

# Health



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

South Africa's leadership in turning the tide against the HIV and AIDS epidemic was acknowledged by United Nations Programme on HIV and AIDS (UNAIDS) in its February 2013 publication. The country has one of the largest antiretroviral (ARV) programmes, with some 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.

The Department of Health (DoH) implemented a two-pronged approach to overhaul the health system namely by having the health system focus on PHC and by improving the functionality and management of the health system. To this end the department put measures in place to ensure that the health system is managed by appropriately trained and qualified managers.

The initial focus was on hospital chief executive officers, senior managers and district managers. Their skills and competencies are assessed independently.

The DoH has an overall responsibility for healthcare in the country, with a specific responsibility for public-sector healthcare. The department's priority is to improve the health status of the entire population and to realise its vision of a long and healthy life for all South Africans. To accomplish this, it has identified four strategic outputs:

- increasing life expectancy
- decreasing maternal and child mortality
- combating HIV and AIDS and decreasing the burden of tuberculosis (TB)
- strengthening 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.

Healthcare in South Africa is undergoing far-reaching reforms to revitalise and restructure the system and to ensure access to quality healthcare for all. In addition to its large public health sector, South Africa also has a smaller but fast-growing private sector.

Service-delivery agreement goals include the following:

- Life expectancy must increase from 54,9 years for males and 59,1 years for females to 58 years for males and 60 years for females by 2014.
- South Africa's maternal mortality ratio (MMR) must decrease to 100 or less per 100 000 live births by 2014. The MDGs *Country Report* estimates South Africa's MMR to be 625 per 100 000.
- The child mortality rate must decrease to 20 or less deaths per 1 000 live births by 2014.
- The TB cure rate must improve from 64% in 2007 to 85% by 2014.
- 80% of eligible people with HIV and AIDS must access ARV treatment (ART).
- New HIV infections must be reduced by 50% by 2014.

As part of improving the healthcare system and ensuring that all South Africans have equitable access to essential health services, government is introducing the National Health Insurance (NHI) System. It is a financing system that will ensure that all South Africans, including legal long-term residents, are provided with essential healthcare, regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund.

## Life expectancy

Mortality in South Africa continues to decline. However, TB still ranks as the number one leading cause of death in the country, according to Statistics South Africa's (Stats SA) *The Mortality and Causes of Death in Africa 2010: Findings from Death Notifications Report, released in April 2013*.

The report showed that mortality in the country continued to decline, with a total 543 856 deaths having occurred in 2010. This was 6,2% lower than in 2009. TB maintained its rank as the number one leading cause of death in South Africa, accounting for about 12% of deaths that occurred in 2010.

Other contributors to the number of deaths were influenza, pneumonia, intestinal infectious diseases, other forms of heart disease, cerebrovascular diseases and diabetes. HIV was the seventh leading cause of death, causing 3,4% of all deaths.

The data showed that nearly 10% of deaths were due to non-natural causes, mainly affecting the 15 - to - 19 age group. The number of male deaths due to non-natural causes was more than three times the number of female deaths due to non-natural causes. Most non-natural causes resulted from external causes of accidental injury. According to the report, transport accidents and

assault caused about 10% of all non-natural causes of death.

## Maternal and child health (MCH) Child health

Carefully planned and systemic interventions, based on the service-delivery agreement objectives, have been adopted for child health. Interventions are based on a three-tiered health promotion and disease prevention strategy, namely:

- preventing unintended pregnancies
- preventing complications
- preventing death or disability from complications.

These are targeting various phases, namely: pre-pregnancy; pregnancy; birth; newborn/postnatal and childhood.

Postnatal and newborn interventions include:

- early and exclusive breastfeeding
- provision of warmth
- infection control
- provision of vitamin A to the mother when indicated.

Community-based interventions include:

- increasing home visits by community workers to within 10 days of delivery for normal birth - weight babies and an additional three in the subsequent three weeks for lower birth - weight babies
- improving referral channels between community health workers and midwives
- expanding the Perinatal Problem Identification Programme to include more facilities.

One of the key interventions to improve the nutritional status of South African children is to reduce vitamin A deficiency in children under five years of age through supplementation. Immunisation is an essential intervention to protect children against vaccine-preventable diseases that can be prevented by vaccination, including polio and measles. In improving MCH, government reached 70% immunisation coverage for diarrhoea and pneumonia.

## Maternal health

Most of the DoH's interventions in HIV and AIDS are directed at saving pregnant women and children, as mortality brought on by HIV and AIDS and malaria disproportionately affect young women of childbearing age more than men. By April 2013, the transmission of HIV from mother to child had decreased since 2010 from 8% of infants to 2,7%.

