



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

In 1994, government started providing free PHC services for children under six years old, and pregnant and lactating women.

During the same period, government initiated a programme that resulted in more than 1 600 clinics being built.

Where necessary, patients with complications are referred to higher levels of care, such as hospitals.

PHC services include immunisation, communicable and endemic disease prevention, maternity care, screening of children, integrated management of childhood illnesses and child healthcare, health promotion, counselling, management of chronic diseases and diseases of older persons, rehabilitation, accident and emergency services, family planning and oral health. By mid-2008, PHC workers at about 70% of health facilities had been trained in the Integrated Management of Childhood Illnesses (IMCI).

Districts countrywide are integrating mental health and substance abuse into their PHC services.

Health-delivery system

The major emphasis in developing health services at provincial level has been the shift from curative, hospital-based healthcare to health services provided in an integrated, community-based manner. Patients in provincial hospitals pay for examinations and treatment in accordance with their income and number of dependants. A provincial government may partly or entirely finance patients' treatment.

Clinics

A network of mobile clinics run by government forms the backbone of primary and preventive healthcare.

Hospitals

Hospital management is being strengthened in various ways in all nine provinces. In 2007/08, the Department of Health planned to ensure that at least 50% of hospital managers enrolled in a formal hospital management-training programme.



The Hospital Revitalisation Programme entered its sixth year in 2008, and continues to illustrate the importance of an integrated strategy for improving health-service delivery.

The programme includes improving infrastructure, health technology (equipment), quality of care, management and organisational development within targeted hospitals in the programme. Since 2005/06, three new hospitals have been opened, bringing to eight the number of new hospitals.

These are George Hospital in Western Cape, Madikana ka Zulu Memorial Hospital in Eastern Cape and Lebowakgomo Hospital in Limpopo. An additional three hospitals were expected to be completed by 2008/09. These are Dilokong and Nkhensani hospitals in Limpopo and Barkley West Hospital in the Northern Cape.

Emergency medical services (EMS)

Although provinces run their own EMS, including ambulance services, training is standardised nationally.

Private ambulance services also serve the community. Some of these also render aeromedical services.

The Department of Health has developed a national EMS plan for the 2010 FIFA World Cup™. Some R8 million is being invested to upgrade emergency centres designated for the World Cup.

Policy

By promoting a healthy lifestyle, the NHS aims to improve public health through disease prevention.

It also strives to consistently improve the healthcare-delivery system by focusing on access, equity, efficiency, quality and sustainability.

Given that health needs will always outstrip available resources, the health sector identifies key priorities for each planning cycle.

The strategic priorities for 2008/09 were to:

- strengthen health programmes
- sustain quality improvement by developing and implementing health-facility improvement plans
- develop an integrated national health information system
- strengthen health financing, in particular increasing funding for the public health sector

- achieve further reduction in the prices of medicines and pharmaceutical products
- strengthen human resources for health
- strengthen international health relations
- improve management and communication.

The details are contained in the Annual National Health Plan as well as the Strategic Plan of the national Department of Health.

In August 2008, the Department of Health gazetted the Draft Policy on African Traditional Medicine (ATM) for comment by the public before it was adopted as an official policy guiding the practice of ATM in the country. The draft policy deals with and makes policy recommendations around the following key areas:

- legal and legislative framework: the draft policy calls for the incorporation of ATM into the country's health systems based on the large number of people who use it already
- education, training, research and development: the draft policy recommends that a National Institute of African Traditional Medicine (NIATM) be established to co-ordinate, undertake and provide leadership in the research of ATM
- cultivation and conservation of medicinal plants and animals: the draft policy proposes that the NIATM be responsible for ensuring the safety, quality and timely availability of ATM and raw material.

