The Department of Health (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 and 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’s mission is to improve health status through the prevention of illnesses and promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

Significant progress has been made over the last decade and more towards ensuring a long and healthy life for all South Africans, which is Outcome 2 of government’s 2014-2019 Medium Term Strategic Framework (MTSF).

Over the medium term, the DoH will continue to contribute to increased life expectancy and improved quality of life for South Africans through sustaining the expansion of the HIV and AIDS treatment and prevention programme, revitalising public healthcare facilities, and ensuring the provision of specialised tertiary hospital services.

The year 2016 marked the second year of the first five-year building block towards the achievement of the 2030 vision and goals of The National Development Plan (NDP).

The 2030 vision for health in Chapter 10 of the NDP is to achieve a health system that works for everyone and produces positive health outcomes.

In support of this vision, the strategic thrust of the health sector continue to focus on four outcomes:

- Outcome 1: Increase the life expectancy of all South Africans.
- Outcome 2: Decrease maternal, child and infant mortality.
- Outcome 3: Combating HIV and AIDS, and decreasing the burden of disease from tuberculosis (TB).
- Outcome 4: A strengthened health system.

The NDP 2030 identified a set of nine priorities that highlight the key interventions required to achieve a more effective health system.

The nine priorities aim to:

- address the social determinants that affect health and diseases
- strengthen the health system
- improve health information systems
- prevent and reduce the disease burden and promote health
- finance universal healthcare coverage
- improve human resources in the health sector
- review management positions and appointments, and strengthen accountability mechanisms
- improve quality by using evidence
- establish meaningful public-private partnerships.

The DoH’s five-year strategic goals to be achieved by 2022 are to:

- prevent disease and reduce its burden, and promote health
- 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
- 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.

- improve health facility planning by implementing norms and standards
- improve financial management by improving capacity, clinical governance and district specialist teams, and expanding school health services.
- improve quality of healthcare by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in healthcare, and by improving clinical governance
- improve human resources for health by ensuring adequate training and accountability measures.

Legislation and policies

The legislative mandate of the DoH is derived from the Constitution and several pieces of legislation passed by Parliament, including the following:

- The National Health Act, 2003 (Act 61 of 2003): Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments regarding health services.
- The Medicines and Related Substances Act, 1965 (Act 101 of 1965): Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- The Pharmacy Act, 1974 (Act 53 of 1974): Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- The Health Professions Act, 1974 (Act 56 of 1974): Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and others, related health professions, including community service by these professionals.
- The Dental Technicians Act, 1979 (Act 19 of 1979): Provides for the registration of dental technicians and for the establishment of a council to regulate the profession.
- The Allied Health Professions Act, 1982 (Act 63 of 1982): Provides for the regulation of health practitioners such as chiropractors, homeopathes, etc., and for the establishment of a council for these professions.
- The Medical Schemes Act, 1998 (Act 131 of 1998): Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- The Tobacco Products Control Act, 1993 (Act 83 of 1993): Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.
- The National Health Laboratory Service (NHLS) Act, 2000 (Act 37 of 2000): Provides for a statutory body that offers laboratory services to the public health sector.
- The Mental Health Care Act, 2002 (Act 17 of 2002): Provides for a legal framework for mental health in the country and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.
- The Traditional Health Practitioners Act, 2007 (Act 22 of 2007): Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the country.
- The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972): Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.
- The Criminal Procedure Act, 1977 (Act 51 of 1977), Sections 212 4(a) and 212 8(a): Provides for establishing the cause of non-natural deaths.
- The Children’s Act, 2005 (Act 38 of 2005): The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children’s court.
- The Occupational Health and Safety Act, 1993 (Act 85 of 1993): Provides for the requirements with which employers must comply to create a safe working environment for employees in the workplace.
- The Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993): Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
- The Skills Development Act, 1998 (Act 97 of 1998) Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.
- The Public Finance Management Act, 1999 (Act 1 of 1999): Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- The Promotion of Access to Information Act, 2000 (Act 2 of 2000): Amelie the constitutional provision pertaining to accessing information under the control of various bodies.