## Women's health

Women tend to have a higher burden of disease than men and therefore need more services.

The package of interventions for women's health includes:

- family planning and contraceptive services
- care following sexual assault
- treatment of sexually transmitted infections (STIs)
- focus on diseases specific to women such as cervical cancer.

Sexual and reproductive health interventions include contraceptive information services, safe termination of pregnancy and reproductive health education and services.

Sexual assault is an area needing strengthening, due to weak intersectoral collaboration between the provincial departments of health, non-governmental organisations (NGOs), the South African Police Service (SAPS) and the justice system.

In August 2013, the three-day International Maternal, New-born and Child Health Conference was held in South Africa. The conference dealt with maternal and child mortality, which was put on the international agenda of the UN as Goal number 4 in the MDGs. Action to save the lives of women and children was on top of the agenda as leaders from African countries met to find solutions to prevent maternal and child mortality.

## HIV, AIDS and TB

South Africa is committed to the goals of "Zero New HIV infections", "Zero Discrimination" and "Zero AIDS-related deaths" through ongoing investment in scientific research, the provision of necessary treatment and raising awareness about HIV and AIDS.

In September 2013, the Gauteng Health Department awarded certificates to 270 professional nurses who successfully completed their training in Nurse Initiated Management of ARV Therapy. The skills acquired throughout the training will help the department to achieve its vision of producing a skilled, competent, caring and productive healthcare workforce in Gauteng. It will also help to reduce the burden of HIV and TB, as more nurses will now administer ARVs.

By September 2013, Gauteng had 378 sites administering ART, making early access to treatment possible for those who need it. The move also reduced the impact of HIV and AIDS on the health system, and decreased the number of deaths from TB and AIDS-related illnesses.

At the sixth Multilateral Initiative on Malaria Pan African Conference held in Pretoria October 2013, a study showed that during the 2012/13 season, all nine districts in South Africa at risk of malaria entered into elimination mode, reporting local case incidents of less than one case per 1 000 in the population at risk. South Africa hopes to eliminate malaria by 2018.

A study conducted by the University of KwaZulu-Natal's Africa Centre for Health and Population Studies, focusing on the provision of ART to the population of the province in 2013, showed a drop in new HIV infections in KwaZulu-Natal.

It found that the adult life expectancy of the general population in KwaZulu-Natal has increased from 49 to 60 years, and new HIV infections have dropped as a result of the widespread availability of ARVs freely provided by government.

## The healthcare system

South Africa's national healthcare system is being reformed and revitalised. The process comprises five key areas, namely:

- improving infrastructure
- planning, developing and managing human resources
- ensuring quality of care at PHC institutions
- re-engineering PHC
- reducing the cost of healthcare.

As part of interventions to enhance the quality of care, the DoH commissioned an independent comprehensive audit of PHC facilities to assess infrastructure, human resources, cleanliness, the attitude of staff, the safety of staff and patients, infection control, drug stock-outs and the reported long queues patients faced.

Other improvements as a result of the implementation of the Health Turnaround Strategy include an increase in the availability of essential medicines at facilities having increased from 40% to 78%.

## Legislation and policies

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 healthcare providers and users, and ensures broader community participation in healthcare delivery, from health facility up to national level. It establishes provincial health services and outlines the general functions of provincial health departments. The Act provides for the right to:

- emergency medical treatment
- have full knowledge of one's condition
- exercise one's informed consent
- participate in decisions regarding one's health
- be informed when one participates in research
- confidentiality and access to health records
- complain about poor service
- be treated with respect (health workers).

Other legislation that informs the health sector includes the:

