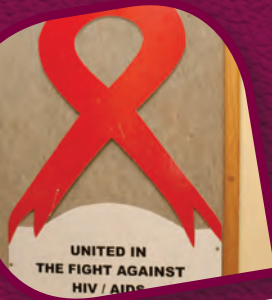


Pocket Guide to South Africa 2016/17

Health



The Bill of Rights in Section 27 of the Constitution of the Republic of South Africa of 1996 states unequivocally that access to healthcare is a basic human right. The Department of Health (DoH) contributes directly to the realisation of Outcome 2 (a long and healthy life for all South Africans) of government's 2014-2019 Medium Term Strategic Framework.

In line with the vision of the National Development Plan (NDP) of ensuring a long and healthy life for all South Africans, the department focuses on sustainably expanding HIV and AIDS and tuberculosis (TB) treatment and prevention, revitalising public healthcare facilities, and ensuring the provision of specialised tertiary hospital services.

According to Statistics South Africa's (Stats SA) Mid-year population estimates for 2017, the total number of persons living with HIV in South Africa increased from an estimated 4,94 million in 2002 to 7,06 million by 2017.

HIV prevalence among the youth aged 15–24 has declined over time from 7,3% in 2002 to 4,6 in 2017. The rate at which the population in South Africa is being infected is estimated to be declining from 1,9% in 2002 to 0,9% in 2017.

Life expectancy at birth for 2017 was estimated at 61,2 years for males and 66,7 years for females. The infant mortality rate for 2017 is estimated at 32,8 per 1 000 live births.

The estimated overall HIV prevalence rate is approximately 12,6% among the South African population. The total number of people living with HIV is estimated at approximately 7,06 million in 2017. For adults aged 15–49 years, an estimated 18,0% of the population is HIV positive.

The number of AIDS-related deaths declined consistently since 2007 from 345 185 in 2006 to 126 755 in 2017. Access to antiretroviral treatment has changed historical patterns of mortality and thus extended the lifespan of many HIV-positive people in South Africa.

Access to medicines:

(i) Stock Visibility System (SVS)

The SVS is an electronic way of measuring stock at the clinic by scanning the back code on the package or bottle with a specially supplied cellphone with a special application.

When the nurse scans at the clinic the stock level is automatically and in real time, reported to an electronic map of all clinics in our country at the central tower in Pretoria.

There is an SVS in 3 163 clinics, 658 of which are within the NHI pilots. This project started in July

2014, in partnership with the Vodacom Foundation. With the SVS alone, stocks in clinics have improved as follows:

- ARVs from 69,5% to 92,5%;
- TB medication from 65,7% to 88,5%; and
- Vaccines from 64,5% to 94,5%.

(ii) Rx Solution and other electronic stock management systems (ESMS)

The system reports levels of stock electronically from each of these hospitals to the central control tower in Pretoria. If the stock levels are low, it automatically submits an order.

By mid-2017, this system had been installed in 80% of 10 central hospitals, in 94% of 18 provincial tertiary hospitals, 83% of 47 regional hospitals and 71% of 254 district hospitals.

(iii) Central Chronic Medicines and Dispensing and Distribution Programme

In this programme, patients who are stable on chronic medication do not have to visit clinics anymore, except after six months for check-up.

They collect their medicines in 401 pickup points around the country. More than 1,3 million patients are using this system, relieving congestion in clinics or hospitals.

Record management and Unique Patient Identifier

Working with the Council for Scientific and Industrial Research, Department of Science and Technology and Department of Home Affairs, the DoH has introduced the Unique Patient Identifier, a patient information system that allows a patient to be followed from one facility to the other.

By 10 May 2017, the Unique Patient Identifier had reached 1 859 clinics, 705 of which are in the NHI pilots. Over 6,3 million had registered in this system in preparation for the NHI. The is linked to a patient's ID number in Home Affairs and is a lifetime number.

School health

By the end of 2016, the DoH had completed screening 3,2 million school kids for physical barriers to learning such as eyesight, hearing, speech and oral health. A total of 500 004 school kids, specially in the NHI pilots, were found to have the following health problems:

- 8 891 have speech problems needing a speech therapist;

- 34 094 had hearing problems needing an audiologist or hearing aids;
- 119 340 had eyesight problems needing an optometrist, ophthalmologist or maybe spectacles;
- 337 679 had oral health problems needing a dentist, dental therapist or oral hygienists.

HIV, AIDS and TB

South Africa has increased the number of people who receive ARVs to over 3,4 million people in 2016.

