



HEALTH

SOUTH AFRICA
YEARBOOK

2010/11

2010/11

One of the 17 guarantees that government undertook as part of the 2010 FIFA World Cup™ was to provide an efficient and prepared healthcare system.

The Department of Health worked closely with its partners in both the public and private sector to ensure that the country's healthcare system was ready to respond to and cater for the needs of the country and those of FIFA during the tournament.

It is important to government that the healthcare system continues to function efficiently beyond the World Cup.

The World Cup enabled South Africa to improve its emergency medical services (EMS).

The South African public health infrastructure has been significantly upgraded through, among other things, revitalisation of hospitals; procurement of health technology/equipment; procurement of EMS vehicles, equipment and communications systems; recruitment and training of staff; and the strengthening of services in all major ports of entry.

The department worked closely with the South African Military Health Services to set up the National Health Operations Centre that enabled it to improve its disease-surveillance systems. Through this partnership, the department will be able to improve on its normal systems as part of providing healthcare services to the people of South Africa.

Following the World Cup, the centre will be used to manage disease outbreaks in the country.

Other areas where the department was able to make massive investments included forensic medicine, which will improve the performance of mortuaries, among other things.

The Department of Health aims, over the 2010 to 2013 period, to implement a two-pronged approach to overhaul the health system.

The first will entail continuing refocusing the health system on primary healthcare (PHC). The second seeks to improve the functionality and management of the health system.

The department will ensure that the health system is managed by appropriately trained and qualified managers. Initial focus will be on hospital chief executive officers, senior managers and district managers.

Their skills and competencies will be assessed independently and where skills gaps are identified, appropriate training will be provided.

One of the department's key objectives for 2011 is to improve budget and expenditure monitoring, and provide support to provinces.

In 2010, continuous efforts were made to prepare health facilities for the implementation of the National Health Insurance (NHI) System. This implies, among other things, improving the quality of health services, health information systems and information and communications technology (ICT).

Overview of performance in 2009/10 and priorities for 2010 to 2013

The Department of Health's 10-Point Plan for the health sector includes the following priorities:

- providing strategic leadership and creating a social contract for better health outcomes
- implementing the NHI
- improving quality of health services
- overhauling the healthcare system and improving its management
- improving human-resource (HR) management, planning and development
- revitalising infrastructure
- accelerating implementation of the HIV and AIDS and Sexually Transmitted Infections Strategic Plan 2007 – 2011 and increasing focus on tuberculosis (TB) and other communicable diseases
- reviewing the drug policy
- improving the effectiveness of the health system
- strengthening research and development.

In January 2010, Cabinet agreed on a set of outcomes that must emerge from the interventions to transform the health sector over the next four years. These can be classified into four categories:

- increasing life expectancy
- combating HIV and AIDS
- decreasing the burden of diseases from TB
- improving the effectiveness of the health system by strengthening PHC and reducing the costs of healthcare.

In October 2010, the Minister of Health, Dr Aaron Motsoaledi, signed the Delivery

Agreement for Outcome Two: A Long and Healthy Life for All South Africans.

A review of milestones attained in the execution of the 10-Point Plan during 2009/10 showed steady progress being made in important areas.

The budget of the Department of Health grew by 16% from R18 billion in 2009/10 to R21,5 billion in 2010/11. Policy areas that received additional funding included:

- the HIV and AIDS Conditional Grant
- the Hospital Revitalisation Conditional Grant
- the Mass Measles Immunisation Campaign
- stabilising personnel expenditure
- improving the conditions of service for employees in the department, including the National Health Laboratory Service (NHLS) and South African Medical Research Council (MRC).

Statutory bodies

Statutory bodies for health-service professionals include the Health Professions Council of South Africa (HPCSA), the South African Dental Technicians' Council, the South African Nursing Council (SANC), the South African Pharmacy Council (SAPC) and the Allied Health Professions Council of South Africa (AHPCSA).

Regulations in the private health sector are effected through the Council for Medical Schemes. The Medicines Control Council is charged with ensuring the safety, quality and effectiveness of medicines.

Health authorities National

The national department assists provincial health departments to develop service-transformation plans to reshape and resize the health services and develop appropriate, adequately resourced and sustainable health service-delivery platforms, which are responsive to needs.

Provincial health departments

Provincial health departments provide and manage comprehensive health services at all levels of care. The basis for these services is a district-based PHC model.

The major emphasis in developing health services in South Africa at provincial level has been the shift from curative hospital-based healthcare to that provided in an integrated community-based manner.

The provincial health departments are responsible for:

- providing and/or rendering health services
- formulating and implementing provincial health policy, standards and legislation
- planning and managing a provincial health information system
- researching health services to ensure efficiency and quality
- controlling quality of health services and facilities
- screening applications for licensing and inspecting private health facilities
- coordinating the funding and financial management of district health authorities
- consulting effectively on health matters at community level
- ensuring that delegated functions are performed.

Improving quality of health services

Continuous efforts will be made to prepare health facilities for the implementation of the NHI. This implies, among other things, improving the quality of health services, health information systems and ICT.

A draft ICT strategy has been produced. The national core standards for health facilities, which were first drafted in 2008, and used to assess 27 hospitals, were revised in 2009.

These standards will be finalised in 2010/11 and used to audit 75% of health establishments by 2013.

Quality-improvement plans will be developed in 70% of all public-sector facilities by 2013, focusing on improving six key areas namely patient safety, infection prevention and control, availability of medicines, waiting times, cleanliness and staff attitudes. By 2013, 90% of public-sector hospitals will be conducting patient satisfaction surveys.

