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- ACCIDENT & EMERGENCY
- TRAUMA UNIT
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Healthcare in South Africa is undergoing far-reaching reforms to revitalise and restructure the system and to ensure access to quality healthcare for all. In addition to South Africa's large public health sector, it also has a smaller but fast-growing private sector.

The Department of Health has an overall responsibility for healthcare in the country, with a specific responsibility for public-sector healthcare. The department's priority is to improve the health status of the entire population and to realise its vision of a long and healthy life for all South Africans. To accomplish this, it identified four strategic outputs:

- increasing life expectancy
- decreasing maternal and child mortality
- combatting HIV and AIDS and decreasing the burden of tuberculosis (TB)
- strengthening health-system effectiveness.

Service delivery agreement goals include the following:

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

As part of improving the healthcare system and ensuring that all South Africans have equitable access to essential health services, government is introducing the National Health Insurance (NHI) System. It is a financing system that will make sure that all South Africans, including legal long-term residents, are provided with essential healthcare, regardless of their

Cooking from the Heart, a recipe book that encourages healthy eating, was launched in September 2012 as part of National Heart Awareness Month. The joint initiative between the Heart and Stroke Foundation of South Africa and Pharma Dynamics encourages South Africans to eat healthier by providing healthy recipes and tips on healthy cooking methods, basic guidelines for healthy eating, ideas for healthy shopping on a budget and advice on how to interpret food labels.

employment status and ability to make a direct monetary contribution to the NHI Fund.

Life expectancy

Life expectancy in South Africa is largely influenced by the quadruple burden of disease, or four pandemics, that the country is experiencing, namely the:

- scourge of HIV, AIDS and TB
- unacceptably high incident of maternal and child mortality
- expanding burden of non-communicable diseases
- high incidence of violence and injury, including motor vehicle accidents.

Maternal and child health

Child health

Carefully planned and systemic interventions, based on the service-delivery agreement objectives, have been adopted for child health. Interventions are based on a three-tiered health promotion and disease prevention strategy, namely:

- preventing unintended pregnancies (primary prevention)
- preventing complications (secondary prevention)
- preventing death or disability from complications (tertiary prevention).

These interventions are targeting various phases, namely pre-pregnancy; pregnancy; birth; newborn/postnatal and childhood.

Postnatal and newborn interventions include:

- early and exclusive breastfeeding
- warmth provision

- infection control
- provision of vitamin A to the mother when indicated.

Community-based interventions include:

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

One of the key interventions to improve the nutritional status of South African children is to reduce vitamin A deficiency in children under five years of age, through supplementation. In 2011/12, the coverage rate for vitamin A supplementation among children between 12 and 59 months was 43%. This exceeded the annual target of 40% for 2011/12. To improve initiation and support for exclusive breastfeeding, 24 facilities were accredited as providing baby-friendly health services. The target for 2011/12 was 25 facilities.

Immunisation is an essential intervention to protect children against vaccine-preventable diseases, including polio and measles. During 2011/12, the national full immunisation coverage rate for children under the age of 12 months was 95,2%, which exceeded the annual target of 95%.

In improving maternal and child health, government reached 70% immunisation coverage for diarrhoea and pneumonia.

Maternal health

Most of the Department of Health's interventions in HIV and AIDS are directed at saving pregnant women and children, as mortality brought by HIV, AIDS and malaria is disproportionately affecting young women of childbearing age more than men. This disproportionate assault on women of childbearing age is more prevalent in Africa than any other part of the world.

Subsequently, the African Union came up with a programme called the Campaign on

Accelerated Reduction of Maternal and Child Mortality in Africa, which was launched in South Africa in May 2012.

The department also announced the roll-out of the Essential Steps in Managing Obstetric Emergencies and Emergency Obstetric Simulation Training strategies.

Some 89,3% of deliveries took place in the public health sector, which was consistent with the target of 90%. Antenatal coverage was provided to 100,4% of pregnant women. Six provinces reported coverage of over 100% for this indicator, which suggested that antenatal coverage services were accessed by pregnant women beyond the boundaries of these provinces.

Women's health

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

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

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

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

Key interventions in adolescent health include increasing coverage for the youth and adolescent-friendly health services in all public healthcare (PHC) facilities. Between 40% and 50% of PHC facilities are implementing this intervention. This figure will be increased to 70%. The draft Youth Health Strategy was finalised in 2011 and distributed to provinces

and districts to guide health services' response to young people's health needs.

