



OFFICIAL GUIDE TO SOUTH AFRICA 2017/18

Health

The Department of Health (DoH) derives its mandate from the National Health Act of 2003, which requires that the department provides a framework for a structured and uniform health system for South Africa. The Act sets out the responsibilities of the three levels of government in the provision of health services.

The DoH contributes directly to the realisation of Outcome 2 (a long and healthy life for all South Africans) of government's 2014-2019 Medium Term Strategic Framework.

In line with the vision of the National Development Plan (NDP) of ensuring a long and healthy life for all South Africans, the department focuses on sustainably expanding HIV and AIDS and tuberculosis (TB) treatment and prevention, revitalising public healthcare facilities, and ensuring the provision of specialised tertiary hospital services.

The Bill of Rights in Section 27 of the Constitution of the Republic of South Africa of 1996 states unequivocally that access to healthcare is a basic human right.

According to Statistics South Africa's (Stats SA) Mid-year population estimates 2018, the total number of persons living with HIV in South Africa increased from an estimated 4,25 million in 2002 to 7,52 million by 2018.

For 2018, an estimated 13,1% of the total population was HIV positive. Approximately one-fifth of South African women in their reproductive ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15–24 has declined over time from 6,7% in 2002 to 5,5% in 2018.

By 2018 life expectancy at birth was estimated at 61,1 years for males and 67,3 years for females. Infant mortality rate has declined from an estimated 53,2 infant deaths per 1 000 live births in 2002 to 36,4 infant deaths per 1 000 live births in 2018. Similarly, the under-five mortality rate declined from 80,1 child deaths per 1 000 live births to 45,0 child deaths per 1 000 live births between 2002 and 2018.

The number of AIDS-related deaths declined consistently since 2007 from 276 921 to 115 167 in 2018. Access to antiretroviral (ARV) treatment has changed historical patterns of mortality. Access to ARV therapy has thus extended the lifespan of many in South Africa, who would have otherwise died at an earlier age.

Revitalising public healthcare facilities

By mid-2018, the department was in the process of finalising a 10-year infrastructure plan to determine areas with the greatest need for capital investments, based on population projections up to 2025. The department was working closely with implementing agents to ensure that all 872 primary healthcare (PHC) facilities in the National Health Insurance (NHI) pilot districts are maintained, constructed or revitalised by 2019/20.

The General Household Survey 2017 conducted by Stats SA found that about seven out of every 10 (71,2%) households used public-health facilities as their first point of access when household members needed healthcare services for an illness or injury.

Furthermore, the survey reported that 81.7% of households attending public health facilities were either very satisfied or satisfied with the service they received. This finding is similar to the 2017 Patient Experience of Care Survey conducted in 168 randomly selected PHC facilities, which found that 76.5% of 7 128 patients had positive experiences of care and 74.8% were also satisfied with the services they received in the facilities.

Among other things, the Patient Experience of Care Survey pointed out that medicine availability is one of the main contributors towards patient satisfaction.

At the end of March 2018, a cumulative total of 1 507 of the 3 434 facilities assessed had attained Ideal Clinic status, which is an initiative that was started in July 2013 to improve quality and efficiency in PHC facilities in the public sector.

HIV, AIDS and TB

South Africa has signed up to the Joint United Nations Programme on HIV and AIDS targets of reaching 90-90-90 for HIV by December 2020 as well as the Stop TB Partnership's targets of 90-90-90 for TB.

These targets simply mean that to bring an end to these two diseases, the DoH must find 90% of those that are HIV positive and those that have TB, initiate 90% of these on treatment and ensure that 90% of those that are on ARVs are virally suppressed and that 90% of those on TB treatment are successfully cured.

The country has also partnered with the United States President's Emergency Plan for AIDS Relief programme to develop the so-called Surge campaign by identifying two million HIV-positive people and putting them on treatment by December 2020.

