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.

Statutory bodies

Statutory bodies for health-service professionals include the Health Professions Council of South Africa (HPCSA), the South African Dental Technicians' Council, the South African Nursing Council (SANC), the South African Pharmacy Council (SAPC) and the Allied Health Professions Council of South Africa (AHPCSA). Regulations in the private health sector are effected through the Council for Medical Schemes. The Medicines Control Council is charged with ensuring the safety, quality and effectiveness of medicines.

Health authorities

National

The Department of Health's broad aims are to combat communicable and non-communicable diseases, and to strengthen health promotion and health systems.

The department is responsible for:

- formulating health policy, legislation, norms and standards for healthcare
- ensuring appropriate use of health resources
- co-ordinating information systems and monitoring national health goals
- regulating the public and private healthcare sectors
- ensuring access to cost-effective and appropriate health commodities
- liaising with health departments in other international agencies and countries.

Provincial

The provincial health departments are responsible for:

- providing and/or rendering health services
- formulating and implementing provincial health policy, standards and legislation
- planning and managing a provincial health-information system
- researching health services to ensure efficiency and quality
- controlling quality of health services and facilities
- screening applications for licensing and inspecting private health facilities
- co-ordinating the funding and financial management of district health authorities
- consulting effectively on health matters at community level
- ensuring that delegated functions are performed.

With the assistance of the national department, provincial health departments have developed service-transformation plans to reshape and resize their health services and develop appropriate, adequately resourced and sustainable health service-delivery platforms which are responsive to needs.

Primary healthcare

The policy on universal access to PHC, introduced in 1994, forms the basis of healthcare delivery programmes and has had a major impact on the South African population.

Fifty-three health districts were established in line with the new metropolitan and district municipal boundaries.

Access to PHC increased from over 67 million visits in 1998/99 to just less than 102 million in 2005/06. The rates of people using PHC services increased nationally from 2,1 visits per person per year in 2004 to 2,2 visits per person per year in 2005/06.

Planning processes at district level were strengthened and 90% of health districts produced district health plans for 2006/07, based on district-health planning guidelines developed by the national Department of Health.

The department strives to consolidate and improve on gains made in 2005/06 and 2006/07. An audit of PHC services and infrastructure was expected to be conducted in 2007/08.

The services provided by PHC workers include immunisation, communicable and endemic disease prevention, maternity care, screening of children, Integrated Management of Childhood Illnesses (IMCI) and child healthcare, health promotion, youth health services, counselling services, taking care of chronic diseases and diseases of older persons, rehabilitation, accident and emergency services, family planning, and oral health services.

By September 2006, 60% of districts countrywide had included integrated mental health and substance abuse into their PHC services.

Patients visiting PHC clinics are treated mainly by PHC-trained nurses or, at some clinics, by doctors. Patients with complications that cannot be treated

at PHC level are referred to hospitals for higher levels of care. Beneficiaries of medical aid schemes are excluded from free services.

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.

The department has initiated healthy lifestyle campaigns, including Vuka South Africa and Move for your Health, in which thousands of South Africans participate. During 2006/07, 300 health promoters were trained to implement the global Strategy on Diet, Physical Activity and Health countrywide. About 1 500 primary schools across the country were identified as health-promoting schools. The mass media was used extensively to promote healthy lifestyles, with a primary focus on nutrition. A formal contract was entered into with the SABC and 13 radio scripts were submitted to the public broadcaster.

Community health

The Community Health Worker (CHW) Programme is an important element of the presidential initiatives aimed at addressing health issues and fighting poverty. The massive expansion of the CHW Programme is a vital part of the Social Cluster's contribution to the Expanded Public Works Programme (EPWP). The programme will result in the integration of health and social programmes.

The Department of Health sees this cadre of health workers as community-based generalist health workers. Their training combines competencies in health promotion, disease prevention, PHC and health-resource networking.

In May 2007, as part of enhancing the CHW Programme, a process was under way to accredit 300 non-governmental organisations (NGOs) to train ancillary health workers at National Qualification Framework (NQF) Level 1 by March 2008 and upgrade the current 26 accredited service-providers to train community caregivers at Level 3.

Health budget

Funding for the Department of Health grew from R7,7 billion in 2003/04 to R15,2 billion in 2009/10, representing a growth rate of 11,9% annually. The department's budget grew by 14,4% annually between 2004 and 2007. The largest growth areas were in the HIV and AIDS subprogramme and the Hospital Revitalisation Grant.

South Africa will spend an extra R5,3 billion over the next three years on improving the salaries of doctors and nurses, and boosting recruitment levels in the public health sector.

Government plans to increase the number of healthcare workers in the country by about 30 000 over the next five years.

The Department of Health will also receive an additional R1,7 billion over the next three years for the treatment and care of people living with HIV and AIDS.

Health 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.

The strategic priorities for the NHS between 2004 and 2009 are to:

- improve the governance and management of the NHS
- promote a healthy lifestyle
- contribute towards human dignity by improving the quality of care
- improve the management of communicable and non-communicable diseases
- strengthen PHC, emergency medical services (EMS) and hospital service-delivery systems
- strengthen support services
- plan, develop and manage human resources (HR)
- plan, budget, monitor and evaluate
- draft and implement health legislation
- strengthen international relations.

Telemedicine

The South African Government has identified telemedicine as a strategic tool for facilitating the delivery of equitable healthcare and educational services, irrespective of distance and the availability of specialised expertise, particularly in rural areas.

In 1998, the Department of Health adopted the National Telemedicine Project Strategy. The system facilitates frequent contact between doctors in underdeveloped and developed centres. It also provides the academic professionals from major South African medical academic institutions with the opportunity to extend their educational capabilities to healthcare professionals throughout the rural communities of South Africa, without having to provide facilities and teachers in every rural location.

The initial telemedicine evaluation done by the Medical Research Council (MRC) found that access to specialist radiologist reporting

Telemedicine uses information technology to provide and support healthcare, especially in rural clinics without doctors or specialist advice. Through telemedicine, patients get quicker and better diagnosis and have access to specialised care closer to their homes, thereby avoiding time off work and travel costs.

The Department of Science and Technology is supporting the Primary Healthcare Telemedicine Workstation project in Grabouw, Western Cape. This clinic is directly linked to the University of Stellenbosch and allows for consultation and diagnosis in various specialities.

About 10 telemedicine workstations are expected to be installed in KwaZulu-Natal over the next two years.

was possible within an hour, compared with five to seven days in the past. Telemedicine has improved medical practitioners' ability to diagnose and manage various medical conditions, particularly those related to trauma and chest diseases, and has reduced professional isolation.

Legislation

The National Health Act, 2003 (Act 61 of 2003), provides a framework for a single health system for South Africa. It highlights the rights and responsibilities of health-providers and -users, and ensures broader community participation in healthcare delivery from a health facility level up to national level.

The Act provides for the right to emergency medical treatment, to have full knowledge of one's condition, to exercise one's informed consent, to participate in decisions regarding one's health, to be informed when one is participating in research, to confidentiality and access to health records, the right to complain about service, and the right of health workers to be treated with respect.

It establishes provincial health services and outlines the general functions of provincial health departments.

The Nursing Act, 2005 (Act 33 of 2005), provides for the introduction of mandatory community service for nurses. This should contribute significantly to efforts to ensure equitable distribution of nurses to meet the health needs of communities.