Some 89,3% deliveries took place in PHC facilities during 2011/12, consistent with the target of 90%. Follow-up of newborns and their mothers is an essential part of the continuum of care, as it assists in detecting and addressing health problems early. During 2011/12, 57% of mother-and-baby pairs were seen at PHC facilities within six days after delivery, against a target of 60%.

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

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

HIV, AIDS and TB

The Department of Health launched a campaign to counsel and test 15 million South Africans for HIV. This target was achieved and exceeded, with 20,2 million South Africans knowing their status by June 2012. Through this programme, 1,6 million people were counselled and placed on ARV treatment.

During 2011/12, 617 147 new patients were initiated on ARVs. This performance represents 99% of the target of 625 000. It also exceeded

Launched in August 2012, Let's Talk Mental Health Awareness is a social media campaign involving well-known media personalities. The project aims to remove the stigma attached to mental illness and is a joint effort between the South African Depression and Anxiety Group and Pharma Dynamics. A short film, titled *Let's Talk*, was posted on YouTube on World Mental Health Day on 10 October.

by far the 2010/11 achievement, when 418 677 patients were placed on treatment.

By June 2012, the number of people with HIV and AIDS in the country stabilised, with the rate of new infections decreasing from 1,4% to 0,8% in the 15 to 24 age group.

The cost of ARVs had been halved, making it possible for government to treat more people within the same resources.

The number of public facilities initiating patients on ARV treatment also increased from 490 in 2010 to 2 948 in 2011, while the number of nurses trained to provide treatment increased from 290 in 2010 to 10 000 in 2011.

There was a decrease in mother-to-child transmission, from 8% in 2008 to 3,5% in 2011, protecting more than 30 000 babies a year from infection.

The rate at which TB was being cured rose slowly but steadily to 73%, still short of the 85% target. The number of people who tested for TB increased to eight million. Of these, one million were referred for further diagnosis and management at relevant health facilities.

The number of people who default on their TB treatment declined from 7,9% in 2009 to 6,5% in 2010 and, for the first time, the national TB cure rate reached the 70% mark in 2010.

The healthcare system

South Africa's national healthcare system is being reformed and revitalised. The process comprises five key areas, namely:

- improving infrastructure
- planning, development and managing human resources
- ensuring quality of care at PHC institutions

South Africa's second state-of-the-art clinic on wheels, Phelophepa II, hit the tracks in April 2012. This initiative takes primary healthcare services to the country's poorest rural communities.

Phelophepa, which means "good clean health" in Setswana, is a flagship project of the Transnet Foundation that travels 36 weeks a year, visiting regions with inadequate access to medical services. The healthcare staff consists of 20 core employees and close to 30 student interns.

- re-engineering PHC
- reducing the cost of healthcare.

As part of interventions to enhance the quality of care, the Department of Health commissioned an independent comprehensive audit of PHC facilities to assess infrastructure, human resources, cleanliness, attitude of staff, safety of staff and patients, infection control, drug stockouts and the reported long queues patients faced.

By the end of March 2012, 3 780 of the 4 210 health facilities (90%) had been audited. The audit revealed major challenges concerning the management of these facilities, as well as the quality of services provided.

Consequently, four health facility improvement teams were sent to improve facilities across the country, in partnership with provincial management.

The first facilities to receive attention were in the Motheo District in the Free State, Sedibeng in Gauteng, Zululand in KwaZulu-Natal and Pixley ka Seme in the Northern Cape.

Legislation and policies

The National Health Act, 2003 (Act 61 of 2003) provides a framework for a single health system for South Africa.

It highlights the rights and responsibilities of healthcare providers and users, and ensures broader community participation in healthcare delivery from health facility up to national level. It establishes provincial health services and outlines the general functions of provincial health departments.

The Act provides for the right to:

- emergency medical treatment
- have full knowledge of one's condition
- exercise one's informed consent
- participate in decisions regarding one's health
- be informed when one participates in research
- confidentiality and access to health records
- complain about poor service
- be treated with respect (health workers).

