

DIRECTOR-GENERAL'S OVERVIEW



Director- General's Overview



To prevent illness in children under 5 years old and ensure that public health facilities are able to treat them appropriately and effectively, over 7 000 health workers, who provide services to children, have been trained in the Integrated Management of Childhood Illnesses strategy (IMCI). The goal is to have more than one health worker per facility implementing the IMCI strategy.

To improve youth health services, the Department has adopted the National Adolescent Friendly Clinic Initiative. This initiative aims to train health workers to be more sensitive to the needs of adolescents and to ensure that clinics are open at times when adolescents are able to access services so as to treat young people with respect and dignity.

Nutrition

On 1 April 2004, the Primary School Nutrition Programme was transferred to the Department of Education. During 2003/04, more than 4,5 million learners benefited from the programme.

In the year under review, the integrated nutrition programme expanded the number of baby friendly facilities to almost 22% of public health facilities with maternity units, the vitamin A supplementation programme was introduced for lactating mothers and children under 5 years old and the food fortification initiative was launched in October. The nutrition programme produced guidelines for the nutrition of those with chronic illnesses and trained health workers in growth monitoring. A series of activities were undertaken with other government Departments to ensure food security for our citizens who need it most.

Communicable diseases

There was a 6% decrease in the number of malaria cases in 2003/04, compared to the previous year. Deaths from cholera were reported in two provinces, namely, Mpumalanga and the Eastern Cape. All provincial health Departments have instituted measures to strengthen their capacity to respond timeously and effectively during outbreaks.

In contrast to malaria and cholera, the impact and effect of Tuberculosis (TB) has increased in the year under review. The problem is complicated and exacerbated because of its relationship with HIV and AIDS. With the assistance of the

INTRODUCTION

As the Minister noted in her foreword, this is a watershed year in two respects. The first is that this is the 10th year of our democracy and we can be truly proud of our achievements as a nation and as a Department. The second is that this reporting period represents the end of the Health Sector Strategic Framework, 1999-2004, which signals the need to review our strategic priorities for the next five years. In this overview, I shall highlight our key activities of the past year which took us forward to achieve our vision: "A caring and humane society in which all South Africans have access to affordable, good quality health care".

ACHIEVEMENTS AND CHALLENGES

Child and youth health

We have made significant gains in preventing childhood illness through our expanded programme on immunisation. Between 1998 and March 2003, we have improved the immunisation coverage from 63% to 82% and hope to reach 90% in the next 5 years. In addition, as a result of the measures implemented, we are well on our way to being certified polio free by the World Health Organisation - 93% of children have received the 3rd dose of the polio vaccine.



World Health Organisation, the Department has produced a plan to strengthen its TB programme.

In November 2003, Cabinet approved the Comprehensive Plan for the Management, Care and Treatment of HIV and AIDS in South Africa. The national Department, with our provincial counterparts, are in the process of implementing the Plan. Part of this process, was the accreditation of sites, where antiretroviral drugs will be provided to patients living with AIDS.

By the end of the 2003/04, there were 2582 facilities where Voluntary Counselling and Testing (VCT) services were provided. In addition, more than 1600 health facilities were implementing the prevention of mother-to-child transmission programme (PMTCT). Prevention programmes continued to be the foundation of the HIV and AIDS and STI's programme. These include the free provision and distribution of male and female condoms, the Khomanani Awareness campaign, and a range of peer education and lifeskills programmes.

Chronic diseases

The Department's focus on chronic diseases was marked by increasing awareness about prostate and testicular cancer, and interventions to improve treatment adherence for those patients with chronic illnesses.

In line with the announcement made by the President in his State of the Nation address in February 2003, the Department implemented its free health services to people with disabilities policy, in July 2003. During the year under review, the Department distributed wheel chairs and hearing aids which significantly reduced the backlog of assistive devices. It is envisaged that the backlog will be eliminated during the 2004/05 financial year.