The Act seeks to ensure that nursing-education programmes are registered with the NQF so that nurses can gain recognised credits and retain them for future studies.

The main objectives of the Act are to:

- serve and protect the public in matters involving health services provided by the nursing profession
- ensure that the council serves the best interests of the public and does so in accordance with national health policy
- promote the provision of acceptable nursing care
- regulate the nursing profession and the way in which nurses conduct themselves
- promote the operations and functions of the council and the registrar
- promote liaison regarding health, nursing education and training standards
- ensure that the council advises the minister on matters affecting the profession
- provide for the registration of nurses and the keeping of registers.

The Mental Healthcare Act, 2002 (Act 17 of 2002), introduced a process to develop and redesign mental health services in line with the rights of mental-healthcare users, as guaranteed by the Constitution of the Republic of South Africa, 1996.

This legislation grants basic rights to people with mental illnesses, and prohibits various forms of exploitation, abuse and discrimination.

The Act provides for:

- empowering the users themselves so that they can engage service-providers and society
- allocating adequate resources
- commitment to the cause of mental health at all levels of society.

To achieve this, a series of innovative processes and procedures regarding the care, treatment and rehabilitation of mental-health users, as well as clear guidelines on good practice in relation to the role of mental-healthcare practitioners, will be introduced.

Although the Act reserves the right to involuntary hospitalisation, it also contains accompanying conditions for strict admission and reviewing processes and procedures before any decision on psychiatric referrals may be made.

All provinces have established independent mental-health review boards, charged in terms of the Mental Healthcare Act, 2002, to oversee the

care, treatment and rehabilitation of patients who were admitted without consent.

During 2007/08, the department aimed to process eight pieces of legislation through Parliament, namely the Tobacco Products Control Amendment Bill, Health Professions Amendment Bill, Medical Schemes Amendment Bill, MRC Amendment Bill, Allied Health Professionals Amendment Bill, Traditional Health Practitioners Bill, Choice on Termination of Pregnancy Amendment Bill and secondary legislation in terms of the National Health Act, 2003.

National School Health Policy

The National School Health Policy and Guidelines aim to ensure that all children, irrespective of race, colour and location, have equal access to school-health services.

The policy is in line with the United Nations (UN) Convention on the Rights of the Child, which affirms the State's obligation to ensure that all segments of society, in particular parents and children, are informed and have access to knowledge of child health and nutrition, hygiene, environmental sanitation and the prevention of accidents.

Department of Health officials will visit all provinces, especially those with a school health programme, to embark on a major training campaign of PHC nurses.

The nurses will be trained to:

- provide children with health education
- impart life skills
- screen children, especially those in Grade R and Grade 1, for specific health problems, and at puberty stage as children undergo physiological changes
- detect disabilities at an early age
- identify missed opportunities for immunisation and other interventions.

Progress has been made in the area of child and adolescent health. Most infants and a large percentage of the mothers who deliver at public health facilities receive vitamin A supplementation. More than 40% of health districts implemented the Youth and Adolescent Health Policy guidelines, and 89% implemented phase one of school health services.

In August 2007, a media campaign was held to create awareness about alcohol abuse, which is estimated to cost South Africa in excess of R9 billion per year.

Liquor regulators in South Africa are conferred with a legislative mandate to regulate the liquor industry so that the socio-economic costs of alcohol abuse are reduced. They are also mandated to ensure that the development of the liquor industry occurs in a responsible manner and promotes an ethos of social responsibility.

Social Health Insurance (SHI)

SHI is expected to facilitate access to contributory health cover for families of all employed people. SHI will embrace three major principles:

- risk-related cross subsidies
- income-related cross subsidies
- mandatory cover.

In 2005/06, Cabinet approved the establishment of the Risk Equalisation Fund (REF). A draft Bill that amends the Medical Schemes Act, 1998 (Act 131 of 1998), to give the Council for Medical Schemes the authority to implement the REF was also finalised.

The REF will be used to address the existing residual risk rating in the medical schemes industry, and will contribute to improving the efficiency of private healthcare centres by encouraging competition on the basis of quality of services.

Medicine administration

The Department of Health aims to establish a live database of medicine prices and publish a logistics fee during the Medium Term Expenditure Framework period. A project to benchmark medicine prices was expected to commence in 2007/08.

A survey on the use of hospital level, adult and paediatric standard treatment guidelines essential drug lists (EDLs) has been completed. By the end of September 2006, the department revised and disseminated the adult and paediatric EDLs.

In an effort to accelerate the registration of medicines, the department strengthened its in-house technical capacity to evaluate medicines. By September 2006, 100% of Good Manufacturing Practice and Good Practice Guideline inspections had been performed in-house. Furthermore, 80% of staff training had been completed. More than 50% of medicines had been evaluated in-house, which exceeded the 40% target for 2006/07.

2010 FIFA World Cup™

A total of R286 million is allocated for health and medical services for the 2010 World Cup, including the acceleration of government's programme for improving EMS. This includes modernising communication centres, modernising and expanding the ambulance fleet, expanding

aeromedical services, and enhancing emergency care training and emergency centres. The World Cup Health Unit is also working closely with the FIFA World Cup Organising Committee to ensure that stadiums have adequate medical facilities.

Health team

National Human Resource Plan (NHRP) for Health

Over the years, the health system has had to deal with the loss of experienced health professionals to mainly developed countries.

In April 2006, the Department of Health launched the NHRP, which aims to provide skilled HR for healthcare.

The National Health Act, 2003 requires that the National Health Council (NHC) formulates policy and guidelines for the development, distribution and effective use, as well as the management, of HR within the NHS.

It aims to address the problems of recruitment, training and retention of health professionals.

South Africa has played a significant role in ensuring that the issue of the migration of health personnel remains high on the global health agenda.

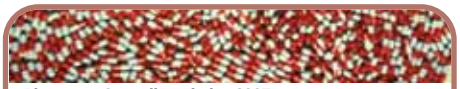
To regulate the recruitment of South African health professionals by other countries, the department assisted in developing a code of ethical recruitment for members of the Commonwealth.

Physicians

By April 2007, 33 220 doctors were registered with the HPCSA. These included 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 (CPD) 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.



Pharmacy Council statistics 2007:
Pharmacies – 4 123
Pharmacists – 10 948
Interns – 645
Students – 1 703
Learner basic assistants – 2 264
Learner post-basic assistants – 1 016
Basic assistants – 120
Post-basic assistants – 1 972.

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.

Newly qualified interns are required to do remunerated compulsory community service at state hospitals. Only after completing this service are they allowed to register with the HPCSA and entitled to practise privately.

Community service for a range of professional groups, such as physiotherapists, occupational therapists and psychologists, aims to improve access to quality healthcare for all South Africans, especially in underserved areas. It also gives young professionals the opportunity to develop skills, and acquire knowledge and behaviour patterns that will help them in their professional development.

Oral health professionals

By 1 April 2006, 955 oral hygienists and 443 dental therapists were registered with the HPCSA. There were 4 799 registered dentists by 1 April 2006.

Dentists are subject to the CPD and community-service systems. 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.

A section of the Pharmacy Amendment Act, 2000 (Act 1 of 2000), which allows non-pharmacists to

own pharmacies, came into effect during May 2003. It aims to improve access to medicine, make it more affordable, improve marketing and dispensing practices, and promote consumer interests. By August 2007, the SAPC had 10 948 registered pharmacists.

