



The Department of Health's (DoH) strategic goals are to:

- prevent disease and reduce its burden, and promote health
- improve health facility planning by implementing norms and standards
- improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms
- develop an efficient health management information system for improved decision making
- improve the quality of care by establishing the Office of Health Standards Compliance, which will monitor compliance of all health facilities with standards and improve clinical governance
- re-engineer primary healthcare by: increasing the number of ward-based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services
- make progress towards universal health coverage through the development of the National Health Insurance (NHI) scheme, and improve the readiness of health facilities for its implementation
- improve human resources for health by ensuring adequate training and accountability measures.

The 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 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

Health

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.

As part of improving the healthcare system and ensuring that all South Africans have equitable access to essential health services, government is introducing 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

Statistics South Africa's 2014 mid-year population estimates, released in July 2014, show some gains for South Africans over the last year. Increased life expectancy of the population demonstrates that the number of AIDS-related deaths and infant mortality rates have dropped over the past few years.

The statistics demonstrate that in addition to other interventions that are contributing to a higher life expectancy, South Africa is making headway with delivering antiretroviral medications to citizens living with HIV and AIDS.

About 51% of the South African population is female. According to Stats SA, at birth females have a life expectancy of 63,1 years. A male's life expectancy at birth is around 59,1 years and has since improved by nine points from 52 years in 2005. The average life expectancy is now 61 years.

Maternal and child health (MCH) Child health

Despite high numbers of women getting into government's Prevention of Mother-to-Child Transmission (PMTCT) Programme, many women still put their children at risk of HIV-infection by not visiting clearly early in their pregnancies.

In April 2014, the DoH launched a programme to register pregnant women who use a cellphone to send a 'please call me' which allows the DoH to capture their details. Through this system the department keeps track of their progress.

According to the Human Sciences Research Council's National HIV Prevalence, Incidence and Behaviour Survey released in April 2014, maternal and child morbidity declined due to the PMTCT.

Amnesty International's report struggle for Maternal Health: Barriers to Antenatal Care in South Africa, highlights the problems of rural women especially in accessing antenatal care. According to the report, South Africa was

unlikely to meet its UN Millennium Development Goal of reducing maternal mortality to 38 women per 100 000 births by 2015.

Women's health

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.

HIV, AIDS and TB

South Africa has rolled out the world's largest treatment programme, with over 2,7 million people initiated on ARVs.

The 2016 International AIDS Conference will be held in Durban and South Africa will be hosting it for the second time in the same town since 2000.

If South Africa is to achieve the objectives articulated at AIDS 2014 in Melbourne, Australia, earlier this year, South Africa must ensure that the response to AIDS remains prominent in the post-2015 sustainable development framework.

The conference is being organised by the International AIDS Society, with its partners from the United Nations, the South African Government and international civil society organisations.

Research into the prevention of HIV is at the centre of government's strategy aimed at ending the pandemic that has held the world hostage for many years.

In October 2014, the HIV Research for Prevention 2014 (HIVR4P) conference brought over 1 000 delegates made up of researchers, academics and scholars to South Africa.

HIVR4P 2014 is the world's first and only scientific meeting dedicated exclusively to biomedical HIV prevention research.

The conference served as an opportunity for sharing and debating the latest advances and challenges in the field, and promoted critical discussions of the issues that drive intervention-specific and comprehensive biomedical

prevention research, discovery, development and implementation.

Research has shown that early treatment of infections in HIV positive people can reduce the risk of transmission of HIV, and that the use of ARVs in HIV negative people can reduce the risk of infection.

Legislation and policies

The DoH derives its mandate from the National Health Act, 2003 (Act 61 of 2003), which requires the department to provide a framework for a structured uniform health system within South Africa. The Act sets out the functions of the three levels of government as they relate to health services. The department contributes directly to achieving the government outcome, which calls for a long and healthy life for all South Africans.

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), through which the Minister of Health established the Office of Health Standards Compliance, namely the inspectorate, a health ombudsperson and the accreditation of health workers.

Budget and funding

Government spending on health is expected to exceed R492 billion over the next three years, as part of a plan to strengthen the health system, in preparation for the implementation of the NHI scheme.

In 2014/15, over R19 billion had been earmarked for refurbishing clinics and hospitals.

National health spending will grow at a higher rate over the next few years in line with the NDP's vision of a cheaper health sector that works for everyone.

The DoH's white paper on the NHI and a financing paper by National Treasury have been completed and were tabled at Cabinet.

The roll-out of the NHI was financed by two conditional grants, the National Health Grant and the NHI Grant, the latter managed by provinces.

