



South Africa Yearbook 2018/19

Health



The National Development plan (NDP) sets out nine long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening. By 2030, South Africa should have:

- Raised the life expectancy to at least 70 years;
- Progressively improved tuberculosis prevention and cure,
- Reduced maternal, infant and child mortality,
- Significantly reduced prevalence of non-communicable diseases,
- Reduced injury, accidents and violence by 50% from 2010 levels,
- Complete health system reforms,
- Primary healthcare teams that provide care to families and communities,
- Universal health care coverage,
- Filled posts with skilled, committed and competent individuals.

The Department of Health (DoH) contributes directly to the realisation of outcome 2 (a long and healthy life for all South Africans) of government's 2014 – 2019 medium-term strategic framework.

Over the Medium Term Expenditure Framework (MTEF) period, the department plans to focus on implementing the second phase of the National Health Insurance (NHI); expanding treatment and prevention programmes for HIV and AIDS, and tuberculosis (TB); revitalising public health care facilities; and ensuring accessible specialised tertiary health services.

As provincial health departments are mandated to provide health care services, the national department's role is to formulate policy, and coordinate and support provincial health departments in fulfilling their mandates.

Legislation and policies

The legislative mandate of the DoH is derived from the Constitution and several pieces of legislation passed by Parliament.

These include 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 Hazardous Substances Act, 1973 (Act 15 of 1973): Provides for the control of hazardous substances, in particular those emitting radiation.
- The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973): Provides for medical examinations on people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- 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 other related health professions, including community service by these professionals.
- The Dental Technicians Act, 1979 (Act 19 of 1979): Provides for the regulation 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, homeopaths, etc., and for the establishment of a council to regulate these professions.
- The South African Medical Research Council (SAMRC) Act, 1991 (Act 58 of 1991): Provides for the establishment of the MRC and its role in relation to health research.
- The Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996): Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.
- The Sterilisation Act, 1998 (Act 44 of 1998): Provides a legal framework for sterilisations, including for people with mental health challenges.
- 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 Council for Medical Schemes (CMS) Levy Act, 2000 (Act 58 of 2000): Provides a legal framework for the CMS to charge medical schemes certain fees.
- The Mental Health Care Act, 2002 (Act 17 of 2002): Provides 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 Nursing Act, 2005 (Act 33 of 2005): Provides for the regulation of the nursing profession.
- 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 National Roads Traffic Act, 1996 (Act 93 of 1996): Provides for the testing and analysis of drunk drivers.
- The Constitution of the Republic of South Africa Act, 1996 (Act 108 of 1996): Pertinent sections provide for the rights of access to healthcare services, including reproductive health and emergency medical treatment.
- The Employment Equity Act, 1998 (Act 55 of 1998): Provides for the measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action.
- The State Information Technology Act, 1998 (Act 88 of 1998): Provides for the creation and administration of an institution responsible for the State's information technology system.
- 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): Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000): Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act 4 of 2000): Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- The Division of Revenue Act, 2015 (Act 1 of 2015): Provides for the manner in which revenue generated may be disbursed.
- The Broad-Based Black Economic Empowerment Act, 2003 (Act 53 of 2003): Provides for the promotion of black economic empowerment in the manner that the State

awards contracts for services to be rendered, and incidental matters.

- The Labour Relations Act, 1995 (Act 66 of 1995): Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.
- The Basic Conditions of Employment Act, 1997 (Act 75 of 1997): Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

Budget

A total of 86.8% (R133.8 billion) of the department's total budget over the medium term is expected to be transferred to provinces through conditional grants. Two major challenges faced by the sector are weak financial management capacity in provincial departments of health and escalating contingent liabilities due to medical malpractice litigation. To support provinces in these areas, the department has reprioritised R34 million from its goods and services budget over the MTEF period to expand its financial management support programme to provincial health departments.

This intervention is to be led by the South African Institute for Chartered Accountants. R22.5 million has been allocated to set up expert medical committees to support provinces in dealing with medico legal claims.

The South African Health Products Regulatory Authority is expected to be established in 2018/19, after which the department's internal regulatory unit is expected to move to the authority. The department expects to transfer R396.9 million to the entity over the medium term to support the operations of the authority. The department's budget for the 2018/19 financial year was R47.5 billion.

Departmental structure of the DoH

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

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.

National Health Insurance

The department continues to build the NHI as a vehicle to deliver universal health coverage to all South Africans. The NHI is defined as a health financing system that pools funds to provide access to quality health services for all South Africans, based on their health needs and irrespective of their socio-economic status. The goal of the NHI is to ensure that all South African citizens and residents, irrespective of their socio-economic status, have access to good quality health services provided by both the public and private sectors. The NHI seeks to eradicate financial barriers limiting access to health care.