Departmental structure of the DoH

The DoH has structured its functions according to related programmes and subprogrammes to ensure optimal service delivery and comprehensive coverage of the challenges faced by the department, as well as the implied functions as set out by legislation and the Constitution.

HIV and AIDS, TB and Maternal and Child Health

Subprogrammes include the following:

- HIV and AIDS
- TB
- Maternal and Child Health
- Youth and School Health
- Global Fund.

Primary Healthcare

This programme comprises a variety of related subprogrammes:

- District Health Services
- Environmental Health and Port Health
- Communicable Diseases
- Non-Communicable Diseases (NCDs)
- Health Promotion and Nutrition
- Mental Health
- Malaria
- Immunisation.

Hospitals, Tertiary Health Services and Human Resource Development (HRD)

Subprogrammes under this programme include:

- Tertiary Healthcare Planning and Policy
- Violence, Trauma and Emergency Medical Services
- Forensic Pathology Services
- HRD for Health Planning, Development and Management
- Office of Nursing Services
- Health Facilities Infrastructure Management.
South Africa has made major gains in the fight against HIV and AIDS, but many challenges remain. The national response to HIV and AIDS means that the number of deaths related to HIV and AIDS has decreased, with the country on track to meet its targets for 2020.

Key issues include:
- Increasing access and uptake of antiretroviral treatment
- Strengthening prevention programmes
- Reducing the number of new infections
- Scaling up the numbers of people on antiretroviral treatment
- Retaining those on treatment
- Reducing the number of deaths related to HIV and AIDS
- Revitalising public health services
- Expanding and reforming health systems
- Ensuring sustainable funding

The National Department of Health (DoH) has published the National Health Insurance Bill, which aims to provide universal health care coverage for all South Africans. The bill is part of the government's strategy to end the HIV and AIDS pandemic by 2030.

Health Regulations and Compliance Management
The following subprogrammes are run under this programme:
- Food control: as well as Pharmaceutical and Traditional Product Regulations
- Uniform Patient Fee Schedules
- Corporate Services: subprogrammes regarding legal service and parliamentary affairs

National Health Insurance
This programme has as its focus health information monitoring and evaluation.

HIV, AIDS and TB
South Africa has rolled out the world’s largest treatment programme, with over 3.4 million people initiated on antiretroviral (ARV) treatment. At the end of March 2016, there were 3,407,336 clients remaining on ARV treatment. The DoH revised the HIV guidelines to align them with the World Health Organisation (WHO) HIV Guidelines.

The 2016 International AIDS Conference was held in Durban, with South Africa hosting it for the second time since 2000. The four-day conference was held at the Inkosi Albert Luthuli International Convention Centre from 18 to 22 June 2016 under the theme: “Access Equity Rights Now!”

The conference has become a barometer for government and South Africans to track advances in controlling HIV infections. It also provides an opportunity for people working with HIV and AIDS, sexually transmitted infections (STIs) and TB to share experiences and insights.

Key successes in the fight against HIV and AIDS have been the reduction in mother-to-child HIV transmission, which has resulted in lower child mortality rates; increasing ART coverage, which resulted in lower adult mortality rates; increasing the number of medical male circumcision programmes, and maintaining HIV testing at high levels.

Key challenges included strengthening prevention programmes and decreasing the numbers of new infections, scaling up the numbers of people on ART, and retaining those on treatment over time.

Research into the prevention of HIV is at the centre of government’s strategy. The aim is to end the pandemic that has held the world hostage for many years.

Research has shown that early treatment of infections in HIV-positive people can reduce the risk of transmission of HIV, and that the Community ART programme in HIV-negative people can reduce the risk of infection.

South Africa has made major gains in the fight against HIV and AIDS in the past 10 years, with infections dropping from 375 in 2016. Deaths due to TB have also decreased from 25,000 in 2000 to 3,800 in 2014.

March is the annual TB awareness month, and government used the opportunity to launch the new five-year National Strategic Plan (NSP) on HIV, TB and STIs for the period 2017 to 2022.

The DoH transferred R88,2 billion (R112,8 billion) of its budget over the medium term to provincial departments of health in the form of conditional grants.