More than R221 million was made available in the 2014/15 budget for the NHI Grant to strengthen district health structures.

In addition to hospital and clinic building and refurbishment programmes, about R1,2 billion has been set aside for doctor's contracts.

More than R300 million went towards the establishment of the Office of Health Standards Compliance. The office serves as an independent public entity responsible for inspecting health facilities.

About R600 million had been budgeted for the introduction of the new Human Papilloma Virus (HPV) vaccine, which prevents cancer of the cervix. The roll out of the vaccine began in schools across the country in March 2014, for Grade 4 learners.

Improvements in South Africa's health system over the past five years were reflected in the rising life expectancy, the reduction in infant, child and maternal mortality as well as the increased access to HIV treatment.

During 2014/15, enrolment in the HIV treatment programme was expected to expand by 500 000 a year.

The increase in the number of new patients for ARVs will require an addition R1 billion to the health budget. By 2014, there were 2,5 million people are under treatment.

Since 2009, government has lowered the child mortality rate by reducing mother-to-child HIV transmission from 3,5% to 2,5%.

Improving health infrastructure

In September 2014, the official opening of the Dr Harry Surtie Hospital in the Northern Cape and the Natalspruit Hospital in Gauteng were an important milestone in the country's infrastructure plans.

The hospitals were among many important

milestones in government's national infrastructure programme.

The programme will see 43 hospitals and 213 clinics built over the next five years to meet the needs of the NHI system.

The South African Government adopted the National Infrastructure Plan in 2012, it intends to transform the economic landscape while simultaneously creating significant numbers of new jobs, and to strengthen the delivery of basic services.

Natalspruit hospital, which cost R1,7 billion to construct in a period of eight years, is furnished with 821 beds and spans an area of over 7 000 m². It offers services such as family medicine, 24-hour casualty, medico-legal, obstetrics and gynaecological, mortuary, radiography, and an eye nose and throat clinic.

It will take referrals from clinics, community health care centres and district hospitals, serving Thokoza, Vosloorus, Katlehong, Magugala Heights, Zonkizikwe, Phola Park, Palm Ridge, Eden Park, Germiston and Leondale.

Meanwhile, the Dr Harry Surtie Hospital serves the western half of the Northern Cape Province, as Upington alone has a population of at least 70 000 people. – *SAnews.gov.za*

In 2014, nine Gauteng hospitals and three pathology facilities received new x-ray machines that can scan trauma patients within 12 seconds an improvement to the existing machines, as its characteristics make it unique. The nine units cost R60 million.

The hospitals that received these machines were Natalspruit, George Mukhari, Steve Biko, Tembisa, Helen Joseph, Tambo Memorial, Sebokeng, Kalafong and Leratong.

In February 2014, construction started on a new day-clinic in Century City in Cape Town. The clinic comprises, among other things, four operating theatres, 24 day-beds, a radiology unit and pharmacy. The facility was operational by October 2014.

In June 2014, construction work started on the new Nelson Mandela Children's Hospital in Parktown, Johannesburg. The new facility will be a highly advanced specialised children's hospital staffed by 150 doctors and 451 paediatric nurses. In addition to giving patients access to excellent healthcare, the hospital will serve as a training and research facility, which will ensure a much wider reach into the region. Its close proximity to Wits University's Medical School and the Charlotte Maxeke Johannesburg Academic Hospital will allow for professional cross-feeding enhancing both training and operational efficiency. The hospital was expected to be completed in the first quarter of 2016.

Role players

South African National AIDS Council (Sanac) Trust

Sanac is a voluntary association of institutions established by Cabinet to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STIs.

The council is not a juristic person. Under the direction of Sanac, government created the South African National AIDS Council Trust as the legal entity that is charged with achieving its aims.

In 2014, Sanac launched a national campaign to address social perceptions that continue to fuel stigma and discrimination against people living with HIV.

Themed “I Can’t Change My HIV Status But You Can Change Your Attitude,” the campaign aims to engage South Africans in a sustained dialogue on stigma and discrimination against people living with HIV and AIDS.

The campaign was also aimed at encouraging greater openness and disclosure by people living with HIV and AIDS.

The campaign was built around a series of short films in which people living with HIV share their own personal experiences. These stories are not of despair and hopelessness but rather of courage and hope, and tell how key people in their lives helped them to overcome challenges.

Medicines Control Council (MCC)

The MCC is a statutory body that regulates the performance of clinical trials and registration of medicines and medical devices for use in specific diseases. The MCC is responsible to ensure that all clinical trials of both non-registered medicines and new indications of registered medicines comply with the necessary requirements for safety, quality and efficacy. 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.