Other legislation that informs the health sector include the following:

- The Medical Schemes Act, 1998 (Act 131 of 1998) provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
 - The Medicines and Related Substances Act, 1965 (Act 101 of 1965) provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.
 - The Mental Healthcare Act, 2002 (Act 17 of 2002) provides a legal framework for mental health, in particular the admission and discharge of mental health patients in mental health institutions with emphasis on human rights for mentally ill patients.
 - The Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996) provides a legal framework for termination of pregnancies based on choice under certain circumstances.
 - The Sterilisation Act, 1998 (Act 44 of 1998) provides a legal framework for sterilisations, also for people with mental health challenges.
 - The South African Medical Research Council (MRC) Act, 1991 (Act 58 of 1991) provides for the establishment of the MRC and its role in relation to health research.
 - The Tobacco Products Control Act, 1993 (Act 83 of 1993) provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as sponsoring of events by the tobacco industry.
 - The National Health Laboratory Service (NHLS) Act, 2000 (Act 37 of 2000) provides for a statutory body that provides laboratory services to the public health sector.
 - The Health Professions Act, 1974 (Act 56 of 1974) provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
 - The Pharmacy Act, 1974 (Act 53 of 1974) provides for the regulation of the pharmaceutical profession, including community service by pharmacists.
- In May 2012, 10 South African journalists were selected to participate in the International Women's Media Foundation's 2012 HIV/AIDS Investigative Reporting Fellowship. They were:

 - Zeenat Abdool (SABC Radio Channel Africa)
 - Tanja Bencun (*SABC Digital News*)
 - Bianca Capazorio (*Weekend Argus*)
 - Euline Fillis (*SABC FOKUS*)
 - Mukelwa Hlatshwayo (eTV)
 - Sibongile Mashaba (*Sowetan*)
 - Siphoshe Masombuka (*The Times*)
 - Ina Skosana (*The New Age*)
 - Bibi-Aisha Wadvallab (*SciDev*)
 - Nomsa Zwane (Alex FM).
- The Nursing Act, 2005 (Act 33 of 2005) provides for the regulation of the nursing profession.
 - The Allied Health Professions Act, 1982 (Act 63 of 1982) provides for the regulation of health practitioners such as chiropractors, homeopaths and others; and for the establishment of a council to regulate these professions.
 - The Dental Technicians Act, 1979 (Act 19 of 1979) provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
 - The Hazardous Substances Act, 1973 (Act 15 of 1973) provides for the control of hazardous substances, in particular those emitting radiation.
 - The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972) provides for the regulation of foodstuffs, cosmetics and disinfectants; in particular setting quality and safety standards for the sale, manufacturing and importation thereof.
 - The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973) provides for medical examinations of people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
 - The Human Tissue Act, 1983 (Act 65 of 1983) provides for the administration of matters pertaining to human tissue.

Budget and funding

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

- the HIV and AIDS Conditional Grant
- the Hospital Revitalisation Conditional Grant
- the Mass Measles Immunisation Campaign
- stabilising personnel expenditure
- improving the conditions of service for employees in the department, including the NHLS and the MRC.

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

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

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

The North West Health Department allocated R11,5 million from its 2012/13 provincial budget to fund the NHI pilot in the Dr Kenneth Kaunda District. The pilot was to help the department finalise how service benefits would be designed, how the population would be covered and how services would be delivered under the NHI.

Role players

Medicines Control Council

The Medicines Control Council oversees the regulation of medicines in South Africa. Its main purpose is to safeguard and protect the

public by making sure that all medicines that are sold and used in South Africa are safe, therapeutically effective and consistently meet acceptable standards of quality.

The council is mandated to:

- advise the Minister of Health on any matter referred by the Minister or arise from the application of the Act
- keep the medicines register
- register new medicines
- amend entries in the register
- prohibit the sale of medicines not registered
- transfer certificates of registration
- cancel the registration of medicines
- approve medicine labels and advertisements
- authorise the sale of unregistered medicine for certain purposes.

Compensation Commission for Occupational Diseases

The Compensation Commission for Occupational Diseases was established to compensate ex-miners and miners for impairment of lungs or respiratory organs and reimbursement for loss of earnings incurred during TB treatment. If the ex-miner is deceased, it compensates the beneficiaries of the ex-miner. It administers the government grant for pensioners. The fund has three major streams: leadership and management, administration and finance.

