Initiative, sanctioned by the Cabinet and managed by the MRC, functions as a multicentred, multidisciplinary and coordinated programme. SAAVI is funded by the departments of Health and Arts, Culture, Science and Technology, as well as by Eskom.

SAAVI is linked to the International AIDS Vaccine Initiative, and other American institutions and biotechnology companies to produce suitable candidate vaccines aimed at the clade C strain of HIV, which is responsible for most infections in South Africa. Various candidate vaccines will be developed in South Africa by South African scientists, and there are projects dealing with advocacy, educational and ethical aspects of vaccines, and clinical trials.

Two sites for the clinical testing of candidate AIDS vaccines have been established.

The MRC has established a special HIV/AIDS information clearing house as a module of the National Health Knowledge Network. The clearing house can be visited at http://www.sahealthinfo.org.za/Modules/HIV_AIDS/body_hiv_aids_htm.

Home-based AIDS care strategy

The Department of Health is to implement a home-based AIDS care strategy. This will provide personal care to people living with the disease in the comfort of their own homes.

Free treatment to pregnant mothers

In January 2001, it was announced that the Government would supply the anti-retroviral drug Nevirapine to HIV-positive pregnant women at certain selected hospitals to prevent mother-to-child transmission as part of a two-year programme. About 18 hospitals and at least 30 feeder clinics will be involved at a cost of around R25 million.

This programme will include extensive research on issues of drug resistance, breast-feeding and impact on the health sector.

Two provinces commenced with the programme in June 2001, with the other seven provinces starting from the end of June.

HIV/AIDS in the workplace

In December 2000, the Government's code of practice on HIV/AIDS in the workplace was published in the *Government Gazette*. The code virtually outlaws testing, and compels employers to adopt concrete anti-discrimination policies.

Testing may only take place

- at the initiative of the employee
- with the involvement of a health-care worker
- with informed consent and pre- and post-test counselling as defined by the Department of Health
- with adherence to strict procedures relating to the confidentiality of an employee's HIV status.

The code also obliges employers to protect workers from the disease.

Information

In July 2001, the Minister of Health launched South Africa's modernised national AIDS helpline. The lifeline offers toll-free help 24 hours a day by specially-trained counsellors using state-of-the art telecommunications equipment. The number is 0800-012-322.

Reproductive health

The second interim report on maternal deaths was released by the Minister in November 2000. It summarises the changing pattern of maternal deaths in South Africa between 1998 and 1999,. The report covers maternal deaths in 1999 and was submitted to the Secretariat of the National Committee for Confidential Inquiry into Maternal Deaths. There were 774 maternal deaths reported (98 more than in 1998), and in 597 (77,1%) of cases the *Maternal Death Notification Form* and *Assessors Report* were received and entered on the database. There were 345 direct maternal deaths, 219 indirect maternal deaths, 20 unknown causes of maternal deaths and 13 fortuitous deaths. There has been a significant reduction in the proportion of direct causes of maternal deaths (63,3% in 1998 down to 59,9% in 1999). This is largely due to the increased proportion of deaths due to non-pregnancy related sepses, mainly AIDS, and a significant increase in deaths reported due to malaria.

The five big causes of maternal death in 1999 were non-pregnancy-related sepsis (29,6%), complications of hypertension in pregnancy (19%), obstetric haemorrhage (15,4%), pregnancy-related sepsis (13,9% including septic abortions and puerperal sepsis) and pre-existing maternal disease (7,9%, mainly cardiac disease). These factors accounted for 98,8% of maternal deaths.

Other significant causes of deaths were complications of miscarriage and anaesthetic, and ectopic pregnancies. The report was based on data recorded from the deaths of 676 women during 1998. The purpose of the report was to identify weaknesses in the health-care system and to get a better understanding of underlying causes, so that appropriate intervention can be made. The Department of Health has begun implementing strategies to address some of the problems. These include the training of health workers, strengthening staff support, refining health messages, more clinics, and improved quality of care.

The Department of Health has developed a card for women's reproductive health to improve continued care and to promote healthy lifestyles for men and women. The card is retained by the patient, and will facilitate communication between health services.