Prevention is the mainstay of efforts to combat HIV and AIDS. Since the HIV Counselling and Testing campaign was introduced in 2010, over 44 million people have been tested. A total of 13 872 315 people were tested for HIV, exceeding the annual target of 10 million for the 2017/18 financial year. At the end of March 2018, the total number of clients remaining on ART therapy was 4 189 070.

Medical Male Circumcision (MMC) is one of the DoH's combination HIV prevention interventions. During 2017/18, a total of 539 892 MMCs were performed.

Regarding TB, the new client treatment success rate reached 84.4%, while the TB client death rate was maintained at 3.9% in 2017/18, the same as the rate in the previous financial year. Specific annual targets had been set for TB screening in correctional services and controlled mines.

National Health Insurance

The NHI aims to ensure that all citizens and residents of South Africa, irrespective of socio-economic status, have access to good-quality health services provided by both the public and private sectors, thereby eradicating financial barriers to health care access. The NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all.

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.

Potential benefits from the NHI Fund would include:

- treatment for schoolchildren with physical barriers to learning such as eyesight, hearing, speech and oral health;
- free ante-natal care in the form of eight visits to a doctor to each of the 1,2 million women who fall pregnant annually. Family planning, breast and cervical cancer screening and where appropriate, treatment, will be provided;
- better services for mental health users, such as screening;
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

The *White Paper on NHI* policy was published in the *Government Gazette* on 30 June 2017. The draft NHI Bill and the Medical Schemes Amendment Bill were considered by Cabinet. Phase 1 of NHI implementation came to an end in 2016.

During this phase, the department implemented various health systems-strengthening initiatives. These initiatives were first implemented in 11 NHI pilot districts, and thereafter rolled out to health facilities outside the NHI pilot districts. Phase 2 commenced in 2017, with the establishment of seven NHI bodies, structures and commissions.

Community outreach

Community outreach interventions include community health workers (CHWs) as a first point of contact between PHC facilities and surrounding communities.

South Africa's PHC system is built on a model of functional Municipal Ward-Based PHC Outreach Teams, consisting of teams of CHWs linked with health facilities. The CHWs proactively initiate visits to households to perform a variety of basic healthcare services within their scope of practice. At the end of 2017/18, a total of 3 323 PHC Outreach Teams were active in providing basic health services to children and adults.

National Policy for Nursing Education and Training

The National Policy for Nursing Education and Training aims to ensure uniformity and standardisation in the provision of nursing education by eliminating unregistered institutions, and improve clinical training for all programmes leading to professional registration.

Three core national curricula aligned with national health priorities in the PHC re-engineering model were developed and submitted for accreditation.

These include a new three-year diploma programme that will produce generalist nurses able to manage low-risk health problems, and a one-year advanced diploma programme that will produce midwives competent to manage maternal and neonatal care. The programmes will be offered from January 2020.

Integrated School Health Programme (ISHP)

The ISHP contributes to the health and well-being of learners through screening for health barriers to learning. By mid-2018, a cumulative total of 4 339 875 learners had been screened through this programme since its inception in 2012. Since inception of the programme, 504 803 learners had been identified with various health barriers to learning, and referred for treatment.

Central Chronic Medicines Dispensing and Distribution (CCMDD)

The CCMDD programme has continued to dispense prescribed medicines at accessible pick-up points to patients with chronic conditions. In 2017/18, a total of 2 182 422 patients enrolled to collect their prescribed medicines from over 855 pick-up points.

The department continues with the roll-out of the medicines stock-out surveillance system to ensure that medicines are always available in PHC facilities and hospitals.

Implementation of the stock visibility system increased from 3 121 clinics and community health centres in 2016/17 to 3 167 clinics and community health centres in 2017/18 (92% coverage).

MomConnect programme

The MomConnect programme, which was launched in August 2014, aims to improve access to early antenatal services and to empower pregnant women with relevant health knowledge. Pregnant women register via their mobile phones to receive weekly messages appropriate to their stage of pregnancy.