- Medical Schemes Act, 1998 (Act 131 of 1998), which provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- Medicines and Related Substances Act, 1965 (Act 101 of 1965), which provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.
- Mental Healthcare Act, 2002 (Act 17 of 2002), which provides a legal framework for mental health, in particular the admission and discharge of mental health patients in mental health institutions, with emphasis on human rights for mentally ill patients.
- Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996), which provides a legal framework for the termination of pregnancies based on choice, under certain circumstances.
- Sterilisation Act, 1998 (Act 44 of 1998), which provides a legal framework for sterilisations, also for people with mental health challenges.
- South African Medical Research Council (MRC) Act, 1991 (Act 58 of 1991), which provides for the establishment of the MRC and its role in relation to health research.
- Tobacco Products Control Act, 1993 (Act 83 of 1993), which provides for the control of tobacco products, and the prohibition of smoking in public places and advertisements of tobacco products, as well as sponsoring of events by the tobacco industry.
- National Health Laboratory Service (NHLS) Act, 2000 (Act 37 of 2000), which provides for a statutory body that provides laboratory services to the public health sector.
- Health Professions Act, 1974 (Act 56 of 1974), which provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Pharmacy Act, 1974 (Act 53 of 1974), which provides for the regulation of the pharmaceutical profession, including community service by pharmacists.
- Nursing Act, 2005 (Act 33 of 2005), which provides for the regulation of the nursing profession.
- Allied Health Professions Act, 1982 (Act 63 of 1982), which provides for the regulation of health practitioners such as chiropractors, homeopaths and others; and for the establishment of a council to regulate these professions.
- Dental Technicians Act, 1979 (Act 19 of 1979), which provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- Hazardous Substances Act, 1973 (Act 15 of 1973), which provides for the control of hazardous substances, in particular those emitting radiation.
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), which provides for the regulation of foodstuffs, cosmetics and disinfectants; in particular setting quality and safety standards for the sale, manufacture and importation thereof.
- Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), which provides for medical examinations of people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- Human Tissue Act, 1983 (Act 65 of 1983), which provides for the administration of matters pertaining to human tissue.

### National Health Amendment Act 2013, (Act 12 of 2013)

The Act enabled the Minister of Health to establish the Office of Health Standards Compliance. It will have three units, with the first being the inspectorate.

It will be mandatory for the unit to inspect every health facility once every four years. Problematic health facilities will be inspected often to avoid deterioration. Once a particular facility has been inspected, it will be graded on a scale of A to F, and subsequently a report will be released publicly.

The second unit of the body will be a health ombudsperson.

The public will be able to lodge complaints about the negative experiences (including non-availability of drugs and long waiting times) encountered during their visits to health facilities.

The department identified 400 unemployed graduates in three major fields including finance, human resources and information and communications technology.

They underwent training in governance by the Public Administration Leadership and Management Academy.

These graduates were then divided into teams of 45 each and dispatched to various provinces to help in the fields of supply chain management,

The public-private sector partnership agreement between the Health Ministry and the task team on Eye Health, appointed to reinvigorate and implement Vision 20/20 to curtail the waiting list for cataract surgeries, stipulates that all provinces perform 1 500 cataract surgeries per one million population.

asset reconciliation and management and human resources management, especially the cleaning of the public administration system in the provinces.

## Budget and funding

The health sector received R133,6 billion from the 2013 National Budget. Some of the money went towards ensuring the completion of 1 967 health facilities and 49 nursing colleges, which were in various stages of planning, construction and refurbishment.

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, but the amount is likely to decrease by 50% over the next five years.

As a result of the phasing in of the 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, respectively, over the next three years.

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

## Role players

### South African National AIDS Council (Sanac) Trust

In February 2013, the new Sanac Trust, which includes members from civil society, business, academia and government, was inducted. Their mandate is to facilitate and manage a multisectoral approach to the implementation of the National Strategic Plan (NSP).

The goals of the NSP are to halve the number of new HIV infections; ensure that at least 80% of people who are eligible for treatment for HIV are receiving it; halve the number of new TB

The new R1,4-billion Natalspruit Hospital in Gauteng opened its doors to patients in September 2013. The new 771-bed hospital, which replaced the existing Natalspruit hospital, also has a gateway clinic and a crèche. The services offered include: accident, emergency and trauma unit; adult intensive care unit (ICU) and high care; paediatric ICU and high care; psychiatric ward, TB ward; gynaecology and maternity services, as well as a burns unit.

infections and deaths from TB; ensure that the rights of people living with HIV are protected; and reduce the stigma related to HIV and TB.

The work that the council undertakes is crucial at a time when South Africa has turned the tide on the response to HIV, but still has a long way to go in addressing the scourge of HIV and AIDS.

In April 2013, Sanac welcomed the availability of fixed-dose combination (FDC) ARVs, saying it would encourage patients to stay on treatment and reduce incidents of non-compliance and non-adherence.

## Medicines Control Council

The Medicines Control Council oversees the regulation of medicines in South Africa. Its main purpose is to safeguard and protect the public by making sure that all medicines that are sold and used in South Africa are safe, therapeutically effective, and are consistently meeting acceptable standards of quality.