In February 2001, an awareness programme aimed at reducing the high death rate of mothers during childbirth was launched. The 'Hands On' childbirth programme aims to provide urgently needed education in antenatal care and childbirth. The campaign is a joint venture between the disposable-nappy brand Pampers, the Department of Health, and the Childbirth Educators' Resource Group.

To enhance expansion of the 'Hands On' programme, the Department of Health trained one trainer per province, who will in turn train other trainers in their respective provinces to implement the programme to strengthen pregnancy education. The latter will be done through a training workshop and the objectives will be to

- familiarise the participants with the programme
- empower participants with adult education techniques
- compile an implementation plan for provinces.

The project is still in the pilot phase, and will be implemented in at least one institution in each province.

The Department of Health launched maternity-care guidelines November 2000 aimed at reducing the maternal mortality rate in the country. The launch, held at the Kalafong Hospital in Atteridgeville, Pretoria, also marked the launch of the national guidelines for the cervical cancer screening programme.

The 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. They also require health workers to delay the rupture of membranes in labour, avoid suctioning of the newborn by using scalp electrodes, and avoid traumatic procedures such as amniocentesis.

The guidelines for the cervical cancer screening programme are set to reduce the incidence of cervical cancer, by detecting and treating the pre-invasive stages of the disease. According to the Cancer Registry, cervical cancer is the most common in Africa and the fourth most common in white women. About 1 500 women die of the disease each year, as many are diagnosed late when it is difficult to treat. The cancer-screening programme is set to screen at least 70% of women in their early thirties, within 10 years of initiating the programme. The policy allows for three free Pap smears with a 10-year interval between each smear.

The Department is also involved in a programme promoting the participation of men in reproductive health and in the prevention of domestic violence.

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 came into effect on 1 February 1997. Designated facilities have to meet the minimum criteria as recommended by the Minister of Health. These include trained staff, the availability of an operating theatre, appropriate surgical equipment and drugs, and appropriate infection-control measures. Termination-of-pregnancy services are provided free of charge within the comprehensive reproductive health services. There has been a steady increase in the number of abortions reported at public health facilities – from 2 604 at the end of December 1997 (the first year of the Act) to 44 889 by December 2000 (the fourth year of implementation).

By December 2000, the total number of terminations performed since the implementation of the Act was 155 624.

Implementation of Maternal Mortality Notification came into effect in December 1997. This compels medical health practitioners to take note of and record whether causes of death are due to ectopic pregnan-

cies, abortions, birth delivery or excessive bleeding up to six weeks after delivery. When such deaths occur, the hospital or practitioner has to investigate. This practice was previously carried out only at teaching hospitals. All provinces have a structure that investigates these deaths.

Youth and adolescent health

According to the 1996 Census, there are some 8,8 million adolescents (people aged 10 to 19 years) and some 8,1 million youth (people aged 15 to 24 years) in South Africa. Together, they comprise 41,9 % of South Africa's population. The Department of Health is finalising policy guidelines for youth and adolescent health. These were drafted after extensive consultation with young people, and include government departments and NGOs.

The Department employed young people to develop information, education and communication material on common problems in youth, including teenage pregnancy, HIV/AIDS and substance abuse.

Tobacco control

It is estimated that about 25 000 South Africans die each year of tobacco-related diseases.

Regulations of the Tobacco Products Control Amendment Act, 1999, which were gazetted in 2000 include

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

The Tobacco Products Control Amendment Act, 1999, has earned the Ministry of Health notable worldwide recognition with the awarding of the Luther L Terry Award in August 2000. Dr Manto Tshabalala-Msimang received the award at the 11th World Conference on Tobacco for outstanding leadership in tobacco control.

In March 2001, the South African Government hosted a two-day consultative meeting of the African region on the Framework Convention on Tobacco Control. The meeting was attended by 21 member states from the WHO African region. Present were also observer representatives from the NGO community in Africa, WHO, China and Russia. The meeting concluded with the signing of the Johannesburg Declaration on the Framework Convention on Tobacco by Member States.

