



South Africa Yearbook 2015/16

Health

The Department of Health (DoH) derives its mandate from the National Health Act, 2003 (Act 61 of 2003), which requires the department to provide a framework for a structured uniform health system within South Africa.

The act sets out the functions of the three levels of government as they relate to health services. The department contributes directly to achieving government's outcome that calls for a long and healthy life for all citizens.

Significant progress has been made over the last 10 years towards ensuring a long and healthy life for all South Africans, which is Outcome 2 of government's 2014-2019 Medium Term Strategic Framework (MTSF).

Over the medium term, the DoH will continue to contribute to increased life expectancy and improved quality of life for South Africans through sustaining the expansion of the HIV and AIDS treatment and prevention programme, revitalising public healthcare facilities, and ensuring the provision of specialised tertiary hospital services.

The year 2015/16 marked the first year of the first five-year building block towards the achievement of the 2030 vision and goals of The National Development Plan (NDP).

The 2030 vision for health in Chapter 10 of the NDP is to achieve a health system that works for everyone and produces positive health outcomes.

In support of this vision, the strategic thrust of the health sector continue to focus on four outcomes:

- Outcome 1: Increase the life expectancy of all South Africans
- Outcome 2: Decrease Maternal, Child and Infant Mortality
- Outcome 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis (TB).
- Outcome 4: Strengthened Health System.

The NDP 2030 states explicitly that there are no 'quick fixes' for achieving its nine goals. The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases.
- Strengthen the health system.
- Improve health information systems.
- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.
- Review management positions and

appointments, and strengthen accountability mechanisms.

- Improve quality by using evidence.
- Establish meaningful public-private partnerships.

Population statistics

For 2015, Statistics South Africa estimated the mid-year population as 54,96 million. Approximately 28,07 million (51%) of the population was female.

Gauteng comprised the largest share of the South African population. Approximately 13,20 million people (24%) live in this province.

KwaZulu-Natal is the province with the second largest population, with 10,92 million people (19,9%) living in this province.

With a population of approximately 1,19 million people (2,2%), the Northern Cape remains the province with the smallest share of the South African population.

About 30,2% of the population is aged younger than 15 years and approximately 4,42 million (8,0%) is 60 years or older. Of those younger than 15 years, approximately 3,80 million (22,9%) live in KwaZulu-Natal and 3,28 million (19,7%) live in Gauteng.

Migration is an important demographic process in shaping the age structure and distribution of the provincial population. For the period 2011-2016 it was estimated that approximately 243 118 people would migrate from the Eastern Cape; Limpopo was estimated to experience an out-migration of nearly 303 151 people.

During the same period, Gauteng and Western Cape were estimated to experience an inflow of migrants of approximately 1 169 837 and 350 569 respectively. Life expectancy at birth for 2015 was estimated at 60,6 years for males and 64,3 years for females.

The infant mortality rate for 2015 was estimated at 34,4 per 1 000 live births. The estimated overall HIV prevalence rate is approximately 11,2% of the total South African population.

The total number of people living with HIV is estimated at approximately 6,19 million in 2015. For adults aged 15-49 years, an estimated 16,6% of the population is HIV positive.

HIV and AIDS, TB and maternal and child health

The purpose of this programme is to develop national policies, guidelines, norms and standards, and targets to decrease the burden of disease related to the HIV and TB epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for

children, adolescents and women; support the implementation of national policies, guidelines, and norms and standards; and monitor and evaluate the outcomes and impact of these.

The programme established 15 interventions to assist in reducing maternal, neonatal and child mortality significantly within a short period of time (called the 'Countdown to the MDGs') and beyond.

The full implementation of the four streams of primary healthcare (PHC) re-engineering (with contracting of general practitioners being 4th stream): municipal ward-based community health worker outreach teams, the Integrated School Health Programme (ISHP) and the District Clinical Specialist Teams (DCSTs) assists facilities and districts towards fully implementing interventions to reduce maternal, neonatal and child mortality, including those associated with HIV and TB.

Child, Youth and School Health

The subprogramme is responsible for policy formulation, coordination, and monitoring and evaluation of child, youth and school health services. Each province also has a unit which is responsible for fulfilling this role, and for facilitating implementation at provincial level. Most maternal, newborn, child and women's health (MNCWH) and nutrition services are provided by the provincial departments of Health, who are thus central role-players in efforts to improve the coverage and quality of MNCWH and nutrition services.

At district level, these services are provided by a range of health and community workers, and other human resources. Many stakeholders outside of the health sector also have key roles to play in promoting improved child and youth health and nutrition.

These include other government departments (such as Social Development, Rural Development, Basic Education, Water Affairs and Forestry, Agriculture and Home Affairs), local government, academic and research institutions, professional councils and associations, civil society, private health providers and development partners, including the United Nations (UN) and other international and aid agencies.

Women's health

Over the medium term, key initiatives indicated in the Maternal and Child Health Strategic Plan were implemented. In addition, efforts to reduce maternal mortality were based on the recommendations from the Ministerial

Committees on Maternal Mortality and the South African Campaign on the Reduction of Maternal Mortality in Africa strategy. Some of the interventions included:

- deploying obstetric ambulances, strengthening family planning services, establishing maternity waiting homes,
- establishing Kangaroo Mother Care facilities,
- conducting Essential Steps in Managing Obstetric Emergency training for doctors and midwives,
- intensifying midwifery education and training, and strengthening infantfeeding practices.