Overhauling the healthcare system and improving its management

Over the next three years, the Department of Health aims to implement an improved



The Council for Scientific and Industrial Research (CSIR) launched a laboratory for HIV and tuberculosis (TB) research in Pretoria in April 2010.

The controlled-access laboratory was designed to minimise the infection of researchers as they develop new medicines and ways to diagnose the diseases.

The state-of-the-art laboratory is expected to enable affordable, effective therapeutics and non-invasive point-of-care diagnostics for HIV, AIDS and TB. It will be accessible to national and international collaborators.

health system, which will entail refocusing the health system on PHC and improving the functionality and management of the system.

One of the department's key objectives for 2011 is to improve budget and expenditure monitoring, and to provide support to provinces. A financial management-improvement plan has been developed to improve audit outcomes in all provinces and provide dedicated support to all provinces.

Improving human-resource planning, development and management

During 2009/10, agreement was reached in the Public Service Coordinating Bargaining Council on the implementation of the Occupation-Specific Dispensation for medical doctors, dentists, pharmacists and EMS personnel.

Up to 2013, the Department of Health will do more to strengthen HR planning, development and management. The review of the framework for HR planning will be completed, and a revised and an updated HR plan will be produced. This will be informed by the needs of the country, as well as the department's capacity to produce health professionals.

The department will continue to support all provinces to finalise and implement their HR plans consistently with the national plan. The policy framework on community health workers will be finalised in 2011.

Legislation National Health Act, 2003 (Act 61 of 2003)

The National Health Act, 2003 provides a framework for a single health system for South Africa. It highlights the rights and responsibilities of health-providers and healthcare users, and ensures broader community participation in healthcare delivery from a health facility level up to national level. It establishes provincial health services and outlines the general functions of provincial health departments.

The Act provides for the right:

- to emergency medical treatment
- to have full knowledge of one's condition
- to exercise one's informed consent
- to participate in decisions regarding one's health
- to be informed when one is participating in research
- to confidentiality and access to health records
- to complain about poor service

- of health workers to be treated with respect.

In November 2010, Cabinet approved the National Health Amendment Bill.

The Bill provides for the establishment of an independent entity referred to as the Office of Health Standards Compliance, whose primary purpose will be to ensure that health establishments throughout the country comply with minimum standards.

Tobacco Products Control Amendment Act, 2008 (Act 63 of 2008)

The Tobacco Products Control Amendment Act, 2008 amended the Tobacco Control Act, 1993 (Act 83 of 1993), to provide anew for advertising, sponsorship, promotion, distribution and information required in respect of the packaging and labelling of tobacco products; to make the standards that apply to manufacturers of tobacco products applicable to importers of tobacco products; to prohibit the sale of tobacco to and by persons under the age of 18 years; to extend the provisions in respect of free distribution of tobacco products; to provide anew for tobacco sales by means of vending machines; to extend the Minister's power to make regulations; and to adjust the provisions in respect of offences and penalties.

Medicine and Related Substances Amendment Bill

The Bill aims to amend the Medicines and Related Substances Act, 1965 (Act 101 of 1965), to provide for the establishment of the South African Health Products Regulatory Authority; to make provision for the certification and registration of products, which include medicines, medical devices, certain foodstuffs and cosmetics; and for the control of scheduled substances.

Nursing Act, 2005 (Act 33 of 2005)

The Nursing Act, 2005 provides for the introduction of mandatory community service for nurses. This contributes significantly

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In September 2010, the Department of Health and the Medical Research Council held the first Southern African Telemedicine Conference in Cape Town.

Telemedicine is becoming more relevant in the context of developing health systems as it bridges the distance between better-resourced health services in urban areas and less-resourced ones in remote rural communities.

At the beginning of 2010, 32 telemedicine sites were functional in South Africa.

to efforts to ensure equitable distribution of nurses to meet the health needs of communities.

The Act seeks to ensure that nursing-education programmes are registered with the National Qualifications Framework so that nurses can gain recognised credits and retain them for future studies. The main objectives of the Act are to:

- serve and protect the public in matters involving health services provided by the nursing profession
- ensure that the SANC serves the best interests of the public and does so in accordance with national health policy
- promote the provision of acceptable nursing care
- regulate the nursing profession and the way in which nurses conduct themselves
- promote the operations and functions of the SANC and the registrar
- promote liaison regarding health, nursing education and training standards
- ensure that the SANC advises the Minister of Health on matters affecting the profession
- provide for the registration of nurses and the keeping of registers.

Mental Healthcare Act, 2002 (Act 17 of 2002)

The Mental Healthcare Act, 2002 introduced a process to develop and redesign mental-health services in line with the rights of mental-healthcare users, as guaranteed by the Constitution of the Republic of South Africa, 1996. This legislation grants basic rights to people with mental illnesses, and prohibits various forms of exploitation, abuse and discrimination.

The Act provides for:

- empowering the users themselves so that they can engage service-providers and society
- allocating adequate resources
- a commitment to the cause of mental health at all levels of society.

To achieve this, a series of innovative processes and procedures regarding the care, treatment and rehabilitation of mental-health users, as well as clear guidelines on good practice in relation to the role of mental-healthcare practitioners, will be introduced.

Although the Act reserves the right to involuntary hospitalisation, it also contains accompanying conditions for strict admission and reviewing processes and procedures before any decision on psychiatric referrals may be made.