The aim of the NHI is to fundamentally reform how health care in South Africa is financed in order to increase access to and the quality of health care services. In this regard, over the MTEF period, the department intends to develop an NHI fund and related management structures, and expand access to the initial set of the priority services of national health insurance.

For this purpose, additional amounts of R700 million in 2018/19, R1.4 billion in 2019/20 and R2.1 billion in 2020/21 are allocated mainly to the NHI, Health Planning and Systems Enablement programme, financed through downward adjustments of the medical tax credit.

The total budget for these programmes is expected to increase at an average annual rate of 49.9% over the medium term, from R914.7 million in 2017/18 to R3.1 billion in 2020/21.

Of the additional amounts, R3.8 billion is allocated to the NHI indirect grant, thereby increasing its total allocations to R9.1 billion over the medium term.

To appropriately manage the increase in allocations, the grant will be restructured to merge all existing components (except

the health facility revitalisation component in the Hospitals, Tertiary Health Services and Human Resource Development programme) into two new components: the personal services component and the non-personal services component. The personal services component of the grant is allocated R4 billion over the medium term to fund priority services for the NHI, which include: expanding access to school health services, focusing on optometry and audiology; contracting general practitioners by capitation, that is, paying care providers a set annual amount per patient registered in their practice instead of fees per service provided; and providing community mental health services, maternal care for high risk pregnancies, screening and treatment for breast and cervical cancer, hip and knee arthroplasty, cataract surgeries, and wheelchairs.

The non-personal services component of the NHI indirect grant is allocated R2.3 billion over the MTEF period to fund the expansion of the centralised chronic medicines dispensing and distribution programme, development and rollout of health information systems, a capitation model for the purchasing of primary health care services, and monitoring and supporting the ideal clinic programme.

Through the nonpersonal services component of the grant, by 2020/21, the department aims to implement the electronic stock surveillance system in 3 942 health facilities and distribute chronic medicines to three million patients through the centralised chronic medicine dispensing and distribution system.

The remaining R368 million of the additional allocations is earmarked over the MTEF period to support interim NHI activities, including seven gazetted ministerial advisory committees; strengthen health technology assessment; and fund programmes related to the prevention of non-communicable diseases.

Revitalisation of public healthcare facilities

The department is in the process of finalising a 10-year infrastructure plan to determine areas with the greatest need for capital investments, based on population projections up to 2025. Accordingly, the department plans to invest an estimated R21.1 billion in health care infrastructure over the medium term.

These funds will be managed as two conditional grants in the Health Facilities Infrastructure Management subprogramme in the Hospitals, Tertiary Health Services and Human Resource Development programme.

The direct health facility revitalisation grant, which receives R18.2 billion over the MTEF period, after reductions of R511 million approved by Cabinet, is transferred to provincial health departments to fund the upgrading, refurbishing and maintenance of existing health care facilities, and the building of new facilities.

The second conditional grant for health care infrastructure is the NHI indirect grant, in which the health facility revitalisation component focuses on replacing, refurbishing and maintaining infrastructure in the NHI pilot districts. This grant is managed by the department, and is allocated R2.8 billion over the medium term after reductions of R309 million that were approved by Cabinet.

The department is working closely with implementing agents to ensure that all 872 primary health care facilities in the NHI pilot districts are maintained, constructed or revitalised by 2019/20.

HIV, AIDS and TB

The department has adopted the 90 90 90 targets of the United Nations (UN) programme on HIV and AIDS. These targets commit government to ensuring that, by 2020, 90% of all people living with HIV will know their status, 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy (ART), and 90% of all people receiving antiretroviral therapy will be virally suppressed.

In 2016, the government implemented the universal test and treat policy, which states that the department should offer treatment to everyone diagnosed with HIV, regardless of their CD4 count, which is the marker for the strength of the immune system.

For this purpose, an additional R1 billion is allocated to the HIV and AIDS, TB, and Maternal and Child Health programme in 2020/21 for the comprehensive HIV, AIDS and TB grant for provinces to provide antiretroviral treatment to an estimated six million people by the end of the MTEF period. As a result of the additional allocation in 2020/21, funding for the grant

increases by 11.6% per year, with a total allocation of R66.4 billion between 2017/18 and 2020/21.