Healthy lifestyles

The Healthy Lifestyles Programme was launched to promote health and well-being among individuals, communities and populations, enabling them to address the broad determinations of health and to identify health-risk factors. The critical aspect of the programme is to address the onset and prevalence of non-communicable diseases; the dangers of obesity, unhealthy diet and physical inactiveness; successful ageing and mental health; and the contribution of alcohol abuse to non-natural deaths (violence, road accidents, drowning and injuries).

The last Friday of February each year has been declared Health Lifestyle Day for both South Africa and the continent.



South Africans' use of public healthcare services has almost doubled over the past eight years. The increase was due to improved access as a result of building some 1 600 clinics closer to communities, improved packages of care available at clinics and the removal of user fees.



The percentage of children under one year who complete their primary course of immunisation has increased at an annualised rate of 5% a year. In 2008, coverage stood at 85%, within reach of the 90% national target.

The average number of new cases of diarrhoea per 1 000 children under the age of five, dropped by more than half, from 258 in 2005 to 119 in 2006.

The *2006 Antenatal Survey* showed a decline for the first time in HIV prevalence, particularly among young people and that tuberculosis cure rates were improving annually while defaulter rates were declining.

Health team

By December 2008, the core team of practising medical practitioners in South Africa consists of:

- 44 971 registered medical and dental practitioners
- 46 305 emergency care personnel
- 10 948 pharmacists (2007).

Registered and enrolled nurses, 2007

	2007
Registered nurses and midwives	103 792
Enrolled nurses and midwives	40 582
Nursing auxiliaries	59 574
Students in training	15 258
Source: South African Nursing Council	



South Africa has a shortage of certain health professionals such as physiotherapists, dieticians and radiographers.

National Health Laboratory Service (NHLS)

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

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

Medical schemes

In 2007, the number of beneficiaries covered by medical schemes increased by 5% to 7 478 040. These membership numbers exclude members of bargaining council schemes and the Moto-health Care Medical Scheme.

Membership of restricted schemes grew by 21,7% – this growth may be attributed to the Government Employees Medical Scheme, which increased its membership by more than 300% from 2006.

The contributions that schemes collected from their members increased by 12,3% to R64,7 billion, while the claims that schemes paid on behalf of their members rose by 10,2% to R56,3 billion from R51,1 billion in 2006. Contribution increases were higher for open schemes compared to restricted schemes.

Of the total amount they spent on healthcare, schemes paid R20,2 billion (36%) to hospitals. Expenditure on private hospitals increased by 12,5% to R19,9 billion in 2007. This increase was 5,3% when adjusted for inflation. The number of beneficiaries admitted to private hospitals increased to 180 per 1 000 beneficiaries from 171 per 1 000 in 2006.



Community health

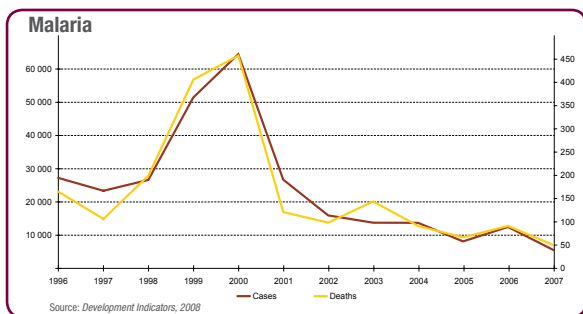
The most common communicable diseases in South Africa are TB, malaria, measles and sexually transmitted infections (STIs).

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

In September 2008, the Department of Health introduced two new vaccines into its immunisation programme. This will assist in preventing deaths from pneumonia and diarrhoea.

Malaria is endemic to the low-altitude areas of Limpopo, Mpumalanga and north-eastern KwaZulu-Natal. About 10% of the population lives in malaria-risk areas. The highest-risk area is a strip of about 100 km along the Zimbabwe, Mozambique and Swaziland borders.