The implementation of MomConnect to help improve antenatal first visits before 20 weeks, utilisation of DCSTs to improve clinical governance, and working with Ward-based Outreach Teams to ensure community involvement were also pursued. Pregnant women can also send (unsolicited) complaints and compliments about services received at public clinics. As at the end of March 2016, a cumulative total of 663 513 pregnant women were registered, and the DoH had received 753 complaints and 4746 compliments.

Further improvements were seen in the prevention of mother-to-child transmission of HIV, with more than 90% of HIV-positive women initiated on antiretroviral treatment (ART) during the antenatal period. The infant PCR test positivity rate is at 1.5%, same as that recorded in the 2014/15 financial year.

In 2014, the DoH expanded its family planning-programme to include a contraceptive method that protects women from pregnancy for a three year protection period.

This is achieved through a subdermal implant which is a small device implanted under the skin of the inner upper arm; this was targeted specifically at young women and those who are accessing family planning for the first time. In 2015/16, 87189 implants were inserted.

TB control and management

The subprogramme is responsible for the co-ordination and management of the national response to the TB epidemic, which incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB and drug-resistant TB (DR-TB).

The subprogramme develops national policies and guidelines, norms and standards to inform good practice at provincial, district, sub-district and health facility levels.

The sub-programme implements the National Strategic Plan (NSP) on HIV, STIs and TB 2012-2016 with its vision of achieving zero

infections, and reducing mortality, stigma and discrimination related to TB and HIV and AIDS.

The TB Subprogramme supports World Health Organization's (WHO) End TB Strategy, which aims to end TB globally by 2030. The strategy encourages countries to reduce TB mortality and incidences by 35% and 20% by 2020 respectively.

South Africa has also adopted the Stop TB Partnership's global plan to end TB with the "90-90-90" targets central to the plan: Find at least 90% of people in the general population infected with TB, as well as, at least 90% among vulnerable groups and also attain at least 90% treatment success.

Until recently, the world relied on treating TB by using drugs developed more than 50 years ago. Over the last two years, a new drug, bedaquiline – which is much more efficacious and has fewer side effects (such as loss of hearing) – was introduced globally. South Africa was the first in the world to use the drug formally within its TB programme and beyond small-scale research sites.

The drug was rolled out to ensure wide-scale availability to eligible DR-TB patients. South Africa currently accounts for more than 60% of patients receiving bedaquiline globally.

Some 63% of HIV-positive people globally who are on treatment to prevent them from acquiring TB (isoniazid prevention therapy-IPT) are also in South Africa.

Statistics SA has reported considerable declines in TB associated mortality, from the high of 70 000 in 2009 to less than 40 000 in 2014.

Successes have been recorded in the expansion of TB and HIV and AIDS services among people with an elevated risk of infection to TB: in 2015, 569 475 inmates in correctional service facilities were screened for TB; the inspectors deployed in the mining sector reported that 95% of controlled mines are now offering routine TB screening services to miners; and TB screening was conducted among more than 30 million people who presented in public health facilities in 2015.

The DoH has been one of the first in the world to roll-out the new TB diagnostic technology (GeneXpert) and South Africa conducts roughly 50% of the total volume of such tests performed globally to diagnose TB.

HIV, AIDS and TB

South Africa has rolled out the world's largest treatment programme, with over 3,4 million people initiated on ARVs.

At the end of March 2016, there were 3 407 336 clients remaining on ART. The DoH revised the HIV guidelines to align them with the WHO HIV Guidelines.

The 2016 International AIDS Conference will be held in Durban and South Africa will be hosting it for the second time in the same town since 2000.

The four-day conference was held at the Inkosi Albert Luthuli International Convention Centre in Durban from 9 to 12 June 2015 under the theme: "Reflection, Refocus and Renewal".

Held every two years, the conference has become a barometer for government and South Africans to track advances made in controlling HIV infections.

It also provides an opportunity for people working with HIV and AIDS, Sexually Transmitted Infections (STIs) and TB to share experiences and insights.

Key successes in the fight against HIV and AIDS have been the reduction of mother-to-child HIV transmission, which has resulted in lower child mortality rates; increasing ART coverage, which resulted in lower adult mortality rates; increasing the number of medical male circumcisions, and maintaining HIV testing at high levels.

Key challenges included strengthening prevention programmes and decreasing the numbers of new infections, scaling up the numbers of people on ART, and retaining those on treatment over time. Its partners from the UN, the South African Government and international civil society organisations.

Research into the prevention of HIV is at the centre of government's strategy aimed at ending the pandemic that has held the world hostage for many years.

Research has shown that early treatment of infections in HIV positive people can reduce the risk of transmission of HIV, and that the use of ARVs in HIV negative people can reduce the risk of infection.

Programme data are showing that fewer infants are infected with HIV, with a polymerase chain reaction (PCR) positivity rate of 1,5% of all babies born to HIV-positive women around six weeks in 2015/16.

Medical male circumcision (MMC) is one of the DoH's combination HIV and AIDS prevention interventions. During 2015/16, a total of 464 731 MMCs were conducted.

World AIDS Day

World AIDS Day is commemorated each year on 1 December and is an opportunity for every

community to unite in the fight against HIV, show support for people living with HIV and remember those who have died.

