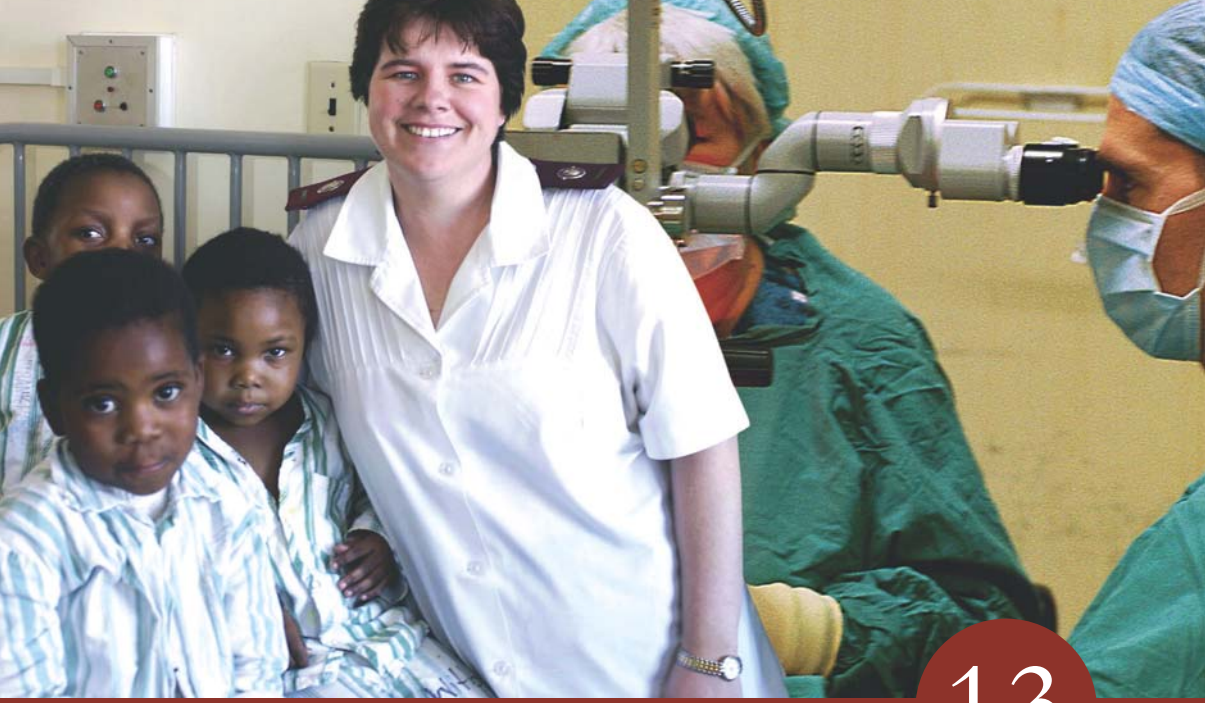

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# Health

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

## Statutory bodies

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

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

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

## Health authorities

### National

The Department of Health is responsible for:

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

### Provincial

The provincial health departments are responsible for:

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

## Primary healthcare

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

Fifty-three health districts were established in line with the new metropolitan and district municipal boundaries. The number of people using these facilities increased significantly across provinces between 2003/04 and 2004/05.

In the Eastern Cape, PHC headcounts increased from 13,9 million in 2003/04 to 17,7 million in 2004/05. During the same period in KwaZulu-Natal, the figure increased from 18,5 million to 18,8 million, and in Mpumalanga from six million to 6,5 million. PHC usage rates for under-five-year-olds also increased in the Eastern Cape, Mpumalanga and Western Cape.

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

By September 2005, 21 000 community members had participated in a number of healthy lifestyle campaigns initiated by the department during 2005/06.

More than 2 000 people underwent eyesight, oral health, blood glucose, blood pressure and body mass index screenings during these campaigns.

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

Beneficiaries of medical aid schemes are excluded from free services.

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

## Community health

Government launched the Community Health Worker (CHW) Programme in February 2004. It is estimated that there are 40 000 such workers in the country.

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

result in the integration of health and social programmes.