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 assigned by the Minister of Health
- 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 is committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining excellent standards of ethical and professional practice.

To safeguard the public and indirectly the professions, registration in terms of the Act is a prerequisite for practising any of the health professions with which the Council is concerned.

The council guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.

All individuals who practise any of the health care professions incorporated in the scope of the HPCSA are obliged by the Health Professions, 1974 (Act 56 of 1974) to register with the council. Failure to do so constitutes a criminal offence.

Its mandate includes:

- coordinating the activities of the professional boards
- promoting and regulating interprofessional liaison
- determining strategic policy
- consulting and liaising with relevant authorities
- 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 people
- promoting liaison in the field of training
- communicating to the Minister information that is of public importance.

Allied Health Professions Council of South Africa (AHPCSA)

The AHPCSA is a statutory health body established in terms of the Allied Health Professions Act, 1982 (Act 63 of 1982) to control all allied health professions, which includes ayurveda, Chinese medicine and acupuncture, chiropractic, homeopathy, naturopathy, osteopathy, phytotherapy, therapeutic aromatherapy, therapeutic massage therapy, therapeutic reflexology and unani-tibb:

The AHPCSA is mandated in terms of Allied Health Professions Act of 1982 to:

- promote and protect the health of the public
- manage, administer and set policies

relating to the professions registered with the AHPCSA

- investigate complaints relating to the professional conduct of practitioners, interns and students
- administer the registration of persons governed by the AHPCSA
- set standards for the education and training of intending practitioners.

The AHPCSA consists of three divisions namely the:

- council whose primary role is upholding the functions of the council as presented by legislation and by formulating policies applicable to all allied health professions
- professional boards, whose primary focus is providing the council with the profession specific standards and policy contributions
- administration, who is responsible for the administration of the council, the professional boards and the professions.

The AHPCSA is accountable to the Minister of Health and the Dof Health to:

- advise the Minister on matters as they relate to the allied health professions
- communicate to the Minister on matters of public importance known to the AHPCSA acquired in the course of its functions.

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 is the regulator established in terms of the Pharmacy Act of 1974 to regulate pharmacists, pharmacy support personnel and pharmacy premises in South Africa. Its mandate is to protect, promote and maintain the health, safety and well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans.

The council is tasked with:

- assisting in promoting the health of South Africans
- advising the Minister of Health on matters relating to pharmacy
- promoting the provision of pharmaceutical care with universal norms and values
- 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 is the body entrusted to set and maintain standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act 45 of 1944), and operating under the Nursing Act, 2005 (Act 33 of 2005).

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 is the largest diagnostic pathology service in South Africa with the responsibility of supporting the national and provincial health departments in the delivery of healthcare. The NHLS provides laboratory and related public health services to over 80% of the population through a national network of laboratories.

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 Africa, 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.

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 5 856 dentists, 2 973 dental assistants, 1 101 oral hygienists and 610 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.

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.

Provincial hospital patients pay for examinations and treatment on a sliding scale in

accordance with their income and number of dependants.

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

Medical schemes

There are 88 medical schemes in South Africa, with 8 469 784 beneficiaries. These schemes have a total annual contribution flow of 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.

The SAPS plays a key role in the fight against drug, substance and alcohol abuse.

Re-engineering primary healthcare (PHC)

Operation Phakisa 2 was expected to transform all public sector clinics into ideal clinics, which will provide good quality care to all communities.

In November 2014, President Jacob Zuma launched Operation Phakisa 2: Scaling up Ideal Clinic Realisation and Maintenance Programme. It is designed to fast-track the implementation of government priority programmes.

Through Operation Phakisa 2, the public health sector seeks to improve the quality of care provided in 3 500 PHC facilities, which consists of government clinics and Community Health Centres (CHCs).

This work entails transforming the existing clinics and CHCs into ideal clinics, which all South Africans would use, out of choice, due to the enhanced quality of services they will provide.

In November 2014, the Minister of Health, Dr Aaron Motsoaledi, received 17 scooters, helmets and pillion boxes donated by Medscheme, on behalf of the West African countries affected by the Ebola outbreak. The donation of the scooters was in response to the Minister's call for the private sector to support the Ebola Response Fund. The scooters will aid in mobility in the rural areas. The contribution is aimed at improving access and transportation of medical supplies to communities affected by Ebola, enabling medical samples and supplies to easily reach the rural communities. African countries are concerned about the impact of Ebola in West Africa, and the South African Government spearheaded South Africa's efforts in providing relief to the worst affected communities.

From October 2014, a team of 164 senior managers from the national, provincial and local spheres of government, together with their counterparts from the private sector, organised labour, academia, civil society and public entities, participated in the Operation Phakisa laboratory to devise ways and means of making the Ideal Clinic concept a reality.