Council for Medical Schemes

The Council for Medical Schemes provides regulatory supervision of private health financing through medical schemes. Its objectives include:

- protecting the interests of medical schemes and their members
- monitoring the solvency and financial soundness of medical schemes
- controlling and coordinating the functioning of medical schemes
- investigating complaints and settling disputes in the affairs of medical schemes
- collecting and disseminating information about private healthcare in South Africa
- making rules regarding its own functions and powers

- making recommendations to the Minister of Health on criteria for the measurement of quality and outcomes of the health services provided by medical schemes.

Medical Research Council (MRC)

The MRC is a science, engineering and technology institution with the purpose of improving the health and quality of life of South Africans through research, development and technology transfer. Its powers and duties include:

- undertaking research of its own accord and on behalf of the state
- operating and maintaining research facilities the Minister of Health assigns
- promoting cooperation between South Africa and other countries on research, development and technology transfer
- developing and using the technological expertise it has
- promoting the training of researchers
- establishing and controlling research laboratories and other facilities
- cooperating with people and institutions doing research in other countries
- making grants to universities, technikons, colleges, schools, museums and other institutions
- participating in joint research operations with other institutions
- cooperating with educational authorities and scientific or technical societies or industrial institutions representing employers and employees to promote the training of researchers
- other administrative duties
- undertaking investigations or research the Minister assigns
- advising the Minister on research policy and priorities and the development, promotion, implementation and coordination of research.

Health Professions Council of South Africa (HPCSA)

The HPCSA is a statutory health professional council that provides for control over the training, registration, and practices of practitioners

of health and to provide for matters incidental thereto.

Its mandate includes:

- coordinating the activities of the professional boards
- promoting and regulating interprofessional liaison
- determining strategic policy
- consulting and liaising with relevant authorities
- controlling and exercising authority in respect of the training of and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in humankind
- promoting liaison in the field of training
- advising the Minister of Health
- communicating to the Minister information of public importance.

Allied Health Professions Council of South Africa (AHPSCA)

The AHPSCA regulates all allied health professions, which include ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and unani-tibb.

South African Dental Technicians Council

The South African Dental Technicians Council controls all matters relating to the education and training of dental technicians or dental

In October 2012, global non-governmental organisation Doctors Without Borders (MSF) set up mobile HIV and AIDS testing units in Eshowe, KwaZulu-Natal, to provide some reprieve for state resources. Eshowe has the highest infection rate in the country, at 39,5%. While some MSF staff oversee the testing centres, others go on a door-to-door drive to encourage residents to get tested on the spot. For those who test positive, a driver is at hand to transport the patient to a nurse's station nearby, where their CD4 count is determined and counselling provided.

technologists and exercise the practices in the supply, making, altering or repairing of artificial dentures or other dental appliances.

Its mandate includes:

- promoting dentistry in South Africa
- controlling all matters relating to the education and training of dental technicians, dental technologists and practitioners who supply, make, alter or repair artificial dentures or other dental appliances
- promoting good relationships between dentists, clinical dental technologists, dental technicians and dental technologists
- advising the Minister of Health
- communicating to the Minister information on matters of public importance.

South African Pharmacy Council

The South African Pharmacy Council ensures the provision of quality pharmaceutical services in South Africa by developing, enhancing and upholding universally acceptable standards, professional ethics and conduct, ongoing competence and pharmaceutical care.

The council is tasked with:

- assisting in the promotion of the health of South Africans
- advising the Minister of Health or any person on matters relating to pharmacy
- promoting the provision of pharmaceutical care with universal norms and values
- upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice
- establishing, developing, maintaining and controlling universally acceptable standards
- maintaining and enhancing the dignity of the pharmacy profession.

Chris Hani Baragwanath Academic Hospital in Soweto, Gauteng was the first to benefit from a project to replace deteriorating electro-mechanical equipment in health facilities in the province. The project was allocated R57 million for construction and R296 million for maintenance for 2012/13. Other hospitals in the project include the Charlotte Maxeke, George Mukhari, Jubilee and Helen Joseph hospitals.

South African Nursing Council

The South African Nursing Council controls and exercises authority in respect of the education, training and manner of practices pursued by registered nurses, midwives, enrolled nurses and enrolled nursing auxiliaries.