All provinces have established independent mental-health review boards, charged in terms of the Mental Healthcare Act, 2002, to oversee the care, treatment and rehabilitation of patients who were admitted without their consent.

Policy National School Health Policy

The aim of the National School Health Policy and guidelines is to ensure that all children, irrespective of race, colour and location, have equal access to school-health services.

The objectives of the School Health Services are to:

- support the school community in creating health-promoting schools
- facilitate maximum benefit from education by addressing health barriers to learning
- provide preventive and promotive services that address the health needs of school-going children, specifically those who have missed the opportunity to access services during their pre-school years
- support educators in their school activities within the curriculum.

The School Health Service package includes health assessments for learners in grades R/one, health promotion and health education for all learners, support to schools and educators, and appropriate referral and follow-up of learners requiring further assistance.

Other important health factors that affect the development of learners include issues related to sexuality, HIV and AIDS, reproductive health, trauma and violence, substance abuse and mental-health problems. Such factors are addressed through health-promotion and health-education activities and are best accommodated within the life-skills and life-orientation areas of the educational curriculum.

The policy is in line with the United Nations Convention on the Rights of the Child, which affirms the State's obligation to ensure that all segments of society, in particular parents and children, are informed and have access to knowledge of child health and nutrition, hygiene, environmental sanitation and the prevention of accidents.

Department of Health officials visit all provinces, especially those with a school-health programme, to embark on a major training campaign of PHC nurses.

The nurses are trained to:

- provide children with health education
- impart life skills

- screen children, especially those in Grade R and Grade One, for specific health problems, and at puberty stage when children undergo physiological changes
- detect disabilities at an early age
- identify missed opportunities for immunisation and other interventions.

Review of the drug policy

In terms of the drug supply and management system of the public health sector, the Department of Health monitors the ability of suppliers or tenderers to supply medicines.

During 2009/10, the department secured an additional R900 million from the national fiscus to support provinces with the acquisition of antiretrovirals (ARVs) to ensure that patient care was not compromised.

The department continues to support provinces with accurate cost estimates for ARVs and TB medicine.

Demographic profile and distribution of health facilities

Mid-year estimates, released by Statistics South Africa in 2010, reflected that South Africa's population grew from an estimated 46 586 607 in 2004 to 49 990 000 in 2010.

The lowest rates of population growth occurred in the North West (-9,7%) and Eastern Cape (-6,1%). The Northern Cape experienced the highest rate of population growth of 29,7% followed by Gauteng at 19% and the Western Cape at 17,3%.

The population growth between 2004 and 2009 appears to have outstripped the availability of health facilities. For instance, the country's population per clinic is 13 718, which is inconsistent with the World Health Organisation (WHO) norm of 10 000 people per clinic. However, this analysis cannot be conclusive without reviewing the utilisation rate of public health facilities.

By March 2009, the PHC utilisation rate in the country was 2,5 visits per person. The usable bed occupancy rates of hospitals were 65% at district hospitals, 77% at regional hospitals, 71% at tertiary hospitals and 69% at central hospitals.

Except for regional hospitals, these utilisation rates were inconsistent with national targets.

Other key interventions to revitalise the PHC for 2010 included:

- producing a PHC-oriented service-delivery model

- establishing PHC teams in each district to improve access to healthcare
- completing the audit of primary level services and infrastructure
- establishing governance structures for all health facilities
- improving the resource allocation for primary level health services.

Revitalising infrastructure

The Department of Health has begun the development of a comprehensive national infrastructure plan in conjunction with National Treasury.

Key aspects of this process include:

- a review of the available Hospital Revitalisation and Infrastructure Grant plans to show the financial backlog
- collecting and collating information on the remaining facilities that are not part of these grants
- assessing the backlog of facilities that need major upgrades and minor repairs.

A strategy will be developed to improve the maintenance of health facilities and meet the set target of 3% to 5% of the infrastructure budget.

During 2010/11, the department aimed to focus on three areas of infrastructure revitalisation:

- accelerating the delivery of health infrastructure through public-private partnerships, especially for the construction of tertiary hospitals
- revitalising primary level facilities
- accelerating the delivery of health technology and ICT infrastructure.

In September 2010, Dr Motsoaledi conducted countrywide visits to consult with stakeholders in the building of five major hospitals.

The hospitals include King Edward VIII, George Mukhari, Walter Sisulu, Chris Hani Baragwanath and Limpopo Academic hospitals. These hospitals were chosen as flagship projects in fast-tracking infrastructure development in public health.

The hospitals were identified because they provide referral services to mainly rural communities.

National Health Insurance

By mid-2010, a solid foundation had been laid for the introduction of the NHI. A dedicated NHI technical support unit was established within the Department of Health to steer implementation.

A 27-member ministerial advisory committee on NHI was established in September 2009, and policy proposals were also presented to Cabinet. Public consultations were conducted during 2010/11.

Through the NHI, the Department of Health will ensure access to good-quality and affordable health services for all South Africans. The major objective is to put in place the necessary funding and health service-delivery mechanisms that will enable the creation of an efficient, equitable and sustainable health system.

Health professionals Physicians

There are more than 36 000 medical practitioners 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 (CPD) 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 November 2010, there were 946 oral hygienists and 464 dental therapists registered with the HPCSA. Dentists are subject to the CPD and community-service systems. 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.

The primary objective of the SAPC is to assist in the promotion of the health of South Africans. This is achieved in the fields of registration, education, practice and professional discipline.

The SAPC develops, maintains and controls standards of education and practice of persons required to be registered in terms of the Pharmacy Act, 1974 (Act 53 of 1974).