As of July 2005, every institutional pharmacy is required to have access to the services of a responsible pharmacist so that the public can enjoy the same standard of pharmaceutical service as that of the private sector.

Nurses

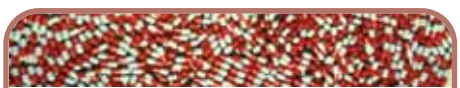
The SANC sets minimum standards for the education and training of nurses in South Africa. It accredits schools that meet the required standards and only grants professional registration to nurses who undergo nursing education and training at an accredited nursing school.

The key roles of the nursing council are to protect and promote public interest, and to ensure the delivery of quality healthcare by prescribing minimum requirements for the education and training of nurses and midwives, approving training schools, and registering or enrolling those who qualify in one or more of the basic or post-basic categories.

At the end of 2006, there were 196 914 registered and enrolled nurses and enrolled nursing auxiliaries registered with the council.

The nursing profession represents more than 50% of the total professional HR of health services.

Similarly, the council registered 27 924 persons as student and pupil nurses or pupil nursing auxiliaries by the end of 2006, up by 443 compared with 2005 figures.



In January 2007, 4 565 professionals from 10 health professional groups commenced with their internship and community-service placements. They comprised:

- dentists – 188
- pharmacists – 469
- clinical psychologists – 121
- dieticians – 140
- occupational therapists – 250
- physiotherapists – 340
- radiographers – 284
- speech, language and hearing therapists – 145
- doctors – 1 230
- medical interns – 1 398.

Nurses were expected to commence with community service in January 2008.

Allied health professions

By October 2007, the following practitioners were registered with the AHPCSA:

- Ayurveda 76
- Chinese medicine and acupuncture 152
- chiropractors 497
- homoeopaths 562
- naturopaths 93
- ostoeopaths 50
- phytotherapists 25
- therapeutic aromatherapists 636
- therapeutic massage therapists 248
- therapeutic reflexologists 1 188.

In September 2007, the Minister of Health, Dr Manto Tshabalala-Msimang, announced that in terms of Section 16 of the Allied Health Professions Act, 1982 (Act 63 of 1982), and in consultation with the AHPCSA, the provisions of the Act would be applied to the profession of Unani Tibb.

The Professional Board for Ayurveda, Chinese Medicine, and Accupuncture and Unani Tibb was also established in September 2007.

National Health Laboratory Service (NHLS)

The NHLS is the single 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 authorities and medical practitioners.

The NHLS conducts health-related research, appropriate to the needs of the broader population, into HIV and AIDS, tuberculosis (TB), malaria, pneumococcal infections, occupational health, cancer and malnutrition, among other things.

The NHLS trains pathologists, medical scientists, occupational health practitioners, technologists and technicians in pathology disciplines, as well as occupational health practitioners.

Its specialised divisions comprise the:

- National Institute for Communicable Diseases (NICD), whose research expertise and sophisticated laboratories make it a testing centre and resource for the African continent,

Registered and enrolled nurses, 2007

	2007
Registered nurses and midwives	101 295
Enrolled nurses and midwives	39 305
Nursing auxiliaries	56 314
Students in training	27 924

Source: South African Nursing Council

particularly in relation to several of the rarer communicable diseases
- National Institute for Occupational Health, which investigates occupational disease and has laboratories for occupational environment analyses
- National Cancer Registry, which provides epidemiological information for cancer surveillance.

Medical Research Council

The MRC, the largest health research body in South Africa, was established in accordance with the MRC Act, 1991 (Act 58 of 1991). Its mandate is to promote the improvement of the health and quality of life of South Africans through research, development and technology transfer. It operates closely with linked university research units.

The MRC structures its research portfolio into six national programmes: Environment and Development, Health Systems and Policy, Infection and Immunity, Molecules to Disease, Non-Communicable Diseases, and Women and Child Health.

Tasks include co-ordinating the South African AIDS Vaccine Initiative (Saavi), and operating large malaria and TB research programmes.

Research priorities over the medium term include heart disease and strokes; violence and injury; nutrition; pneumonia; diabetes; women, maternal and child health; mental health; cancer; health promotion and behavioural science; health systems; and e-health.

The MRC also seeks to become a leader in biotechnology, natural medicines, the evaluation of indigenous knowledge systems and the development of drugs, vaccines and medical devices.

Provincial health departments

Provincial health departments provide and manage comprehensive health services at all levels of care. The basis for these services is a district-based PHC model.

The major emphasis in developing health services in South Africa at provincial level has been the shift from curative hospital-based healthcare to that provided in an integrated community-based manner.

Clinics

A network of clinics run by government forms the backbone of primary and preventive healthcare in South Africa. Between 1994 and July 2007, more than 1 600 clinics were built or upgraded.

Hospitals

Hospital management was strengthened in various ways in all nine provinces during 2006/07. In 2007/08, the Department of Health planned to ensure that at least 50% of hospital managers enrol in a formal hospital management-training programme.

In 2006/07, the department also assisted provinces to implement cost-centres in 27 hospitals, as part of the strategy to strengthen financial management and accountability. Four hospitals implemented electronic cost centres and 23 developed manual cost centres.

The Hospital Revitalisation Programme entered its fifth year in 2007, 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. Four new hospitals

Age distribution of nurses, December 2006

Age group	Registered nurses	Enrolled nurses	Nursing auxiliaries
< 25	63	782	1 754
25 – 29	3 090	4 215	7 694
30 – 34	9 298	5 137	8 274
35 – 39	13 810	6 189	7 909
40 – 44	17 438	6 949	7 751
45 – 49	18 953	6 221	7 592
50 – 54	15 071	4 674	6 003
55 – 59	10 299	2 573	4 241
60 – 64	7 225	1 329	2 521
65 – 69	3 765	589	817
> 69	1 888	183	214
Not reported	1 032	508	1 556
Total	**101 932**	**39 949**	**56 326**

Source: South African Nursing Council

were officially opened during 2006/07. A total of 43 hospital projects were active during 2006. In 2007/08, there were 39 active projects.

State-of-the-art tertiary hospitals in the form of the Inkosi Albert Luthuli, Nelson Mandela and Pretoria Academic hospitals, and 10 other hospitals have been completed since 2004/05. Forty-six revitalisation projects, with 30 already on site and 16 in the planning stages, are being implemented. The following hospitals were expected to be completed in 2007/08: Mamelodi in Gauteng, Worcester in the Western Cape, Rietvlei in KwaZulu-Natal and Barkley West in the Northern Cape.

Emergency medical services

Provincial departments of health are responsible for EMS, which include ambulance services. Emergency-care practitioners receive nationally standardised training through provincial colleges of emergency care.

Some universities of technology also offer diploma and degree programmes in emergency care. Personnel can receive training to the level of advanced life support. These services also include aeromedical and medical-rescue services.

Personnel working in this field are required to register with the HPCSA's Professional Board for Emergency Care.

The Department of Health plays a co-ordinating role in operating and formulating policy and guidelines, and in developing government EMS.

A longstanding and key objective during 2007/08 was to reduce the response times of EMS in both urban and rural areas. The department assisted provinces to implement EMS plans.

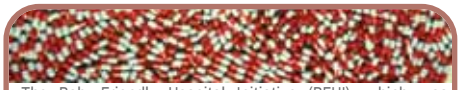
Private ambulance services provide services to the community. Some also provide aeromedical services to the private sector.