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

## Health budget

The budget for the public health sector has grown from R33 billion in 2002/03 to R517 billion in 2006/07, and is expected to grow to R60,8 billion in 2008/09.

## Health policy

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

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

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

### Telemedicine

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

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

In 1999, the department established 28 pilot sites in six provinces. The initial applications were teleradiology, tele-ultrasound for antenatal services, telepathology and tele-ophthalmology. By 2006, South Africa had 57 telemedicine sites.

The system facilitates frequent contact between doctors in underdeveloped and developed centres. It also provides the academic professionals from major South African medical academic institutions with the opportunity to extend their educational capabilities to healthcare professionals throughout the rural communities of South Africa, without having to provide facilities and teachers in every rural location.

The initial telemedicine evaluation done by the Medical Research Council (MRC) found that access to specialist radiologist reporting was possible within an hour, compared with five to seven days in the past. Telemedicine has improved medical practitioners' ability to diagnose and manage various medical conditions, particularly those related to trauma and chest diseases, and has reduced professional isolation.

In 2001, head injury referrals between the Witbank and Pretoria academic hospitals averaged 10 a month compared with an average of 48 a month in the absence of telemedicine. A telemedicine research test-bed was set up between Tonga Hospital and three clinics in Mpumalanga for clinical research and the development and evaluation of new telemedicine technologies. Preliminary results showed that the number of referrals had dropped.

### Legislation

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

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

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

In May 2006, the Minister of Health, Dr Manto Tshabalala-Msimang, launched the National Consultative Health Forum.

The forum will bring together more than 250 people representing health professionals, researchers, health activists, the private health sector and organised labour for discussions on key strategic health issues.

These include:
* tuberculosis, HIV and AIDS
* recruitment and retention of health professionals
* transformation of the health sector.

The Traditional Health Practitioner's Act, 2004 (Act 35 of 2004), was promulgated early in 2005. According to the Act, a council for traditional health practitioners and a Presidential task team on traditional medicine will be established.

The Nursing Act, 2005 (Act 33 of 2005), provides for the introduction of mandatory community service for nurses. This should contribute significantly to efforts to ensure equitable distribution of nurses to meet the health needs of communities.

The Act seeks to ensure that nursing-education programmes are registered with the National Qualifications Framework (NQF) so that nurses can gain recognised credits and retain them for future studies. This will replace the old-fashioned and time-consuming processes of nurses who wish to further their studies having to repeat courses.

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

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

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

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

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

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

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

**Supplementary healthcare practitioners, April 2006**

| | |
|---|---|
| Basic ambulance assistants | 26 924 |
| Ambulance emergency assistants | 5 100 |
| Environmental health practitioners | 2 718 |
| Medical technologists | 4 895 |
| Occupational therapists | 2 886 |
| Optometrists | 2 603 |
| Physiotherapists | 4 892 |
| Psychologists | 6 059 |
| Radiographers | 5 395 |

**Source: Health Professions Council of South Africa**

### National School Health Policy

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

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

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

The nurses will be trained to:

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

The policy was expected to be intensified in 2006.

### Social Health Insurance (SHI)

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

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

The Department of Health has provided funding to the Council for Medical Schemes to develop infrastructure for the management and implementation of the Risk Equalisation Fund (REF), which is the first step in the process towards SHI.

The REF will be used to address the existing residual risk rating in the medical schemes industry and will contribute to improving the efficiency of private healthcare centres by encouraging competition on the basis of quality of services.

### Medicine administration

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

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

A survey found that the Essential Drug Programme was widely implemented, with 86% of essential drugs found in facilities, 90% of medicines prescribed being from the Essential Drug List, and 97% of facilities having copies of the standard treatment guidelines, compared with 59% in previous surveys.

## Health team

### National Human Resource Plan (NHRP) for Health

Over the years, the health system has had to deal with the loss of experienced health professionals from rural to urban areas, from the public to private sector, and from South Africa mainly to developed countries.

In April 2006, the Department of Health launched the NHRP, which aims to provide skilled HR for healthcare.

