

# HIGHLIGHTS



➤ 6% decrease in Malaria cases compared to 2002/2003



➤ 2582 sites provide voluntary counselling (VCT) and testing for HIV and AIDS



➤ 18% more schools involved in the Health Promoting Schools initiative

virtually eliminated. The next major activity is to market the public sector condom as an attractive, high quality, acceptable and effective product.

#### Advocacy

An advocacy toolkit was developed for people living with HIV and AIDS. It was envisaged that the toolkit will capacitate people living with HIV and AIDS and enable them to be better advocates for positive living and preventive interventions. Stigma and discrimination indicators were developed which will be implemented with the view of accessing community acceptance of people living with HIV and AIDS. Communities will also be educated to assist and support people living with HIV and AIDS to live positive lives.

Apart from the release of the Youth Risk Behaviour Survey in December 2003, other major achievements in the area of youth health include: the development of a video on teenage sexuality to support prevention programmes, and the development of information, communication and education materials for peer education in the public health sector as well as in prisons, the South African National Defence Force and the South African Police Service.

The Departments of Health, Education, and Social Development continue to integrate care and support activities relating to HIV and AIDS through the National Integration Plan. The Department worked closely with the Department of Education in the development of life skills textbooks. The Inter Departmental Committee on HIV and AIDS (IDC) is instrumental in ensuring integration of HIV and AIDS programmes at national government departments. The IDC played an active role in bringing awareness programmes and campaigns such as World AIDS Day and the Candle Light Memorial events to government officials.

In addition, several workshops held throughout the year to ensure continuous capacity building relating to HIV and AIDS in the workplace. The Department works closely with the Department of Public Service & Administration on the Impact & Action Project to ensure that all government Departments have HIV and AIDS programmes and activities, and with the Department of Provincial and Local Government to build the capacity of municipalities.

Other activities that were initiated in partnership with stakeholders include:

- the development and distribution of materials on HIV and AIDS, STIs and TB to service providers who address the vulnerability of migrant and other agricultural workers;
- the establishment of closer links between the existing provincial Traditional Leader AIDS Task Teams and the provincial AIDS councils;
- the establishment of ten clinics to provide treatment for STIs and minor ailments, and counselling, outside normal

- clinic hours, to long-distance truck drivers; and
- the provision of technical assistance to the Women in Partnership Against AIDS (WIPAA) programme.

#### South African National AIDS Council

The first term of the South African National AIDS Council (SANAC) ended in 2003. In the new term, SANAC has been expanded to include the men sector; academic and children sectors. Much progress has been made with regard to advocacy, mobilisation (including resources), capacity building and establishment of forums as required by the Strategic Plan on HIV, AIDS and TB. Many sectors represented at SANAC have established forums to ensure coordinated sector responses.

SANAC also serves as the Country Coordinating Mechanism (CCM) for applications to the Global Fund for AIDS, TB and Malaria (GFATM). The SANAC Secretariat reviewed, evaluated and collated the country proposals to the GFATM. South Africa has been allocated funding in the first three allocation rounds of the GFATM. In round one, funds were allocated to loveLife, Soul City and the Enhancing Care Initiative in KwaZulu Natal. In the second round funds were allocated for HIV and TB integration and in the third round the Western Cape received funding for their work relating to HIV and AIDS. South Africa has been allocated in excess of R400 million in the first three rounds.

#### Awareness and promotion

The Khomanani mass communication campaign was very visible at national and local levels in 2003/04. A major focus of the campaign was the planning and implementation of specific remembrance activities. In 2003/04 the activities were:

- STI Week - the national event on 14 February 2004 was held in Humansdorp, and attended by approximately 5,000 people;
- World TB Day was celebrated on 24 March 2004 with an event in Ladysmith, attended by approximately 15,000 people;
- World AIDS Day was commemorated on 1 December 2003 in Bloemfontein, with a three-hour live transmission on Morning Live (SABC 2);
- The Partnership Against AIDS anniversary event held in Ba-Phalaborwa on 4 October 2003.

Other campaign activities included:

- the first-ever Health Worker Excellence award ceremony;
- promotion on radio and TV for 3 campaigns namely, "Our time, our future, our choice" (a youth campaign); "positive living"; "circles of support"; and
- the Men's March in February 2004 in Durban to profile the Men in HIV and AIDS Partnership programme, attended by approximately 20,000 people.



The Department funds the AIDS Helpline. The Helpline continues to receive in excess of 5,000 calls per month.