The South African Military Health Service of the South African National Defence Force plays a vital supporting role in emergencies and disasters. (See Chapter 16: *Safety, security and defence*.)

The role of local government

Local government is responsible for rendering the following:

- preventive and promotive healthcare, with some municipalities rendering curative care
- environmental health services, including the supply of safe and adequate drinking water, sewage disposal and refuse removal
- regulation of air pollution, municipal airports, fire-fighting services, licensing and abattoirs.



The Baby-Friendly Hospital Initiative (BFHI), which was initiated by the United Nations International Children's Emergency Fund to promote exclusive breastfeeding for six months, is a key child-survival strategy.

According to scientific evidence, exclusive breastfeeding reduces the less-than-five year mortality rate by 13%.

South Africa has made significant progress in implementing the BFHI. It has exceeded its target of 40% through the 192 accredited BFHI facilities required by 2006/07. By April 2007, there were 203 baby-friendly health facilities.

Many local authorities provide additional PHC services. In some instances, these are funded by provincial health authorities, but in major metropolitan areas the councils carry some of the costs.

Non-profit health sector

NGOs at various levels play an increasingly important role in healthcare, many of them co-operating with government to implement 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 (PDPHCP), including the HIV and AIDS Programme, the department has strengthened its collaboration with NGOs. In 2006/07, the PDPHCP operated in 16 districts located in five provinces, namely Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo and Western Cape.

By March 2006, the department had funded 325 NGOs to provide community-based health services, with most of them providing home-based care as their main service to communities. These NGOs provided care to more than 40 000 people.

The PDPHCP has empowered communities and NGOs working in the health sector by focusing on three key areas:

- providing skills to all 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 vitally important and bring different qualities to the healthcare network.

Costs and medical schemes

The Council for Medical Schemes regulates the private medical aid scheme industry in terms of the Medical Schemes Act, 1998. The council is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act, 2000 (Act 58 of 2000). There are about 124 medical schemes servicing about seven million people.

Medical schemes are the single largest financing intermediary, accounting for nearly 7% of all healthcare expenditure. This is followed by provincial health departments at 33%, and households (in terms of out-of-pocket payments directly to healthcare providers) at 14% of all healthcare expenditure.

Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals, depending on the facilities offered. Provincial-hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants.

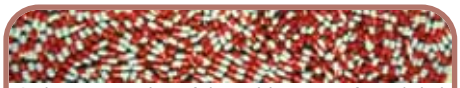
If families are unable to bear the cost in terms of the standard means test, patients are classified as hospital patients. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Provincial hospitals offer treatment to patients with medical-aid cover, charging a tariff designed to recover the full cost of treatment. This private rate is generally lower than the rate charged by private hospitals.

In April 2007, South Africa hosted the third Ordinary Session of the African Union (AU) Conference of Ministers of Health. At this meeting, the Minister of Health, Dr Manto Tshabalala-Msimang, was elected chairperson for a two-year period. Together with the AU Commissioner for Social Affairs, South Africa will be responsible for providing leadership on health on the continent.

The meeting approved the African Health Strategy that updates the New Partnership for Africa's Development's health strategy.

The target of 2015 for the achievement of the goals in the African Health Strategy corresponds with the target date for achieving the millennium development goals.



Senior representatives of the Tunisian Agency for Technical Co-operation visited South Africa in May 2007 to inspect public health facilities, with the aim of assisting in recruiting Tunisian doctors to work in the underserved areas of South Africa.

South Africa and Tunisia have an existing co-operation agreement on health, which was signed in 1999. The week-long visit ended with the signing of the Protocol on the Recruitment of Tunisian Doctors.

Between 2000 and 2002, Tunisian ophthalmologists visited South Africa to perform eye operations. A total of 234 were performed in 2000, 260 in 2001 and 176 in 2002.

The two countries have revived the ophthalmologist programme and are looking into long-term plans to sustain the programme for the next three years. In January 2007, 171 eye operations were performed by Tunisian ophthalmologists at Butterworth Hospital in the Eastern Cape.

The Medical Schemes Amendment Act, 2001 (Act 55 of 2001), improves the regulatory capacity of the Registrar for Medical Schemes and regulates reinsurance. The Act:

- provides improved protection for members by addressing the problem area of medical insurance, revisiting the provision on waiting periods, and specifically protecting patients against discrimination on grounds of age
- promotes efficient administration and good governance of medical schemes by insisting on the independence of individuals in certain key positions
- introduced mechanisms to address problematic practices in the marketing of medical schemes and brokerage of services.

Minimum benefits are also prescribed. In 2004, several chronic conditions were added to the package of prescribed minimum benefits.

The Department of Health is redrafting the Medical Schemes Amendment Bill, which incorporates the introduction of the REF.

Community health

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

The appropriate and timeous immunisation of children against infectious diseases is one of the most cost-effective and beneficial preventive measures known.

The mission of the South African Expanded Programme on Immunisation (EPI) is to reduce death and disability from preventable diseases by making immunisation accessible to all children.

The key priorities moving into 2008 were to strengthen the EPI, specifically the implementation of the Reach Every District (Red) Stategy, which seeks to improve routine immunisation coverage in all districts countrywide. The Red Strategy will focus on districts and subdistricts with the lowest immunisation coverage.

The country continued to increase immunisation coverage of children younger than one year of age, from the nationally recorded 82% up to 2007, to 90% coverage in at least 70% of the health districts in 2008.

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 weeks, 10 weeks, 14 weeks, nine months, 18 months and five years of age. Childhood immunisations are given to prevent polio, TB, diphtheria, pertussis, tetanus, haemophilus influenzae type B, hepatitis B and measles.

Polio and measles

In 2006, South Africa was declared free of the Wild Poliovirus by the Africa Regional Certification Commission, a subcommittee of the Global Certification Commission. This is an independent commission working closely with the World Health Organisation (WHO). During 2007/08, the department continued its surveillance of polio-free certification indicators, until the Global Certification Commission declares global eradication of polio.

There have been no confirmed measles deaths since 2000, as a direct result of the Measles Elimination Strategy.

According to the NICD, 6 620 blood specimens from suspected cases of measles and rubella were tested during 2006. Measles was confirmed in 82 specimens and rubella in 2 930. The 82 confirmed measles cases detected during 2006 reflected a marked decline from the 615 confirmed cases reported in 2005.

In May 2007, the Department of Health launched the nationwide Polio and Measles Immunisation Campaign, aimed at boosting the immunisation coverage to reach the required target of 90%.

The theme for the campaign is *Give our Children a Polio-and-Measles Free World. Have your Child Immunised against Polio and Measles.*

The campaign will give children under the age of five years booster doses of polio and measles immunisation that will provide them with additional protection against these life-threatening diseases.

In 2005, the routine immunisation coverage for children under one year was 81% and measles immunisation coverage 84%. Both figures are below the WHO target of 90%.

Integrated Management of Childhood Illnesses

The 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 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 assessment and classification of HIV.

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

During 2006, the department expanded the IMCI Strategy to health subdistricts and attained 100% saturation at health-district level in 2005. More than 60% of healthcare-providers managing children in 48% of the subdistricts were IMCI-trained. By June 2007, 60% of health facilities had at least one IMCI- trained healthcare-provider.

Another strategy to improve child health is to provide vitamin A supplementation.