The National Health Act, 2003 requires that the National Health Council (NHC) formulates policy and guidelines for the development, distribution and effective use, as well as the management of HR, within the NHS.

It aims to address the problems of recruitment, training and retention of health professionals.

South Africa, like many other low- and middle-income countries in the world, faces serious challenges in the area of HR for health.

The country has played a significant role in ensuring that the migration of health personnel remains high on the global health agenda.

### Physicians

By April 2006, 33 220 doctors were registered with the HPCSA. These included doctors working for the State, those in private practise and specialists. The majority of doctors practise in the private sector. In selected communities, medical students supervised by medical practitioners provide health services at clinics.

In terms of the Continuing Professional Development (CPD) system, all doctors, irrespective of earlier qualifications, must obtain a specified

Since April 2006, forensic mortuaries have been vested under the authority of provincial departments of health. The transfer process introduced the country's first comprehensive forensic pathology service.

The Department of Health has established a directorate to oversee the service. In 2006, an assessment of the service was conducted, and challenges in capacity to deliver quality service were identified.

A modernisation plan to improve the quality of the forensic service has been developed. The plan includes the refurbishment of some of the selected mortuaries and the building of new ones. More than R1,5 billion has been allocated for the implementation of the plan over the next three years.

number of points to retain their registration. The system requires that doctors attend workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs. Non-compliance with the requirements of the system could result in a doctor being deregistered.

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

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

Community service for a range of professional groups, such as physiotherapists, occupational therapists and psychologists, was initiated in 2003. Community service aims to improve access to quality healthcare for all South Africans, especially in underserved areas, and gives young professionals the opportunity to develop skills, and acquire knowledge, behaviour patterns and critical thinking that will help them in their professional development.

There were 3 380 health professionals allocated to community service in 2006, in the following categories:

- dentists – 184
- pharmacists – 473
- medical doctors – 1 324
- clinical psychologists – 104
- dieticians – 161
- environmental health practitioners – 208
- occupational therapists – 244
- physiotherapists – 280
- radiographers – 274
- speech therapists – 128.

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

## Clinical associates

To address the workload at health facilities, the Minister of Health, Dr Manto Tshabalala-Msimang, announced that a new cadre of health professionals called clinical associates would be introduced from January 2007.

The first 100 students will be trained at the universities of Pretoria, Walter Sisulu and Witwatersrand. They will complete a three-year degree programme with significant on-site training in district learning centres. Upon graduation, they will work under the supervision of medical officers in district hospitals and PHC level.

The scope of practice will include diagnosis and treatment, including performing minor surgery.

## Oral health professionals

By 1 April 2006, 955 oral hygienists and 443 dental therapists were registered with the HPCSA. There were 4 799 dentists by 1 April 2006.

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

**Registered medical interns, practitioners and dentists, 2002 – 2006**

| | 2002 | April 2006 |
|---|---|---|
| Dentists | 4 560 | 4 799 |
| Medical interns | 2 306 | 2 864 |
| Medical practitioners | 30 271 | 33 220 |

**Source: Health Professions Council of South Africa**

Oral health workers render services in the private and public sectors.

## Pharmacists

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

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

In August 2006, the South African Pharmacy Council had 10 971 registered pharmacists. Some 534 pharmacists engaged in community service in 2005.

By August 2006, 4 064 pharmacies were registered with the council.

As of July 2005, every institutional pharmacy is required to have the services of a responsible pharmacist so that the public will enjoy the same standard of pharmaceutical service as that of the private sector.

## Nurses

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

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

At the end of 2005, there were 191 269 registered and enrolled nurses and enrolled nursing auxiliaries, which was 3,7% more than in 2004. The nursing profession represents more than 50% of the total professional HR of health services.

Similarly, the council had registered 27 481 persons as student and pupil nurses or pupil nursing auxiliaries by the end of 2005, representing growth of 1,2% compared with 2004.

The draft Charter of Nursing Practice will introduce a revised scope of practice for all categories of nursing practitioners. The Scope of Practice will be accompanied by revised regulations for all categories of nursing training.