South Africa has been relentless in its mission to turn the HIV and AIDS, and TB epidemics around and there are notable achievements to celebrate. However, despite these advances, stigma and discrimination still persist for many people living with, or affected by HIV.

South Africa has come a long way in the fight against HIV and AIDS. In 2012 government implemented the NSP on HIV, STIs and TB 2012 – 2016.

In 2010 government also scaled up its ART programme. The DoH provides ART to HIV-positive patients with a CD4 count of 500 or less on ART, as opposed to the CD4 count of 350. All HIV-positive pregnant women also receive lifelong treatment, regardless of their CD4 counts. Previously, HIV-positive pregnant women received treatment until they stop breastfeeding.

The devastating effects include abandonment by spouse or family, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence.

It also results in a lower uptake of HIV preventive services and postponing or rejecting care. Women tend to experience greater stigma and discrimination than men and are more likely to experience its harshest and most damaging effects.

The UNAIDS announced in a report titled: “How Aids Has Changed Everything – Meeting the MDG Targets”, that the world has met and exceeded the AIDS targets of MDG 6, and was on track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

South Africa has turned around its decline in life expectancy within 10 years, rising from 51 years in 2005 to 62 by the end of 2014, on the back a massive increase in access to antiretroviral (ARVs) therapy.

Government has prioritised the fight against HIV and AIDS epidemic, including the treatment of the disease and TB in its healthcare policies.

The achievements highlighted in the report, included the significant amount of domestic funding that South Africa had provided for the AIDS response, with South Africa being one of the few countries that funds the majority of its response with 1.6 billion US Dollars in 2014.

South Africa is listed in the group of countries that has reduced the number of new HIV infections by at least 20% and of the 15 million people globally on HIV treatment, more than 3,4 million are in South Africa which.

The report also declared that AIDS deaths in children under five years of age had declined from 25 000 in 2000 to 3 800 in 2014.

Challenges

Some of the global challenges that the world, including South Africa, still have to deal with to end AIDS by 2030 include the high number of new infections in young women, high levels of intimate partner violence as well as high rates of multiple sexual partnerships.

Government has encouraged South Africans to take precautions by living a safe and healthy lifestyle, and that those who are in treatment should continue taking their medication as prescribed by doctors.

South Africa’s ARV programme has significantly contributed to reducing new HIV infections and mortality from Aids, and has ensured child survival and prolonged life, according to Cabinet.

South Africa, through the Department of Science and Technology, has been investing in HIV research for many years.

Government has been supporting a number of HIV-related projects at various stages of development through a programme called the Strategic Health Innovation Partnership, which incorporates SHARP under the auspices of the South African Medical Research Council (MRC).

The role of the programme is to facilitate the interaction of South African HIV and AIDS researchers, and to create a National Network of Collaborating Research Centres in HIV and Aids.

A number of multi-institutional, multidisciplinary, product development projects covering diagnostics, vaccines and microbicides, are currently being pursued to advance the objectives of SHARP.

Government plans aimed at increasing the fight against HIV and AIDS include the launch of the world’s biggest testing campaign in 2010 - dubbed the HIV Counselling and Testing (HCT) Campaign, which saw over 18 million South Africans testing for HIV and AIDS within a period of 18 months.

At least 10 million South Africans get tested annually.

All HIV-positive patients receive ARV treatment, irrespective of their CD4 count. Another campaign focuses on:

- decreasing infections in girls and young women
- decreasing teenage pregnancy
- decreasing sexual and gender-based violence
- keeping girls in school until Grade 12
- increasing economic opportunities for young

women to try and wean them away from sugar daddies.

This in line with the department's aim of meeting the NDP's objective of reducing the burden of disease, to have life expectancy of 70 years by 2030 and to have an AIDS-free generation of under 20s.

The campaign, which will be made possible by funding from PEPFAR, Global Fund, the German Development Agency and government departments, is expected to cost R3 billion.

AIDS-related deaths in South Africa declined from 320 000 in 2010 to 140 000 in 2014, and mother-to-child transmission of HIV reduced from 70 000 babies in 2004 to less than 7 000 in 2015.

While HIV and AIDS remain a concern, TB also kills many people.

Although TB deaths have declined from 70 000 in 2009 to less than 40 000 in 2014, it still remains the biggest killer of all infectious diseases in South Africa and globally.

The department was expected to receive a R4.2 billion grant from the Global Fund to support government's HIV and TB campaigns.

Legislation and policies

The DoH derives its mandate from the National Health Act of 2003, which requires the department to provide a framework for a structured uniform health system within South Africa. The Act sets out the functions of the three levels of government as they relate to health services. The department contributes directly to achieving the government outcome, which calls for a long and healthy life for all South Africans. 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 includes the:

- Medical Schemes Act, 1998 (Act 131 of 1998), which provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- Medicines and Related Substances Act, 1965 (Act 101 of 1965), which 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.