An important function of the Department is the management of conditional grants to provinces for HIV and AIDS programmes. The grants increased from under R50 million in 2001/2 to R782 million for the 2004/5 financial year. These funds are disbursed on the basis of approved provincial business plans.

#### NGO Funding

The Department is responsible for managing the funding provided to NGOs and CBOs to provide HIV and AIDS, STI and TB services. During the 2003/4 financial year, 85 organizations were funded for a total amount of R 40 218 566. A call for proposals is published in national, regional and local newspapers on an annual basis. The Department reviewed proposals from National level for national organisations (operating in three or more provinces) and at provincial level, from which proposals are recommended for funding from the national funds through a National Funding Advisory Committee. Some provinces also fund NGOs from their own budgets.

In 2003/04, the Department conducted provincial visits to verify details of the 85 organisations that were recommended for funding. Four Monitoring Officers appointed by the National Funding Unit ensure authentication of existence of recommended organizations for funding and provide support for utilization of government funds.

A tender was awarded in 2003/4 to assist provinces and NGOs with basic financial management skills. Workshops were conducted in 7 provinces (KwaZulu Natal, Limpopo, N.Cape, E.Cape, Free State, Mpumalanga).

#### Chronic diseases

The strategic vision for non-communicable chronic diseases highlights the principles of long-term care and the management of risk factors. If the modifiable lifestyle risk factors (tobacco use, unhealthy diet, and physical inactivity) together with the associated biological risk factors (high blood glucose, overweight/obesity, high blood pressure and high blood lipids) are addressed, then the most common chronic diseases can be prevented or delayed.

Men's health received specific attention during this period as the Department focussed on prostate and testicular cancer. Age, race and a strong family history are the risks for prostate cancer. An information pamphlet was developed which explained what cancer of the testes is, identified the groups at risk and promoted testicular self-examination.

A survey was conducted to identify the barriers to patient

adherence behaviour – focussing on the patient and the health professional. The key findings of the survey identified the following factors which influence patient adherence behaviour: patient's lack of knowledge about his/her disease and treatment, lack of internal locus of control, low level of motivation, and low level of support from the patient's health professional, family members and friends. The findings of this survey will be incorporated into the therapeutic education for health professionals in order to enhance patient adherence behaviour.

#### Disabilities

The introduction of free health care for disabled persons at hospital level on 1 July 2003, was a major milestone. The Department developed a policy, an assessment tool and communication material in a short space of time to ensure rapid implementation of the policy. Training on the implementation of free health care services took place in all major centers in the country. As part of this programme, R13 million was made available to supply assistive devices, to achieve a broader goal of eliminating the backlog of assistive devices – this was additional to provincial budgets for assistive devices. A total of 4770 wheelchairs and 4674 hearing aids were issued, bringing the total issued in the past five years to 20 029 wheelchairs and 10 353 hearing aids.

The publication of the policy on Standardization of Provision of Assistive Devices in South Africa was another major achievement. It will ensure that all provinces have a uniform system for the provision and maintenance of assistive devices. It also complements other policy initiatives like the Uniform Patient Fee Schedule and free health care for people with disabilities at hospital level.

A sign language course was held for health care workers in February 2004, bringing the number of those trained through this project to more than 120 countrywide. The training was provided to empower health workers to communicate with deaf patients or to facilitate communication with other health care workers.

#### Older persons

The Department honoured older persons by celebrating the International Day of Older Persons on 1st October 2003 in Ritchi, Northern Cape. The theme was: "Older people - a new power for development". The event was a good example of the excellent cooperation between the National and Provincial Departments of Health, Social Services, Communication, Public Works and Transport.

#### Mental health and substance abuse

There has been significant progress in the integration of mental health services into comprehensive health care services during the year under review. About 80% of health districts have started the process of integration and about

40% of the districts have achieved integration.

The draft regulations for the Mental Health Care Act were published for comment and the Department consulted widely. The regulations were finalised and will be translated into several official languages.

While the regulations were finalized, a number of tools were developed to facilitate the implementation of the Act. These include:

- the development of material aimed at simplifying the procedures prescribed in the Act,
- the development of guidelines for key role players mandated in the Act and Regulations,
- a Patient's Rights Chart outlining the rights of patients prescribed in the Act.

During the period under review, there has been an improvement in the quality of care in psychiatric hospitals. The improvement can be ascribed to the implementation of norms for severe psychiatric conditions by provinces. However, a more rigorous assessment of the quality of mental health services will be conducted in the next financial year.

