



While the national Department of Health is responsible for policy, legislation and standards, the nine provincial departments undertake actual health service delivery and regulation.

Government is committed to basic health care as a fundamental right. Primary health-care (PHC) workers provide immunisation; maternity care; screening of children for diseases; Integrated Management of Childhood Illnesses and child health-care; accident and emergency services; and oral health services. PHC workers also provide family planning, counselling and management of geriatric diseases.

PHC is now considerably more accessible than ever before. Recently, 495 new clinics have been built and 2 298 upgraded.

### **Policy**

The core of government's health policy is to eventually provide health care that is affordable and accessible to all.

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

- reorganisation of support services
- improvement in the quality of care
- revitalisation of public hospitals
- further implementation of the district health system and primary care
- a decrease in the incidence of HIV/AIDS, sexually-transmitted infections (STIs) and tuberculosis (TB)
- resource mobilisation and allocation
- human resource development.

To improve access to specialised treatment and diagnoses and to improve the abilities of community-service doctors, the use of telemedicine is being strongly encouraged and funded.

Telemedicine equipment has been deployed at some 30 sites although some are still not using the technology effectively. To improve this situation, a national training programme was implemented in 2001/02.

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

A National Health Laboratory Service providing laboratory services to the public sector came into being in mid-2001.

### **The nation's health team**

Some 29 927 doctors were registered at the end of 2001. These include doctors working for the State, in private practice (the majority) and specialists.

There are some 7 203 foreign-qualified doctors working in South Africa, making an important contribution to relieving the country's shortage of skills.

Newly qualified interns are required to do paid compulsory community service at State hospitals for one year. In 2002, this programme of community service

**DID YOU KNOW?**

At the end of 2002, female condoms were available, free of charge at 200 public-sector sites across the country. During 2002, government purchased and distributed free of charge 350 million male condoms and this will rise to 400 million in the 2003/04 financial year.

placed 1 742 young doctors, dentists and pharmacists in the field, providing significant relief in rural areas.

Some 29 927 doctors were registered at the end of 2001.

At the end of 2001, 4 503 dentists, 11 dental and oral specialists, 849 oral hygienists and 347 dental therapists were registered.

At the same time, there were 10 782 pharmacists registered, approximately 7% of whom were employed in provincial and State hospitals. There were 172 338 registered and enrolled nurses and nursing auxiliaries, the profession

accounting for more than 50% of the total professional human resources of the national health effort.

Apart from the various universities, technikons, colleges and other training institutes involved in educating health professionals, the provincial hospitals play a vital role in training physicians, nurses and supplementary health personnel.

There were 357 provincial hospitals in 2002. Mobile clinics form the backbone of primary and preventive health care. The network of clinics has been steadily expanded since 1994 – putting them within much easier reach of six million people through the building of some 500 clinics.

The Hospital Revitalisation Programme (with a budget of some R528 million) and the Hospital Management Grant (amounting to R129 million) deal with some substantial elements of quality of care. This approach kicked off at one hospital in each province in 2002. In 2003, three hospitals in each province will be included.

In 2001, there were 200 private hospitals with 23 000 beds in use in South Africa.



Department of Health  
Republic of South Africa

## **Malaria risk in South Africa – 2003**

### **Malaria information card for travellers within South Africa**

Malaria is one of the most serious tropical diseases in the world. The disease can be fatal if not diagnosed correctly and appropriate, prompt treatment administered. Malaria is mostly transmitted in the low altitude areas of the north-eastern parts of South Africa. Transmission is seasonal with the greatest number of malaria cases occurring between October and May. Travellers should be vigilant and remember the 'A, B, C, D, E' of malaria prevention.

#### **A: Awareness of malaria risk**

- Going somewhere? Find out whether there is a risk of getting malaria there. The risk is lower during the cold and dry seasons.

#### **B: Avoidance of mosquito bites**

- Take precautionary measures to prevent mosquito bites in all risk areas.
- If possible, remain indoors between dusk and dawn (mosquitoes carrying malaria bite at night).
- Wear long-sleeved clothing, long trousers and socks when going out at night.
- Apply an insect repellent containing DEET to exposed skin at night.
- Sleep under a mosquito-proof bed-net, preferably one that has been treated with an approved insecticide.
- Spray inside with an insecticide spray, after closing windows and doors.

#### **C: Compliance – Take your medicines correctly**

- There is no prophylaxis that is 100% effective, but the correct medicine will reduce your risk of severe illness.
- Take only the medicines recommended by a health professional.
- Start before entering the malaria risk area.

- Take the medicine at the same time every day (or week, for weekly medication) with plenty of water, after a meal.
- Continue while in the area and for four weeks after leaving the area.

One of the following three regimes is currently recommended for use in South Africa:

- Mefloquine. (weekly). Start at least one week before entering a malaria area
- Doxycycline. (daily). Start one day before entering a malaria area.
- Chloroquine (weekly) PLUS proguanil (daily). Start at least one day before entering a malaria area.

#### **D: Early Detection of malaria**

- The majority of deaths and cases of complicated malaria result from delayed diagnosis and/or inappropriate treatment.
- Seek immediate medical attention if you have any 'flu-like' symptoms for up to six months after leaving a malaria area e.g. fever, headache, chills, muscular pain.
- Confirmation of malaria as a cause of illness is made by the examination of blood for parasites, either by blood smear or a rapid malaria test.

#### **E: Effective treatment**

- Malaria must be treated as a medical emergency. The sooner effective treatment is started, the better the prognosis.

