



Health

South Africa is making progress in improving the health status of the nation. Free primary healthcare for children and pregnant mothers has had a significant, positive impact in terms of immunisation and child nutrition.

South Africa has one of the largest antiretroviral (ARV) programmes, with more than two million people on treatment. As a result, data from the Rapid Mortality Surveillance system shows that South Africa's life expectancy has increased to 60 years, exceeding the 2014 targets. Infant and child mortality rates are also decreasing.

Inequality and the quality of healthcare remain an area of concern. This applies also to the number of mothers who die due to direct and indirect factors related to pregnancy.

In addition, the Department of Health (DoH) will lay increased emphasis on the four key focus areas expected from the health sector, namely increasing life expectancy, combating HIV and AIDS, decreasing the burden of diseases from tuberculosis (TB), and improving health-system effectiveness.

These focal areas are consistent with the health-related millennium development goals (MDGs), which the United Nations (UN) expects nations of the world to attain by 2015.

Funding

Consolidated spending on health and social protection was R268 billion in 2013/14. More than R800 million was allocated for the scale-up of the provision of ARV treatment.

However, an additional budget allocation of R100 million in 2014/15 and R384 million in 2015 will be necessary to partly address the announced decrease in funding over the medium term from the United States of America (USA) President's Emergency Plan for AIDS Relief (Pepfar).

Pepfar has contributed roughly R4 billion a year towards the South African national HIV and AIDS and TB response.

As a result of the phasing in of the National Health Insurance (NHI), spending on health infrastructure increased from R3,3 billion in 2009/10 to R5,4 billion in 2012/13, and is expected to grow to R6,5 billion over the next three years. The allocation to the provinces for the existing NHI grant is R48 million, R70 million and R74 million over the next three years.

In October 2013, South Africa received R3 billion from the Global Fund to Fight AIDS, TB and Malaria.

Integrated School Health Programme (ISHP)

In June 2013, the sixth South African AIDS Conference was held in Durban. It was said that sexual and reproductive health services needed to be part of South Africa's ISHP.

The DoH, in collaboration with the Department of Basic Education, revised the National School Health Policy. The policy is aligned to the Negotiated Service Delivery Agreement, 2010 – 2014, the government's programme of action for the promotion of a long and healthy life for all South Africans, as well as the MDGs. The ISHP's goal is to contribute to improving the general health of schoolgoing children and the environmental conditions in schools, and address health barriers to learning.

Managing communicable and non-communicable diseases (NCDs)

The DoH formally launched its strategic plan for the prevention and control of NCDs in May 2013.

In March 2013, South Africa hosted a multi-stakeholder dialogue on addressing risk factors for NCDs in Africa.

The National Health Laboratory Service (NHLS), the National Institute for Communicable Diseases, and the DoH, commemorated World Hepatitis Day on 29 July 2013. Hepatitis B is widespread in sub-Saharan Africa and South Africa. Blood safety in South Africa has effectively reduced hepatitis B and hepatitis C transmission.

HIV, AIDS and TB

In April 2013, about 180 000 HIV-positive patients started on the fixed-dose combination (FDC) ARVs. The FDC – containing emtricitabine, efavirenz and tenofovir – is a multiple ARV drug in a single pill, which helps reduce pill burden. The FDC ARVs were expected to improve compliance by reducing the risk of patients defaulting from treatment.

The FDC ARVs are given to newly diagnosed HIV-positive persons, HIV-positive pregnant women and breastfeeding mothers. By April 2013, 1,7 million patients were on ARV treatment and the department hoped to expand this to 2,5 million by the end of 2014. The target for 2013/14 was to initiate 550 000 new people on treatment.

In June 2013, during his State visit to South Africa, US President Barack Obama discussed the PEPFAR report with President Jacob Zuma. According to the report, 1 651 800

HIV-positive individuals were on ARV treatment; 7 055 000 individuals received HIV counselling and testing (HCT); 924 300 pregnant women received HCT with 253 000 HIV-positive pregnant women receiving ARV medication to prevent mother-to-child transmission. Members of Parliament had the opportunity to undergo HIV tests in Parliament in October 2013.

During 2014, government planned to medically circumcise one million men through its Medical Male Circumcision campaign launched in December 2013.

Improving health infrastructure

Government prioritised the upgrading of health infrastructure by focusing on refurbishing nursing colleges, and building or refurbishing public hospitals and other health facilities. During 2013, specific attention was paid to four central hospitals in Gauteng – Chris Hani Baragwanath Academic, Charlotte Maxeke Johannesburg Academic, Dr George Mukhari and Steve Biko Pretoria Academic.

In February 2013, a project to refurbish 13 nurses and doctors' residences to an acceptable state commenced. The project included residences in Lebone Nursing and EMS College, and the SG Lourens, Ann Lansky, Chris Hani, Coronation and Ga-Rankuwa Nursing colleges. Hospitals include Natalspruit, Tembisa, Sebokeng, Helen Joseph and Charlotte Maxeke.

National Health Insurance

The NHI scheme shows government's commitment to the country's health infrastructure, which remains a priority. Healthcare faced significant problems, including rising costs and poor access to generic medication, an overemphasis on cure instead of prevention, and insufficient regulatory control. These factors threatened sub-Saharan Africa's ability to achieve the UN's health-related MDGs by 2015. Universal health coverage aimed to provide every citizen with access to affordable healthcare, irrespective of a person's socio-economic conditions.

South Africa's NHI was expected to take 14 years before it was fully implemented because it faced problems including infrastructure, staffing and water supply. NHI pilot programmes were rolled out in some of South Africa's major cities in 2013. The spending focus over the next few years will be on overseeing the 10 NHI pilot projects and conducting

health economics research focusing on the roll-out of the plan and alternative healthcare financing mechanisms.

Health teams

By December 2013, more than 216 191 medical practitioners were registered with the Health Professions Council of South Africa (HPCSA). These include doctors working for the State, those in private practice and specialists. The majority of doctors practise in the private sector. There were 5 667 dentists, 2 886 dental assistants, 1 053 oral hygienists and 569 dental therapists registered with the HPCSA.

There were 25 876 professional pharmacists registered with the South African Pharmacy Council. There were 260 698 registered nurses. This figure includes registered, enrolled and auxiliary nurses, but excludes students and pupils.

There were 4 200 public health facilities in South Africa. People per clinic are 13 718, exceeding World Health Organization guidelines of 10 000 per clinic. Since 1994, more than 1 600 clinics have been built or upgraded.

Provincial hospitals

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

National Health Laboratory Service

The NHLS trains pathologists, medical scientists, occupational health practitioners, technologists and technicians in pathology disciplines, including: anatomical pathology, haematology, microbiology, infectious diseases, immunology, human genetics, chemical pathology, epidemiology, occupational and environmental health, occupational medicine, tropical diseases, molecular biology, medical entomology and human nutrition.

Medical schemes

By March 2014, there were about 88 medical schemes in South Africa, with around 8 469 784 beneficiaries. These schemes have a total annual contribution flow of about R84,9 billion. Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals, depending on the facilities offered.