**Registered and enrolled nurses per province, December 2005**

| | Registered nurses | Enrolled nurses | Nursing auxiliaries | Students in training |
|---|---|---|---|---|
| Eastern Cape | 12 176 | 2 837 | 5 341 | 3 059 |
| Free State | 7 175 | 1 256 | 3 049 | 1 047 |
| Gauteng | 26 754 | 9 023 | 15 625 | 8 698 |
| KwaZulu-Natal | 19 445 | 12 404 | 9 689 | 8 750 |
| Limpopo | 7 540 | 2 861 | 5 834 | 1 797 |
| Mpumalanga | 4 774 | 1 730 | 2 241 | 598 |
| North West | 6 495 | 2 134 | 4 096 | 1 320 |
| Northern Cape | 1 936 | 498 | 926 | 355 |
| Western Cape | 13 239 | 4 342 | 7 849 | 1 857 |
| **Total** | **99 534** | **37 085** | **54 650** | **27 481** |

**Source: South African Nursing Council**

## Allied health professions

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

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

## National Health Laboratory Service (NHLS)

The NHLS is a single national public entity. With over 250 laboratories serving 80% of the country's population, it is the largest diagnostic pathology service in South Africa. All laboratories provide laboratory diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

The NHLS conducts health-related research, appropriate to the needs of the broader population, into HIV and AIDS, tuberculosis (TB), malaria, pneumococcal infections, occupational health, cancer and malnutrition, among other things. The NHLS trains pathologists as well as medical scientists, technologists and technicians in pathology disciplines, and occupational health practitioners.

Its specialised divisions comprise the:

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

## Biovac Institute

A public-private partnership (PPP) agreement, which came into effect on 1 April 2003, was concluded between the South African Government, through the Department of Health and a strategic equity partner, the Biovac Consortium.

The PPP between the Biovac Consortium – a consortium comprising Biovac Holdings, Heber Biotec, Bionet, Disability Employment Concerns Trust and the Department of Health – is now known as the Biovac Institute.

Its aim is to develop and restructure the State's vaccine assets to ensure the country has the required domestic capacity to respond to local and regional vaccination needs.

## Provincial health departments

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

### *Clinics*

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

### *Hospitals*

By June 2006, there were 400 provincial public hospitals. The private health sector takes care of some seven million principal members of medical aid schemes.

Ongoing programmes are in place to improve the quality of hospital services. The Charter of Patients'

**Registered and enrolled nurses, 2003 – 2005**

| | 2003 | 2005 |
|---|---|---|
| Registered nurses | 96 715 | 99 534 |
| Enrolled nurses | 33 575 | 37 085 |
| Nursing auxiliaries | 47 431 | 54 650 |
| Students in training | 23 661 | 27 481 |

**Source: South African Nursing Council**

Rights has been developed, as well as a set of procedures to follow when dealing with complaints and suggestions. A service package with norms and standards has been developed for district hospitals and is being extended to regional hospitals.

By February 2006, the Department of Health was finalising the Hospital Improvement Plan, aimed at addressing the maintenance of buildings, provision and maintenance of equipment, and historical backlog because of neglect in psychiatric hospitals.

The plan will also deal with issues of hospital governance and improved quality of care. Working together with the provinces, government was to determine additional authority that was expected to be delegated to hospital management by September 2006, to ensure that they were held accountable for the functioning of hospitals.

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

The renewal of hospital stock focused initially on renovation and maintenance, but has progressed to major rebuilding under the Hospital Revitalisation Programme. The budget allocation for the programme is R1,4 billion in 2006/07; R1,7 billion in 2007/08; and R1,9 billion in 2008/09.

The programme, among other things, aims to retain health professionals, especially in remote underserved areas of South Africa, by improving their working environment. With 48 hospitals enrolled in the programme, the state-of-the-art George Hospital in the Western Cape is one of the facilities to benefit from this programme.

The total cost of revitalising this hospital is R90 million. This 265-bed facility serves 550 000 people in the region.

In addition, by mid-2006, eight new hospitals were being designed, bids had been invited for another 16, and 24 were being constructed. Two were expected to be opened in Limpopo and the Eastern Cape in 2006.