The council is mandated to:

- advise the Minister of Health on any matter referred by the Minister or arising from the application of the Act
- keep the medicines register
- register new medicines
- amend entries in the register
- prohibit the sale of unregistered medicines
- transfer certificates of registration
- cancel the registration of medicines
- approve medicine labels and advertisements
- authorise the sale of unregistered medicine for certain purposes.

## Compensation Commission for Occupational Diseases (CCOD)

The CCOD was established to compensate ex-miners and miners for the impairment of lungs or respiratory organs and to reimburse them for loss of earnings incurred during TB treatment.

If the ex-miner is deceased, the CCOD compensates the beneficiaries of the ex-miner.

The CCOD administers the government's grant for pensioners.

## Council for Medical Schemes

The Council for Medical Schemes provides regulatory supervision of private health financing through medical schemes. Its objectives include:

- protecting the interests of medical schemes and their members
- monitoring the solvency and financial soundness of medical schemes
- controlling and coordinating the functioning of medical schemes
- investigating complaints and settling disputes in the affairs of medical schemes

- collecting and disseminating information about private healthcare in South Africa
- making rules regarding its own functions and powers
- making recommendations to the Minister of Health on criteria for the measurement of the quality and outcomes of the health services provided by medical schemes.
- controlling and exercising authority over the training and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in humankind
- promoting liaison in the field of training
- communicating to the Minister information that is of public importance.

### Medical Research Council

The MRC is a science, engineering and technology institution, with the purpose of improving the health and quality of life of South Africans through research, development and technology transfer. Its powers and duties include:

- undertaking research of its own accord and on behalf of the State
- operating and maintaining research facilities the Minister of Health assigned by
- promoting cooperation between South Africa and other countries on research, development and technology transfer
- developing and using technological expertise
- promoting the training of researchers
- establishing and controlling research laboratories and other facilities
- cooperating with people and institutions doing research in other countries
- making grants available to universities, technikons, colleges, schools, museums and other institutions
- participating in joint research operations with other institutions
- cooperating with educational authorities, scientific or technical societies and industrial institutions representing employers and employees to promote the training of researchers
- undertaking investigations or research assigned by the Minister
- advising the Minister on research policy and priorities and the development, promotion, implementation and coordination of research.

### Health Professions Council of South Africa (HPCSA)

The HPCSA has a mandate to protect the rights of patients and to guide the professions across South Africa. While healthcare costs are a constant concern to all parties, only by working together within the prescribed ethical guidelines can it be ensured that all parties' rights and responsibilities are met. Its mandate includes:

- coordinating the activities of the professional boards
- promoting and regulating interprofessional liaison
- determining strategic policy
- consulting and liaising with relevant authorities

### Allied Health Professions Council of South Africa (AHPCSA)

The AHPCSA regulates all allied health professions, which include ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and unani-tibb.

### South African Dental Technicians Council (SADTC)

The SADTC controls all matters relating to the education and training of dental technicians or dental technologists and practices in the supply, making, altering or repairing of artificial dentures or other dental appliances.

- Its mandate includes:
- promoting dentistry in South Africa
  - controlling all matters relating to the education and training of dental technicians, dental technologists and practitioners who supply, make, alter or repair artificial dentures or other dental appliances
  - promoting good relationships between dentists, clinical dental technologists, dental technicians and dental technologists
  - advising the Minister of Health.

### South African Pharmacy Council (SAPC)

The SAPC ensures the provision of quality pharmaceutical services in South Africa by developing, enhancing and upholding universally acceptable standards, professional ethics and conduct, ongoing competence and pharmaceutical care.

- The council is tasked with:
- assisting in promoting the health of South Africans
  - advising the Minister of Health or any person on matters relating to pharmacy
  - promoting the provision of pharmaceutical care with universal norms and values

The 19th World Transplant Games took place in July 2013, in Durban. At the same event, a new postage stamp, specially designed by the Post Office for the World Transplant Games 2013 to raise awareness about the shortages of organ donors in South Africa, was unveiled.

- upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice
- establishing, developing, maintaining and controlling universally acceptable standards
- maintaining and enhancing the dignity of the pharmacy profession.

### South African Nursing Council (SANC)

The SANC controls and exercises authority, in respect of the education, training and manner of practices pursued by registered nurses, midwives, enrolled nurses and enrolled nursing auxiliaries.

The council's mandate includes:

- inspecting and approving nursing schools and nursing education programmes
- conducting examinations and issuing qualifications
- registering and enrolling nurses, midwives and nursing auxiliaries and keeping registers
- removing or restoring any name in a register
- issuing licences to nursing agencies
- requiring employers to submit annual returns of registered and enrolled nurses in their employ.