Alcohol and substance abuse

According to a report by the UN Office for Drug Control and Crime Prevention released in February 2001, South Africa is a hub for regional drug trafficking and abuse. Mandrax and dagga are on top of the list, but heroin, cocaine and amphetamines pose a danger for the future.

The Government has produced a Drug Master Plan, making provision for the establishment of a Central Drug Authority. Key government departments are represented on this body, which will report to Parliament annually. (See chapter: *Social development*.)

Violence against women

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

The Department is raising awareness and promoting intersectoral and interregional cooperation in this area.

The Domestic Violence Act, 1998 (Act 116 of 1998), was enacted in December 1999, and mass campaigns have been held to create community awareness of the Act. Sexual offence guidelines have been distributed to provinces for implementation.

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

Violence prevention

The Department of Health is playing an important role in violence prevention. PHC professionals are being trained in victim empowerment and trauma support. Advanced training of health-care professionals for the management of complicated cases of violence is being carried out in the Secondary Level Victim Empowerment centres, established by the Department in some provinces. Violence-prevention programmes in schools are also running in some provinces.

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 syndrome, fetal alcohol syndrome and neural tube defects. Implementation of policy guidelines for the management and prevention of genetic disorders, birth defects and disabilities will reduce morbidity and mortality. This will involve decentralisation of training, expansion of the sentinel sites for birth defect monitoring, collaboration with NGOs in creating awareness, and the first International Conference on Birth Defects and Disabilities in the Developing World, which was held in August 2001 in Johannesburg.

Policy

The policy guidelines for the management and prevention of genetic disorders, birth defects and disabilities have been finalised and adopted. Training on the priority conditions outlined in these guidelines commenced on 1 July 2001. The long-term target is to have one health-care worker in each PHC facility who is able to recognise and manage certain genetic disorders and birth defects.

Information

In February 2001, the National Asthma Education Programme hosted the first-ever Asthma for Africa Congress in Cape Town. The Congress aimed to increase awareness among medical doctors and the public about the detection, treatment and control of asthma.

A second document, *Guidelines for the management, treatment, counselling and prevention of the most common genetic disorders, birth defects and disabilities*, which deals with 10 common conditions that the PHC worker may come across in the clinic setting, will be submitted to the provincial departments for adoption.

Training

The Subdirectorate continues to support provinces in genetic training. Funds earmarked for assisting provinces with training and outreach clinics were transferred to the Southern African Inherited Disorders Association.

There is a great shortage of health-care workers skilled in genetics. In order to create a cadre of genetic nurse councellors, a curriculum for a postbasic one-year genetics diploma course has been developed and will be submitted to the Nursing Council for approval.

Surveillance

A meeting with genetic nurses was held in May 2000 in Durban, where a report on the 1997–1998 notification forms sent in by the nurses was presented. Recommendations that came out of this meeting on options to strengthen genetic services in South Africa were presented to the Provincial Health Restructuring Committee in November 2000.

The use of telemedicine to assist in improving diagnosis was piloted. Three telemedicine demonstrations were held in August and November 2000 and in February 2001. Further use of this technology is planned.

A birth defects surveillance tender, to expand the present sentinel sites over a three-year period, has been awarded to the University of Cape Town's Department of Public Health.

South Africa, through the Birth Defects Surveillance System, is a member of the International Clearinghouse for Birth Defects Monitoring Systems. In the long term, this should result in diagnoses being accurate and the data collected on birth defects reliable.

Awareness

The Department of Health participates in various campaigns to create awareness such as Albinism Awareness Month, National Inherited Disorders Day and the Down syndrome campaign.

Polio and measles

Polio remains a major problem in Africa, although the last confirmed case in South Africa occurred in 1989. All suspected mea-sles cases are actively investigated. Blood and urine specimens are collected to confirm whether the cases are real measles. To date, less than 5% of suspected measles cases proved to be real measles. The year 2000 was the final year for global polio eradication. South Africa implemented three years of mass immunisation campaigns against polio (1995 to 1997), when all children under the age of five years received two extra doses of oral polio vaccine four weeks apart, irrespective of their previous vaccination history.