- Mental Healthcare Act, 2002 (Act 17 of 2002), which 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.
- Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996), which provides a legal framework for the termination of pregnancies, based on choice, under certain circumstances.
- Sterilisation Act, 1998 (Act 44 of 1998), which provides a legal framework for sterilisations, also for people with mental health challenges.
- MRC Act, 1991 (Act 58 of 1991), which provides for the establishment of the MRC and its role in relation to health research.
- Tobacco Products Control Act, 1993 (Act 83 of 1993), which provides for the control of tobacco products, and the prohibition of smoking in public places and advertisements of tobacco products, as well as sponsoring of events by the tobacco industry.
- National Health Laboratory Service (NHLS) Act, 2000 (Act 37 of 2000), which provides for a statutory body that provides laboratory services to the public health sector.
- Health Professions Act, 1974 (Act 56 of 1974), which provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Pharmacy Act, 1974 (Act 53 of 1974), which provides for the regulation of the pharmaceutical profession, including community service by pharmacists.
- Nursing Act, 2005 (Act 33 of 2005), which provides for the regulation of the nursing profession.
- Allied Health Professions Act, 1982 (Act 63 of 1982), which provides for the regulation of health practitioners such as chiropractors, homeopaths and others; and for the establishment of a council to regulate these professions.
- Dental Technicians Act, 1979 (Act 19 of 1979), which provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- Hazardous Substances Act, 1973 (Act 15 of 1973), which provides for the control of hazardous substances, in particular those emitting radiation.
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), which provides for the regulation of foodstuffs, cosmetics and

disinfectants; in particular setting quality and safety standards for the sale, manufacture and importation thereof.

- Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), which provides for medical examinations of people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- Human Tissue Act, 1983 (Act 65 of 1983), which provides for the administration of matters pertaining to human tissue.
- National Health Amendment Act, 2013 (Act 12 of 2013), through which the Minister of Health established the Office of Health Standards Compliance (OHSC), namely the inspectorate, a health ombudsperson and the accreditation of health workers.
- The Medicines and Related Substances Amendment Act, 2008 (Act 72 of 2008) paves the way for the creation of the new South African Health Products Regulatory Authority (SAHPRA). The Amendment Act makes provisions to bring the medical devices industry, as well as pharmaceuticals, under the jurisdiction of the SAHPRA. The authority will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be used to employ experts to evaluate applications on a full-time basis.
- In an effort to reduce the quadruple burden of diseases, Cabinet approved the National Public Health Institute of South Africa (NAPHISA) Bill in 2015 for comments. The Bill will assist in conducting disease and injury surveillance, and provide specialised public health services and interventions, training and research directed towards the major health challenges affecting the people of South Africa. NAPHISA will also strengthen coordination and enhance the country's capacity for surveillance.

Budget and funding

Over the medium term, the department aims to provide tertiary health services in 33 hospitals and hospital complexes and to modernise tertiary facilities to improve equitable access. Tertiary health services are usually for inpatients in a hospital that has specialised personnel and facilities for advanced medical investigation and treatment.

After the Cabinet-approved reduction, the national tertiary services conditional allocation in the Hospitals, Tertiary Health Services and Human Resource Development programme

is set to grow by 4,3% over the Medium Term Expenditure Framework period (R10,4 million in 2015/16, R10,8 million in 2016/17 and R11,5 million in 2017/18).

Significant progress has been made over the last 10 years towards ensuring a long and healthy life for all South Africans, which is Outcome 2 of government's 2014-2019 MTSF.

Improving health infrastructure

At the end of 2015/16, out of a total of 1 453 infrastructure projects at 898 facilities, 34% were in the construction stage, 28% in the pre-implementation stage, and 38% in the final completion stage.

Out of a total of 198 facilities – 117 were maintained, repaired and/or refurbished (facilities) and 81 upgraded, as part of the maintenance programme.

A total of 49 clinics and community health centres (CHCs) were constructed and revitalised.

Role players

South African National AIDS Council (SANAC) Trust

SANAC is a voluntary association of institutions established by Cabinet to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STIs.

The council is not a juristic person. Under the direction of SANAC, government created the SANAC Trust as the legal entity that is charged with achieving its aims.

The UNAIDS has welcomed the roll-out of South Africa's National Sex Worker HIV Plan, 2016–2019, which will ensure equitable access to health and legal services for sex workers in South Africa.

Sex workers experience a disproportionate burden of HIV, STIs, TB, violence, and stigma and discrimination. This progressive plan outlines a comprehensive and nationally coordinated response that is tailored to their specific needs and includes a core package of services for sex workers, their partners, their clients and their families.

As well as delivering access to health services to prevent and treat HIV, STIs and TB, the plan also aims to provide sex workers with access to justice and legal protection services. These services will be made available through a combination of peer educators, community-driven outreach and referrals, and specialised clinics, as well as through primary healthcare clinics, with training for all health workers.

The plan includes making HIV testing

available and accessible for sex workers. Sex workers who test HIV-positive will be offered ARV therapy. Sex workers who are HIV-negative will be offered ARV medicines to prevent HIV infection – pre-exposure prophylaxis (PrEP) – in combination with other HIV prevention services.

The results of the Integrated Biological and Behavioural Surveillance Survey, launched alongside the report today, demonstrate that HIV prevalence among female sex workers can be as high as 72% in South Africa, but with marked variation in prevalence between different urban settings. Furthermore, the study shows that uptake of ARV therapy by female sex workers already known to be living with HIV is lower than the national average.

Medicines Control Council (MCC)

The MCC is a statutory body that regulates the performance of clinical trials and registration of medicines and medical devices for use in specific diseases. The MCC is responsible to ensure that all clinical trials of both non-registered medicines and new indications of registered medicines comply with the necessary requirements for safety, quality and efficacy. The council is mandated to:

- advise the Minister of Health on any matter referred by the Minister or arising from the application of the Act
- keep the medicines register
- register new medicines
- amend entries in the register
- prohibit the sale of unregistered medicines
- transfer certificates of registration
- cancel the registration of medicines
- approve medicine labels and advertisements
- authorise the sale of unregistered medicine for certain purposes.