The council is responsible for promoting the provision of pharmaceutical care, and for upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice in both the public and the private sectors. The council also advises the Minister or any other person on any matter relating to pharmacy.

The SAPC is a statutory council which receives no grants or subsidies from government or any other source. The council is funded wholly by the profession who registers with the SAPC. The main consumer of its services, namely the public, does not and is not expected to contribute financially to the functioning of the council.

An important characteristic of the profession is that it is self-regulatory, and non-professional authorities such as governments or governmental agencies do not dictate to the profession on matters of professional responsibility and training.

The council is the country's official "keeper of pharmacy registers". To safeguard the public, registration with the council is a legal prerequisite for practising pharmacy.

The council is vested with statutory powers of peer review and is responsible for funding itself.

It is the vision of the council to ensure that pharmaceutical services in the country meet the healthcare needs of the people.

Categories

In terms of the Act, the following categories of natural and juristic persons are registered with the council: pharmacy students, pharmacist interns, pharmacists performing community service, pharmacists, specialist pharmacists, pharmacist assistants, responsible pharmacists, and providers and assessors.



The Chris Hani Baragwanath Hospital, located on the outskirts of Soweto, Johannesburg, is the biggest hospital on the continent, covering 0,7km² and serving about 3,5 million people.

Distribution of public health facilities in South Africa, 2009

Health facilities	Number of facilities (2009)	Population per health facility
Clinics	3 595	12 718
Community healthcare centres	332	148 553
District hospitals	264	186 817
National central hospitals	9	5 479 966
Provincial tertiary hospitals	14	3 522 835
Regional hospitals	53	930 560
Specialised psychiatric hospitals	25	1 972 788
Specialised tuberculosis hospitals	41	1 202 919
Total	4 333	

Source: Department of Health

Pharmacy training

Pharmacy training is provided by eight pharmacy schools that have been approved by the SAPC.

This training consists of four years of full-time study, which leads to the awarding of a BPharm Degree, followed by a 12-month pre-registration practical training period. The practical training year is of extreme importance for the pharmacy graduate.

It is an opportunity for the pharmacist intern to gain practical experience and knowledge in the practice setting.

This practical training period may be carried out in a community pharmacy, institutional pharmacy, manufacturing pharmacy or at a provider of a qualification in pharmacy approved by the council for such training.

After successful completion of the year of practical training, as well as a pre-registration evaluation, the intern is registered as a pharmacist, and must do one year of pharmaceutical community service in a public-sector facility before he/she can practise independently as a pharmacist.

A list of institutions that offer pharmacy education are available from the SAPC (www.sapc.za.org), and all enquiries regarding undergraduate and postgraduate studies should be addressed directly to these institutions.

Provincial departments of health also offer bursaries.

During academic training, a candidate registers as a pharmacy student after successful completion of the first year of study. This registration enables students to work in a pharmacy under the supervision of a pharmacist. Such registration is cancelled when a candidate discontinues his or her studies.

Nurses

The SANC sets minimum standards for the education and training of nurses in South Africa. It accredits schools that meet the required standards and only grants professional registration to nurses who undergo nursing education and training at an accredited nursing school.

Nurses are required to complete a mandatory 12-month period community-service programme and once they have completed it, they may be registered as a nurse (general, psychiatric or community) and midwife.

The key roles of the nursing council are to protect and promote public interest, and to ensure the delivery of quality healthcare by prescribing minimum requirements for the education and training of nurses and midwives, approving training schools, and registering or enrolling those who qualify in one or more of the basic or post-basic categories.

Between 2000 and 2009, there was an increase in the total number of nurses on the registers – from 171 645 to 221 817.

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In October 2010, a new global plan to stop tuberculosis (TB) was launched in Johannesburg, Berlin and Geneva by the World Health Organisation's Stop TB Partnership.

The Global Plan to Stop TB 2011 – 2015 is action-oriented and, for the first time, identifies all the research gaps that need to be filled to bring rapid TB tests, faster treatment regimes and a fully effective vaccine to the market.

The plan also provides a clear roadmap for addressing drug-resistant TB, calling for seven million people to be tested for multidrug-resistant TB, and for one million confirmed cases to be treated according to international standards over the next five years.

National Health Laboratory Service

The NHLS is the single largest diagnostic pathology service in South Africa with over 265 laboratories serving 80% of the country's population. All laboratories provide diagnostic services to the national and provincial departments of health, provincial hospitals, local authorities and medical practitioners.

The NHLS conducts health-related research, appropriate to the needs of the broader population into, among other things, HIV and AIDS, TB, malaria, pneumococcal infections, occupational health, cancer and malnutrition.

The NHLS trains pathologists, medical scientists, occupational health practitioners, technologists and technicians in pathology disciplines.

Its specialised divisions comprise the:

- National Institute for Communicable Diseases, whose research expertise and sophisticated laboratories make it a testing centre and resource for the African continent, particularly in relation to several of the rarer communicable diseases
- National Institute for Occupational Health, which investigates occupational diseases and has laboratories for occupational environment analyses
- National Cancer Registry, which provides epidemiological information for cancer surveillance.
- South African Vaccine Producers, which is the only South African manufacturer of antivenom for the treatment of snake, scorpion and spider bites.

Allied Health Professional Council of South Africa

The AHPCSA is a statutory health body established in terms of legislation to regulate all allied health professions, which include ayurveda; Chinese medicine and acupuncture; chiropractic; homeopathy; naturopathy; osteopathy; phytotherapy; therapeutic aromatherapy; therapeutic massage therapy; therapeutic reflexology; and unani-tibb.