Malaria

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 department has strengthened the roll-back malaria strategy in these provinces. Efforts to control malaria continue to pay dividends. A total of 4 404 malaria cases were reported between June 2006 and April 2007, compared with 11 246 cases reported for June 2005 to April 2006. During the same reporting period, the number of deaths decreased from 88 to 31.

The main reasons for this decline include indoor residual spraying using DDT, which has now been accepted by the WHO as a significant tool in malaria control after many years of South Africa's engagement on this issue.

On 25 April 2007, South Africa joined the rest of the continent when it observed Africa Malaria Day under the slogan *Free Africa from Malaria Now!* According to the World Health Organisation, at least 300 million acute cases of malaria are reported each year globally, resulting in more than a million deaths. At least 90% of these deaths occur in Africa, mostly in young children.

There has been a significant decrease in the number of malaria cases and deaths reported in South Africa.

South Africa is a signatory to the Abuja Declaration, which undertakes to reduce malaria morbidity and mortality by 50% by 2010.

In February 2006, the Department of Science and Technology allocated R11 million to the South African Malaria Initiative (Sami).

Sami was initiated in 2005 by the African Centre for Gene Technologies, a joint venture between the universities of Pretoria and of the Witwatersrand, as well as the Council for Scientific and Industrial Research.

The aim is to encourage collaboration between various local malaria researchers and to establish networks with other key players on the African continent.

Sami's research will focus on:

- the pre-clinical development of novel potential anti-malarial compounds
- new and improved diagnostics
- molecular epidemiology and parasite-vector interactions.

To monitor the disease effectively, the MRC, together with the national and provincial departments of health, has developed a malaria-information system to obtain information about the disease and operational aspects pertaining to control programmes.

Through these public-private partnerships, malaria is being controlled effectively in southern Africa. However, to ensure that the incidence of malaria continues to decline, increased intercountry collaboration is essential.

Malaria-control teams of the provincial departments of health are responsible for measures such as education, patient treatment, residual spraying of all internal surfaces of dwellings situated in high-risk areas, and detection and treatment of all parasite carriers.

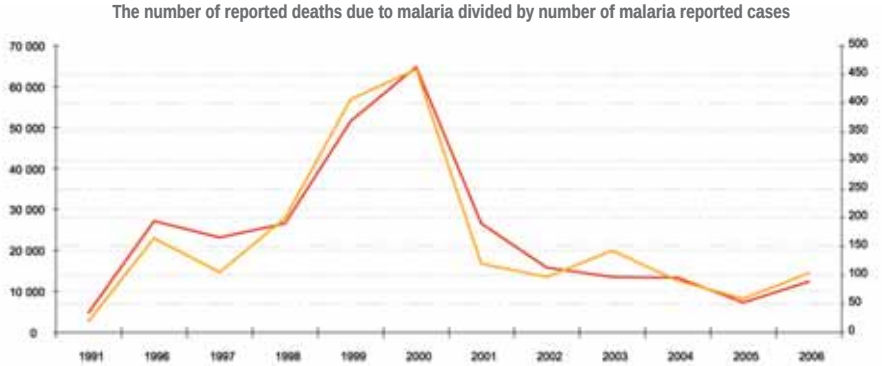
It was decided to continue with controlled and restricted use of DDT because of the growing resistance to pyrethroid insecticides.

The MRC's South African Traditional Medicines Research Group is investigating plants used by traditional healers for the treatment of malaria.

Two plants that are effective against malaria parasites in vitro have been identified, and the active compounds in one of the plants have been identified and isolated.

Insecticide-treated nets are another intervention that has had an impact, reducing the number of malaria deaths, particularly among children under the age of five years.

The number of reported deaths due to malaria divided by number of malaria reported cases



Department of Health's Malaria Notification System

Tuberculosis

In 2006, more than 300 000 people were suffering from TB, with at least 12% of TB patients defaulting on their treatment.

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.

Failure to complete TB treatment poses a major challenge. Government spends R400 on treating every patient with ordinary TB. When patients discontinue treatment and develop a multidrug-resistant form of TB, the cost of treatment dramatically increases to R24 000, including hospitalisation and more expensive drugs.

The Department of Health has implemented the Directly Observed Treatment Short-Course Strategy (Dots), advocated by the International Union Against TB and the WHO. The focus is on curing infectious patients at the first attempt, by ensuring that:

- they are identified by examining their sputum under a microscope for TB bacilli
- they are supported and monitored to ensure that they take their tablets correctly
- the treatment, laboratory results and outcome are documented
- appropriate drugs are provided for the correct period
- TB control receives special emphasis in terms of political priority, finances and good district-health management.

Treatment is free of charge at all public clinics and hospitals in South Africa. The TB-Control Programme is being strengthened by:

- appointing TB co-ordinators in each health district
- strengthening the laboratory system
- strengthening the implementation of Dots
- mobilising communities to ensure that patients complete their treatment.

The key elements of the plan focus on strengthening TB service-delivery systems and processes, and embarking on an intensive communication and social mobilisation campaign.

The aim is to increase the smear conversion rate in the short term, and the cure rates in the medium term in these districts and provinces. Each province will be responsible for addressing the following critical issues:

- making available adequate financial and HR responsible for TB at all levels
- ensuring access to laboratory services
- strengthening the TB reporting and recording system
- strengthening referral systems to ensure proper treatment and follow-up of transferred patients and patients requiring treatment for co-infections
- implementing a highly visible social-mobilisation and media campaign
- strengthening the supervision system to ensure facility and community-level health workers receive adequate mentoring and support.

As part of TB control, national infection control guidelines for health facilities were produced and distributed to provinces. Health workers were trained in infection control. Isolation guidelines were prepared, with input from the departments of correctional services and of health, and circulated to provinces for comment before finalisation and implementation.

During 2006/07, to further strengthen the National TB-Control Programme, the four identified districts that are part of the National TB Crisis-Management Plan, namely the Nelson Mandela Metro, Amatole District, eThekwini Metro and the City of Johannesburg, continued to be supported and monitored. By September 2006, the City of Johannesburg recorded TB cure rates that were higher than the baseline. However, the other three districts did not show improvement.

By May 2007, efforts were being made to combat TB, particularly the response to drug-resistant TB (XDR-TB). Infection-control measures have been strengthened in the multidrug-resistant TB (MDR-TB) hospitals in a bid to ensure the effective isolation of both MDR-TB and XDR-TB. The appropriate drugs for treating drug-resistant TB are available.

A surveillance system for XDR-TB has been developed. Healthcare workers (both nurses and doctors) are being trained on the management of XDR-TB and research is being conducted to determine its extent.

As part of the Department of Health's collaboration with various partners in addressing TB, the WHO has provided South Africa with technical advice to strengthen the country's response to XDR-TB.

HIV and AIDS

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

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

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 NSP aims to achieve a 50% reduction of new infections by 2011 and provides an appropriate package of treatment, care and support services.

The package 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 Government first announced South Africa's ARV treatment programme in 2006.

At that time, over 130 000 people were receiving ARV treatment through government programmes, on top of the more than 80 000 people receiving ARV treatment from the private healthcare sector.

By the end of June 2007, an estimated 300 000 patients were receiving ARVs. At least 342 public health facilities had been accredited to provide this service, including nine correctional service centres. More facilities were being accredited to further expand access.