### National Health Laboratory Service

The NHLS was established in 2001 by amalgamating the South African Institute for Medical Research, National Institute for Virology and National Centre for Occupational Health, as well as university and provincial pathology laboratories. It is the largest diagnostic pathology service in South Africa, with 349 laboratories serving 80% of the country's population.

All laboratories provide diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

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, medical entomology, molecular biology and human nutrition.

Its specialised divisions comprise the:

- National Institute for Communicable Diseases, whose research expertise and sophisticated laboratories make it a testing centre and resource for the African continent, particularly in relation to several of the rarer communicable diseases

- National Institute for Occupational Health, which investigates occupational diseases and has laboratories for occupational environment analyses
- National Cancer Registry, which provides epidemiological information for cancer surveillance
- South African Vaccine Producers, which is the only South African manufacturer of antivenom for the treatment of snake, scorpion and spider bites.

### Non-governmental organisations

Many NGOs at various levels play a crucial role in healthcare, and cooperate with government's 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, including the HIV and AIDS Programme, the department has strengthened its collaboration with NGOs. The programme has empowered communities and NGOs working in the health sector by focusing on three key areas:

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

## Resources

### Medical practitioners

More than 216 191 medical practitioners are registered with the HPCSA. These include 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 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.

According to the International Diabetes Federation, an estimated six million people in South Africa live with diabetes.

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.

### Oral health professionals

There are 5 667 dentists, 2 886 dental assistants, 1 053 oral hygienists and 569 dental therapists registered with the HPCSA. Dentists are subject to the continuing professional development system and the community service system. 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. There are 25 876 professionals registered with the SAPC.

### Nurses

Nurses are required to complete a mandatory 12-month community service programme, whereafter they may be registered as nurses (general, psychiatric or community) and midwives. There are 260 698 registered nurses. This figure includes registered, enrolled and auxiliary nurses, but excludes students and pupils.

### Health facilities

There are 4 200 public health facilities in South Africa. The number of people per clinic is 13 718, exceeding World Health Organisation guidelines of 10 000 per clinic.

Since 1994, more than 1 600 clinics have been built or upgraded. Free healthcare for children under the age of six and for pregnant or breastfeeding mothers was introduced in the mid-1990s.

### 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 treatment. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Patients with medical aid are charged a private rate that is generally lower than the rate charged by private hospitals.

Provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants.

### Medical schemes

There are 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.

### Programmes and projects Anti-Substance National Plan of Action

Government and its partners are implementing the Anti-Substance National Plan of Action.

The plan focuses on enabling policy and legislation, reducing the supply and demand of drugs, as well as treatment and rehabilitation of addicts.

By June 2013, a total of 215 Local Drug Action committees around the country were helping communities to manage their own preventive work at grassroots level.

The SAPS plays a key role in the fight against drug, substance and alcohol abuse. In 2012, the SAPS conducted 394 379 liquor compliance inspections and 74 547 illegal liquor traders were charged and closed down.

The Foundation for a Drug Free World hosted a two-day seminar in August 2013, to train those who wish to take effective action against substance abuse in their communities. The seminars took place in Cape Town, Port Elizabeth, Johannesburg and Pretoria.

### Re-engineering primary healthcare

PHC was high on the department's agenda during 2013. Some of the focus areas of PHC included building clinics and hospitals, managing diseases and ensuring that there were enough health professionals.

The intensified focus on PHC has three streams – district specialists, the school-based health programme and municipal ward-based PHC agents. District specialists include a principal obstetrician, a principal paediatrician, a principal family physician, an advanced midwife and a senior primary care nurse.

As part of its successful war against malaria, the Limpopo government set aside an additional R89 million to fight the disease in 2013. All primary health care clinics are fully equipped to deal with malaria patients at community level, with malaria tests and treatment available at all clinics. All hospitals are also prepared to deal with more severe cases of malaria.

These specialists train interns, community service doctors and medical officers. They are the link between the prevention and management and cure of diseases.

As part of the school-based healthcare programme, school health teams visited 1 610 poor schools between July and September 2012. They offered services that focused on eyecare, dental and hearing problems, as well as school immunisation programmes.

As part of efforts to improve PHC, 10 000 PHC workers had been trained and assigned to municipal wards in the country by 2013. Each ward has a team comprising a professional nurse and six community healthcare workers.

### Health Sector 10-Point Plan

In pursuit of its vision of a long and healthy life for all South Africans, the DoH remains firmly focused on the implementation of the 10-Point Plan for the health sector for 2009 to 2014.