The number of pregnant women and mothers registered on MomConnect doubled from 917 053 in the 2016/17 financial year to 1 888 918 in the 2017/18 financial year. A total of 1 549 complaints and 14 337 compliments have been registered and resolved since its inception.

At the end of March 2018, a total of 818 688 pregnant women and mothers were receiving health-promotion messages.

Health Patient Registration System (HPRS)

The HPRS provides a Patient Registry and Master Patient Index using the South African identification number and other forms of legal identification. At the end of March 2018, a total of

2 968 PHC facilities were using the system and more than 20 million people had been registered on the system, compared with 1 849 PHC facilities and 6.3 million registered at the end of March 2017.

Medical schemes

By September 2018, there were about 80 medical schemes in South Africa, with over eight million beneficiaries.

According to Stats SA's General Household Survey 2017, nearly a quarter (23,3%) of South African households had at least one member who belonged to a medical aid scheme. However, a relatively small percentage of individuals in South Africa (17,1%) belonged to a medical aid scheme in 2017.

Health entities

- The **Compensation Commissioner for Occupational Diseases in Mines and Works** is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs and reimburse for loss of earnings incurred during TB treatment.
- The **Council for Medical Schemes** is a regulatory authority responsible for overseeing the medical schemes industry in South Africa. Its functions include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare and advising the Minister of Health on any matter concerning medical schemes.
- The **Office of Health Standards Compliance** is mandated to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.
- The **South African Medical Research Council** is mandated to promote the improvement of health and quality of life through research development and technology transfer. Research and innovation are primarily conducted through council funded research units located within the council and in higher education institutions.
- The **National Health Laboratory Service** is mandated to support the DoH by providing cost-effective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education, and supports health research. It is the largest diagnostic pathology service in South Africa, servicing more than 80% of the population, through a national network of 268 laboratories. Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the South African Vaccine Producers as its subsidiary.
- The **South African Health Products Regulatory Authority** was established in April 2017 as a public entity responsible for the regulation of medicines, medical devices and radiation control. These functions were previously performed by the Medicines Control Council.
- The **Health Professions Council of South Africa** 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.
- The **South African Nursing Council** sets and maintains standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body.
- The **South African Pharmacy Council** is an independent, self-funded, statutory body mandated to regulate the pharmacy profession in the country with powers to register pharmacy professionals and pharmacies, control of pharmaceutical education, and ensuring good pharmacy practice.

- The **South African Dental Technicians Council** is a regulatory body responsible for regulating the Dental Technology profession in South Africa.
- The **Allied Health Professions Council of South Africa** controls 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.
- The **Interim Traditional Health Practitioners Council** gives traditional health practitioners registered with it the authority to issue medical certificates in line with the provisions of the Basic Conditions of Employment Act of 1997.

Nelson Mandela-Fidel Castro Medical Collaboration

As part of bilateral agreements on public health between South Africa and Cuba signed in 1994, the Nelson Mandela/Fidel Castro Medical Collaboration Programme was initiated to relieve the acute shortage of human capacity in the public health sector, in line with South Africa's strategic objective to increase the production of human resources for health.

Cuba was the country of choice for training because of its impressive health indicators, based on successful implementation of a PHC model.

The first group of 712 final-year MBChB students arrived in the country in July 2018, to complete their final year of medical studies in local clinical practice, as part of the integration process. Since the inaugural graduation of the first cohort in 2004, a total of 657 Cuban-trained medical students have graduated.

In 2019, the largest number of Cuban-trained medical students registered thus far for their final year are expected to graduate as medical doctors. These students are expected to complete their clinical training at local universities, namely Stellenbosch University, University of Cape Town, University of the Free State, University of KwaZulu-Natal, University of Limpopo, University of Pretoria, Walter Sisulu University, University of the Witwatersrand, and Sefako Makgatho Health Sciences University.