The number of malaria cases declined drastically over the past eight years from 51 444 in 1999 to 5 210 cases in 2007. Factors behind the decline include an increase in indoor residual spraying using DDT with an overall coverage of more than 80%. South Africa's collaboration with Swaziland, Mozambique and Zimbabwe – through cross-border malaria control initiatives – has contributed towards a decline in malaria cases.





South Africa was declared free of the Wild Poliovirus by the African Regional Certification Commission in 2006. This is a subcommittee of the independent Global Certification Commission that works closely with the World Health Organisation.

The number of children who have been confirmed by laboratory tests to have had measles in South Africa decreased from 829 in 2004 to only 31 in 2007 and there have been no deaths from measles in the last two years.

Integrated Management of Childhood Illnesses

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

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

The strategy tries to integrate all interventions relating to children to ensure that a package of care is offered to each child.

Tuberculosis

In 2007, there were more than 300 000 TB cases. Free testing is available at public clinics countrywide.

While the South African cure rate is improving, it is still below the cure rate of many developing countries.

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

On TB control and the implementation of the TB Strategic Plan, it is encouraging to note that 20% of South Africa's health facilities now have TB tracing teams as part of efforts to reduce the TB defaulter rate from 10% to 7% in line with the target set by government.



HIV and AIDS

The Department of Health has developed the National Strategic Plan (NSP) for HIV and AIDS and STIs for 2007 to 2011, which builds on the gains of the Strategic Plan for 2000 to 2005.

The plan emphasises treatment and prevention. It also spells out clear, quantified targets, and places high priority on monitoring and evaluation.

The South African National AIDS Council (SANAC) has endorsed the plan. The primary goal of the NSP is to reduce the rate of new HIV infections and to mitigate the impact of AIDS on individuals, families and communities.

The plan aims to reduce new infections by 2011 and provides an appropriate package of treatment, care and support services.

The package provided by the plan includes counselling and testing services as an entry point; healthy lifestyle interventions, including nutritional support; treatment of opportunistic infections; antiretroviral (ARV) therapy; and monitoring, and evaluation to assess progress and share research.

The report acknowledges the efforts that are being made in the area of prevention by noting that some 96% of South African schools were providing life-skills-based HIV education in the last academic year. It also lists South Africa's Men in Partnership against Gender Violence, and the role of Soul City as one of the exemplary programmes on HIV prevention.

To consolidate these gains, government announced an allocation of an additional R350 million to a conditional grant for HIV and AIDS, which now stands at R2 585 billion for the 2008/09 financial year.

These funds will be transferred to provinces to further enhance the response to HIV and AIDS.

The treatment, care and support intervention is gaining momentum in line with government's commitment to deal with this challenge. By February 2008, at least 456 000 patients were receiving ARV treatment in all 407 government facilities providing this service. Of these 39 759 were children.



By June 2008, there were 16 accredited ARV sites in correctional services, with 4 294 offenders receiving ARV therapy.

The department has 86% of the subdistricts having at least one service point accredited to provide comprehensive care to people living with HIV and AIDS.

SANAC has served as an important platform for partnerships against AIDS.

HIV and AIDS vaccine research and development

The South African AIDS Vaccine Initiative was established in 1999 to develop and test an affordable, effective, and locally relevant HIV and AIDS vaccine for southern Africa.

Home- and community-based care (HCBC)

HCBC is a central tenet of the care component of the comprehensive response to HIV and AIDS. This service is provided mainly through non-governmental and community-based organisations.

The objective of the HCBC Programme is to ensure:

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

Some 30 050 community caregivers received stipends up to December 2007. Of these, 14 964 community caregivers received basic HCBC and Ancillary Healthcare National Qualifications Framework level one and two training. Some 1 145 270 beneficiaries received care and support services from April 2007 to December 2007.

By August 2008, government's programme on the establishment of food gardens was gaining momentum, with 6 390 schools having active gardens. It was accelerating plans regarding the implementation of the National School Nutrition Programme, with over six million children receiving meals in more than 18 000 public schools.