The council's mandate includes:

- inspecting and approving nursing schools and nursing education programmes
- conducting examinations and issuing qualifications
- registering and enrolling nurses, midwives and nursing auxiliaries and keeping registers and rolls
- removing from or restoring any name to a register or roll
- issuing licences to nursing agencies
- requiring employers to submit annual returns of registered and enrolled nurses in their employ.

National Health Laboratory Service (NHLS)

The NHLS was established in 2001 by an Act of Parliament, amalgamating the former South African Institute for Medical Research, National Institute for Virology and National Centre for Occupational Health as well as university and provincial pathology laboratories. It is the largest diagnostic pathology service in South Africa, with 349 laboratories serving 80% of the country's population. All laboratories provide diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

The NHLS trains pathologists, medical scientists, occupational health practitioners, technologists and technicians in pathology disciplines, including anatomical pathology, haematology, microbiology, infectious diseases, immunology, human genetics, chemical pathology, epidemiology, occupational and environmental health, occupational medicine, tropical diseases, medical entomology, molecular biology and human nutrition.

Its specialised divisions comprise the:

- National Institute for Communicable Diseases, whose research expertise and

The KwaZulu-Natal Research Institute for Tuberculosis and HIV was officially opened in September 2012. The eight-storey R346-million research centre is located on the campus of the University of KwaZulu-Natal's Nelson R Mandela School of Medicine and was founded in partnership by the university and the Howard Hughes Medical Institute, based in the United States of America.

The Institute will substantially boost health research in the country.

- ensuring accountability by requiring NGOs to include community members in their administration structures.

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

Resources

Physicians

By the end of 2012, there were more than 159 569 medical practitioners registered with the HPCSA. These include doctors working for the state, those in private practice and specialists. The majority of doctors practise in the private sector.

In selected communities, medical students supervised by medical practitioners provide health services at clinics.

In terms of the continuing professional development system, all doctors, irrespective of earlier qualifications, must obtain a specified number of points to retain their registration.

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

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

Oral health professionals

By November 2012, there were 5 387 dentists, 2 293 dental assistants, 984 oral hygienists and 496 dental therapists registered with the HPCSA. Dentists are subject to the continuing professional development system and the community service system. Oral health workers render services in the private and public sectors.

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

Non-governmental organisations (NGOs)

Many NGOs at various levels continue to play a crucial role in healthcare, and cooperate with government's priority programmes.

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

Through the Partnership for the Delivery of PHC Programme, including the HIV and AIDS Programme, the department has strengthened its collaboration with NGOs. The programme has empowered communities and NGOs working in the health sector by focusing on three key areas:

- providing skills to NGOs in the rural nodes by using accredited service providers
- reducing unemployment by ensuring that NGO workers are provided with stipends

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public health facility. Those who have not completed this year of service may not practise independently as pharmacists. By December 2010, 25 876 professionals were registered with the South African Pharmacy Council, compared to 23 496 in 2009, a 9% increase.

Nurses

Nurses are required to complete a mandatory 12-month community service programme, whereafter they may be registered as nurses (general, psychiatric or community) and midwives. By the end of December 2011, the number of nurses stood at 238 196, compared to 231 086 the previous year. This includes registered, enrolled and auxiliary nurses, but excludes students and pupils.

Health facilities

There are 4 200 public health facilities in South Africa. People per clinic is 13 718, exceeding World Health Organization guidelines of 10 000 per clinic. However, figures from March 2009 show that people averaged 2,5 visits a year to public health facilities and that the usable bed occupancy rates were between 65% and 77% at hospitals.

Since 1994, more than 1 600 clinics have been built or upgraded. Free healthcare for children under six and for pregnant or breast-feeding mothers was introduced in the mid-1990s.

The NHLS is the largest pathology service in South Africa. It has 265 laboratories, serving 80% of South Africans. The labs provide diagnostic services as well as health-related research.

The South African National Council on Alcoholism and Drug Dependence (Sanca) comprises 38 alcohol and drug help and treatment centres, providing over 76 service points and satellite offices in all provinces of South Africa. Each centre functions independently, but is affiliated to Sanca.

Medical schemes

In November 2012, there were about 97 medical schemes in South Africa, with around 8 469 784 beneficiaries. These schemes have a total annual contribution flow of about R84,9 billion.

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.