Over the last 50 years, South Africa has developed a medicines regulatory authority with internationally recognised standing.

The MCC applies standards laid down by the Medicines and Related Substances Act of 1965) which governs the manufacture, distribution, sale, and marketing of medicines. The prescribing and dispensing of medicines is controlled through the determination of schedules for various medicines and substances.

The MCC operates through external experts who are members of Council Committee structures. Most experts evaluate data sets submitted by the pharmaceutical industry for purposes of registration. Many of these evaluators are from various academic institutions, mainly medical and pharmacy schools.

The office of the registrar provides adminis-

trative and technical support to Council and its activities. The Registrar is also an executive secretary to Council. The Registrar's office is a Chief Directorate/Cluster, Food Control, Pharmaceutical Trade and Product Regulation, within the DoH. There are four Directorates, which are largely responsible for co-ordination and execution of various activities. The cluster is, therefore, secretariat to the Council.

The staff complement of the Cluster includes doctors, pharmacists, veterinarians, other scientists and administrative staff. A certain amount of technical evaluation of generic medicines is performed in-house. It is anticipated that this will increase over time as use of generic medicines increases, in line with government policy of improving access to medicines.

The structure of the council and its committees is described below. The skills of the council and its committees are written into law and include expertise in toxicology and medicine safety, clinical pharmacology, biotechnology, pharmaceuticals, internal medicine, virology, pharmaceutical chemistry, neonatology, paediatrics, immunology, veterinary science, complementary medicines and law.

The Council has nine active technical committees, with 146 members from various institutions in the country. These include the Clinical Committee, Pharmaceutical and Analytical Committee, Clinical Trials Committee, Names and Scheduling Committee, Veterinary Clinical Committee, Pharmacovigilance Committee, Biological Medicines Committee, Complementary Medicines Committee, and Legal Committee.

The Medicines and Related Substances Act of 1965), defines a medicine as any substance or mixtures of substances used or purporting to be suitable for use or manufacture or sold for use in the diagnosis, treatment, mitigation, modification or prevention of a disease, abnormal physical or mental state, or the symptoms thereof in humans, or restoring, correcting, or modifying any somatic or psychic or organic function in humans, and includes any veterinary medicine.

All medicines for human use are subject to this law, including complementary and complementary biological medicines. Further, all veterinary medicines must be registered in terms of the Act, excluding stock remedies registered in terms of Act 36.

Compensation Commission for Occupational Diseases (CCOD)

The CCOD was established to compensate

ex-miners and miners for the impairment of lungs or respiratory organs and to reimburse them for loss of earnings incurred during TB treatment.

If the ex-miner is deceased, the CCOD compensates the beneficiaries of the ex-miner.

The CCOD administers the government's grant for pensioners.

Council for Medical Schemes (CMS)

The CMS 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 the quality and outcomes of the health services provided by medical schemes.

The CMS regulates the medical schemes industry in a fair and transparent manner and achieves this by:

- Protecting members of the public and informing them about their rights, obligations and other matters in respect of medical schemes
- Ensuring that complaints raised by members of the public are handled appropriately and speedily.
- Ensuring that all entities conducting the business of medical schemes and other regulated entities comply with the Medical Schemes Act.
- Ensuring the improved management and governance of medical schemes.
- Advising the Minister of Health on appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.

Medical Research Council

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 assigned by the Minister of Health
- promoting cooperation between South Africa and other countries on research, development and technology transfer
- developing and using technological expertise
- 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 available to universities, technikons, colleges, schools, museums and other institutions
- participating in joint research operations with other institutions
- cooperating with educational authorities, scientific or technical societies and industrial institutions representing employers and employees to promote the training of researchers
- undertaking investigations or research assigned by the Minister
- 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 committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining excellent standards of ethical and professional practice.

To safeguard the public and indirectly the professions, registration in terms of the Act is a prerequisite for practising any of the health professions with which the Council is concerned.

The council guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.

All individuals who practise any of the health care professions incorporated in the scope of the HPCSA are obliged by the Health Professions, 1974 (Act 56 of 1974) to register with the council. Failure to do so constitutes a criminal offence.

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 over the

training and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in people

- promoting liaison in the field of training
- communicating to the Minister information that is of public importance.

Allied Health Professions Council of South Africa (AHPCSA)

The AHPCSA is a statutory health body established in terms of the Allied Health Professions Act, 1982 (Act 63 of 1982) to control all allied health professions, which includes ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and unani-tibb:

The AHPCSA is mandated in terms of Allied Health Professions Act of 1982 to:

- promote and protect the health of the public
- manage, administer and set policies relating to the professions registered with the AHPCSA
- investigate complaints relating to the professional conduct of practitioners, interns and students
- administer the registration of persons governed by the AHPCSA
- set standards for the education and training of intending practitioners.

The AHPCSA consists of three divisions namely the:

- council whose primary role is upholding the functions of the council as presented by legislation and by formulating policies applicable to all allied health professions
- professional boards, whose primary focus is providing the council with the profession specific standards and policy contributions
- administration, who is responsible for the administration of the council, the professional boards and the professions.