The plan is aimed at creating a well-functioning health system capable of producing improved health outcomes. It consists of a number of priorities such as: the provision of strategic leadership and the creation of a social compact for better health outcomes; the implementation of the NHI plan; improving the quality of health services; overhauling the healthcare system and improving the management of the health system.

The plan also includes other priorities that are crucial for the department to reach its goal of improved health outcomes. These include better human resources management, planning and development; the revitalisation of infrastructure; the accelerated implementation of programmes for HIV and AIDS and STIs; increased focus on TB and other communicable diseases; mass mobilisation for better health; a review of the drug policy; and strengthening research and development.

### National Strategic Plan on HIV, AIDS, STIs and TB 2012–2016

The integration of HIV, AIDS and TB into the NSP on HIV, AIDS, STIs and TB 2012–2016 outlines a 20-year vision in the fight against the double scourges of HIV and AIDS and TB.

The NSP has four strategic objectives, namely:

- addressing the social structural drivers of HIV, STIs and TB care, prevention and support
- preventing new HIV, STI and TB infections
- sustaining health and wellness
- ensuring the protection of human rights and improving access to justice.

The NSP 2012–2016 further encourages South Africans to be tested for these diseases at least once a year; and every pregnant woman to undergo routine HIV testing.

The department also targeted 600 000 men for male circumcision as part of the strategy.

### Fixed-dose combination antiretrovirals

The FDC – containing emtricitabine, efavirenz and tenofovir – is a multiple ARV drug in a single pill, which helps reduce pill burden. It is easy to take, highly effective and in no way inferior to taking three individual drugs.

About 180 000 HIV-positive patients started on the FDC ARVs in April 2013. The FDC ARVs were expected to improve compliance by reducing the risk of patients defaulting from treatment. With the new pill, patients will now be taking one tablet once a day, instead of three to five pills a day. The FDC ARVs are given to newly diagnosed HIV-positive persons, HIV-positive pregnant women and breast-feeding mothers.

The department revised the guidelines for the Prevention of Mother-to-Child Transmission paediatric and adult treatment, due to the treatment regime switching to FDC ARVs.

More than 7 000 doctors and nurses were updated on the new guidelines and at least one or two healthcare professionals in each facility have been updated. In addition, more than 200 master trainers have been trained, including those based at regional training centres, as well as those stationed at the department's development partners.

By April 2013, some 1,7 million patients were on ARV treatment and the department hoped to expand this to 2,5 million by the end of 2014.

From 1 April 2013, the Gauteng DoH rolled out the FDC ARVs, to all those receiving and those who are still going to be initiated on ARVs.

### 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 would 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 such as 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.

### Integrated School Health Programme (ISHP)

At the sixth South African AIDS Conference that took place in Durban in June 2013, the Minister of Health 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 in 2011.

The policy is aligned to the Negotiated Service Delivery Agreement, 2010–2014, the government programme of action for the promotion of long and healthy life for all South Africans, as well as the MDGs.

The revised policy also made way for the comprehensive ISHP for grade 0 to 12 learners, implemented at subdistrict level. This implementation strategy incorporates the principle of equity and human rights, with specific consideration to the availability of resources required to cover all learners.

The ISHP's goal is to contribute to improving the general health of school-going children, as well as the environmental conditions in schools and to addressing health barriers to learning.

The ISHP:

- guides the provision of a comprehensive programme that operates within the PHC package
- provides preventive and promotive services that address the health needs of school-going children
- facilitates referral to health and other services, where required
- supports the school community in creating schools that promote health
- ensures sustainable coordination and multisectoral partnership
- mobilises resources for the implementation of the school health policy.

### HIV Counselling and Testing (HCT) Campaign

Some of the HCT Campaign's achievements since its launch by President Jacob Zuma in 2010 are the following:

- Before 2009, some 2,6 million people had gone for counselling and testing, but since the launch 18 million people have been tested.
- Before the HCT campaign, 539 819 patients entered into treatment, whereas in 2013, 617 000 people were initiated into treatment
- Only 250 nurses initiated ARV treatment in 2009, but during 2010/11, 10 542 nurses were trained and certified to initiate treatment

The target for 2013/14 was to initiate 550 000 new people on treatment.

In June 2013, during his State visit to South Africa, President Obama of the USA discussed the *Pepfar Report* with President Zuma.

According to the report, some 1 651 800 HIV-positive individuals were on ART; 7 055 000 individuals received HCT; 924 300 pregnant women received HCT, with 253 000 HIV-positive pregnant women receiving ARV medication to prevent mother-to-child transmission.