In the 2007/08 Budget presented in February 2007, the Minister of Finance, Mr Trevor Manuel, announced an additional R1,65 billion for comprehensive treatment.

With this additional funding over a three-year period, the numbers of people receiving comprehensive treatment against HIV and AIDS is expected to double, according to the *2007 Budget Review.*

During 2006/07, the department published the *2005 National HIV and Syphilis Antenatal Sero-Prevalence Survey*, which reflected that HIV prevalence in South Africa was stabilising. Furthermore, HIV prevalence among women younger than 20 years continued to decline, which suggested a decline in new cases.

By October 2007, more than 80% of government clinics were providing prevention of mother-to-child transmission (PMTCT) of HIV services, and the target was to have these services available in all clinics by December 2007.

More than 4 000 sites provide voluntary counselling and testing, and about 90% of public health facilities provide services for the PMTCT of HIV.

The South African National Aids Council (SANAC) has served as an important platform for partnerships against AIDS. In 2005/06, the council reviewed its functioning and a new council structure was announced by Deputy President Phumzile Mlambo-Ngcuka in December 2006. SANAC aims to guide the multisectoral response to HIV and AIDS. It will also ensure effective monitoring and evaluation of the NSP.

HIV and AIDS vaccine research and development

Saavi was established in 1999 to develop and test an affordable, effective, and locally relevant HIV and AIDS vaccine for southern Africa.

Saavi works closely with many international organisations, including the African AIDS Vaccine Programme and the International AIDS Vaccine Initiative. It receives funding from various organisations, including the HIV Vaccine Trials Network of the United States' National Institute of Health, and the European Union.

Home- and community-based care

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

The objective of the Home- and Community-Based Care 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 have access to social-welfare services within their communities.

In 2006/07, the Department of Health supported home-and community-based programmes in 60% of subdistricts, and more than 493 000 patients with debilitating conditions received nutritional support. (See Chapter 19: *Social development*).

Reproductive health

Government has introduced a number of programmes to support women and men in making their reproductive choices. Among these are the

Family Planning Programme, which provides for counselling; a range of choices of family-planning methods such as contraceptives, access to legal termination of pregnancy and sterilisation under specific conditions; as well as education on sexuality and healthy lifestyles. These services are provided free of charge at PHC facilities.

The Department of Health has developed a card for women's reproductive health to improve continued care and to promote a healthy lifestyle. The card is retained by the patient and facilitates communication between health services. Reproductive Health Month is held annually in February to educate women on their reproductive rights and related issues.

The contraception and the youth and adolescent health policy guidelines promote access to health services for vulnerable groups, by improving the capacity of health and other workers to care for women and children.

The guidelines are aimed at providing quality care, preventing and responding to the needs of young people, and promoting a healthy lifestyle among the youth. The promotion of a healthy lifestyle includes programmes or activities on issues such as:

- life skills
- prevention of substance and alcohol abuse
- provision of a smoke-free environment.

Eight critical areas within the youth and adolescent health policy guidelines have been identified, namely:

- sexual and reproductive health
- mental health
- substance abuse
- violence
- unintentional injuries
- birth defects and inherited disorders
- nutrition
- oral health.

Guidelines for maternity care deal with the prevention of opportunistic infections in HIV-positive women, and the provision of micronutrient supplements to help ensure the well-being of mothers.

Guidelines for the Cervical Cancer-Screening Programme aim to reduce the incidence of cervical cancer by detecting and treating the pre-invasive stages of the disease.

The programme aims to screen at least 70% of women in their early 30s within 10 years of initiating the programme. It allows for three free pap-smear tests with a 10-year interval between each test. Pilot sites for the screening of cervical cancer have been set up in Limpopo, Gauteng and the Western Cape. The project will be rolled out to all provinces.

The Choice on Termination of Pregnancy Act, 1996 (Act 93 of 1996), allows abortion on request for all women in the first 12 weeks of pregnancy, and in the first 20 weeks in certain cases. The Act was amended to improve access and alleviate the pressure on existing termination services. The system of designating services will be changed to ensure that more public health facilities offer termination procedures.

During 2007, access to termination-of-pregnancy services continued to improve, with increasing numbers of community health centres (CHCs) authorised to provide this service. By September 2006, 60% of designated hospitals were providing termination-of-pregnancy services and 17% of CHCs had been authorised to provide this service.

The Department of Health supports training in abortion care and providing contraception.

Environmental health

In terms of the National Health Act, 2003, environmental health services are vested with local government. This shifted the responsibility for rendering environmental health services to metropolitan and district councils from 1 July 2004.

Traditional medicine

The National Reference Centre for African Traditional Medicines researches African herbs and evaluates their medicinal value, as part of government's campaign to fight HIV, AIDS, TB and other debilitating and chronic diseases and conditions.

In 2006, the MRC initiated toxicology studies to further study selected indigenous plants to assess their potential medicinal efficacy.

The launch of the centre was the result of a research programme initiated by the Department of Health and the MRC. It aims to test the effectiveness, safety and quality of traditional medicine, as well as to protect people from unscrupulous conduct and unproven medical claims within the traditional healing sector.

To protect the intellectual property rights of traditional peoples, the MRC will conduct biomedical research on medicinal plants. Traditional claims will also be channelled through this centre.

Government supports research by universities and science councils into the efficacy of many traditional medicines used for various conditions.

The WHO estimates that up to 80% of Africa's people use traditional medicine. In sub-Saharan Africa, the ratio of traditional health practitioners to the population is about 1:500, while the ratio of medical doctors is 1:40 000.

Traditional health practitioners have an important role to play and have the potential to serve as a critical component of a comprehensive healthcare strategy.

In South Africa alone, there are an estimated 200 000 traditional health practitioners. They are the first healthcare-providers to be consulted in up to 80% of cases, especially in rural areas, and are deeply embedded in the fabric of cultural and spiritual life.

Research also indicates that in many developing countries, a large proportion of the population relies heavily on traditional health practitioners and medicinal plants to meet PHC needs. Although modern medicine may be available in these countries, traditional medicines remain popular for historical and cultural reasons.

The department is undertaking various initiatives in this regard. These include:

- establishing the Presidential Task Team, which is working on the broad policy framework on African traditional medicine for South Africa
- the Ministerial Task Team, which is working together with the Medicine Regulatory Authority to facilitate the registration and regulation of African traditional medicines
- prioritising registration and the regulatory framework for African traditional medicine
- making funds available for the research and development of African traditional medicines to manage and control diseases
- establishing a fully staffed unit that manages the work related to traditional medicine within the Department of Health
- finalising the Traditional Health Practitioners Bill.

Tobacco control

An estimated 25 000 South Africans die each year from tobacco-related diseases.

South Africa continues with its tobacco-control efforts and has been selected as co-ordinator of the Africa group on health matters. It is part of the WHO process of implementing the international Framework Convention on Tobacco Control (FCTC).

Regulations of the Tobacco Products Control Amendment Act, 1999 (Act 12 of 1999), include:

- a ban on all advertising for tobacco products from 23 April 2001
- all public places must be smoke-free, but employers and restaurateurs are permitted to set aside 25% of their space for smokers, which must be separated by a solid partition
- a fine of R10 000 for those who are caught selling or giving cigarettes to children.