#### **Useful Web sites**

1. National Dept of Health  
*www.doh.gov.za* OR *www.health.gov.za*
2. World Health Organisation  
*www.who.int/health-topics/malaria.html*
3. Centers for Disease Control  
*www.cdc.gov/travel/malinfo.html*
4. Medical Research Council  
*www.malaria.org.za*
5. Malaria Foundation  
*www.malaria.org*
6. Travel clinics  
*www.travelclinics.co.za*

Source: Guidelines for the prevention of Malaria in South Africa compiled by National Department of Health, January 2003.

Apart from the vital provision of ambulances, emergency medical services also provide aeromedical and medical rescue services.

Various independent organisations, most of them voluntary, provide essential health services. These include the South African Red Cross, the St John's Ambulance Foundation, Medic Alert, Life Line and hospices.

### **Community health**

The optimal utilisation of resources for primary, secondary and tertiary health care is the responsibility of the Department of Health.

A National Plan of Action for Children is being instituted by the Department of Health to achieve an Integrated Management of Childhood Illnesses.

The most common communicable diseases in South Africa are Tuberculosis (TB), malaria, measles and STIs.

A national plan to fight TB proposes that by 2005 a cure rate of 80–85% of smear-positive TB cases be achieved.

From 2000 to 2001, the number of malaria cases dropped from 61 934 to 26 505, with deaths falling from 423 to 119. This dramatic improvement was the result of various policy changes.

Immunisation against measles is another key priority. By February 2002, the percentage of children fully immunised was 73% after hovering for years around the 63% mark. The target for 2004 is 90%.

### **HIV/AIDS**

The fight against HIV/AIDS enjoys the highest priority in South Africa, with the Government, civil society and ordinary people all working together to confront the pandemic.

The Government continues to commit itself to intensifying its comprehensive programme to fight HIV/AIDS in partnership with all sectors of society. The HIV/AIDS budget (excluding allocations from provincial

DID YOU KNOW?

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Since there is no known cure for AIDS, progress in prevention is critical. A new phase of the awareness campaign, with R98 million of government funding, was launched in September 2002, with partners such as the education campaign, loveLife. In 2002, 350 million condoms were supplied free including through such non-traditional outlets as clubs,

shebeens and informal shops. This will increase to 400 million in 2003/04.

Voluntary HIV counselling and testing is now available in nearly 1 000 public health sites and more funds have been allocated.

The South African AIDS Vaccine Initiative is busy with laboratory testing of candidate vaccines and clinical trials could start in late 2003.

Government's programme to prevent mother-to-child transmission of HIV, already the largest on the African continent, is being expanded towards universal access to Nevirapine. By June 2002, over 101 000 women had visited facilities attached to the Prevention of Mother-to-Child Transmission programme's 18 research sites – 63 000 accepted voluntary counselling and testing. Nevirapine was dispensed to 10 043 women and 6 947 babies.

Government decided in April 2002 to provide a comprehensive package of support for survivors of sexual assault. Protocols were distributed to provinces by May and implementation has started. Health institutions, police, social workers and non-governmental organisations are working together. Provision of anti-retroviral drugs to survivors of sexual assault is now national policy and sites are being expanded.



### School feeding: 2002/03 Financial year

Province	Number of targeted schools		Number of learners in targeted schools	
	Targeted	Reached	Targeted Dec 2002	Reached Dec 2002
Eastern Cape	4 984	4 992	900 000	893 355
Free State	1 252	1 245	158 446	145 939
Gauteng	1 014	1 043	290 872	260 872
KwaZulu-Natal	2 533	2 403	1 277 245	1 139 449
Limpopo	2 747	2 704	1 173 650	1 153 749
Mpumalanga	1 334	1 334	442 949	442 949
Northern Cape	317	317	116 605	116 605
North West	1 379	734	312 114	253 534
Western Cape	881	881	158 719	158 000
<b>Total</b>	<b>16 438</b>	<b>15 650</b>	<b>4 861 004</b>	<b>4 548 385</b>

Source: Provincial Departments of Health

Treatment for opportunistic infections is available at public health-care facilities irrespective of HIV status. As part of the Diflucan Partnership Programme, about one million tablets of Diflucan were processed by July 2002. Diflucan is provided free in over 300 public facilities. Some 7 800 health workers have been trained as part of the Programme.

The Government appreciates that anti-retroviral treatment can help improve the condition of people living with AIDS if administered at certain stages in the progression of the condition, and in accordance with international standards.

It is actively engaged, therefore in addressing the challenges that must be overcome to create the conditions that would make it feasible and effective to use anti-retrovirals in the public health sector. It is working to lower the cost of these drugs, which at present are too costly for universal access, and to strengthen the health system and intensify patient education to ensure that the drugs are not used incorrectly.

The departments of Health, Social Development and Education are working together to enhance support for families affected by the epidemic. From November 2002, for example, provincial co-ordinators in the programme received care kits to be used by nurses and lay counsellors.

## **Nutrition**

The Government's Integrated Nutrition Programme (INP) aims to ensure optimum nutrition for all South Africans by preventing and managing malnutrition.

The INP targets at-risk or vulnerable communities, groups and individuals for intervention. These interventions include publishing and distributing educational literature, providing high-dose vitamin-A supplementation and the promulgation and enforcement of regulations on the fortification of maize meal and wheat flour.

Part of this Programme is the provision of school feeding to 4,7 million learners at 15 650 primary schools.