Programmes and projects

Re-engineering primary healthcare

The re-engineered primary healthcare model comprises three streams: creation and deployment of municipal ward-based primary healthcare outreach teams in defined geographic areas (wards); deployment of district clinical specialist teams in all districts across the country and strengthening of school health services.

A task team, comprising the three ministerial mortality committees, deans of the faculties of Health Sciences and other experts who advised the Minister of Health on the development of district clinical specialist teams, was convened in 2011. Their recommendations were adopted by the National Health Council and are being implemented.

The district specialist task teams each consists of an:

- anaesthetist
- family physician
- PHC nurse

The revamped South African National AIDS Council (Sanac) was unveiled in October 2012, coinciding with the announcement that South Africa had achieved universal access to HIV treatment. Sanac was reformed over 18 months. The body, chaired by Deputy President Kgalema Motlanthe, will now hold annual meetings comprising representatives from the research community, labour unions and people with HIV. At these meetings, participants discuss major policy issues and review progress on the country's current national plan to address the twin epidemics of HIV and tuberculosis.

- obstetrician
- advanced midwife
- paediatrician
- advanced paediatric nurse.

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

By the end of 2011/12, over 5 000 community health workers had been re-trained to work as part of PHC teams and 337 PHC teams had been established countrywide.

Health Sector 10-Point Plan

The health sector's 10-Point Plan for 2009 to 2014 has served as an important overarching and macro framework for overhauling the health system, to enhance its capacity to improve health outcomes and to harness focused interventions towards the millennium development goals (MDGs).

The 10-Point Plan focuses on:

- providing strategic leadership and creating a social compact for better health outcomes
- implementing NHI
- improving the quality of health services
- overhauling the healthcare system
- improving human resources planning, development and management
- revitalising infrastructure
- accelerating implementation of the National Strategic Plan (NSP) on HIV, AIDS, TB and Sexually Transmitted Infections (STIs)

2007 – 2011 and reducing mortality due to TB and associated diseases

- mass mobilisation for better health for the population
- reviewing the drug policy
- strengthening research and development.

Six priority areas were identified for immediate improvement:

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

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

In preparation, the department put in place quality norms and standards, which cover the availability of medicines and supplies, cleanliness, patient safety, infection prevention and control, positive attitudes and waiting time in all health facilities.

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

National Strategic Plan on HIV, AIDS, STIs and TB 2012 – 2016

The NSP on HIV, AIDS, STIs and TB 2012 – 2016 was launched on World AIDS Day on 1 December 2012. The integration of HIV, AIDS and TB into one strategic plan, a first for the country, outlines a 20-year vision in the fight against the double scourges of HIV and AIDS and TB.

The NSP has four strategic objectives, namely:

- addressing the social structural drivers of HIV, STIs and TB care, prevention and support
- preventing new HIV, STI and TB infections
- sustaining health and wellness
- ensuring protection of human rights and improving access to justice.

The NSP 2012 – 2016 further encourages South Africans to be tested for these diseases at least once a year; and that every pregnant woman undergoes routine HIV testing. The department also targeted 600 000 men for male circumcision as part of the strategy.

National Health Insurance (NHI)

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

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

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

Examples of what the NHI package will exclude are:

- cosmetic surgery that is not necessary or medically indicated but done as a matter of choice
- expensive dental procedures performed for aesthetic purposes and eye-care devices such as fashionable spectacle frames
- medicines not included in the National Essential Drug List, except in circumstances

where the complementary list has been approved by the Minister of Health

- diagnostic procedures outside the approved guidelines and protocols as advised by expert groups.

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

Pilot programmes were rolled out in the following districts:

- OR Tambo (Eastern Cape)
- Thabo Mofutsanyane (Free State)
- City of Tshwane (Gauteng)
- uMgungundlovu (KwaZulu-Natal)
- Umzinyathi (KwaZulu-Natal)
- Vhembe (Limpopo)
- Gert Sibande (Mpumalanga)
- Dr. K Kaunda (North West)
- Pixley ka Seme (Northern Cape)
- Eden (Western Cape).

KwaZulu-Natal added Amajuba District as a further pilot site for NHI in the province.

National Treasury also approved an NHI conditional grant of R1 billion over the Medium Term Expenditure Framework period 2012 to 2014. NHI will be implemented over a period of 14 years.