The AHPCSA is accountable to the Minister of Health and the Dof Health to:

- advise the Minister on matters as they relate to the allied health professions
- communicate to the Minister on matters of public importance known to the AHPCSA acquired in the course of its functions.

South African Dental Technicians Council (SADTC)

The SADTC controls all matters relating to the education and training of dental technicians or dental technologists and 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.

South African Pharmacy Council (SAPC)

The SAPC is the regulator established in terms of the Pharmacy Act of 1974 to regulate pharmacists, pharmacy support personnel and pharmacy premises in South Africa. Its mandate is to protect, promote and maintain the health, safety and well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans.

The council is tasked with:

- assisting in promoting the health of South Africans
- advising the Minister of Health 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.

South African Nursing Council (SANC)

The SANC is the body entrusted to set and maintain standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act 45 of 1944), and operating under the Nursing Act, 2005 (Act 33 of 2005).

The SANC 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
- removing or restoring any name in a register
- issuing licences to nursing agencies
- requiring employers to submit annual returns of registered and enrolled nurses in their employ.

National Health Laboratory Service

The NHLS is the largest diagnostic pathology service in South Africa with the responsibility of supporting the national and provincial health departments in the delivery of healthcare. The NHLS provides laboratory and related public health services to over 80% of the population through a national network of laboratories.

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 sophisticated laboratories make it a testing centre and resource for Africa, 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

Many NGOs at various levels 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
- 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

Medical practitioners

By mid-2016, a total of 43 277 medical practitioners were 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 mid-2016, there were 6 147 dentists, 3 062 dental assistants, 1 189 oral hygienists and 660 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.

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. There are 25 876 professionals registered with the SAPC.

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. There are 260 698 registered nurses. This figure includes registered, enrolled and auxiliary nurses, but excludes students and pupils.

Health facilities

There are 4 200 public health facilities in South Africa. The number of people per clinic is 13 718, exceeding WHO guidelines of 10 000 per clinic.

Provincial hospitals

Provincial hospitals offer treatment to patients with or without medical-aid cover. Patients are classified as hospital patients, if they can't afford to pay for treatment. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants.

Patients with medical aid are charged a private rate that is generally lower than the rate charged by private hospitals.

Medical schemes

By September 2016, there were 87 medical schemes in South Africa, with around 8,8 million beneficiaries.

Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals, depending on the facilities offered.

Programmes and projects Anti-Substance National Plan of Action

Government and its partners are implementing the Anti-Substance National Plan of Action.

The plan focuses on enabling policy and legislation, reducing the supply and demand of drugs, as well as treatment and rehabilitation of addicts.

The SAPS plays a key role in the fight against drug, substance and alcohol abuse.

Re-engineering PHC

Operation Phakisa 2 was expected to transform all public sector clinics into ideal clinics, which will provide good quality care to all communities.

In November 2014, President Zuma launched Operation Phakisa 2: Scaling up Ideal Clinic

Realisation and Maintenance Programme. It is designed to fast-track the implementation of government priority programmes.

Through Operation Phakisa 2, the public health sector seeks to improve the quality of care provided in 3 500 PHC facilities, which consists of government clinics and CHCs.

This work entails transforming the existing clinics and CHCs into ideal clinics, which all South Africans would use, out of choice, due to the enhanced quality of services they will provide.

From October 2014, a team of 164 senior managers from the national, provincial and local spheres of government, together with their counterparts from the private sector, organised labour, academia, civil society and public entities, participated in the Operation Phakisa laboratory to devise ways and means of making the Ideal Clinic concept a reality.

Operation Phakisa: Ideal Clinic Initiative was organised into eight work streams, focusing on the different building blocks of an Ideal Clinic capable of delivering good quality health services. The work streams include service delivery, waiting times, human resources, infrastructure, financial management, supply chain management, scaling up and sustainability and institutional arrangements.

The NDP that government is implementing through programmes such as Operation Phakisa provides the vision of an ideal health care system.

The NDP talks about a health system that works for everyone, produces positive health outcomes and is not out of reach. This goal will only be achieved through a well-functioning health system, anchored on PHC principles.

This philosophy therefore continues to influence and guide the country as it prepares for the realisation of universal health coverage for all the people of South Africa, through the implementation of the NHI.

NSP on HIV, AIDS, STIs and TB 2012–2016

The integration of HIV, AIDS and TB into the NSP on HIV, AIDS, STIs and TB 2012–2016 outlines a 20-year vision in the fight against the double scourges of HIV and AIDS and TB.

- The NSP had 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 the protection of human rights
 - improving access to justice.

The NSP 2012–2016 further encouraged South

Africans to be tested for these diseases at least once a year; and every pregnant woman to undergo routine HIV testing.

The department also targeted 600 000 men for male circumcision as part of the strategy.

National Health Insurance

In 2015, the Ministry of Health published the Cabinet-approved White Paper on the NHI for public comment. The NHI is a health-financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status.

The NHI is intended to ensure that the use of health services does not result in financial hardships for individuals and their families. It seeks to realise universal health coverage for all South Africans.

This means that every South African will have a right to access comprehensive healthcare services free of charge at the point of use at accredited health facilities such as clinics, hospitals and private health practitioners using an NHI Card. The services will be delivered closest to where people reside or work.

The NHI is being implemented in phases over a 14-year period that started in 2012.

By 2030, the NDP expected South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-five mortality rate of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision.