Increased funding of R1,9 billion has been allocated for 2017/18 and 2018/19 to support the implementation of two HIV and AIDS and TB investment cases that have been in development over the last two years and to ensure the sustained expansion of antiretroviral treatment.

Of the R1,9 billion, R240 million in 2017/18 and R500 million in 2018/19 will be dedicated to support the recommendations of the TB investment case, such as intensified screening campaigns to ensure early detection and treatment. The spending is expected to increase the TB treatment success rate from the current 83% to 90% in 2018/19.

The DoH expects ARV treatment to reach five million South Africans by 2018/19, supported by an increase in the grant of R1 billion in the spirit of the additional R1,9 billion.

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 (UNAIDS), namely:
- 90% of all people living with HIV will know their HIV status
- 90% of all people with diagnosed HIV infection will receive antiretroviral therapy
- 90% of all people receiving ARV treatment will have viral suppression.
Quality health infrastructure and health technology are essential for delivering quality health services at all levels of care. Subsequently, the DoH will be investing R19.8 billion in health infrastructure over the MTEF period.

These funds will be managed as two conditional grants. The health facility revitalisation direct grant is transferred to provincial departments of health to fund new facilities and refurbishments. Some R17.1 billion is allocated for this grant over the medium term.

The health facility revitalisation component of the NHI indirect grant is allocated R2.7 billion over the medium term. This grant is exclusively for infrastructure improvements in the 11 health insurance pilot districts. The DoH is working closely with implementing agents to ensure that all 872 primary healthcare facilities in these districts, which are distributed nationally, are refurbished, and that 216 primary healthcare facilities are constructed or revitalised by 2019/20.

Tertiary health services are for inpatients in hospitals that have specialised personnel and facilities for advanced medical investigation and treatment. These services are unevenly distributed across South Africa’s nine provinces, causing people to seek specialised care in provinces other than the one in which they reside. To compensate provinces for treating patients coming from other provinces, the DoH will continue to subsidise funding for tertiary health services in 28 hospitals and hospital complexes over the medium term.

The DoH will also continue to modernise tertiary facilities by upgrading medical equipment on an ongoing basis. These activities are funded through the national tertiary services grant to provincial departments of health. R10.8 billion was allocated for the 2016/17 financial year.

When it comes to the NHI, the DoH aims to achieve universal health coverage through the phased in implementation of the NHI Scheme. A number of health system reforms has been proposed, including:

- re-engineering the primary healthcare approach
- implementing Operation Phakisa’s ideal clinic realisation and maintenance programme
- implementing various quality and management improvement initiatives across all health facilities
- transforming emergency medical services
- improving human resources for health
- improving the strategic management and functioning of central hospitals.

Over the medium term, a key strategic intervention is the creation of the NHI Fund, which will strategically purchase health services from selected public and private healthcare providers on behalf of the population.

The NHI indirect grant (previously named the national health insurance indirect grant) aims to contract private health professionals to provide health services from selected public and private healthcare providers on behalf of the population.

According to Statistics South Africa, the national disability prevalence rate is 7.5%. Disability is more prevalent among females compared to males (8.3% and 6.5% respectively). Persons with disabilities increase with age. More than half (53.2%) of persons aged 85 and above, live with disabilities.

The prevalence of a specific type of disability shows that 11% of persons aged five and above have visual difficulties, 4.2% have cognitive difficulties (remembering/concentrating), 3.6% have hearing difficulties, and about 2% have communication, self-care and walking difficulties.

Persons with disabilities experience difficulty in accessing education and employment opportunities.

Households headed by persons with disabilities were found to have less access to basic services compared to those headed by persons without disabilities.

By 2017, the DoH was piloting an integrated patient-based information system for primary healthcare facilities in the NHI pilot districts.

In addition, the department will establish an electronic stock management system, including an early warning system for stock-outs of medicine in primary healthcare clinics and hospitals.

Provinces will continue to pilot health system reforms and innovation at the district level through funds from the direct NHI conditional grant. However, this grant will end after 2016/17.

The department is also developing a new diagnosis-related groups model, which will be used to reimburse central hospitals based on patient volumes and case mix. Some R80 million over the MTEF period is earmarked for this. The model is expected to be completed by 2019/20.