There are about 3 100 people practising one or more of the allied health professions in South Africa. In November 2010, there were 150 509 health professionals registered with the AHPCSA.

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By November 2010, there were 54 673 emergency medical care practitioners registered with the Health Professions Council of South Africa.

Medical Research Council

The MRC was established in accordance with the MRC Act, 1991 (Act 58 of 1991), and is the largest health research body in South Africa.

The aims of the MRC are to promote the improvement of the health and quality of life of South Africans.

Health research is the core business of the MRC and must be validated and of high quality if it is to impact on the health of South Africans.

The MRC's peer review and audit systems ensure that such high standards are met. MRC research, development and technology transfer encompasses all spheres of knowledge-generation that impact on health and quality of life – from basic to applied research.

Following international best practice, all the broad disciplines of human-health research are within the ambit of the MRC; from laboratory to clinical, public health, policy and implementation. This work is often done in an integrated, multidisciplinary fashion.

Frequently, a participatory approach is used in setting the research agenda, performing and analysing the research and disseminating the research results.

Health research is the primary instrument by which the MRC seeks to gain a better understanding of people's bodies and minds and their interaction with the environment, as well as discovering methods by which the department can preserve and promote physical, mental and spiritual health.

The portfolio of MRC research must also address the health and development priorities of South Africa as defined by the National Health Research Committee, set up under the National Health Act, 2003, to advise the Minister of Health on health-research priorities for South Africa.

The MRC research priorities are agreed upon annually in consultation with the Minister of Health.

The role of local government

Local government is responsible for rendering the following:

- preventive and promotive healthcare, with some municipalities rendering curative care
- environmental health services, including the supply of safe and adequate drinking water, sewage disposal and refuse removal

- regulation of air pollution, municipal airports, fire-fighting services, licensing and abattoirs.

Many local authorities provide additional PHC services. In some instances, these are funded by provincial health authorities, but in major metropolitan areas the councils carry some of the costs.

Non-governmental organisations (NGOs)

Many NGOs at various levels continue to play a crucial role in healthcare, and co-operate 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 (PDPHCP), including the HIV and AIDS Programme, the department has strengthened its collaboration with NGOs. The PDPHCP 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 vitally important and bring different qualities to the healthcare network.

Medical schemes

In September 2009, there were 112 medical schemes. The total number of principal members of registered medical schemes increased by 6% from 3 178 127 in December 2007 to 3 366 383 in September 2008. The number of beneficiaries increased by 4,6% from 7 478 040 in 2007 to 7 823 137 in 2008.

The private medical-aid scheme industry is regulated by the Council for Medical Schemes (in terms of the Medical Schemes Act, 1998 [Act 131 of 1998]). The council is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act, 2000 (Act 58 of 2000).

Tariffs for admission to private and provincial hospitals differ. Cost differences also exist between various provincial hospitals,

depending on the facilities offered. Provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants. If families are unable to bear the cost in terms of the standard means test, patients are classified as hospital patients. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Provincial hospitals offer treatment to patients with medical-aid cover, charging a tariff designed to recover the full cost of treatment. This private rate is generally lower than the rate charged by private hospitals. The Medical Schemes Amendment Act, 2001 (Act 55 of 2001), improves the regulatory capacity of the Registrar for Medical Schemes and regulates reinsurance. The Act:

- provides improved protection for members by addressing the problem area of medical insurance, revisiting the provision on waiting periods, and specifically protecting patients against discrimination on grounds of age
- promotes efficient administration and good governance of medical schemes by insisting on the independence of individuals in certain key positions
- introduced mechanisms to address problematic practices in the marketing of medical schemes and brokerage of services.

Minimum benefits are also prescribed.

Health status Child health

The Expanded Programme on Immunisation has, over the last decade and a half, made a significant contribution towards protecting South African children against vaccine-preventable diseases such as measles, diphtheria and pertussis.

Immunisation coverage is a significant element in the prevention of child mortality as it is associated with child survival and infant and under-five mortality rates. In the context of immunisation, the two Millennium Development Goal (MDG) indicators are the proportion of under one-year old children immunised against measles; and the proportion of children under a year old who received all their primary vaccines for, diphtheria, whooping cough, tetanus, polio, measles, hepatitis B and haemophilus influenza.

Immunisation against measles in South Africa increased between 2001 and 2009, from 68,5% of children younger than one

year old in 2001 to 98,3% of children of the same age in 2009.

There was an increase in the proportion of children under one year of age who had received all their primary vaccines for TB, diphtheria, whooping cough, tetanus, polio, measles, hepatitis B and haemophilus influenza from 2001 to 2009. The immunisation rates for primary vaccines increased from 66,4 % in 2001 to 95,3 % in 2009.

The department submitted the country's Polio-Free Certification document to the Africa Regional Certificate Committee (ARCC) of the WHO in August 2008. A wild poliovirus outbreak and importation preparedness plan was also updated, submitted and accepted by the ARCC. This was in keeping with the set target for 2008.

In May 2010, Minister, Motsoaledi launched the *Health of Our Children Report* in Cape Town. The survey sample for the children's report comprised 8 966 children aged 0 to 18 and was nationally representative. Funded by the United States of America's Centre for Disease Control and Prevention, the survey looked into a number of aspects affecting children's health, ranging from maternal health, feeding practices, risk factors for HIV among children under the age of 12, risk environments for children, to the use of healthcare services such as immunisation coverage.