The *Pepfar Report* underscored the fact that the success of the programme was achieved in direct partnership with the South African government. *Pepfar's* male circumcision programme was launched in 2009 and in 2013, the fund aimed to increase the number to 500 000 voluntary medical male circumcisions.

A third medical male circumcision clinic was opened in October 2013 in North West, as part of a provincial campaign to reduce the risk of HIV infection among men.

According to the WHO, the risk of HIV is reduced by 60% if a man is circumcised.

Over the next year, government will strive to medically circumcise one million men through its Medical Male Circumcision campaign launched in December 2013. Members of Parliament got the chance to undergo HIV tests in Parliament in October 2013.

### Managing communicable and non-communicable diseases (NCDs)

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

A multi-stakeholder dialogue on addressing risk factors for NCDs in the African region was held in South Africa, in March 2013.

In his opening address of the WHO dialogue, WHO Regional Director for Africa, Luis Sambo, told delegates that Africa faced a rapidly increasing burden of NCDs, alongside the continued threat of communicable diseases.

The main NCDs in the region include diabetes, cancer, chronic respiratory diseases, mental disorders and cardiovascular diseases.

The African region remains the only WHO region where communicable diseases still account for more deaths than NCDs, according to a 2010 global status report. In 2008, about 2,8 million deaths were attributed to NCDs and this is projected to increase by 27% over the next 10 years.

In 2013, the Gauteng DoH spent R1,2 million on installing 95 new ozone generators at its forensic pathology mortuaries to maintain a healthy environment at the facilities.

The main risk factors associated with NCDs are tobacco use, alcohol abuse, an unhealthy diet and physical inactivity.

South Africa is working on the establishment of the National Health Commission.

The NHLS, the National Institute for Communicable Diseases and the DoH commemorated World Hepatitis Day on 29 July 2013. The theme for 2013 was, "This is Hepatitis. Know it. Confront it."

Hepatitis B is widespread in sub-Saharan Africa and South Africa. Past studies have found that about 8% of children under the age of one and almost 16% of children under the age of six are infected with hepatitis B.

Between 10% and 18% of South African adults are hepatitis B virus carriers. Infection has been more common in the Eastern Cape and KwaZulu-Natal.

Since 1995, all children have been vaccinated against hepatitis B. It is hoped that the disease and its complications will soon become far less prevalent. Up until 1995, the hepatitis B vaccine was only given to people in high-risk groups, particularly healthcare workers.

The hepatitis B and C viruses are transmitted through infected blood and blood products, sexual contact, inadequately sterilised surgical equipment and sharing needles for drug use. In many cases, the route of transmission is not known. Blood safety in South Africa has effectively reduced hepatitis B and hepatitis C transmission. South Africa joined the international community in observing World Polio Day in October 2013, and urged parents to have their children immunised against polio and other diseases that can be prevented by vaccination.

## Improving human resources planning, development and management

In March 2013, the Minister of Health unveiled the NSP for Nurse Education, Training and Practice, aimed at reconstructing and revitalising the nursing profession as part of the department's efforts to improve health outcomes.

The objectives of the strategy are to:

- promote and maintain a high standard and quality of nursing and midwifery education and training

The Minister of Health has signed regulations to reduce the salt content in several foodstuffs. The new regulations were published in the *Government Gazette* in March 2013. Salt reduction is critical in the fight against hypertension and other non-communicable diseases. According to draft regulations to the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), food manufacturers have until June 2016 to comply with the first set of sodium (table salt) targets.

- enhance and maintain professionalism and a professional ethos among members of the nursing and midwifery professions
- promote and maintain an enabling, well-resourced and positive practice environment for nursing, midwifery and patients/clients throughout the lifespan
- enable strong leadership at all levels of nursing and midwifery practice
- guide the production of sufficient numbers and the appropriate categories of nurses required to deliver healthcare services within the policy framework for the healthcare system.

Out of 342 nursing colleges, 84 are inactive while renovations are underway. For some, this including the procurement of basic equipment for effective training. About 37 000 nursing students enrolled in colleges in 2013. Five hundred retired nurses have been put on the department's database and will be assisting with the Schools' Health Programme. By March 2013, about 1 200 medical students from South Africa were studying in Cuba.

## Albertina Sisulu Executive Leadership Programme in Health (ASELPH)

The Minister of Health launched the ASELPH in April 2013. ASELPH aims to strengthen health policy transformation and service excellence in South Africa.