Other work done in this area included the development of:

- norms and standards to improve the quality of mental health care for children and adolescent,
- norms for community mental health care,
- a user-friendly manual to facilitate the implementation of national norms in service planning, and
- Standard Treatment Guidelines for common mental health conditions to act as the basis for the review of the psychiatry section of the Essential Drug List.

Several other activities were undertaken to strengthen mental health care services to the public namely:

- establishing a Forensic Psychiatric Steering Committee to address problem areas in forensic psychiatry,
- hosting a workshop with provinces on the Guidelines for Child and Adolescent Mental Health and to assist provinces to develop local implementation plans,
- developing a Suicide Prevention Manual for schools,
- providing funding for the establishment of a Suicide Toll-free line,
- initiating a public awareness campaign on suicide, depression and anxiety,
- developing and distributing information and educational materials on mental health,
- supporting non profit organisations to establish support groups for families with children with Downs Syndrome, and
- co-ordinating the implementation of victim empowerment programmes in the health sector.

The abuse of alcohol and drugs, especially among the youth

in our communities remains one of the biggest challenges we face. The Department of Health has developed regulations (to be published for public comment in 2004), that will make it mandatory for alcohol beverage containers to carry warning labels and health messages. The regulations will also prescribe that alcohol outlets have counter-advertisements reflecting warning labels and health messages. These messages have been developed and translated into the 11 official languages.

#### Oral health

The South African National Oral Health Strategy has been adopted by the MINMEC and implementation started in the provinces during this reporting period. Provincial Oral Health Services were visited to assess how the delivery of these services can be improved. The interactions with oral health professionals found that:

- there is a common view that best practices in oral health service delivery in provinces have to be shared,
- problem areas in oral health service delivery have to be identified fairly quickly and solutions found,
- Continuous Professional Development (CPD) training to oral health care workers should be undertaken, and
- there should be compliance with national norms and standards for primary oral health care.

#### Health promotion

The Department drafted a health promotion policy and strategy during 2003. The implementation of the policy is currently being costed and its adoption will depend on the outcome of this exercise.

Eighteen percent more schools were implementing the Health Promoting Schools programme at the end of 2003/04. The programme facilitated the establishment of school health committees at participating schools. In addition, a school based water borne disease prevention programme was piloted in four schools in the Eastern Cape and KwaZulu-Natal where VIP toilets were built and learners, educators and the local communities were trained in toilet construction.

The Tobacco Products Amendment Bill was published for comment during 2003. The Bill is likely to become law in the second half of 2004. The impact of the tobacco legislation was assessed by the Second Global Youth Tobacco Survey which found that prevalence in smoking amongst youth (13-15 years of age) has dropped from 23% in this age range in 1999 to 18.5% in 2002.

The Youth Risk Behaviour Survey was completed and the report launched in December 2003. The survey focussed on a range of behaviours that place young people at risk. These include physical inactivity, sexual behaviours including unintended pregnancies, injuries, eating behaviours, violence



and mental health issues. The report makes recommendations regarding areas that require intervention and benchmarks against which to assess the impact of the interventions.

A series of health promotion activities were undertaken during 2004 namely:

- evaluating of the SABC radio health education programmes which found 60% health awareness and knowledge levels among listeners,
- supporting the Run and Bike project which was a collaboration between the Department of Health and a community group in Cape Town called Masibambane which aims to raise awareness on health issues,
- establishing of community based support systems for chronic diseases in the Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, North West and the Western Cape,
- participating in the Arts Challenge School Competition in collaboration with the Department of Environmental Affairs and Tourism which focussed on children with disabilities and the environment, and
- launching of the Healthy Environments for Children Initiative (HECI) on World Health Day, 7 April 2003 in Covimvaba in the Eastern Cape. The main task of the HECI is to chart the way for the formation of an alliance of key collaborators in the development of healthy environments for children.

#### Occupational health

The Department produced several policies and guidelines during 2003. These included: the draft policy framework for the co-ordination of occupation health and compensation competencies, guidelines on developing and maintaining occupational health services, and a situational analysis to determine access to occupational health services by communities. A risk assessment tool for the management of risks in public health facilities was developed and is being implemented in all provinces.

Skills development for occupational health workers was a key focus during 2003. Twenty nine health workers completed an integrated course in occupational health and twenty eight commenced training towards a diploma in occupational health at the Medical University of Southern Africa.