A new component has been added to the NHI indirect grant for the rollout of the Ideal Clinic programme. This programme aims to improve all 3 500 primary healthcare facilities nationally to reach the determined ideal status by addressing infrastructure backlogs, reducing queues, improving information systems, integrating services, and implementing uniform protocols, guidelines and staffing norms. Some R90 million over the medium term is allocated to this component.

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.

Under the direction of SANAC, government created the SANAC Trust as the legal entity that is charged with achieving this aim.

The UNAIDS has welcomed the roll-out of South Africa’s National Sex Worker HIV Plan 2016 – 2019, which will ensure equitable access to health and legal services for sex workers in South Africa.

Sex workers experience a disproportionate burden of HIV, STIs, TB, violence, and stigma and discrimination. This progressive plan outlines a comprehensive and nationally coordinated response that is tailored to their specific needs and includes a core package of services for sex workers, their partners, their clients and their families.

As well as delivering access to health services to prevent and treat HIV, STIs and TB, the plan also aims to provide sex workers with access to justice and legal protection services.

South African Health Products Regulatory Authority (SAHPRA)

SAHPRA officially replaced the Medicines Control Council (MCC) in June 2017 after government signed the Medicines and Related Substances Amendment Act, 2008 (Act 72 of 2008). South Africa has the largest medical device market and manufactures a range of devices, although it is primarily reliant on imports from Germany and the United States of America.

Until now, medical devices and complementary medicines have gone unregulated as the MCC could only deal with medicines.

SAHPRA is intended to be the solution to the extensive delays that beset the MCC, which took much longer compared to US or European regulators to approve new medicines and clinical trials. SAHPRA will also be responsible for regulating foodstuffs, cosmetics, disinfectants and diagnostics.

The new structure will be able to generate its own income, allowing it to fund innovative programmes. SAHPRA can also avoid the backlogs associated with the MCC, which took three to five years, but could exceed seven. Among the new regulator’s first tasks will be clearing a backlog of more than 2 500 applications awaiting registration by the MCC.

SAHPRA’s new structure will follow a similar model to the US Food and Drug Administration in that it will be more independent than the MCC. It will only be partly funded by the government, with approximately 70% of its funding coming from industry bodies.

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 also administrates government’s grant for pensioners from the collective mining sector.

Council for Medical Schemes

The CMS 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
The estimated costs of the trial is around R135 million, through a partnership of the private and public sectors.

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.

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 wellbeing 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
- 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 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.

The NHLS has laboratories in all nine provinces, with approximately 7 000 employees. Its activities comprise diagnostic laboratory services, research, teaching and training, and production of sera for snake-venom, reagents and media.

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 studies;
• National Cancer Registry, which provides epidemiological information for cancer surveillance; and
• 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 and AIDS and TB, and also participate significantly in the fields of mental health, cancer, disability and the development of primary healthcare systems.

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

By mid-2017, a total of 44 949 medical practitioners were 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

By mid-2017, there were 6 333 dentists, 3 550 dental assistants, 1 226 oral hygienists and 708 dental therapists registered with the HPCSA.

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public health facility. By mid-2017, there were 14 484 pharmacists 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 were 287 458 registered nurses in 2016. This figure included 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 WHO 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

By September 2017, there were 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.

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.

Operation Phakisa

Operation Phakisa was launched in 2014 to boost delivery initially in the oceans economy, education and health. The programme has since been expanded to mining and agriculture, in particular aquaculture.

Operation Phakisa 2 is a government programme aimed at prioritising 3 500 primary healthcare facilities.

By the end of 2016, some 65 clinics and community health centres were under construction across the country, which also contributed to job creation.

By 2017 life expectancy at birth was estimated at 61,2 years for males and 66,7 years for females.

The health sector has recorded good progress in managing communicable diseases, inclusive of HIV and AIDS and TB. During the second quarter of 2016/17, some 2 416 020 clients were tested for HIV. Some 3 520 305 patients remained on ARV treatment. The number of male clients who underwent medical male circumcision improved from 124 762 in Quarter 1 to 245 599 in Quarter 2.