On child feeding, the survey found that mixed feeding was the most common method of feeding with only 25,7% of babies exclusively breastfed; 22,5% exclusively formula-fed; and 51% mixed-fed during their first six months.

Although breastfeeding increases the survival chances and the health of a child by decreasing infant morbidity and mortality

rates, it is still a major route of mother-to-child transmission of HIV.

The survey further found that HIV prevalence among infants aged zero to two years was 2,1%, which is lower than the 3,3% average in the age group zero to four. This pattern could indicate a possible positive impact of the national Prevention of Mother-to-Child Transmission Programme (PMCTP) in the two years before the study took place.

The health sector will continue to ensure that children less than one year of age are fully vaccinated against pneumococcal infection and rotavirus.

During the Medium Term Expenditure Framework period to 2011/12, the Department of Health aims to implement a package of key interventions to steer the health sector towards MDG Four, which aims to reduce childhood mortality by two-thirds by 2015.

Other key interventions to improve child health include increasing the percentage of eligible infants receiving treatment for HIV and AIDS; increasing the percentage of mothers and babies who receive post-natal care within six days of delivery; increasing the proportion of schools that are visited by a school-health nurse; and concluding health screening of learners in Grade One in poor schools.

Other key interventions during the next planning cycle will include increasing the proportion of PHC facilities saturated with health workers trained in the Integrated Management of Childhood Illness (IMCI) to 80% by 2011/12, strengthening the implementation of the Household and Community Component of the IMCI, as well as the Perinatal Problem Identification Programme (PPIP) in the 18 priority districts.

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HIV and AIDS awareness education has been a major component of the strategy to address the pandemic in South Africa. Knowledge about HIV and AIDS transmission accompanied by an appropriate reduction of behavioural risks is important in combating and reversing the spread of HIV and AIDS.

Results from the 2009 *National Communication Survey in South Africa* suggest that awareness and knowledge of HIV-prevention methods is high. The results indicate a knowledge level of 87% on average for condoms across age groups.

Knowledge of other HIV-prevention methods such as faithfulness, partner reduction and abstinence is lower, but has improved since the 2006 *National Communication Survey*. The 2009 *National Community Survey* also indicates that knowledge of treatment that allows people living with HIV to be healthy is high and has increased significantly.

Maternal and women's health

One of the key challenges that had confronted the health sector's efforts to improve maternal and women's health over the last few years had been the increase in the Maternal Mortality Ratio (MMR).

The fifth MDG requires countries to improve maternal health and reduce their MMR by 75% by 2015.

South Africa should attain a level of MMR of 38 deaths per 100 000 live births by 2015 if the country is to meet the internationally set target for this goal. The current level of MMR is far higher than the MDG target of 38 per 100 000 live births by 2015.

The 2000 – 2007 *Saving Mothers Report* indicated that the five major causes of

maternal death remained the same during 2002 to 2004 and 2005 to 2007. These five causes are:

- non-pregnancy-related infections – mainly resulting from AIDS (43,7%)
- complications of hypertension (15,7%)
- obstetric haemorrhage (ante-partum and post-partum haemorrhage) (12,4%)
- pregnancy-related sepsis (9%)
- pre-existing maternal disease (6%).

The proportion of births attended to by skilled health personnel is an important indicator for maternal health. The type of medical assistance provided during delivery has an impact on reproductive health and hence on maternal mortality. The percentage of women whose live birth occurred in a health facility provides an indication of the percentage of births attended to by skilled health personnel.

The data based on reported live births from the *District Health Information Survey* (DHIS) (2010) shows that the percentage of women in South Africa whose live birth occurred in a health facility increased from 76,6 % in 2001 to 94,1 % in 2009. This indicates a significant improvement in the extent of services provided at healthcare facilities in South Africa.

Access to and utilisation of antenatal care services has an impact on pregnancy outcome, child survival and maternal health. It is encouraging that the use of antenatal care during pregnancy is high in South Africa.

According to the DHIS, 97% of pregnant women utilised antenatal care during 2009.

The data shows that South Africa has demonstrated commitment to reducing maternal morbidity and mortality. It is evident that expanded health infrastructure, enhanced access and increased usage are beginning to translate into improved health outcomes for women. This is inhibited by environmental factors such as epidemics, socio-economic conditions and access to other services affecting sexual and reproductive health; and issues of management of the centres of delivery such as hospitals and clinics.

Communicable disease control HIV and AIDS

Key milestones were achieved in combating communicable diseases such as HIV and AIDS, TB and malaria. The public health sector continues to implement the Comprehensive Programme for HIV and AIDS Care, Management and Treatment (CCMT).

HIV prevalence in South Africa appears to be stabilising after peaking in the 1990s and

early 2000s. South Africa has the largest ARV Therapy Programme in the world and may have contributed towards stabilising HIV prevalence.

In April 2010, the upscaled HIV and AIDS Prevention and Treatment Plan was launched.

On World AIDS Day in 2009, President Jacob Zuma announced a new approach to increase government efforts to address HIV and AIDS in South Africa. These included that:

- all children under one year of age would receive ARV treatment if they test HIV-positive, irrespective of their CD4 level
- all patients with both TB and HIV would get ARV treatment if their CD4 counts measure 350 or less
- all pregnant HIV-positive women with a CD4 count of 350 or less would be started on ARV treatment
- all other HIV-positive pregnant women not falling into this category would be put on treatment at 14 weeks of pregnancy to protect the baby from contracting the virus
- a massive counselling and testing campaign would be launched, and all health institutions in the country would be ready to receive and assist patients.