The Department is responsible for assessing and compensating ex-miners who have work-related illnesses. The Medical Bureau for Occupational Diseases (MBOD) increased the number of public health facilities that offer medical examinations to ex-miners from 40 in the previous financial year to 51 during 2003. In addition, the number of ex-miners who underwent medical examinations increased from 20 000 to 22 000. Officials from the Compensation Commissioner for Occupational Diseases (CCOD) were

able to trace and compensate 6000 ex-miners in the Eastern Cape during 2003. To increase the efficiency of the MBOD, the CCOD and the National Institute for Occupational Health (NIOH), a new computer system was designed and installed.

#### Environmental health

The Department developed a series of strategies and guidelines for the implementation of environmental health services, namely:

- Draft Sanitation Health and Hygiene Strategy,
- Health Care Waste Management Strategy,
- Environmental Health Impact Assessment guidelines,
- A registration system for the registration of Water Treatment chemicals,
- Volumes 4 and 5 for the Quality of Domestic Water Guides,
- Draft Environmental Health Policy, and
- Gazetted the Environmental Management Plan.

In addition, a business plan for the strengthening of Poison Information Centres in South Africa was developed.

Environmental health services became the responsibility of district and metropolitan municipalities from 1 July 2004. In order to prepare for this change, a national summit on the devolution of environmental health services was held during the financial year, at which key issues pertaining to the transfer of the function and resources from local municipalities and provinces were discussed.

#### Food control

The following regulations was published in the Government Gazette in terms of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972) and the Health Act, 1977 (Act 63 of 1977):

- Final regulations relating to the application of the Hazard Analysis and Critical Control System (HACCP System),
- Draft Regulations Governing Tolerances for Fungus-produced Toxins in Foodstuffs,
- Final Amendments to the Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food,
- Draft Regulations relating to Foodstuffs for Infants and Young Children,
- Regulations relating to the Prohibition of the Sale of Comfrey, Foodstuffs Containing Comfrey and Jelly Confectionary Containing Konjac, and
- Regulations relating to the Labelling of Foodstuffs Obtained Through Certain Techniques of Genetic Modification

In addition, the Foodstuffs, Cosmetics and Disinfectants Amendment Bill, was gazetted in September 2003.

During the year under review, the Department increasingly focussed on issues related to aflatoxin. A National Aflatoxin Monitoring Programme was introduced in May 2003 and a series of workshops were held with stakeholders. Groundnuts and peanut butter samples were taken from five categories of suppliers throughout the country to determine compliance with the legal limit of 10 micrograms per kilogram of aflatoxin. Overall, a 20 percent non-compliance rate was found. The Department collaborated with the Department of Agriculture to put measures in place to reduce the levels of aflatoxin in groundnuts.

The Department evaluated 8 pesticides and 20 genetically modified organisms, and made recommendations on registration to the Department of Agriculture. In addition, the withdrawal periods of 11 stock remedies and veterinary drugs, and the maximum residue limits of 15 pesticides were confirmed. Danger group classifications were completed for 37 agricultural remedies.

The Department is the national contact point for the Joint FAO/WHO Codex Alimentarius Commission and hosted and/or participated in 19 meetings and other Codex related events.

#### 1.3.2 IMPROVING QUALITY OF CARE

A comprehensive training programme on patients' rights as human rights and its link to Batho Pele was conducted in all nine provinces. The focus groups for training included a wide spectrum of provincial health officials, members of the community that serve on clinic committees and/or hospital boards, and local councillors responsible for health matters. Approximately 360 people underwent the training.

A National Complaints' Centre was established during the year under review. This Centre deals with telephonic, written (paper-based and electronic) and personal (face-to-face) complaints. Cases reported in the media are also followed up. During its first six months, the Complaints' Centre received 135 complaints of which 117 were referred to provincial health Departments for investigation and resolution. 51 cases were resolved at the end of the 6-month period, 56 were pending and 28 cases were 'conditionally' closed which means that, more information was requested from the complainant.

A National Supervision Conference was held to clarify the specific roles and responsibilities of all officials within the supervisory chain, to discuss the integration of supervisory practices into the health system, and to assess the impact of supervision on quality of care at PHC level. The Conference highlighted the challenges of improving supervision and provided an indication of which provinces have introduced supervision systems.