Some 12,9 million people were screened for high blood pressure, which exceeded the set target of eight million. Some 10 million people were screened for raised blood glucose levels, which exceeded the set target of eight million.

Related operations in other sectors of Operation Phakisa during 2016/17 included the following:

• To improve the health of learners in schools, the departments of basic education, health and social development jointly ran the Integrated School Health Programme in schools and reached 948 138 learners.
• The Department of Basic Education also ran a successful National School Deworming Programme. A total of 3 523 794 (57%) learners were dewormed. Government has put through a request to the WHO for deworming tablets for the 2017 roll-out.
• To date, almost 15,000 military veterans are being provided with free healthcare support. The Department of Military Veterans is working to sort out its database so that more deserving veterans would be able to receive much-needed care and support.

National Strategic Plan (NSP) for HIV, TB and STIs 2017-2022

The new five-year NSP for HIV, TB and STIs for the period 2017 to 2022 was launched in March 2017. The purpose of the NSP is to enable the many thousands of organisations and individuals who drive the response to HIV, TB and STIs to work as a concerted force and moving towards the same direction. It is the third NSP to be unveiled following the first one 10 years ago.

The document sets out intensified prevention programmes that combine biomedical prevention methods such as medical male circumcision and the preventative use of antiretroviral drugs and TB medication, with communication designed to educate and encourage safer sexual behaviour in the case of HIV and STIs.

The goals of the NSP 2017-2022 include:
• accelerating prevention to reduce new HIV and TB infections and new STIs
• reducing illness and deaths by providing treatment, care and adherence support for all infected
• addressing social and structural drivers of HIV and TB infections
• grounding the response to HIV, TB and STIs in human rights principles and approaches
• mobilising resources to support the achieving of NSP goals and ensure sustainable responses
• strengthening strategic information to drive progress towards achieving the NSP goals.

The plan will draw on the vision of the UN programme of zero new HIV infections, zero preventable deaths associated with HIV and zero discrimination associated with HIV. It is also in line with the WHO’s goals for reducing TB incidents and mortality.

The NSP serves as the strategic guide for the national response to HIV, TB, and STIs in South Africa. One of the objectives of the plan is to intensify focus on geographic areas and populations most severely affected by the epidemics.

The slogan of this new NSP is “Let Our Actions Count”.

National Health Insurance

In 2015, the Ministry of Health published the Cabinet-approved White Paper on the NHI for public comment. The NHI Scheme is a government-funded health-insurance 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.

The 2016/17 financial year marked the end of a five-year preparatory phase for the NHI, guided by the White Paper on the NHI. Phase 2 will be carried out from 2017/18 to 2020/21.

The initial activities will focus on ensuring that the population is registered and issued with NHI cards at designated public facilities using a unique Patient Identifier linked to the National Population Register of the Department of Home Affairs.

Registration will start with children, orphans, the aged, adolescents, persons with disabilities, women and rural communities. Phase 2 will also prioritise the establishment of a transitional fund that will purchase health services from certified and accredited providers.

Phase 3 is scheduled to be implemented between 2021/22 and 2024/25 and will focus on ensuring that the NHI Fund is fully functional. It is anticipated that eligible health services would be certified by the OHSC and accredited by the NHI Fund.

The proposed NHI Fund will be prospectively financed by the roughly R50 million in tax credits given annually to tax payers who are part of and contribute to a private medical aid.

The following will benefit from the NHI Fund once it is established:
• The 500 000 school children who were screened and found to have physical challenges that might negatively affect learning
• The DoH aims to provide 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. They will also be provided with family planning, breast and cervical cancer screening as well as treatment, where appropriate
• Better services will be provided for people with mental health issues, including screenings and subsequent treatment
• The DoH will help the elderly with assistive devices like spectacles, hearing aids and wheelchairs
• The NHI Fund will also contribute towards clearing the backlog of blindness caused by cataracts. The backlog currently stands at 270 000 elderly people who are presently blind and are awaiting cataract removal. The DoH can perform 90 000 operations a year for the next three years to clear the backlog.

The DoH will be able to provide assistive devices to people living with disabilities.