Operation Phakisa: Ideal Clinic Initiative was organised into eight work streams, focusing on the different building blocks of an Ideal Clinic capable of delivering good quality health services. The work streams include service delivery, waiting times, human resources, infrastructure, financial management, supply chain management, scaling up and sustainability and institutional arrangements.

The NDP that government is implementing through programmes such as Operation Phakisa provides the vision of an ideal health care system.

The NDP talks about a health system that works for everyone, produces positive health outcomes and is not out of reach. This goal will only be achieved through a well-functioning health system, anchored on PHC principles.

This philosophy therefore continues to influence and guide the country as it prepares for the realisation of universal health coverage for all the people of South Africa, through the implementation of the NHI.

Health Sector 10-Point Plan

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

The plan 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 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
- 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.

National Health Insurance

NHI is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status. NHI is intended to ensure that the use of health services does not result in financial hardships for individuals and their families.

NHI seeks to realise universal health coverage for all South Africans. This means that every South African will have a right to access comprehensive healthcare services free of charge by using an NHI Card at the point of use at the accredited health facilities such as clinics, hospitals and private health practitioners. These services will be delivered closest to where people reside or work through certified and accredited public and private providers to improve access and coverage.

NHI will therefore ensure that all South Africans, poor or rich, young or old, have access to and use affordable, quality healthcare services, regardless of their socio-economic status. NHI is being implemented in phases over a 14-year period that started in 2012.

Integrated School Health Programme (ISHP)

The departments of basic education and health are jointly implementing the ISHP that will extend over time, the coverage of school health services to all learners in primary and secondary schools. The programme offers a comprehensive and integrated package of services, including sexual and reproductive health services for older learners.

The Health Services Package for the ISHP includes a large component of health education for each of the four school phases (such as how to lead a healthy lifestyle and drug and substance abuse awareness), health screening

(such as screening for vision, hearing, oral health and TB) and onsite services such as deworming and immunisation).

During 2013/14, the programme reached 700 000 learners in grades 1, 4, 8 and 10 in quintile 1 and 2 schools. Learners in Grade 4 in quintile 1 schools received health education. All learners repeating grades in quintile 1 and 2 schools also received health screening.

The ISHP policy forms the framework for the ISHP, which is linked with both the NHI and the Revitalisation of PHC.

HIV Counselling and Testing (HCT) Campaign

In November 2014, the Prevent, Avoid, Stop, Overcome and Protect (PASOP) Campaign was launched in an effort to call on all communities to join hands with government in the fight against HIV and AIDS and TB.

It is expected that the 50% decrease target will be reached through the use of multifaceted prevention approaches.

These included testing and screening people for HIV and TB, medical male circumcision, initiating people living with HIV who are eligible for ARV treatment and reducing the stigma and discrimination related to HIV and TB.

The PASOP strategy prioritises key populations and vulnerable groups such as sex workers, the Lesbian Gay Bisexual Transgender and Intersex (LGBTI) community, women and youth.

The highest rates of new HIV infections are still found among young single women who have older boyfriends and/or multiple sex partners.

The department is set to intensify the PASOP campaign by reaching men who are partners to young women, especially the “3Ms” or Mobile Men with Money and men that have sex with men, but do not identify as gay or bisexual.

In March 2015, on World TB Day, the DoH launched a programme to test 150 000 inmates in 242 correctional services facilities for TB and also screen the families of those who have tested positive.

Further to this, the department conducted TB screening on about 500 000 miners in six mining districts. The screening included the family members of those who tested positive for TB and children who attend schools or crèches in the mining towns.

The incidence of TB in the mines in South Africa is the highest of any working community anywhere in the world.

Managing communicable and non-communicable diseases (NCDs)

The main NCDs in the country include diabetes,

cancer, chronic respiratory diseases, mental disorders and cardiovascular diseases.

Africa remains the only WHO region where communicable diseases still account for more deaths than NCDs, according to a 2010 global status report.

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

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. Blood safety in South Africa has effectively reduced hepatitis B and hepatitis C transmission.

Improving human resources planning, development and management

The NSP for Nurse Education, Training and Practice is 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
- 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
- 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.

Albertina Sisulu Executive Leadership Programme in Health (ASELPH)

The ASELPH aims to:

- strengthen health policy transformation and service excellence in South Africa
- strengthen human-resource capacity in the health system, which is needed to deliver high-quality, cost-efficient services through strengthened, executive-level training of health leaders and managers.

- organise and host 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.
- use new teaching and learning strategies

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.

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