As part of Phase 1 of the NHI preparatory stage to improve health system performance, interventions to improve service delivery and provision continued to be implemented during the 2015/16 financial year at all levels of the system.

Strengthening healthcare systems is key in achieving service delivery outputs and for programmatic performance. Health programmes contribute significantly towards improved life expectancy rate and decreasing mortality figures.

In the second phase, which will be carried out during the 2017/18 to 2020/21 financial years, the initial activities will focus on ensuring that the population is registered and issued with a NHI Card at designated public facilities using a unique Patient Identifier linked to the National

Population Register of the Department of Home Affairs. Registration will commence with children, orphans, the aged, adolescents and persons with disabilities, women and rural communities. Phase 2 will also prioritise the establishment of a transitional Fund that will purchase health services from certified and accredited providers.

The third phase, scheduled for between the 2021/22 and 2024/25 financial years, will focus on ensuring that the NHI Fund is fully functional. It is envisaged that eligible health services would be certified by the OHSC and accredited by the NHI Fund.

Integrated School Health Programme

The departments of Basic Education and Health are jointly implementing the ISHP that will extend, over time, the coverage of school health services to all learners in primary and secondary schools. The programme offers a comprehensive and integrated package of services, including sexual and reproductive health services for older learners.

The Health Services Package for the ISHP includes a large component of health education for each of the four school phases (such as how to lead a healthy lifestyle and drug and substance abuse awareness), health screening (such as screening for vision, hearing, oral health and TB) and onsite services such as deworming and immunisation).

The ISHP services contribute to the health and well-being of learners by screening them for health barriers to learning.

During the 2015/16 financial year, the ISHP exceeded its targets for screening of 25% of Grade 1 learners and 10% of Grade 8 learners by reaching 29.2% of the Grade 1s, and 12.8% of the Grade 8s.

A total number of 2 283 245 learners were screened through this programme since its inception and 352 766 learners were identified with health problems and referred for intervention.

HCT Campaign

In November 2014, the Prevent, Avoid, Stop, Overcome and Protect (PASOP) Campaign was launched in an effort to call on all communities to join hands with government in the fight against HIV and AIDS and TB.

It is expected that the 50% decrease target will be reached through the use of multifaceted prevention approaches.

These included testing and screening people for HIV and TB, medical male circumcision, initiating people living with HIV who are legible

for ARV treatment and reducing the stigma and discrimination related to HIV and TB.

The PASOP strategy prioritises key populations and vulnerable groups such as sex workers, the Lesbian Gay Bisexual Transgender and Intersex community, women and youth.

The highest rates of new HIV infections are still found among young single women who have older boyfriends and/or multiple sex partners.

The department is set to intensify the PASOP campaign by reaching men who are partners to young women, especially the “3Ms” or Mobile Men with Money and men that have sex with men, but do not identify as gay or bisexual.

In March 2015, on World TB Day, the DoH launched a programme to test 150 000 inmates in 242 correctional services facilities for TB and also screen the families of those who have tested positive.

Further to this, the department conducted TB screening on about 500 000 miners in six mining districts. The screening included the family members of those who tested positive for TB and children who attend schools or crèches in the mining towns.

The incidence of TB in the mines in South Africa is the highest of any working community anywhere in the world.

Managing communicable and non-communicable diseases (NCDs)

The main NCDs in the country include diabetes, cancer, chronic respiratory diseases, mental disorders and cardiovascular diseases.

Africa remains the only WHO region where communicable diseases still account for more deaths than NCDs, according to a 2010 global status report.

The main risk factors associated with NCDs are tobacco use, alcohol abuse, an unhealthy diet and physical inactivity.

Hepatitis B is widespread in sub-Saharan Africa and South Africa. Past studies have found that about 8% of children under the age of one and almost 16% of children under the age of six are infected with Hepatitis B.

Between 10% and 18% of South African adults are Hepatitis B virus carriers. Infection has been more common in the Eastern Cape and KwaZulu-Natal.

Since 1995, all children have been vaccinated against hepatitis B. Blood safety in South Africa has effectively reduced hepatitis B and hepatitis C transmission.

South Africa and WHO jointly convened a major High-level Partners' meeting on building health security “beyond Ebola” from 13 to 15

July 2015 in Cape Town.

The goal of the meeting was to bring together the key national, regional and international stakeholders needed to establish a common framework of actions for supporting, coordinating and intensifying the strategic development and maintenance of health security preparedness.

Improving human resources planning, development and management

The NSP for Nurse Education, Training and Practice is aimed at reconstructing and revitalising the nursing profession as part of the department's efforts to improve health outcomes.

The objectives of the strategy are to:

- promote and maintain a high standard and quality of nursing and midwifery education and training
- enhance and maintain professionalism and a professional ethos among members of the nursing and midwifery professions
- promote and maintain an enabling, well-resourced and positive practice environment for nursing, midwifery and patients/clients throughout
- enable strong leadership at all levels of nursing and midwifery practice
- guide the production of sufficient numbers and the appropriate categories of nurses required to deliver healthcare services within the policy framework for the healthcare system.