Four had already been opened, including Kimberley and Chief Albert Luthuli hospitals.

### *Emergency medical services (EMS)*

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

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

These services also include aeromedical and medical-rescue services.

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

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

The provision of ambulances increased in many provinces, benefiting especially rural parts of the country. Between 2003/04 and 2004/05, there was a significant increase in the availability of ambulances in the Eastern Cape, KwaZulu-Natal, Mpumalanga and Gauteng. The number of emergency calls and patients transported routinely also increased in these provinces between 2003/04 and 2004/05.

During 2006/07, all provinces were required to produce plans to strengthen EMS, as this field is experiencing a shortage of paramedics.

Private ambulance services also provide services to the community. Some also provide aeromedical services to the private sector.

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

### The role of local government

Local government is responsible for rendering the following:

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

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

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

## Non-profit health sector

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

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

Soul City has pioneered one of the most successful multimedia edutainment initiatives – *Soul Buddyz* – and is known for its sound research-based approach. *Soul Buddyz* is a real-life television drama specifically developed to empower eight- to 12-year olds and the adults in their lives. The third series was televised in 2006.

The Department of Health has developed the Health Charter in partnership with various stakeholders.

It seeks to facilitate and effect transformation of the health sector in the following key areas:

- access to health services
- equity in health services
- quality of health services.

It also seeks to ensure the urgent transformation of the national health system into a co-operative, constructive and mutually beneficial relationship, in such a manner as to reflect the diversity and meet the various healthcare needs of South Africans.

The charter will ensure that health-providers conduct their business in a manner that is ethical, honest and fair, and that satisfies the needs of consumers. This includes issues such as overservicing or overcharging, and exploiting healthcare professionals for ends that might contradict their ethical codes.

The charter also covers the issue of foreign-owned multinationals in terms of the implementation of Broad-Based Black Economic Empowerment.

loveLife focuses on teenage sexuality and relationships, and the prevention of HIV-infection and related conditions. It reaches adolescents aged between 12 and 17 and takes a straightforward approach to addressing the underlying factors that fuel the spread of HIV, teenage pregnancy, and sexually transmitted infections (STIs), including society's reluctance to address youth sexuality, the impact of peer pressure and sexual coercion, a sense of pessimism, poverty and the obstacles that keep young people away from South Africa's public health clinics.

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

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

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

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

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

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

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

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

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

## Costs and medical schemes

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

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

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

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

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

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

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

## Community health

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

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

The mission of the South African Expanded Programme on Immunisation is to reduce death

The Transnet Foundation's healthcare train, the Phelophepha, meaning 'good clean health', provides rural people in South Africa with essential healthcare services.

Since its inception in January 1994:

- the train has operated for 36 weeks a year
- over 460 000 patients have been treated in the various clinics on board the train
- more than 746 000 individuals have been reached through school screening, health education and counselling
- a distance of more than 15 000 km has been covered.

and disability from preventable diseases by making immunisation accessible to all children.

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

### Polio and measles

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

The Department of Health observed the National Polio Eradication Week from 2 to 8 April 2006. This was a concerted drive to raise awareness of the value of immunisation and the prevention of childhood diseases by vaccination. The World Health Organisation's (WHO) set routine immunisation coverage target for fully immunised children under the age of one is 90%.

By mid-2006, the overall routine immunisation coverage for South Africa was less than 80%.

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

South Africa, Lesotho and Swaziland established the Intercountry Certification Committee to achieve polio-free certification.

### Integrated Management of Childhood Illnesses

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

South Africa's nurses and doctors are well-trained to treat all diseases using the IMCI strategy. Diseases such as pneumonia, malaria, meningitis, diarrhoea and malnutrition are easily managed. In South Africa, the IMCI strategy has been adapted to include assessment and classification of HIV.

### Malaria

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

The department has strengthened the roll-back malaria strategy in these provinces. Between 2004 and 2005, the number of malaria cases and deaths dropped by 46% and 38% respectively, due to the increase in the number of houses covered by the indoor residual spraying programme using DDT in full and improved collaboration with neighbouring countries. Coverage with indoor residual spraying increased to 83% during 2004/05, and was expected to increase further to 90% during 2006/07.