Mental health

Mental health services have long been labelled the Cinderella of the health delivery system. The period under review, saw further integration of mental health into the primary health care system, the development of norms and standards and an improvement of quality of care in psychiatric hospitals. However, much more needs to be done in terms of revitalising psychiatric hospitals and accelerating the development of community care. The Department will be working on promulgating regulations in terms of the Mental Health Care Act, and issuing regulations on the labelling of containers that contain alcohol.

Health promotion

The key health promotion activities undertaken by the Department during 2003/04 involved expanding the health promoting schools initiative and publishing the amendments to the Tobacco Products Control Act. Research undertaken suggested that fewer youth are starting to smoke as a

consequence of the policies and legislation around tobacco control. The Department also published the findings of the youth risk behaviour survey which will assist Government to sharpen its policies and interventions that impact on the youth.

Primary Health Care and quality of care

One of the priorities adopted for the five year term in the Health Sector Strategic Framework, 1999-2004, was the need to improve quality of care. During the financial year under review, the Department established a national call centre to respond to complaints. In addition it strengthened the supervision system for primary health care. There is also a marked improvement in quality of care in the hospitals that are part of the revitalisation programme.

The delivery of primary health care through the district health system remains one of the key policies of the Department. Municipal health services which include a list of environmental health services were devolved to district and metropolitan municipalities as from 1 July 2004. Provincial Departments will therefore be responsible for the provision of primary health services. Ongoing discussions with stakeholders are being conducted to ensure the smooth implementation of this policy.

The Department conducted an audit during 2003 to investigate the extent to which the package of primary health services, adopted in 1999, is being implemented in each health district. The recommendations will be incorporated into the Departmental action plan for 2004/05. Efforts will be made to ensure that each province is able to provide the full package in each district in the next three to five years.

Hospitals

During the 2003/04 financial year, two new hospitals were completed in the Northern Cape- one each in Colesburg and Calvinia. In addition, the revitalization of hospitals is now into its third year and 30 hospitals are currently part of the programme. The total revitalisation package includes infrastructural changes, improvements in management and quality of care, and equipment replacement. Various other hospitals, which are not part of the revitalisation programme, have been assisted to improve their governance processes and management structures.

Emergency Medical Services

Much effort has been expended to strengthen the planning of Emergency Medical Services nationally to ensure that we are able to meet the national target response times. In addition, officials from the Department have been actively providing support to major events, both nationally and internationally, to ensure that disaster management strategies are in place to deal with any serious incidents related to these events.

Equitable resource allocation

To ensure equitable and effective resource allocation, cost centre financial systems were implemented at hospitals by the end of 2003/04. The medical schemes environment has been strengthened and the uniform patient fee schedule (UPFS) has been adopted and is being implemented in most provinces. Much work has been done in costing the health services being provided at secondary and tertiary levels and to explore inter and intra-provincial equity in resource allocation. In addition, the development of an integrated planning framework is nearing completion. Once complete, the model will assist provinces with long range planning and costing of health service changes.

Human resources

Human resource management and development remains one of the more difficult challenges. However, a number of initiatives have been implemented to increase the number of quality health care workers in the public health service. The Department extended community service to most categories and implemented the scarce skills and rural allowances. Mid-level worker for several categories of health workers was introduced and the Department signed agreements with countries to which our health workers are recruited.

Legislative reform

On the legislation front, the National Health Bill was passed by both houses of Parliament towards the end of 2003 and signed into law by the President in July 2004. In addition, a large number of regulations have been promulgated during the year. As is well documented, several pieces of legislation and their implementation have been tested in the courts of law during the financial year.

International health liaison

Finally, the Department has concluded numerous international agreements with several countries during the financial year. The challenge is to ensure that we honour our obligations in the next financial year. These obligations include agreements with commitments to SADC and NEPAD.

ACKNOWLEDGEMENTS

In conclusion, I would like to thank the Minister for her inspirational leadership during the past year and express my gratitude to Dr Kamy Chetty for her contribution during her tenure as Acting Director General. I also wish to thank my predecessor, Dr Ayanda Ntsaluba, for his leadership.

Finally, I wish to thank the heads of provincial Departments and my colleagues in the national Department for their support and tremendous efforts in realising the objectives of the Department.



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