Community health workers play a pivotal role in ensuring access to primary health care services in South Africa's most vulnerable communities. In recognition of this, over the medium term, the department intends adding a community outreach services component to the comprehensive HIV, AIDS and TB grant. The new component is expected to enable the sector to improve the efficiencies of the ward-based primary health care outreach teams programme by standardising and strengthening the training, service package, and performance monitoring of community health workers.

The community outreach services component framework, which is included in the 2018 Division of Revenue Bill, outlines the grant conditions and performance indicators that will regulate the community outreach services component of the comprehensive HIV, AIDS and TB grant. By 2020/21, the number of ward-based primary health care outreach teams is expected to increase to 3 700. An estimated R4.4 billion over the MTEF period has been reprioritised in the comprehensive HIV, AIDS and TB grant to create the community outreach services component.

According to the 2019 Mid-year Population Estimates, the number of AIDS-related deaths declined consistently since 2007, from 267 417 to 126 805 in 2019. Access to ART has changed significantly over time, altering the pattern of mortality over time. Access to ART has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS deaths post-2006.

An estimated 13.5% of the total population is HIV positive. Over a fifth of South African women in their reproductive ages (15 – 49 years) are HIV positive. HIV prevalence among the youth aged 15 – 24 has remained fairly stable over time. The total number of persons living with HIV in South Africa increased from an estimated 4.64 million in 2002 to 7.97 million by 2019.

Accessible specialised tertiary health services

Tertiary health services are highly specialised, hospital-based health care services that require strong national coordination

as a result of their unequal distribution across South Africa.

Consequently, many patients are forced to seek specialised care in neighbouring provinces when the required tertiary services are not available in their home province. To compensate provincial health departments for treating patients from other provinces, the department plans to continue subsidising tertiary health services in 29 hospitals and hospital complexes over the medium term through the national tertiary services grant.

This direct grant provides funding for specialised personnel, equipment, and advanced medical investigation and treatment according to approved service specifications; and supports the modernisation of tertiary facilities by upgrading medical equipment.

For this purpose, R12.4 billion in 2018/19, R13.2 billion in 2019/20 and R14.1 billion in 2020/21 is allocated to the national tertiary services grant in the Hospitals, Tertiary Health Services and Human Resource Development programme.

World AIDS Day

World AIDS Day is commemorated each year on 1 December and is an opportunity for every community to unite in the fight against HIV, show support for people living with HIV and remember those who have died.

Population statistics

The 2019 mid-year population is estimated at 58.8million. South Africa's population is equivalent to 0.75% of the total world population. South Africa ranks number 25 in the list of countries (and dependencies) by population.

The rate of growth for the South African population has increased between 2002 and 2019. The estimated overall growth rate increased from approximately 1.0% for the period 2002 – 2003 to 1.4% for the period 2018 – 2019. The proportion of the elderly in South Africa is on the increase and this is indicative of the estimated growthrate over time, rising from 1.4% for the period 2002 – 2003 to 3.0% for the period 2018 – 2019.

Given the fluctuation in fertility over time, the increase in the growth rate among children aged 0 – 14 between 2002 and 2013 is indicative of the rise in fertility between 2004 and 2008, ageing of children into the next age category, as well as the decline in infant and child mortality post-2006.

The population density in South Africa is 48 per Km² (124 people per mi²). The total land area is 1.213.090 Km² (468.376 sq. miles). A total of 63.0 % of the population is urban (36 579 170 people in 2019). The median age in South Africa is 26.3 years.

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 sexually transmitted infections (STIs).

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

South African Health Products Regulatory Authority

The South African Health Products Regulatory Authority replaced the Medicines Control Council (MCC) which was tasked with regulating the performance of clinical trials and registration of medicines and medical devices for use in specific diseases.

South African Health Products Regulatory Authority

SAHPRA officially replaced the 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 (US).

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 SAHPRA to use modern systems and retain staff that were often overwhelmed with volumes of work. Based on industry figures, registering new products with the MCC took an average of three to five years, but could exceed seven. Among the new regulator's first tasks will be clearing a backlog of more than 2 000 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 funds coming from industry bodies.

Compensation Commissioner for Occupational Diseases in Mines and Works

It is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs, and reimburse them for any loss of earnings incurred while being treated for TB. The commissioner's total budget for 2018/19 was R200.3 million.

Council for Medical Schemes

It was established in terms of the Medical Schemes Act of 2008 as the regulatory authority responsible for overseeing the medical schemes industry in South Africa. Section 7 of the Act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private health care, and advising the Minister of Health on any matter concerning medical schemes. The council's total budget for 2018/19 was R164.8 million.