Infrastructure development

Within 10 pilot districts, the DoH completed the building of 34 new and replacement clinics, and was in the process of completing 48 others. This would be a total of 82 new and replacement clinics.

Outside the 10 pilot districts, the DoH completed renovation of 86 clinics and was busy with an additional 132, giving a total of 228 new and replacement clinics. Once all are completed, there will be a total of 310 new and replacement clinics.

In the same period within the pilot districts, the department completed the refurbishment of 154 clinics and are busy with refurbishment of 346 others. This will give a total of 355 refurbished clinics in the 10 pilot districts.

Outside the pilot districts, 135 clinics had been refurbished and 220 others were still in the process. This would give a total of 355 refurbished clinics.

In all, some 701 clinics would be open for service, whether new or refurbished.

The DoH has also separately put up consulting rooms for doctors who visit clinics on a contract basis. Some 142 have been completed with 21 others still in progress, giving a total of 163 doctor consulting rooms.

Within this preparatory period, government spent R40 342 973 108 on infrastructure as well as R1 706 562 156 on equipment.

Access to medicine

To ensure that the necessary medicine is always in stock, the department has undertaken three initiatives:

(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 located in Pretoria. By mid-2017, there was an SVS in 3 163 clinics, 658 of which were within the NHI pilots. This project started in July 2014, in partnership with the Vodacom Foundation. With the SVS alone, stocks in pharmacies 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). This 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, 85% 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 or 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.

By March 2017, the Department of Health had made great progress in eradicating backlogs at health facilities.

This included progress in the maintenance of about 70 clinics and community health centres.

Maintenance also took place at at least 18 hospitals and 67 health facilities in districts where the National Health Insurance Scheme was being piloted. This included the construction of three primary healthcare centres and three community care centres, while the construction of four community healthcare centres was in progress.

A total of 3 022 988 people were tested for HIV, against the target of 2 500 000. In addition, 221 201 467 male condoms and 6 403 730 female condoms were distributed against the targets of 150 000 000 and 4 500 000, respectively. About 155 188 medical male circumcision were performed against the target of 250 000.

The tuberculosis new-client treatment success rate was 84.2%, which exceeded the target of 84%. In late 2016, about 66.3% of pregnant women visited health facilities before 20 weeks, exceeding the target of 63.
School health: Integrated School Health Programme (ISHP)

The Department of Basic Education and Health jointly implemented 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 all 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 tuberculosis, hearing, oral health and Hepatitis B), and on-site services such as deworming and immunisation.

The ISHP services contribute to the health and well-being of learners by screening them for health barriers to learning.

The ISHP was largely successful, reaching 85.3% (427 400) targeted girls for the first dose HPV immunisation, and 63.6% (318 422) for the second dose HPV immunisation coverage.

The purpose of this intervention is to implement primary prevention – one of the four basic components of cervical cancer control. The vaccination protects girls before they are sexually active from being infected by HPV and reduces the risk of developing HPV-related cervical cancer later in life.

According to International Agency for Research on Cancer, cervical cancer is among the common cancers affecting women in sub-Saharan Africa. Compared to Europeans, women in sub-Saharan Africa are five times more at risk. In South Africa, cervical cancer is ranked as number 13 on the list of causes of deaths among females; resulting in 67 000 cases and 3 498 annual deaths. In the North West, for the women above the age of 45 years, it is among the top 10 causes of death.

PASOP Campaign

The PASOP Campaign – P (prevent new infections and transmissions), A (avoid re-infections, Deaths, Mother to child), S (stop risky behaviour and practices), O (overcome living with the stigma) and P (protect yourself, loved ones and others) – was launched in an effort to call on all communities to join hands with government in the fight against HIV and AIDS and TB.

PASOP targets all but with a distinct focus on LGBTI, men-sleeping-with-men, the youth, commercial sex workers, migrant workers, informal settlements, women and drug users.

The campaign places high emphasis on the responsibility of self and non-stigmatisation.

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

Management communicable and NCDS

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

Despite South 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.

Improving human resources planning, development and management collaboration: Sisulu Executive Leadership Programme in Health (ASELPH)

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
- strengthening of 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 primary healthcare system
- advancement of sustainable, relevant, educational and training capacity for health executives responsible for the management of large public health programmes such as HIV and AIDS, STIs and TB.