Catch-up Immunisation Campaign

The four-month Catch-Up Immunisation Campaign ran from February to May 2012. It aimed to provide children under five with an additional dose of Pneumococcal Conjugate Vaccine (PCV13) that is meant to protect them and their communities against pneumococcal diseases.

The campaign targeted all children between 18 and 36 months, and children with underlying medical conditions such as HIV infection, cardiac conditions and those who were on cytotoxics.

To get maximum benefit of the introduction of the pneumococcal vaccine, it is common practice to conduct a catch-up campaign that targets children below five years. Due to the high price of the vaccine and other compelling needs, it was not possible to conduct such a campaign up until 2012.

Integrated School Health Programme (ISHP)

The ISHP was launched in October 2012. It aims to ensure that all learners have access to primary healthcare services.

Held under the theme *Taking Responsibility for our Learners' Health and Wellbeing*, the programme means that barriers to effective learning will be a thing of the past.

Many children face barriers to optimal health and development as a result of the HIV and AIDS epidemic, violence and injuries and non-communicable diseases. The strengthening of school health services through the ISHP is a key component of the PHC restructuring process in the Department of Health and the Care and Support for Teaching and Learning Programme within the Department of Basic Education. The Department of Social Development will be responsible for assisting learners to access services, particularly where financial barriers impede accessing services. This includes providing transport to health facilities where necessary.

The ISHP will offer services including:

- eyesight, hearing and oral hygiene
- immunisation (for foundation and intermediate phases)
- deworming (for foundation and intermediate phases)
- treatment of minor conditions, especially skin conditions (all phases)
- counselling on sexual and reproductive health issues and offering services via mobile health units (all senior and Further Education and Training college learners, and intermediate learners where required)
- prevention of drug and alcohol use and abuse.

The ISHP further aims to individually assess every learner once during each of the four educational phases. Additional individual assessments will be offered to all learners who are repeating grades, at the request of an educator, parent or learner.

Assessments during the foundation phase will focus primarily on identifying health barriers to learning, and identifying children who

have or are at risk for long-term health, psychological or other problems.

The key health workers involved in the programme will be nurses and health promotion practitioners. This policy will in the first phase target quintiles 1 and 2 schools, of which there are an estimated 8 000 countrywide.

The ISHP was launched in Tshwane, one of 11 pilot districts identified in terms of the NHI.

HIV Counselling and Testing (HCT) Campaign

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

In addition, the HCT Campaign, initiated in April 2010, is showing results in terms of its original aim to ensure that more people test for HIV and know their status.

By September 2012, more than 20 million people had undergone voluntary testing for HIV and AIDS. The number of people receiving treatment increased from 1,1 million in 2009 to 1,7 million in 2011. This number was expected to increase following the launch in September of a campaign to intensify HIV and AIDS testing and counselling among South Africa's 1,3 million public servants.

Managing communicable and non-communicable diseases

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

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

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

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

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

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

Improving human resources planning, development and management

By 2011, South Africa was producing about 1 200 doctors a year, an insufficient cadre to service the nation's healthcare needs. The Department of Health initiated the Human Resource Strategy for Health, which addressed the problem on several platforms.

The Department of Health conducted an audit of service quality in over 75% of health facilities and improvement plans are being developed. The department also developed a human resource strategy which links intake of health professionals to projected demand. An audit of all 122 nursing colleges was underway in June 2012, with 45 of the target 105 colleges already refurbished.

To improve capacity to implement the NHI, the department has increased the number of matriculants sent to Cuba to study medicine from 60 to 80 a year in 2011, and aimed to reach 1 000 matriculants in 2012. The department also encouraged the country's eight medical schools to increase their intake of

students – the University of the Witwatersrand accepting 40 extra students, which the department covered with an additional R8 million. The other universities followed suit, increasing their intake by an overall 160 students in 2012, for which the department gave R48 million. Thirdly, the department also planned to set up a new medical school in Limpopo and build a tertiary hospital in Mpumalanga, in anticipation of the new university planned for the region in 2014.

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

Talks were held with retired nurses, which led to the creation of a database, so that these retired nurses can register to return to work on a temporary basis. Government also encouraged the media to draw attention to the annual International Nurses Day in May, to increase public awareness of the profession.