It aims to strengthen human-resource capacity in the health system, which is needed to deliver high-quality, cost-efficient services through strength-ened, executive-level training of health leaders and managers.

The programme is a partnership between the University of Pretoria, University of Fort Hare and Harvard University, represented by Harvard School of Public Health and South Africa Partners in collaboration with the South African national and provincial departments of health.

ASELPH is seen as a local flagship programme capable of setting the standard for executive-level health leadership and management training in South Africa.

In addition, ASELPH organises and hosts university forums, policy seminars and round tables to address key policy debates, as identified by the DoH and focus on issues that will present the greatest challenges to implementation.

ASELPH also uses new teaching and learning strategies: each new training offering its curricula and pedagogical strategies and teaching materials (including case studies and exercises) is based on collaborative research that identifies information gaps and produces learning objectives.

The programme is responsive to emerging initiatives in the South African health sector through a combination of strategies that include:

- targeted training of executive, district and hospital managers who are responsible for services related to the NHI
- strengthened management capability of current and emerging district, health-related leaders who are responsible for the implementation of the NHI and the re-engineering of the PHC system
- advancement of sustainable, relevant, educational and training capacity for health executives responsible for the management of large public health programmes such as HIV, STIs and TB.

### Improving health infrastructure

Government prioritised the upgrading of health infrastructure through Strategic Infrastructure Project 12. This project focuses on the refurbishing of nursing colleges, and building or refurbishing of public hospitals and other health facilities. During 2013, 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 North West, about 315 provincial health facilities were ready to roll out the new FDC pill to HIV-positive patients. The province provided ARV treatment to about 181 557 patients in 2013. The North West provincial health department had established 13 maternity waiting homes, 10 of which were functional by May 2013, as well as procuring 10 obstetric ambulances to exclusively transport pregnant women.

The *Committee on Morbidity and Mortality in Children under Five Years Report (2012)* indicated that South Africa's infant mortality rate decreased from 47,4 per 1 000 live births in 2007 to 38,1 per 1 000 live births.

From August 2013, a rapid response team, made up of clinical engineers, attended to the maintenance of hospital equipment on an urgent basis in any province with malfunctioning equipment.

Major changes to the health system aimed at improving service delivery, included decentralising several functions that were carried out at provincial health offices to hospital chief executive officers (CEOs) and hospital managers.

As part of the major shake-up, hospital CEOs have been given a contingency budget for emergency procurement of non-negotiables on an urgent basis to do away with delays and stock-outs of essential items. They will also be

given the power to buy equipment worth less than R500 000 on a quotation basis; a healthcare war room – called the Cost Centre Management System – was set up at head office to monitor the availability of medicines and other essentials via other cost centres that will be based at regional and district hospitals.

Clinicians will be given decision-making powers on matters relating to their services, including monitoring the availability of non-negotiables, and availability of equipment and consumables.

A committee made up of clinicians will meet monthly to assess the maintenance of essential equipment, and compile a list of equipment that will be forwarded directly to suppliers to eliminate the middle man.

The 32-bed Kgatelopele Wellness Care Centre in Mmabatho, North West, built at a cost of R35 million by the Industrial Development Corporation of South Africa, was opened in December 2013.

### Strengthening research and development

Government's initiative to boost human resources development in health research and innovation was launched in March 2013, as the country strives to improve the overall quality of health. The National Health PhD Scholars Programme has seed funding of R15 million, of which R5 million was from government and R10 million from the private sector. The programme wants to deliver 1 000 PhDs in all health professional fields over the next 10 years.

The Minister of Health named and introduced the first 13 recipients of the scholarship at a news conference in Cape Town, in March 2013.

For the duration of their full-time studies, each of the 13 recipients will be paid the after-tax salary they were receiving from the DoH. They are also expected to return to their institutions after gaining their doctorates.

Although the 13 will study in South Africa, with one of them also due to do some research in Scandinavia, no restrictions have been placed on where they or future recipients should study.

In South Africa, like in the rest of the world, the health research workforce is ageing, and also declining numerically.

This limits the capacity to increase the numbers of healthcare professionals required in the country.

It also causes inability to cope with increasing demands imposed on the health service by the colliding epidemics of infectious diseases such as TB and HIV and AIDS, high rates of maternal, infant and child mortality, violence, injuries and NCDs.

The new health research leadership produced under this scheme will also address the need for academic healthcare professionals to train and inspire the next generation of healthcare professionals in existing and new universities.

The government's intervention would address the shortage of academic healthcare professionals by introducing fully funded doctoral scholarships.