Albertina Sisulu Executive Leadership Programme in Health (ASELPH)

The ASELPH aims to:

- strengthen health policy transformation and service excellence in South Africa
- strengthen human-resource capacity in the health system, which is needed to deliver high-quality, cost-efficient services through strengthened, executive-level training of health leaders and managers.
- organise and host university forums, policy seminars and round tables to address key policy debates, as identified by the DoH and focus on issues that will present the greatest challenges to implementation.
- use new teaching and learning strategies

The programme is responsive to emerging initiatives in the South African health sector through a combination of strategies that include:

- targeted training of executive, district and hospital managers who are responsible for services related to the NHI
- strengthened management capability of current and emerging district, health-related

leaders who are responsible for the implementation of the NHI and the re-engineering of the PHC system

- advancement of sustainable, relevant, educational and training capacity for health executives responsible for the management of large public health programmes such as HIV, STIs and TB.

The programme is a partnership between the University of Pretoria, University of Fort Hare and Harvard University, represented by Harvard School of Public Health and South Africa Partners in collaboration with the South African national and provincial departments of health.

The ASELPH is seen as a local flagship programme capable of setting the standard for executive-level health leadership and management training in South Africa.

Treatment and cure

South Africa intensified the fight against TB as part of the World TB Day 2016.

The World TB Day commemoration took place on 24 March 2016 in Lephalale Local Municipality at Waterberg District, in Limpopo. The mass TB screening campaign dominated this year's World TB Day activities.

South Africa is one of 14 African countries to have received recognition for its fight against malaria during the 2016 African Leaders Malaria Alliance (Alma) meeting on 30 January 2016 as part of the 26th African Union Summit in Ethiopia.

The 2016 Alma Awards for Excellence were given to:

- Botswana, Cape Verde, Eritrea, Namibia, Rwanda, São Tomé and Príncipe, South Africa, and Swaziland for achieving the Millennium Development Goal (MDG) target for malaria;
- Rwanda, Senegal and Liberia for Performance in Malaria Control between 2011 and 2015;
- Mali, Guinea and Comoros for being the Most Improved in Malaria Control between 2011 and 2015.

These stats from the Alma shows where Africa is gaining ground in the fight against malaria. The green indicates a country on track, yellow indicates progress but more effort required while red shows countries that are not on track in the fight against malaria.

In South Africa, cases of malaria have decreased by 82%; and the malaria related death rate has dropped by 71% since the year 2000.

The decrease is attributed to a sound malaria vector control programme, in which the country has used dichlorodiphenyltrichloroethane or

DDT odourless insecticide for indoor residual spraying, coupled with other WHO recommended interventions.

Since 2000, malaria mortality rates in Africa had fallen by 66% overall and 71% among children under the age of five.

Innovative health solutions

By mid-2016, the DoH was piloting a self-service dispensing machine for medicines at the Thembaletu Clinic in Johannesburg.

The Pharmacy Dispensing Unit (PDU) is a self-service machine where patients can obtain their medication in the same way people withdraw money at an ATM. To use the machine, a patient needs to register for the service and receive a PIN-protected card similar to a bank card.

To "withdraw" their medication, users simply insert their card into the PDU machine, enter their PIN and select the medication they require from their prescription list.

The machine immediately dispenses the selected medication, thus eliminating the need for the patient to wait in queues. The PDU also allows patients to communicate directly with a trained pharmacist directly from the machine using a built-in video conferencing function.

Other technologies include the Stock Visibility System, a mobile application that enables medicine availability information at PHC clinics to be uploaded to a central online data repository.

The camera on the phone can be used to scan the medicine barcode and update stock levels, thus enabling healthcare workers to easily monitor the quantity of medication they have in stock and timeously order medication that might be running low. This will help to reduce the number of stock-outs at clinics.

The DoH has also launched MomConnect, a free sms service that provides pregnant mothers with regular foetal development updates throughout their term of pregnancy. By mid-2016, the service had more than 800 000 registered users.

The Mother2Mothers is a service that connects new mothers to experienced mentors to help them through their pregnancy.

The Medication Adherence app reminds users of their clinic or hospital visits and to take their scheduled medication.

The B-Wise is a youth focused online service that provides young people with health information and allows them to have their health-related questions answered by an expert adviser within 48 hours.

Waste management in health establishments

The Regulations Relating to Health Care Waste Management in Health Establishments were approved by the Minister on 13 May 2015. The regulations cover various aspects of health care waste and are applicable to both private and public health establishments but exclude radioactive, electronic and animal wastes.

The DoH is actively participating in the Intergovernmental Committee on Climate Change and other technical multi-stakeholder committees to discuss and report on matters that need intersectoral collaboration and ongoing progress of work programmes for climate change adaptation in the health sector.

A total of 216 environmental health practitioners attended the pesticides/chemicals management training workshops held in Limpopo, North West and Northern Cape.

Demographic and Health Survey

The DoH commenced the Demographic and Health Survey in 2015/16, in order to track progress in the health status of the people of South Africa against the NDP. This is a critical survey that will provide essential data to inform policy and management of strategic programmes.

It covers demographic indicators, maternal, newborn and child health programme indicators, reproductive health and contraception, management of noncommunicable diseases and risk factors, as well as women's status in the society.

The SADHS will cover 15 000 households, selected to be nationally representative, which will be visited by teams of trained interviewers who will collect information in a face-to-face interview and take certain measurements such as blood pressure, heights and weights.

The survey team, made up of the NDoH, Stats SA and the MRC completed all the conceptual survey work, including the training on data collection and piloting of the survey methodology, in February 2016.

The main data collection was planned to take place from June to October 2016, and the preliminary report made available in December 2016.