To protect public health, the Tobacco Products Control Act, 1993 (Act 83 of 1993), was amended to provide for, among other things:

- prohibiting advertising and promotion of tobacco products
- prohibiting the free distribution of tobacco products and receiving gifts or cash prizes in contests, lotteries or games
- prescribing maximum permissible yields of tar, nicotine and other constituents in tobacco products.

The Act is in line with the provisions of the WHO's FCTC and makes it more effective by closing loopholes and increasing fines.

South Africa is a co-signatory with 74 other countries to the FCTC, which commits governments worldwide to take measures to reduce tobacco use. In 2005, South Africa became one of the few countries to have ratified the FCTC.

The Tobacco Products Control Amendment Bill seeks to improve the operation of the Tobacco Products Control Act, 1993 and to deal with new practices designed to circumvent the provisions of the Act.

The Act is also being amended to bring it into compliance with the WHO FCTC. The main provisions of the Bill are to:

- amend the current Act to strengthen the sections which prohibit advertising, promotion and sponsorship
- remove misleading package descriptors like "light" and "mild"
- control the ingredients in and emissions from tobacco products
- increase penalties for breaking the law.

People who want to stop smoking may contact the National Council Against Smoking's Quit Line on 011 720 3145.

Alcohol and substance abuse

According to a report by the MRC's Alcohol and Drug Abuse Research Group, released in May 2007, alcohol remains the dominant substance abused in South Africa, except in the Western Cape. Across the eight sites in the South African Community Epidemiology Network on Drug Use, between 42% (Cape Town) and 72% (KwaZulu-Natal) of patients in specialist substance-abuse treatment centres listed alcohol as their primary substance of abuse.

The Sacendu Project is an alcohol and other drug sentinel surveillance system operational in eight provinces in South Africa, namely Western Cape, KwaZulu-Natal, Eastern Cape, Mpumalanga, Gauteng, Free State, Northern Cape and North West. The system has, since 1996, been monitoring trends in alcohol and other drug use and associated consequences on a six-monthly basis, drawing data from specialist alcohol and other drug treatment programmes.

Between July and December 2006, between 29% and 45% of patients attending specialist-treatment centres listed cannabis as their primary or secondary drug of abuse, compared with between 2% and 17% for the cannabis/Mandrax combination.

Treatment admissions for cocaine-related problems have shown an increase. Between 12% and 29% of patients in treatment used cocaine as a primary or secondary drug of abuse.

Between 11% and 23% of patients in treatment used heroin as a primary drug of abuse.

Between 3% and 4% of patients in treatment used Ecstasy as a primary or secondary drug of abuse. Treatment admissions for Ecstasy, LSD or methamphetamine as primary drug of abuse were low, except in Cape Town.

As part of the Healthy Lifestyle Campaign, the departments of health and of education, and the South African Police Service, are running a programme for reducing substance abuse in schools, which also forms part of the Life Orientation content of outcomes-based education.

The Medical Research Council is piloting a tobacco-control programme for schools in the Western Cape and KwaZulu-Natal, as part of the school curriculum. By mid-2007, more than 860 schools had become tobacco-free environments since the launch of the Healthy Environments for Children Initiative in 2003.

In the reporting period, the abuse of over-the-counter and prescription medicines continued to be an issue.

Draft regulations on the labelling of alcoholic beverages were published in the *Government Gazette* in February 2005. The regulations define an alcoholic beverage as any drink for human consumption with an ethyl alcohol content of above 1%.

The regulations propose a number of messages that should be printed in black and white, covering at least 12,5% of the container label or promotional material of an alcohol product.

The health message can be in any of the South African official languages, but must be in the same language as that of the container label or promotional material. The regulations prohibit any claims of health benefits that may be derived from consuming alcoholic beverages.

Contravention of these regulations can lead to a fine or imprisonment of up to five years, or both.

Violence against women and children

The Department of Health has implemented a series of concrete measures to eliminate violence against women and children.

To raise awareness of this grave social problem, the 16 Days of Activism for No Violence Against Women and Children Campaign is held at the end of every year.

In March 2007, Deputy President Mlambo-Ngcuka launched the 365 Days Programme and National Action Plan to end Violence against Women and Children.

The plan is a follow-up to the May 2006 365 Days of Action to End Gender Violence Conference that adopted the Kopanong Declaration in which a cross-section of South Africans committed to supporting a joint campaign for eradicating this gross human-rights violation.

The Kopanong Declaration envisaged that each year, the 16 Days of No Violence against Women and Children on Gender Violence would become a platform to heighten awareness, and to take stock of gaps and achievements to ensure sustained and measurable efforts to end gender violence.

Violence prevention

The Department of Health plays an important role in preventing violence. PHC professionals are being trained in victim empowerment and trauma support. Healthcare professionals are also receiving advanced training in managing complicated cases of violence in secondary-level victim-empowerment centres, established by the

Department of Health in some provinces. There are also violence-prevention programmes in place in schools in some provinces.

The Crime, Violence and Injury Lead Programme, co-directed by the MRC and the University of South Africa's Institute for Social and Health Sciences, aims to improve the population's health status, safety and quality of life. This is achieved through public health-orientated research aimed at preventing death, disability and suffering arising from crime, violence and unintentional incidents of injury.

The programme's overall goal is to produce research on the extent, causes, consequences and costs of injuries, and on best practices for primary prevention and injury control.

Birth defects

It is estimated that 150 000 children born annually in South Africa are affected by a significant birth defect or genetic disorder.

The Department of Health's four priority conditions are albinism, Down's syndrome, foetal alcohol syndrome and neural tube defects. Implementation of policy guidelines for managing and preventing genetic disorders, birth defects and disabilities will reduce morbidity and mortality resulting from these conditions.

This will involve decentralising training, expanding the sentinel sites for birth-defect monitoring, and co-operating with NGOs in creating awareness.

South Africa, through the Birth-Defects Surveillance System, is a member of the International Clearing House for Birth-Defects Monitoring Systems. Links have been made with those sentinel sites reporting on perinatal mortality, as congenital anomalies have been shown to be among the top three causes of perinatal mortality at certain sentinel sites.

Oral health

The Department of Health's policy on promoting oral health has shifted from curative, hospital and urban-based oral healthcare to integrating oral healthcare in the Road to Health Chart for babies, as part of the Healthy Lifestyles Campaign.

Chronic diseases, disabilities and geriatrics

The Department of Health has identified the fight against chronic diseases such as cancer, hypertension, diabetes and osteoporosis as a priority area over the next few years.

The plan is premised on the development of meaningful strategies for preventing diseases such as cancer, with special emphasis on healthy lifestyles, including physical activity. The department has embarked on an outreach promotion programme – Healthy Lifestyles – that discourages tobacco consumption, and advocates physical activity, healthy nutrition, safe sex and safe alcohol usage.

During 2006/07, the department undertook various activities to reduce the burden of non-communicable diseases, including:

- a number of health-screening activities
- the Move for Health Programme to encourage physical activities
- nutrition programmes, including providing vitamins and establishing food gardens
- programmes to reduce risky behaviour such as smoking, and alcohol and drug abuse.

The department aims to reduce avoidable blindness by increasing the cataract-surgery rate. Some 1 030 cataract operations per million people were performed in 2005/06.

Government introduced free health services for people with disabilities in July 2003. Beneficiaries include people with permanent, moderate or severe disabilities, and those who have been diagnosed with chronic irreversible psychiatric disabilities.

Frail older people and long-term institutionalised state-subsidised patients also qualify for these free services.