The programme is a partnership between the universities of Pretoria, Fort Hare and Harward, 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.

Innovative health solutions

By mid-2016, the DoH was piloting a self-service dispensing machine for medicines at the Thembalethu Clinic in Johannesburg.
The Pharmacy Dispensing Unit (PDU) is a self-service machine where patients can obtain their medication in the same way people withdraw money at an ATM. To use the machine, a patient needs to register for the service and receive a PIN-protected card similar to a bank card.

To “withdraw” their medication, users simply insert their card into the PDU machine, enter their PIN and select the medication they require from their prescription list.

The machine immediately dispenses the selected medication, thus eliminating the need for the patient to wait in queues. The PDU also allows patients to communicate directly with a trained pharmacist directly from the machine using a built-in video conferencing function.

Other technologies include the Stock Visibility System, a mobile application that enables medicine availability information at primary healthcare clinics to be uploaded to a central online data repository.

The camera on the phone can be used to scan the medicine barcode and update stock levels, thus enabling healthcare workers to easily monitor the quantity of medication they have in stock and timely order medication that might be running low. This will help to reduce the number of stock-outs at clinics.

The DoH has also launched MomConnect, a free SMS service that provides pregnant mothers with regular foetal development updates throughout their term of pregnancy. By mid-2016, the service had more than 800 000 registered users.

The Mother2Mothers is a service that connects new mothers to experienced mentors to help them through their pregnancy.

The Medication Adherence app reminds users of their clinic or hospital visits and to take their scheduled medication.

The B-Wise is a youth focused online service that provides young people with health information and allows them to have their health-related questions answered by an expert adviser within 48 hours.

Demographic and Health Survey (SADHS)

The DoH commenced the SADHS in 2015/16, to track progress in the health status of the people of South Africa against the NDP. This critical survey was to provide essential data to inform policy and management of strategic programmes.

It covers demographic indicators, maternal, newborn and child health programme indicators, reproductive health and contraception, management of noncommunicable diseases and risk factors, as well as women’s status in the society.

The SADHS covered 15 000 households, selected to be nationally representative, which will be visited by teams of trained interviewers who will collect information in a face-to-face interview and take certain measurements such as blood pressure, heights and weights.

The following highlights emerged from the survey:

- South Africa is approaching a demographic winter, wherein women are giving birth to fewer and fewer children. As of 2016, the average for the year is at 2,4 children per woman – 0,2 children lower than the previous three-year average.
- South Africans are aware of HIV and AIDS testing, and in this regard 93% of them are aware of this medical condition. Although 81% have ever tested for HIV and AIDS, in the age group 15 – 24, 31% have never tested for HIV and AIDS.
- South Africans engage in multiple sexual partnerships. Overall, 5% of women reported that they had two or more partners in the past 12 months, and 45% had intercourse in the past 12 months with a person who was neither their spouse nor lived with them. On the other hand, three times the proportion of female experience, that is 17% of men age 15 – 49, reported that they had two or more partners in the past 12 months, and 55% had intercourse in the past 12 months with a person who was neither their spouse nor lived with them.
- By 2016, some 96% children were delivered in a clinic compared to 83% in 1998. Of these, 97% were with a skilled health provider compared to 84% in 1998. However, stunting remains real as children under five fail to grow at the corresponding pace to their age. Almost one in three boys and one in four girls respectively is stunted. On the other end of the scale, South Africans remain obese, especially among the black population (20%) and by race and sex, it is highest among women in the coloured population at 26%.
- Among the white population, smoking and alcohol practices among women is five times more than the 3% among black and Indian/Asian women. Coloured women are an outlier, however. Some 38% of them enjoy a puff. On the other hand, their male counterparts show no major racial differences.
- In relation to alcohol consumption, the differences between men and women and across races is not as pronounced compared to racial and sex-based differences in smoking. However, the differences still remain significant. Drinking starts at a level where 25% of youths among girls have at least taken alcohol by the age of 15 – 19 and the percentage rises sharply to more than one in three by the age of 20 – 35 before it drops to one in five by age 65.