Through the innovative multinational Lubombo Spatial Development Initiative involving Mozambique, South Africa and Swaziland, malaria prevalence in Mozambique has been reduced by 82%, and by 96% in KwaZulu-Natal compared with 2002.

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

In February 2006, the Department of Science and Technology allocated R11 million to the South African Malaria Initiative (Sami).

Sami was initiated in 2005 by the African Centre for Gene Technologies, a joint venture between the universities of Pretoria and the Witwatersrand, as well as the Council for Scientific and Industrial Research.

The aim is to encourage collaboration between various local malaria researchers and to establish networks with other key players on the African continent.

An estimated 20% of deaths among children under the age of five in Africa are attributed to malaria. An estimated 40% of the world's population lives in areas where the risk of malaria is high, resulting in some one to two million deaths annually.

Sami's research will focus on:

- drug discovery and pre-clinical development of novel potential anti-malarial compounds
- new and improved diagnostics
- molecular epidemiology and parasite-vector interactions.

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

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

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

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

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

### Tuberculosis

In 2005, more than 300 000 people suffered from TB, with at least 12% of TB patients defaulting on their treatment.

The worst-affected provinces are the Eastern Cape, Western Cape, KwaZulu-Natal and Gauteng, which contribute about 80% of the country's total TB burden.

The TB cure rate for smear-positive cases remains low at 50,1%, with a successful treatment completion rate of 62,9%. The MRC has put multidrug-resistant TB at 6,7% in previously treated patients.

Failure to complete TB treatment poses a major challenge. Government spends R400 on treating every patient with normal TB. When patients discontinue treatment and develop a multidrug-resistant form of TB, the cost of treatment dramatically increases to R24 000, including hospitalisation and more expensive drugs.

The Department of Health has implemented the Directly Observed Treatment Short-Course 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 supported and monitored to ensure that they take their tablets correctly
- the treatment, laboratory results and outcome are documented
- appropriate drugs are provided for the correct period
- TB control receives special emphasis in terms of political priority, finances and good district health management.

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

The TB-Control Programme is being strengthened by:

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

Government launched the TB Crisis-Management Plan on World TB Day, 24 March 2006. The TB plan identifies four districts that have high numbers of TB cases and low cure rates. These districts are Amatole and Nelson Mandela metropoles in the Eastern Cape, the City of Johannesburg in Gauteng, and eThekwini Metro in KwaZulu-Natal.

The department has also selected KwaZulu-Natal and Eastern Cape as two provincial focus areas for enhanced interventions against TB.

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

The aim is to increase the smear conversion rate in the short term and the cure rates in the medium

term in these districts and provinces. Each province will be responsible for addressing the following critical issues:

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

In the second half of 2006, cases of extreme drug-resistant TB (XDR TB) were reported. XDR TB is a multidrug resistant TB that does not respond to at least three of the second-line TB treatments.

The Department of Health has been ascertaining supply of additional drugs, Capreomycin and Para Amino Salicylic Acid, to deal with XDR TB.

### HIV and AIDS

South Africa's Comprehensive HIV and AIDS Care, Management and Treatment Plan to address the challenges posed by HIV and AIDS is one of the largest in the world.

Expenditure on dedicated programmes for HIV and AIDS within provincial health budgets grew from R330 million in 2002/03 to R1,7 billion in 2005/06 and is projected to increase to R2,4 billion by 2008/09.

By September 2006, progress had been made in the various aspects of the plan:

- In accordance with the plan, each of the 53 health districts in the country had at least one service point providing comprehensive HIV- and AIDS-related services, including antiretroviral treatment (ART), from prevention to terminal palliative care.
- 250 laboratories had been certified to provide support to the programme.
- three pharmacovigilance centres had been established to monitor and investigate adverse reaction to treatment.

By the end of September 2006, over 213 000 patients had been initiated for ART. By September 2006, 273 facilities were implementing the comprehensive plan across all districts. Forty-three CD4 count, 11 viral load and seven PCR machines were operational in laboratories across the country.