Since April 2010, government had also begun to expand the PMTCP for the prevention of mother to child transmission, and ARV therapy for children as undertaken in December 2009.

As of 1 April 2010, all 4 300 public health facilities in the country were able to provide HIV counselling and testing services. All people visiting a hospital or clinic for services are offered HIV counselling and testing. However, the decision whether to test or not is still a patient's individual, voluntary and confidential choice.

The HIV Counselling and Testing Campaign is part of a broader prevention programme, which includes:

- information, education and social mobilisation
- detection and management of sexually transmitted infections



In March 2010, the French Government donated R13 billion towards the renovation and extension of the Western Cape's antiretroviral infrastructure to accommodate more patients on treatment.

This followed an agreement signed in 2008 by the French Government and the Western Cape's Department of Health.

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In July 2010, South African researchers reported that a protective gel had reduced HIV-infections in women by 39% over two and a half years.

The results, which were released at the International AIDS Conference in Vienna, showed that the gel may be able to slow the spread of disease by giving women a way to protect themselves.

In addition, the gel reduced the risk of contracting genital herpes in women by 51%.

- the widespread provision of male and female condoms
- the introduction of a national medical male circumcision programme
- safe blood-transfusion services
- preventative treatment for rape survivors at all health facilities
- the PMTCP.

People being tested for HIV will also be screened for conditions such as diabetes, hypertension, TB and other diseases. These various tests and screenings will help health officials to intervene timely.

Due to the size of the Testing and Counselling Programme, and the labour force needed to make it a success, the Department of Health appealed to retired nurses, doctors, pharmacists, social workers and other cadres of health workers to join the campaign.

More than 2 000 retired health workers volunteered to assist.

In the drive to prevent HIV and AIDS, government aims to increase the provision of male condoms from 450 million per year, to more than 1,5 billion condoms. The department is also revitalising its male sexual reproductive health programme by increasing the provision of medical male circumcision services.

Tuberculosis

A characteristic of AIDS in South Africa is the interlinkage with the prevalence of TB. The HIV/TB co-infection rates exceed 70%, with TB being the most common opportunistic infection in HIV-positive patients in 2010.

Because of late detection, poor treatment, management and failure to retain TB patients on treatment, drug-resistant forms of TB, DR-TB (multidrug-resistant (MDR TB) and extensively drug-resistant (XDR TB) have increased significantly, with about 5 000 and 500 diagnosed respectively in 2009.

All patients with MDR-TB and XDR-TB are admitted to hospital for the intensive phase of treatment; for the evaluation of treatment; for the purpose of evaluation, initiation and

monitoring of side effects; education and counselling; and discharge planning.

In keeping with the targets in the outcome-based approach, the Department of Health aims to increase the TB cure rate from 64% to 85% by 2014/15. Based on a review of the TB-control programme led by the WHO, the department developed concrete and clear strategies to strengthen this programme.

During the 2010 financial year, the department trained 3 000 health workers in the management of TB. The department also expanded its Tuberculosis Directly Observed Short-Course (TB Dots) Programme and trained 2 500 community health workers as Dots supporters. This will assist in reducing the defaulter rate of TB patients from 8,5% in 2010 to less than 5,5% by 2012/13.

Malaria

Malaria is not endemic in South Africa, and does not pose a major health risk except in some of the country's northern areas. Most cases of malaria in South Africa are found in parts of Limpopo, Mpumalanga and Kwa-Zulu-Natal. The death rate due to malaria in South Africa has remained very low at four to 10 deaths per thousand since 1999.

The number of deaths due to malaria decreased from 360 per year in 1999 to 54 in 2008, representing a decrease of 85% over the period. An increase of 12,4% in the number of houses or structures sprayed with insecticide took place during the 2004 to 2009 period.

An implementation plan for collaboration with the Democratic Republic of Congo around malaria control was developed. Technical skills were also shared with Mozambique and Swaziland through the Lubombo Spatial Development Initiative.

Measles

In April 2010, Dr Motsoaledi called on parents and guardians of children under 15 years of age to ensure that their children were immunised against polio and measles,

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In June 2010, the Minister of Health, Dr Aaron Motsoaledi, launched the Kick TB Campaign, to rally primary-school learners to be tuberculosis (TB) champions.

The campaign was aimed at raising awareness of TB among school learners.

The pilot Kick TB Campaign was launched at Greenbury Primary School in Phoenix, and was expected to be rolled out to other provincial schools which were among the 300 identified health-promoting schools countrywide.

at the launch of the National Polio and Measles Immunisation Campaign.

The first dose of polio for children aged zero to 59 months and the measles vaccination for children aged six months to 15 years were administered during the first phase of the campaign.

The second phase of the campaign was conducted from 24 May 2010, when a second dose of polio drops and vitamin A and deworming medicine were given.

H1N1 influenza

In April 2010, following advice from the WHO and the Department of Health's own experts, the department prioritised the following people for vaccination against H1N1:

- 80 000 children under 15 years of age living with HIV and AIDS
- 10 000 officials at South Africa's ports of entry
- 700 000 pregnant women
- one million adults with HIV and AIDS receiving treatment at ARV therapy clinics
- 900 000 people with chronic heart and lung diseases.

Non-communicable diseases (NCDs)

A report on the National Burden of Disease (BoD), commissioned by the Department of Health, was completed in 2008/09.