#### 1.3.3 DELIVERY OF PRIMARY HEALTH CARE SERVICES

Progress was made with the creation of a database indicating which clinics in the country do not have electricity, clean water, sewerage systems or telephones. The table below shows that of 3 560 clinics in the country 27% have no municipal water connection, 11% no electricity, 13% no municipal sewerage connection and 9% no telephones. Most of these are in the Eastern Cape, KwaZulu-Natal and Mpumalanga. Various national Departments are assisting to eliminate the backlogs experienced.

In 1999, a package of primary health care services (PHC) was adopted for implementation in every health district. An audit of PHC services was conducted during 2003 to determine what percentage of the package is provided by PHC facilities. A process has commenced to review the content of the package.

In an effort to strengthen bottom-up planning and budgeting, District Health Planning (DHP) guidelines were developed and distributed to provinces and districts. In addition, provinces have been encouraged to conduct District Health Expenditure Reviews (DHERs) which form the basis for the planning a budgeting process.

In order to improve the regulation of funds transferred for PHC services to municipalities, a pro-forma Service Level Agreement (SLA) was developed by the Department and is currently used by all provinces. The SLA will also assist provinces to meet some of the requirements of the Public Finance Management Act.

In collaboration with the Department of Provincial and Local Government, the Department has defined municipal health services which became the responsibility of district and metropolitan municipalities on 1 July 2004. Provincial Departments of Health will remain responsible for funding and delivering PHC services but may delegate these to municipalities by agreement.

In order to strengthen health services in the 13 rural nodes identified by Government, the Department secured R37 million over three years from the European Union. This project will end on 30 September 2004 and to date the following were achieved:

- closer links were fostered between provincial Departments of Health and municipalities,
- strengthened management structures and capacity at district level,
- strengthened capacity development programmes,
- improved service delivery,
- audited clinical PHC nurse skills and competencies,
- assisted with the development of district human resource plans, and



# HIGHLIGHTS



➤ 22% of public health facilities with maternity units have been accredited as baby friendly



➤ 7000 health workers trained in IMCI to reduce mortality and morbidity in children under five



➤ Free hospital services to people with disabilities provided since July 2003

- assisted districts to achieve Level II functionality of the District Health Information System.

Limited work was done in the 8 urban nodes. This included an audit of services being rendered and the challenges experienced with service delivery. Provinces are expected to use the audit reports to strengthen service delivery in these nodes in 2004/5.

The world celebrated the 25th anniversary of the signing of the Alma Ata Declaration on Primary Health Care during 2003. South Africa hosted a national conference to celebrate the Anniversary and resolutions adopted at the conference informed the strategic planning process regarding improvements in the delivery of PHC services.

**Table 7: Clinics per province with backlogs in access to water, electricity, sewerage and telephones.**

Province	Number Of Clinics	No Municipal Water	No Electricity	No Sewerage System	No Telephone
Eastern Cape	783	423 54%	258 33%	329 42%	172 22%
Free State	230	9 4%	2 1%	0 0%	12 5%
Gauteng	420	4 1%	4 1%	0 0%	0 0%
Kwa-Zulu Natal	675	230 34%	1 42%	0 0%	7 1%
Limpopo	385	119 31%	65 17%	4 1%	46 12%
Mpumalanga	404	100 24%	12 3%	129 32%	32 8%
Northern Cape	103	51 50%	18 17%	0 0%	5 5%
North West	92	19 21%	55 1%	1 1%	24 25%
Western Cape	468	0 0%	0 0%	0 0%	19 4%
<b>Total</b>	<b>3560</b>	<b>955 27%</b>	<b>378 11%</b>	<b>463 13%</b>	<b>317 9%</b>

### 1.3.4 IMPROVING HOSPITAL SERVICES

The Revitalization of Hospitals is now into its third year and 30 hospitals are currently in the programme. In each of the hospitals the following areas are addressed simultaneously: infrastructure, organizational development, health technology, Emergency Medical Services and quality of care. Due to the limited funding available and a restricted construction and transformation capacity in the country, this programme will need to run over an extended period of time. The plan is that, given adequate resources, each year more hospitals will be added to the programme (based on approved Business Cases) until all public hospitals and their supporting networks are "revitalized".

During the 2003/04 financial year, two new hospitals were completed in Colesburg and Calvinia, in the Northern Cape, while another 9 hospitals will be completed in the 2004/05 financial year. As at the end of the financial year, R 526,143,000 was spent on the revitalisation programme.

To decrease the existing burden on public hospital beds and

to make sure that hospitals only treat acute patients, Sub-Acute (Step-Down) facilities have to be established. However, before a final policy and implementation framework could be determined, it was necessary to first establish the need for such facilities. Therefore, in February 2004, an audit commenced, covering almost 10,000 beds in 30 revitalization hospitals. The final results of this audit are expected towards August 2004.