More than R3,4 billion has been allocated for the procurement of ARV drugs until the end of 2007. Government is involved in ongoing initiatives to reduce the prices of relevant medication.

Health facilities providing voluntary counselling and testing increased from 3 369 in 2004/05 to 4 390 in 2005/06.

By September 2006, the prevention programme included prevention of mother-to-child transmission, with 3 000 facilities in operation, covering 87% of health facilities. Post-exposure prophylaxis is provided in almost all hospitals and trauma centres for sexual-assault survivors and health professionals exposed to HIV.

On 11 April 2006, Minister Tshabalala-Msimang launched the Accelerated Prevention of HIV and AIDS Initiative as part of an extensive initiative regarding prevention by the member states of the Africa region of the WHO.

More than 1 060 health professionals have been recruited to support the programme. Some 7 600 health professionals have been trained in the management, care and treatment of HIV and AIDS. Government is also improving working conditions so that it can recruit and retain more health professionals.

This includes providing a scarce skills allowance for certain categories of health professionals (doctors, pharmacists and specialist nurses) and a rural allowance for health professionals working in less developed parts of the country. This is in addition to steadily improving salary packages.

Nutritional supplements are provided to those who need them, as part of the comprehensive response to HIV and AIDS, as a complement to the appropriate forms of treatment. Between April 2004 and September 2006, about 480 000 qualifying TB and HIV-positive patients have accessed this service.

Support and care for those affected by HIV and AIDS is expanding, through growing programmes such as home- and community-based care. By September 2006, there were 45 step-down care facilities, 732 support groups and 1 176 home-based-care organisations providing services in the communities.

*HIV and AIDS vaccine research and development*

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

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

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

*Home- and community-based care*

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

South Africa has the largest antiretroviral (ARV) treatment programme in the world, with 213 000 patients initiated on ARV treatment by the end of September 2006, and an estimated additional 90 000 to 100 000 patients initiated in the private and non-government sector.

Government also provides free, high-quality condoms for the prevention of sexually transmitted diseases, including HIV-infection and re-infection, as well as the prevention of unplanned pregnancies. In 2005/06, the distribution of male condoms increased to 386 million. Some 1,3 million female condoms were distributed in the same period.

The objective of the home- and community-based care programme is to ensure:

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

*Non-governmental organisations*

The Department of Health increased the annual budget allocated for the support of NGOs involved in the response to AIDS and TB from R49 million in 2005/06 to R56 million in 2006/07.

## Reproductive health

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

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

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

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

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

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

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

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

Guidelines for the Cervical Cancer-Screening Programme aim to reduce the incidence of cervical cancer by detecting and treating the pre-invasive stages of the disease.

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

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

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

Access to termination-of-pregnancy services has improved and requests for such services continue to increase annually. In 2004, about 70 000 women accessed termination-of-pregnancy services and 62% designated facilities were functional.

The facilities offering termination services are mainly hospitals (90%), with only about 10% of services offered by PHC facilities. Access for women in rural areas is poor, as most hospitals are located in urban areas.

A study commissioned in 2000 to evaluate the health impact of the Choice on Termination of Pregnancy Act, 1996 showed that while the rate of incomplete abortions remained unchanged, there was a significant reduction in morbidity from complications arising from incomplete abortions compared with a similar study conducted in 1994.

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

### Environmental health

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

### Traditional medicine

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

In 2006, the MRC initiated toxicology studies to further study selected indigenous plants to assess their potential medicinal efficacy. In addition, the Department of Health was planning a national workshop for local and international experts on African traditional medicines.

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

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

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

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

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

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

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

The department has established a traditional medicine directorate to develop and implement policy on traditional medicine, and to co-ordinate the activities of the National Reference Centre for African Traditional Medicine.

### Tobacco control

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

South Africa continues with its tobacco-control efforts and has been selected as co-ordinator of the Africa group on health matters. It is part of the WHO process of implementing the International Framework Convention on Tobacco Control (FCTC).

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

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

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

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

The Act is in line with the provisions of the WHO's FCTC and makes it more effective by closing loopholes and increasing fines.