Office of Health Standards Compliance

It was established in terms of the National Health Amendment Act of 2013, which mandates the office to: monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards

in a procedurally fair, economical and expeditious manner. The office's total budget for 2018/19 was R129.7 million.

South African Health Products Regulatory Authority

The authority was established in February 2018. The entity is the national medicines regulatory authority of South Africa. It is responsible for the regulation and control of the registration, licensing, manufacturing, import and all other aspects pertaining to active pharmaceutical ingredients, medicines and medical devices; and for conducting clinical trials in a manner compatible with the national medicines policy. The authority's total budget for 2018/19 was R215.9 million.

South African Medical Research Council

It was established in terms of the South African Medical Research Council Act, 1969 (Act 19 of 1969). The council also derives its mandate from the Intellectual Property Rights from Publicly Financed Research and Development Act, 2008 (Act 51 of 2008). It is mandated to promote the improvement of health and quality of life through research, development and technology transfers. Research and innovation are primarily conducted through council-funded research units located within the council and in higher education institutions. The council's total budget for 2018/19 is R1.1 billion.

Health Professions Council of South Africa (HPCSA)

The HPCSA is committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining excellent standards of ethical and professional practice.

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

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

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

Its mandate includes:

- coordinating the activities of the professional boards
- promoting and regulating interprofessional liaison
- determining strategic policy
- consulting and liaising with relevant authorities
- controlling and exercising authority over the training and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in people
- promoting liaison in the field of training
- communicating to the Minister information that is of public importance.

Allied Health Professions Council of South Africa (AHPCSA)

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

The AHPCSA is mandated to:

- promote and protect the health of the public
- manage, administer and set policies relating to the professions registered with the AHPCSA
- investigate complaints relating to the professional conduct of practitioners, interns and students
- administer the registration of people governed by the AHPCSA
- set standards for the education and training of intending practitioners.

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 well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans.

The council is tasked with:

- assisting in promoting the health of South Africans
- 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 was established in 2001 in terms of the National Health Laboratory Service Act of 2000. The service supports the DoH by providing cost effective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education, and supports health research. It is the largest diagnostic pathology service in South Africa, servicing more than 80% of the population through a national network of 268 laboratories. Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the Anti-Venom Unit.

The NHLS will, over the MTEF period, continue to provide affordable, sustainable and high quality laboratory services to health care facilities, mainly in the public sector. The service will focus on the national priority programmes created in 2011 to address the department's need to increase access to patient testing, including HIV and associated opportunistic infections such as TB, cryptococcus and hepatitis.

The service will also continue to provide training for pathologists and other health professionals, and conduct research through its own research unit as well as through the National Institute of Communicable Diseases and the National Institute for Occupational Health, which are both housed within the service. These are seen as important contributions to the NDP's goal of improving the quality of health care services and controlling epidemics, and to the realisation of outcome 2 (a long and healthy life for all South Africans) of government's 2014 – 2019 medium-term strategic framework.

To improve service delivery and ensure a safe working environment, the service plans to renovate its laboratories and

to replace old equipment nationwide. This will also ensure that tests, such as for CD4 count, GeneXpert and polymerase chain reaction are conducted within stipulated timeframes. In 2018/19, the service aims to perform 90% of CD4 count and GeneXpert tests within 40 hours. Spending for this is expected to amount to R423.4 million in the laboratory tests programme, accounting for 77.9% (R21.2 billion) of the service's total expenditure over the MTEF period.

An increase of 5% in total test volumes between 2015/16 and 2016/17 resulted in increased revenue from tests amounting to R616 million. However, as a result of intensified gatekeeping efforts by provincial departments of health to reduce duplicate and inappropriate tests, the number of tests performed is expected to increase at 0.8% per year, from 91 025 712 in 2016/17 to 93 822 712 by 2020/21. As a result of the annual tariff adjustments and increase in the number of tests conducted, revenue from laboratory tests is expected to increase at an average annual rate of 8.6%, from R6.8 billion in 2017/18 to R8.7 billion in 2020/21.

The service contributes to research and development, and provides a training platform for pathology students through its own research programme, and through the National Institute for Communicable Diseases and the National Institute for Occupational Health. In 2018, 227 registrars were in training to become pathologists, 29 were qualified to become pathologists and 38 new registrars had been admitted. Over the MTEF period, 90 new registrars are expected to be admitted.

Over the medium term, R3 billion is allocated to the surveillance of communicable diseases, occupational health and research programmes. Improved surveillance will enable the National Institute of Communicable Diseases to respond to notified outbreaks within 24 hours, and the National Institute for Occupational Health to conduct occupational and environmental health laboratory tests within specified turnaround times.