The objectives of this report were to describe the pattern and distribution of diseases, disabilities and injuries seen in the public and private health facilities using the ICD10 classification system, and to describe the pattern and distribution of risk factors recorded for diseases, disabilities and deaths.

The report provided further evidence of the increasing contribution of NCDs to the BoD in South Africa. The report classified patients attending public health-sector facilities into broad groups of diagnosis.

The increased contribution of NCDs to the BoD is being recognised globally. In South

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The Minister of Health, Dr Aaron Motsoaledi, and his counterparts from the Southern African Development Community (SADC) met in February 2010 in Cape Town to discuss the launch of the SADC Healthy Lifestyles Day as part of efforts to address the increasing problem of non-communicable diseases and the burden that they place on the SADC countries' health systems.

The SADC Healthy Lifestyles Day will be observed every year on the last Friday of February.

Africa, emerging evidence from empirical studies estimates that NCDs account for 11% to 13% of the BoD.

Disability and older persons

Government introduced free health services for people with disabilities. Beneficiaries include people with permanent, moderate or severe disabilities and those who have been diagnosed with chronic irreversible psychiatric disabilities.

Frail older people and long-term institutionalised state-subsidised patients also qualify for these free services.

People with temporary disabilities or a chronic illness that do not cause a substantial loss of functional ability, and people with disabilities who are employed and/or covered by relevant health insurance, are not entitled to these free services.

Beneficiaries receive all in- and out-patient hospital services free of charge. Specialist medical interventions for the prevention, cure, correction or rehabilitation of a disability are provided, subject to motivation from the treating specialist and approval by a committee appointed by the Minister of Health.

All assistive devices for the prevention of complications, and cure or rehabilitation of a disability, are provided. These include orthotics and prosthetics, wheelchairs and walking aids, hearing aids, spectacles and intra-ocular lenses. The Department of Health is responsible for maintaining and replacing these devices.

By the end of December 2008, the waiting period for a wheelchair in all nine provinces was eight weeks or more. The department continues working with provinces to further reduce this waiting period.

Public-sector hospitals have been made more accessible to people with disabilities. Guidelines on the implementation of the National Rehabilitation Policy have been finalised, and the revision of the price list for orthotic prosthetic devices completed.

In supporting the health needs of the elderly, the department's policy is to keep the

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The Department of Health embarked on the National Immunisation Awareness Week from 2 to 8 August 2010.

During this period, the department and its partners mobilised the public to immunise children as part of reducing child mortality caused by diseases such as polio, whooping cough and diphtheria.

During the awareness week, the department also informed and educated the public about the available vaccines at various health centres, as well as the benefits of immunisation.

elderly in the community with their families as long as possible.

The department continues to develop national policy guidelines on the management and control of priority diseases or conditions of older persons, to improve their quality of life and access to healthcare services.

These include developing exercise posters and pamphlets, and guidelines that focus specifically on older persons, for example, national guidelines on falls in older persons, guidelines on active ageing, guidelines on stroke and transient ischemic attacks and national guidelines on osteoporosis.

Healthy lifestyles

National legislation to reduce tobacco use has been implemented.

All health facilities, including private-sector health institutions (100%) are smoke-free areas. Tobacco-control policies were also implemented in schools, targeting the youth.

The department also used local media to communicate with the public on a diversity of health issues. Health messages focusing on breast, cervical and prostate cancer, mental health, World No Tobacco Day, World Health Day and the launch of two new child vaccines were covered in the print media.

Nutrition

The work of the Department of Health is critical in improving nutrition levels of children. Key targets by 2014 include:

- decreasing the percentage of the total population who experience hunger from 52% to 30%, using national food-consumption survey data

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The number of persons with disabilities accessing disability grants increased from 694 000 in 2002 to 1,2 million in 2010 at R1 080 per person per month.

The same amount of care-dependency grants is provided to caregivers of children with disabilities. People with disabilities constitute the third-largest group of social-grant beneficiaries after those receiving the Child-Support Grant and Old-Age Pension.

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South Africa hosted the Diabetes Leadership Forum Africa 2010, which highlighted the growing need to effectively address diabetes and non-communicable diseases (NCDs) in sub-Saharan Africa. The forum took place on 30 September and 1 October 2010 in Johannesburg.

The forum was part of an ongoing campaign to support the implementation of the United Nations Resolution 61/225 on Diabetes and reaffirmed the 2006 Diabetes Declaration and Strategy for Africa.

Issues addressed at the forum included health-systems strengthening, sustainable approaches to chronic care, funding and investment, better education of people and professionals, and prevention of diabetes and other NCDs.

- dropping the rate of undernutrition of children from 9,3% to 5%
- keeping the Consumer Price Index (which is heavily dependent on the prices of food) more stable for poor people
- establishing 67 929 community, institutional and school gardens to enable at least 30% of poor households to produce some of their food and improve income.

In 2010, the department continued to implement strategies to improve the nutritional status of communities. During 2009/10, the WHO's 10-Step Programme for Managing Severe Malnutrition was introduced in 34 health facilities, in addition to the 111 health facilities in which it had already been implemented.

With regard to the promotion of safe breastfeeding practices, the department facilitated the implementation of the Breast Feeding Hospital Initiative in 24 district hospitals. The 2009/10 target was to implement this initiative in 29 district hospitals across the 18 priority districts.

National coverage of 39,9% for Vitamin A in children aged 12 to 59 months was attained.

Sixteen percent of samples taken by environmental health practitioners were compliant with the fortification regulations, and three-quarters of the food fortification samples conducted by the South African Bureau of Standards were compliant.

Acknowledgements

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