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

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

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

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

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

### Alcohol and substance abuse

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

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

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

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

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

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

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

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

### Violence against women and children

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

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

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

Training of health-providers in victim empowerment and trauma management is ongoing.

### Violence prevention

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

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

### Birth defects

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

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

South Africa, through the Birth-Defects Surveillance System, is a member of the International Clearing House for Birth-Defects Monitoring Systems. In the long term, this should

On 2 May 2006, government launched the 365 Days of Action Against Gender and Child-Directed Violence Campaign.

The concept emanated from an identified national need to make the 16 Days of Activism For No Violence Against Women and Children Campaign a year-long initiative.

result in more accurate diagnoses. Links have been made with those sentinel sites reporting on perinatal mortality, as congenital anomalies have been shown to be among the top three causes of perinatal mortality at some sentinel sites.

### Oral health

The Department of Health set aside R2 322 million in 2006/07 to ensure an efficient oral health service.

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

In 2006/07, the department was expected to champion the regulations on fluoridating water supplies, in collaboration with stakeholders such as the Department of Water Affairs and Forestry, provincial and local government, the South African Association of Water Utilities and South African Local Government Association.

### Chronic diseases, disabilities and geriatrics

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

The five-year plan is premised on the development of meaningful strategies for preventing diseases such as cancer, with special emphasis on healthy lifestyles, including physical activity. The department has embarked on an outreach promotion programme – Healthy Lifestyles – that advocates against tobacco consumption, and advocates physical activity, healthy nutrition, safe sex and safe alcohol usage.

The campaign aims at empowering communities with the necessary knowledge and skills to respond appropriately to some of the harmful lifestyle-related diseases. Government has initiated the following activities to strengthen the campaign:

- a multisectoral task team consisting of people from the private sector, public sector and NGOs
- house-to-house health education
- health-screening services
- community-based food garden projects
- health walks to promote regular physical activity
- celebrating Healthy Lifestyles awareness days
- izimbizo to promote healthy lifestyles.

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

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

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

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

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

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

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

By mid-2006, the department was assessing all public hospitals for accessibility to people with disabilities, strengthening policy on free healthcare for people with disabilities, and facilitating the implementation of the International Classification of Functioning, Disability and Health.

The eighth World Conference on Injury Prevention and Safety Promotion took place at the International Convention Centre in Durban in April 2006.

About 1 200 participants attended the conference to discuss issues such as road safety, violence prevention, safe communities, and workplace and home safety.

It was also developing a strategy on orientation and mobility services for the blind.

By mid-2006, guidelines on the implementation of the National Rehabilitation Policy had been finalised, and the revision of the price list for orthotic prosthetic devices completed.

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

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

In partnership with the Department of Social Development, the Department of Health has implemented the integrated nutrition programme for vulnerable children alongside the luncheon clubs for the elderly, to allow for interaction between senior citizens and children.

It was also involved in developing survey indicators for the WHO Study on Ageing. The study seeks to create a multicountry platform for data collection, which results in a reliable source of health information about adult populations aged 50 years and older.

In 2006/07, the department was expected to implement a long-term home-administered oxygen programme in all provinces, and to facilitate the establishment of stroke units in provinces to ensure that they are fully equipped to deal with this disease.

## Occupational health

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

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

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

## Mental health

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

The strategic plan for 2006/07 prioritised plans to integrate mental health as part of the minimum basket of care at PHC level and as part of general health services.

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

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

## Quarantinable diseases

The Port Health Service is responsible for the prevention of quarantinable diseases in the country

as determined by the International Health Regulations Act, 1974 (Act 28 of 1974). These services are rendered at sanitary airports (OR Tambo, previously Johannesburg, Cape Town and Durban international airports) and approved ports.

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

### Consumer goods

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

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

## Integrated Nutrition Programme (INP) and food security

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

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

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

To improve the nutritional status of patients with debilitating illnesses, in 2005/06 the Department of Health provided over 378 000 patients with nutritional supplementation, and finalised revised guidelines to improve the nutritional status of patients with debilitating health conditions.

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

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

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

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

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

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

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*www.biovac.co.za*
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