Laboratory tests are expected to generate 87% of the service's total revenue over the period, with the remainder coming through transfers from the department and other non-tax revenue.

Non-governmental organisations(NGOs)

Many 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

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.

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public health facility.

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.

Health facilities

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

According to the General Household Survey, 2018, nationally, 71.5% of households reported that they would first go to public clinics, hospitals or other public institutions when a member falls sick or is involved in accident, while 27.1% of households said that they would first consult a private doctor, private clinic or hospital. Only 0.7% of responding households said that they would first go to a traditional healer. The use of public health facilities were least common in the Western Cape (56.1%), Free State (63.5%) and Gauteng (63.9%), and most common in Limpopo (86.1%), the Eastern Cape (79.8%) and KwaZulu-Natal (79.0%).

Users of private healthcare facilities seemed to be more satisfied with those facilities than users of public healthcare facilities across all provinces. Whereas 97.6% of users were satisfied or somewhat satisfied with private facilities (92.6% were very satisfied), only 80.3% of users of public healthcare facilities were somewhat satisfied or very satisfied. Only 53.8% of individuals that used public healthcare facilities were very satisfied.

Of those that used private healthcare facilities, households in Mpumalanga were most likely to be 'very satisfied' (95.8%) followed by households in Eastern Cape (95.5%), Western Cape (93.7%) and Gauteng (93.2%). Households in Limpopo (72.1%) were most likely to be very satisfied with public healthcare facilities while those in North West (40.3%) were least likely to be very satisfied.

Medical aid coverage

Between 2002 and 2018, the percentage of individuals covered by a medical aid scheme increased marginally from 15.9% to 17.1% in 2016 before declining to 16.4% in 2018. During this period, the number of individuals who were covered by a medical aid scheme increased from 7.3 million to 9.4 million persons. More than one-fifth (22.6%) of South African households had at least one member who belonged to a medical aid scheme.

Individuals were more frequently covered by medical aid schemes in the Western Cape (25.1%) and Gauteng (23.9%),

and least commonly in Limpopo (8.2%) and the Eastern Cape (10.0%).

Approximately one-quarter (24.0%) of individuals in metros were members of medical aid schemes, exceeding the national average of 16.4%. Membership was most common in Tshwane (29.6%) and the City of Cape Town (27.7%), while the lowest membership was measured in Nelson Mandela Bay (20.6%) and eThekweni (20.7%).

Approximately 72.9% of white individuals were members of a medical aid scheme compared to just over one-half (52.0%) of Indian/Asian individuals. By comparison, only 9.9% of black Africans were covered by a medical aid scheme.

Teenage pregnancy

About 5.2% of females in the age group 14 – 19 years were at different stages of pregnancy during the 12 months before the General Household Survey, 2018. The prevalence of pregnancy increased with age, rising from 0.3% for females aged 14 years, to 9.7% for females aged 19 years.

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.

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.

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

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, among others, 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".

Access to medicine

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

- The Stock visibility system,
- Rx Solution and other electronic stock management systems, and
- Central Chronic Medicines and Dispensing and Distribution Programme.

Record management and Unique Patient Identifier

A system whereby patients are registered on a central database, which enables quick and effective dispense of the right medication to the right client, as well as serving as a deterrent to people visiting multiple clinics and medical centres on one day and collecting absurd and often illegal amounts of medication, has been developed and implemented.

Working with the CSIR as well as the departments of Science and Technology and Home Affairs, the DoH has rolled out this system as part of the NHI.

School health: Integrated School Health Programme (ISHP)

The departments 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 older learners.

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

services such as deworming and immunisation).

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

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 HIV and 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 Lesbian, Gay, Bisexual, Transgender and Intersex, 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.

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

Managing communicable and NCDs

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

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

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

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

Since 1995, all children have been vaccinated against

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

Improving human resources planning, development and management

Albertina Sisulu Executive Leadership Programme in Health (ASELPH)

The ASELPH aims to:

- strengthen health policy transformation and service excellence in South Africa
- strengthen human-resource capacity in the health system, which is needed to deliver high-quality, cost-efficient services through strengthened, executive-level training of health leaders and managers
- organise and host university forums, policy seminars and round tables to address key policy debates, as identified by the DoH and focus on issues that will present the greatest challenges to implementation
- use new teaching and learning strategies.

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

- targeted training of executive, district and hospital managers who are responsible for services related to the NHI
- strengthened management capability of current and emerging district, health-related leaders who are responsible for the implementation of the NHI and the re-engineering of the 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 Harvard, 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.