In March 2007, the Minister in The Presidency, Dr Essop Pahad, attended the official ceremony on the opening for signature of the United Nations (UN) Convention on the Rights of Persons with Disabilities, in New York.

This convention is the first human-rights treaty to be adopted by the UN in the 21st century.

South Africa played an instrumental role in the negotiations that led to the adoption of the treaty, and strongly supported the promotion and adoption of the convention and its optional protocol.

People with temporary disabilities or a chronic illness that does not cause a substantial loss of functional ability, and people with disabilities who are employed and/or covered by relevant health insurance, are not entitled to these free services.

Beneficiaries receive all in- and outpatient hospital services free of charge. Specialist medical interventions for the prevention, cure, correction or rehabilitation of a disability are provided, subject to motivation from the treating specialist and to approval by a committee appointed by the Minister of Health.

All assistive devices for the prevention of complications, and cure or rehabilitation of a disability, are provided. These include orthotics and prosthetics, wheelchairs and walking aids, hearing aids, spectacles and intra-ocular lenses. The Department of Health is also responsible for maintaining and replacing these devices. A documented two-year backlog has been eliminated.

Public-sector hospitals have been made more accessible to people with disabilities. Guidelines on the implementation of the National Rehabilitation Policy have been finalised, and the revision of the price list for orthotic prosthetic devices completed.

In supporting the health needs of the elderly, the department's policy is to keep the elderly in the community with their families as long as possible.

The department continues to develop national policy guidelines on the management and control of priority diseases or conditions of older persons, to improve their quality of life and access to healthcare services.

These include the development of exercise posters and pamphlets, and guidelines that focus specifically on older persons, e.g. national guidelines on falls in older persons, guidelines on active ageing, guidelines on stroke and transient ischemic attacks, and national guidelines on osteoporosis.

The National Strategy on Elder Abuse, together with the national guidelines on the management of physical abuse of older persons, have been implemented in all provinces.

In partnership with the Department of Social Development, the Department of Health has implemented the integrated nutrition programme for vulnerable children alongside luncheon clubs for the elderly, to allow for interaction between senior citizens and children.

It was also involved in developing survey indicators for the WHO Study on Ageing. The study seeks to create a multicountry platform for data collection, which results in a reliable source of health information about adult populations aged 50 years and older.

Occupational health

The introduction of legislation such as the Occupational Health and Safety Act, 1993 (Act 181 of 1993), and the Mines Health and Safety Act, 1996 (Act 29 of 1996), has done much to focus employers' and employees' attention on the prevention of work-related accidents and diseases. The Compensation for Occupational Injuries and Diseases Act, 1993 (Act 30 of 1993), places the onus on medical practitioners, who diagnose conditions that they suspect might be a result of workplace exposure, to report these to the employer and relevant authority.

The Medical Bureau for Occupational Diseases has a statutory function under the Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), to monitor former mineworkers and to evaluate present miners for possible compensational occupational lung diseases either until they die or are compensated maximally.

The Compensation Commissioner for Occupational Diseases is responsible for paying benefits to miners and ex-miners who have been certified to be suffering from lung-related diseases contracted as a result of their working conditions.

Mental health

The promotion of mental health is one of the cornerstones of South Africa's health policy. The Mental Healthcare Act, 2002 provides for the care, treatment, rehabilitation and administration of mentally ill persons. It also sets out the different procedures to be followed in the admission of such persons.

The Mental Health Information Centre (MHIC) is situated at the Health Sciences Faculty of the University of Stellenbosch and has been in operation since 1995. It forms part of the MRC's Unit on Anxiety and Stress Disorders, and aims to promote mental health in South Africa.

The MHIC is also actively involved in research, and conducts academic and clinical research trials for conditions such as obsessive-compulsive, panic, post-traumatic stress and generalised anxiety disorders. Research is also undertaken into mood, psychotic, dementia and other major psychiatric disorders. A key focus area is mental-health literacy. The MHIC regularly conducts mental-health attitude and stigma surveys among various population and professional groups.

Quarantinable diseases

The Port Health Service is responsible for the prevention of quarantinable diseases in the country as determined by the International Health Regulations Act, 1974 (Act 28 of 1974). These services are rendered at sanitary airports (OR Tambo, Cape Town and Durban international airports) and approved ports.

An aircraft entering South Africa from an epidemic yellow-fever area must make its first landing at a sanitary airport. Passengers travelling from such areas must be in possession of valid yellow-fever vaccination certificates. Every aircraft or ship on an international voyage must also obtain a pratique from a port health officer upon entering South Africa.

Consumer goods

Another function of the Department of Health, in conjunction with municipalities and other authorities, is to prevent, control and reduce possible risks to public health from hazardous substances or harmful products present in foodstuffs, cosmetics, disinfectants and medicines; from the abuse of hazardous substances; or from various forms of pollution.

Food is controlled to safeguard the consumer against harmful, injurious or adulterated products, or misrepresentation as to their nature; as well as against unhygienic manufacturing practices, premises and equipment.

Integrated Nutrition Programme (INP) and food security

The INP aims to ensure optimum nutrition for all South Africans by preventing and managing malnutrition. A co-ordinated and intersectoral approach, focusing on the following areas, is fundamental to the success of the INP and includes:

- disease-specific nutrition support, treatment and counselling
- growth monitoring and promotion
- nutrition promotion
- micronutrient malnutrition control
- food-service management
- promotion, protection and support of breast-feeding
- contributions to household-food security.

The INP targets nutritionally vulnerable or at-risk communities, groups and individuals for nutrition interventions, and provides appropriate nutrition education to all.

The Department of Health has established a number of clinic, school and community gardens to assist in developing food security. More than 490 000 patients with debilitating illnesses received food supplementation in 2006.

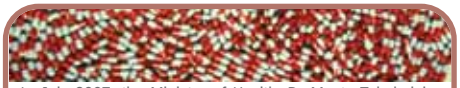
The Food Fortification Programme was launched in April 2003. With effect from 7 October 2003, millers are compelled by law to fortify their white- and brown-bread flour and maize meal with specific micronutrients.

The regulations on food fortification stipulate mandatory fortification of all maize meal and wheat flour with six vitamins and two minerals, including Vitamin A, thiamine, riboflavin, niacin, folic acid, iron and zinc.

Environmental health practitioners at local-government level are responsible for monitoring compliance and for law enforcement. Fines of up to R125 000 can be imposed upon millers who fail to comply.

The National School Nutrition Programme is based on community participation and mobilises communities to develop food gardens. The primary goal of the programme is school feeding, while also using resources invested by government to create sustainable livelihoods for local communities.

The programme has been transferred from the Department of Health to the Department of Education. (See Chapter 7: *Education*.)



In July 2007, the Minister of Health, Dr Manto Tshabalala-Msimang, published new regulations regarding the labelling and advertising of foodstuffs, in an effort to increase awareness and promote a healthier lifestyle among South Africans, especially children.

The current regulations on the advertising and labelling of foodstuffs were promulgated in 1993 and have to be replaced to strengthen effectiveness, close all known loopholes and incorporate new developments in scientific research.

The draft regulations aim to improve public health through healthier food choices and improved nutrition through special food formulations. Allergens that have to be clearly labelled will also be increased from the current two to nine.

Acknowledgements

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Estimates of National Expenditure 2007, published by National Treasury
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South African Pharmacy Council
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