Since 1996, active case-based surveillance for Acute Flaccid Paralysis (a polio-like disease) has been implemented in all public hospitals country-wide. Although the surveillance indic-ators are not yet optimal, intensive training and information sessions have been conducted. A toll-free line is available for the reporting of any suspected polio cases: 0800 111 408.

South Africa strives to eliminate measles by the year 2002. A policy has been put in place, following the mass measles immunisation campaigns in 1996 and 1997. All nine provinces in South Africa embarked on a national follow-up campaign in the second half of 2000 when all children aged nine months to four years again received a dose of the measles vaccine, regardless of vaccination history.

Chronic diseases, disabilities and geriatrics

The Department continues to focus on the management of priority chronic diseases, diseases of lifestyle, eye care, cancers and cataract surgery.

Booklets, posters, audiotapes and videotapes with appropriate informative health messages have been developed for distribution to clinics. The Department promotes the rights of patients as well as their responsibilities for their own health.

Health-care professionals from each province have been trained in the management of asthma, hypertension, diabetes and eye health.

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

To this end, South Africa entered into an agreement with Tunisia whereby Tunisian doctors came to South Africa during 2000 to perform cataract surgery. More than 240 additional operations were performed in five weeks. These surgeons are accredited by the Bureau for the Prevention of Blindness.

A floating trophy has been instituted and is awarded to the province with the best cataract surgery rate. In 2000, the trophy was awarded to the Northern Cape.

The backlog in the supply of assistive devices to people with disabilities has been reduced by the additional purchase by the national offices of 324 wheelchairs, 430 pairs of spectacles and 140 hearing aids.

Seventy-nine health facilities out of 300 in the Free State have been graded according to set criteria, in terms of accessibility for people with disabilities. Sixty-six bronze and 13 silver grading certificates were awarded. No facility has yet qualified for a gold grading.

Wheelchair repair centres have been established in most parts of the country, including rural areas. The establishment of these centres was made possible by a donation from the Flemish Government. The absence of this repair service often resulted in damaged wheelchairs having to be written off, at great cost to the State. Disabled people have been trained to repair wheelchairs, and in some instances, to manage this service as a business enterprise.

A project that was started in 1998 to train health workers in Sign Language is continuing. By May 2001, 71 health workers have been trained in functional Sign Language.

About 10 000 audiotapes have been produced, carrying HIV/AIDS messages. These tapes will go some way in raising awareness of HIV/AIDS among blind and print-handicapped people.

The population of older persons (65 years and older) was estimated to be close to three million in 1999. Over 60% were women.

Policy measures that the Department advocates to promote and maintain health for older persons include the development of exercise posters and pamphlets and the development of guidelines that focus specifically on the conditions of older persons.

The National Strategy on Elder Abuse, together with the national guidelines on the management of physical abuse of older persons, have been implemented in the provinces and will raise awareness of abuse in all its subtle forms.

Occupational health

The introduction of legislation such as the Occupational Health and Safety Act, 1993 (Act 181 of 1993), and the Mines Health and Safety Act, 1996 (Act 29 of 1996), has done much to focus the attention of employers and employees alike 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, which they suspect might be a result of a workplace exposure, to report these to the employer and relevant authority.

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

Mental health

The promotion of mental health is one of the cornerstones of the health policy of South Africa.

According to the Mental Health Care Bill, gazetted in 2000, mental health is to become a health issue like any other. The purpose is to bring community services closer to mentally-ill patients instead of only placing them in institutions.

The Department of Health has established pilot projects in the Eastern Cape and KwaZulu-Natal to compare the condition of patients who are discharged to those still in hospital.

The new Bill focuses on a strong human rights approach to mental health. It also makes the process of certifying a person more complex, and introduces a 72-hour assessment period before a person can be certified. Previous legislation relied on psychiatrists and doctors to make the decision, but the new Bill recognises that there are not enough psychiatrists, especially in rural areas. According to the Bill, a mental health-care practitioner can make such a decision. It also introduces a review board, comprising a mental health-care practitioner, a legal expert and a community representative to examine the certified patient's case. The patient and the family will be able to appeal to the board, and all certified cases will be reviewed at least once a year.