In May 2012, it was announced that South Africa's healthcare system would receive a healthy injection of human resources following the signing of an agreement between the South African and Cuban health ministries.

The agreement, signed by the Minister of Health, Dr Aaron Motsoaledi, and his Cuban counterpart, Roberto Morales Ojeda, will strengthen the Department of Health's strategic interventions by:

- implementing the NHI
- overhauling the healthcare system by refocusing on primary healthcare and improving functionality and management
- improving human resources, planning, development and management
- strengthening research and development, with a focus on biotechnology exchange and innovation.

The two countries first entered into agreements in 1995, with the aim of bolstering South Africa human resource requirements, especially in rural communities. By May 2012, 304 medical doctors had been produced out of 808 recruited in the programme, with 406 undergoing medical training in Cuba; 98% were doing final clinical training in local medical schools and 34 medical students were expected to graduate in 2012. Cuba has the capacity to train as many as 1 000 South African students a year, and South Africa was expected to send at least 500 students by September 2012.

The health ministers also agreed to resume the recruitment of Cuban doctors to work in South African hospitals. The department identified close to 208 posts in different specialities where these doctors are to be posted.

To improve service delivery in 2012/13, the Department of Health launched an internship programme in June 2012. The 400 graduate interns were grouped into three internship programmes: financial management, human resources and information management.

The unemployed graduates – who have qualifications in finance, commerce, accounting, human resources and information and communication technology – were to be put to work in the department's offices nationwide. Among other things, they would provide additional assistance in asset management, revenue collection, supply chain management, Peral clean-up and information management.

From March to December 2012, Gauteng's clinic outreach teams visited 8 462 households and treated 7 682 patients in an effort to improve the quality and delivery of primary healthcare across the province. From these, 1 499 patients were referred to hospitals for specialised treatment and care.

The department has also extended the service hours at some community health centres making them operational 24 hours a day to help ease the pressure on tertiary institutions. All community health centres and clinics now provide services for patients with chronic illnesses such as diabetes, hypertension, asthma, epilepsy, TB and those on ARV treatment.

Improving health infrastructure

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

Eighteen major revitalisation projects have been initiated nationwide in hospitals in urgent need of infrastructure development. Five of these 18 projects are identified as flagship projects, supported through a public-private partnerships. The balance will be supported by a more streamlined hospital-revitalisation programme, which now incorporates a much improved provincial resource planning and allocation model, enabling a reduction in unspent funding on infrastructure projects countrywide.

In addition, the assistance of infrastructure development resource people and built environment specialists from the Development Bank of Southern Africa and Council for Scientific and Industrial Research have been secured to strengthen implementation, monitoring and evaluation.

Strengthening research and development

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

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

The National Health Research Committee and National Health Research Ethics Com-

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

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

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

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

Conclusion

In pursuit of its vision of a long and healthy life for all South Africans, the Department of Health remains firmly focused on the implementation of the 10-Point Plan for the health sector for 2009 – 2014.

The plan is aimed at creating a well-functioning health system capable of producing improved health outcomes. It consists of a number of priorities such as the provision of strategic leadership and the creation of a social compact for better health outcomes;

the implementation of the NHI plan; improving the quality of health services; overhauling the healthcare system and improving the management of the health system.

The plan also includes other priorities that are crucial for the department to reach its goal of improved health outcomes. These include better human resources management, planning and development; revitalisation of infrastructure; accelerated implementation of programmes for HIV and AIDS and STIs; increased focus on TB and other communicable diseases; mass mobilisation for better health; a review of the drug policy; and strengthening research and development.

Among other things, the department is implementing a two-pronged approach to overhaul the health system. The first entails refocusing the health system on primary healthcare. The second seeks to improve the functionality and management of the health system.

To this end the department has put measures in place to ensure that the health system is managed by appropriately trained and qualified managers.

Initial focus has been placed on hospital chief executive officers, senior managers and district managers. Their skills and competencies are being assessed independently and where skills gaps are identified, appropriate training will be provided. In addition, the department will place increased emphasis on the four key focus areas expected from the health sector, namely increasing life expectancy, combatting HIV and AIDS, decreasing the burden of diseases from TB and improving health-system effectiveness. These focal areas are consistent with the health-related MDGs, which the UN expects nations of the world to attain by 2015.

Acknowledgements

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