The DoH expects ARV therapy to reach five million South Africans by 2018/19. This expansion is part of South Africa's progressive scaling up towards 90-90-90 targets for 2020 of the Joint United Nations Programme on HIV and AIDS, namely: 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ARV therapy, and 90% of all people receiving ARV therapy will have viral suppression.

Further increases in the HIV and AIDS, TB, Maternal and Child Health Programme of R60 million in 2017/18 and R140 million in 2018/19 will be used to scale up HIV-prevention programmes, such as condom distribution, medical male circumcision and social behaviour change communication campaigns.

The 8th Annual South African AIDS Conference was held in Durban on 15 June 2017.

The conference, themed "The Long Walk to Prevention: Every Voice Counts", was an opportunity to understand the state of HIV and AIDS epidemic in terms of treatment and prevention, and finding possible innovative solutions to ensure that South Africa achieves an AIDS-free society.

National Health Insurance (NHI)

The aim of the NHI is to provide access to quality and affordable healthcare services for all South Africans based on their health needs, irrespective of their socio-economic status.

The NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all.

By 2030, the NDP expected South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-

five mortality rate of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision.

Potential benefits from the NHI Fund would include:

- treatment for schoolchildren with physical barriers to learning such as eyesight, hearing, speech and oral health;
- free ante-natal care in the form of eight visits to a doctor to each of the 1,2 million women who fall pregnant annually. Family planning, breast and cervical cancer screening and where appropriate, treatment, will be provided;
- better services for mental health users, such as screening;
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

National Health Laboratory Service (NHLS)

The NHLS is mandated to support the DoH by providing cost-effective diagnostic laboratory services to all state clinics and hospitals.

It also provides health science training and education, and supports health research. It is the largest diagnostic pathology service in South Africa, servicing more than 80% of the population, through a national network of 268 laboratories.

Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the South African Vaccine Producers as its subsidiary.

South African Health Products Regulatory Authority (SAHPRA)

As of April 2017, the SAHPRA was established as a public entity responsible for the regulation of medicines, medical devices and radiation control. These functions were previously performed by the Medicines Control Council. As part of the transition, the SAHPRA would operate more independently and retain the revenue collected from the pharmaceutical industry.

Over time, SAHPRA aims to absorb some of the external evaluators as full-time employees to enhance its capacity. By doing so it will reduce the current backlog of applications and gradually improve turnaround times for applications and priority products to 75% within three months by 2019/2020.

Once regulations for medical and diagnostic devices have been developed and gazetted in 2017/18, the SAHPRA is expected to also regulate these products and control certain non-medical products for hazardous radiation.

Medical schemes

By August 2017, there were about 87 medical schemes in South Africa, with around 8,8 million beneficiaries. These schemes have a total annual contribution flow of about R129.8 billion.

According to Stats SA's General Household Survey 2016, nearly a quarter (23,2%) of South African households had at least one member who belonged to a medical aid scheme.

However, a relatively small percentage of individuals in South Africa (17,4%) belonged to a medical aid scheme in 2016.

Health entities

The **Compensation Commissioner for Occupational Diseases** in Mines and Works is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs and reimburse for loss of earnings incurred during TB treatment.

- The **Council for Medical Schemes** is a regulatory authority responsible for overseeing the medical schemes industry in South Africa. Its functions include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare and advising the Minister of Health on any matter concerning medical schemes.

The council has improved the turnaround time for resolving complaints from scheme beneficiaries and aims to resolve 85% of all complaints within 120 days by 2019-2020.

- The **Office of Health Standards Compliance** is mandated to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.
- The **South African Medical Research Council** is mandated to promote the improvement of health and quality of life through research development and technology transfer. Research and innovation are primarily conducted through council funded research units located within the council and in higher education institutions. The council's three-year R30 million programme on maternal, infant and neonatal health, in collaboration

with the Bill and Melinda Gates Foundation, aims to identify innovations in gestational diabetes, perinatal haemorrhage, pre-eclampsia and neonatal survival. The council also collaborates with a number of other research partners, including the Newton Fund, the British Medical Research Council, GlaxoSmithKline and Canadian Institutes of Health Research.

Nelson Mandela-Fidel Castro Medical Collaboration

The 21-year-old Nelson Mandela-Fidel Castro Medical Collaboration programme continues to add value to the human resources capacity of South Africa's health services.

By mid-2017, there were 427 Cuban doctors deployed mostly in rural health facilities, with only a handful in Gauteng. A total of 2 905 students were in the programme in Cuba, with 76 in the fifth year of study.