There are 18 State institutions with some 10 000 beds.

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

In keeping with government policy of promoting care of the severely intellectually disabled within the community, these persons receive single-care grants to reimburse the family for out-of-pocket expenses, thus allowing the person to remain with his or her family in the community. These grants are administered by the Department of Social Development. In recent years, the focus of treatment has shifted from medication only,

except where necessary, to patient rehabilitation.

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

The theme for World Health Day on 7 April 2001 was *Mental Health*. A major campaign was held, using the slogan *Dare to Care*.

Quarantinable diseases

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

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

Consumer goods

Another function of the Department, 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, or from the abuse of hazardous substances, and various forms of pollution.

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

Nutrition

About 2,5 million people are malnourished in South Africa and a further 14 million are at risk of food shortages according to a report by the South African Human Rights Commis-sion, released in September 2000.

The aim of the Integrated Nutrition Programme (INP) is optimum nutrition for all South Africans through the implementation of integrated nutrition activities. A coordinated intersectoral approach to solve nutrition problems is fundamental to the success of the INP. The community-based nutrition interventions target the nutritionally vulnerable communities and the most vulnerable groups and households within those communities. The projects range from household food security, and income generation to nutrition education activities.

Given the high prevalence of micronutrient deficiencies in the country, the elimination of deficiencies of vitamin A, iron and iodine is part of the nutrition objectives of the Depart-ment of Health and those of the National Programme of Action for Children, which was adopted by the Cabinet in 1996.

The Department envisages eliminating micronutrient malnutrition through a combination of strategies, such as food fortification, targeted micronutrient supplementation, dietary diversification, and public health measures such as parasite control.

In a study conducted in 1998 among schoolchildren, commissioned by the Department of Health, it was found that 89,4% of children were iodine replete. This follows the mandatory iodation of food grade salt in 1995 to control Iodine Deficiency Disorder. A national Food Consumption Survey was conducted in 1999 among children aged one to nine years.

The Survey assessed the food and nutrient intake and anthropometric status of the children, and investigated the major factors that impact on food intake. The primary aim of

the Survey was to collect information for the formulation of guidelines for the food fortification programme that will come into effect in 2002, and for the development of appropriate nutrition education messages.

The Survey found that stunting remained the most common nutritional disorder, affecting 21,6% of children. One out of two children had an intake of approximately less than half of the recommended level for energy, zinc, calcium, iron, vitamin C and vitamin A.

The National Steering Committee for the South African Food Composition Data coordinates activities with regard to food composition. The aim of the project is to develop a national food database consisting of the nutritional values of all South African food products, which would be compatible with international food databanks.

Hunger, parasite infections and micronutrient deficiencies affect children's learning capacity, school attendance and general well-being. The ongoing school nutrition component of the INP is aimed at contributing to the improvement of the quality of education by enhancing primary schoolchildren's active learning capacity and attendance.

Between September 1994 and December 2000, more than R2 525 million was spent on school-feeding projects country-wide for needy primary school children. At the end of December 2000, 4,7 million children in 15 430 primary schools were served nationally, with rural and peri-urban areas receiving particular attention.

Other achievements include improved school attendance, decreased school drop-out rates, improved concentration and alertness levels, improvement on school enrolment figures, and general health improvement.

However, a number of problems have also been experienced. These include a lack of resources, which strained full implementation; control and administrative weaknesses which led to fraud, abuse and error; menus that did not comply with standards; low-quality food; and lack of community involvement.

The Directorate: Nutrition initiated the development of the National Nutrition Surveillance System with the collaboration of the nine provinces.

The System is necessary to improve decision-making that will lead to a reduction in the prevalence of malnutrition; improve conditions in society that have an effect on malnutrition; improve targeting of vulnerable groups for interventions; and provide data that can be compared over time.

Acknowledgements

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Health Professions Council of South Africa
Medical Research Council
South African Nursing Council
South African Pharmacy Council

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