Improvements in hospital management were also facilitated during 2003/04. A policy on decentralization of hospital management is now available. Included in the policy are the delegations of responsibilities and guidelines on how to use them in terms of human resources, finance, and procurement.

National guidelines for hospital governance was also developed and are being used by the hospitals that are part of the revitalization of hospitals programme. National regulations for hospital boards were developed and will be issued once the National Health Act is promulgated.

To improve financial management, 41 hospitals are actively



implementing Cost Centre Accounting. A tender was awarded to support the implementation of cost centre financial systems in hospitals.

Partnerships with UK and French hospitals are being used to build the capacity of hospital managers in the country. 51 managers are part of the UK/South Africa twinning programme and 20 managers are part of the French/South Africa programme. In addition, 61 managers attended local capacity building courses in a number of management and development areas including business and strategic planning, appropriate organisational structuring, and performance and quality improvement.

### 1.3.5 EMERGENCY MEDICAL SERVICES

In order to provide a more scientific approach to the provision of Emergency Medical Services, the Department developed a management tool which would determine the placement of services, quantity of resources required and a detailed costing analysis.

The tool takes into account the country's demographics, localized topographical information, road networks and existing public health facilities. The model determines where resources should be positioned in order to provide a response time of 15 minutes in an urban setting and 40 minutes in rural areas. The model is complemented by a detailed costing tool, which allows for determining the financial implications for the provision of personnel, vehicles, equipment and facilities. The initial version of the model is now complete and the final model will be completed during 2004/05.

The Department successfully provided medical and health expertise to the Republic of Haiti in the planning and execution for their bicentennial independence celebrations held in January 2004.

### 1.3.6 IMPROVING RESOURCE MOBILISATION AND MANAGEMENT

The medical schemes industry has been stabilized by the implementation of the Medical Schemes Act and the establishment of the Council for Medical Schemes. The Council is currently almost entirely funded by levies imposed on medical schemes, and takes full responsibility for ensuring adherence to the Medical Schemes Act. Compliance with the Act has improved significantly as consumers become more assertive and use the mechanisms created by the Council to resolve complaints against the medical schemes. Active and supportive regulation has led to significant improvements in the

industry - the schemes made an operating loss of R1 billion in 2000 but an overall operating surplus of R1,1 billion in 2002. Solvency levels improved by 13% during in 2002 and reinsurance losses were reduced by 11% in the same period. The figures for 2003 were not available at the time of going to print.

#### Social health Insurance

The policy framework for social health insurance (SHI) was approved by the Health MinMEC in June 2003, after which the Department established a Risk Equalisation Fund Task Group (REFTG) to coordinate the technical work and stakeholder consultations. The REFTG conducted extensive consultations to support the development of technical recommendations. The technical reports were completed in January 2004, and reviewed by an international panel of experts from six countries.

Informed by these recommendations, the Department developed its policy and implementation strategy for SHI. A major achievement in this regard has been the general acceptance and support by all major stakeholders for the establishment of a Risk Equalisation Fund, which is a tool used internationally to successfully effect cross subsidies in the medical schemes market. The fund should be fully operational by January 2006.

The Department has significantly improved its relationship with the medical schemes industry. In addition to their support for the technical work on SHI, the industry has also participated in a year-long pilot project to prepare for the contracting of public hospitals as designated service providers for medical scheme patients. 17 public hospitals have been identified which are able to provide affordable and good quality services to medical scheme members. These contracts will benefit the health system as a whole, as they will increase the revenue potential of public hospitals, while providing affordable and quality services to medical schemes patients.

Provinces (with the exception of the Eastern Cape which will begin implementation in October 2004) are implementing the Uniform Patient Fee Schedule (UPFS) to improve revenue generation. Since the implementation of the UPFS, provinces reported increases in revenue generation. For example, Gauteng reported a 26% increase between 1997/98 and 2002/03 whilst the Northern Cape reported an increase from R6 million in 2001 to R18 million in 2003.

One of the key tasks for the 2003/04 financial year, was to estimate the cost of implementing the Comprehensive Plan for the Management, Treatment and Care of HIV and AIDS which was approved by Cabinet in November 2003. A related activity was to work with National Treasury to fund the Plan so that resources would be available for its implementation. A package of services to be provided at district hospitals was

completed and this package, with its norms and standards, were costed during 2003/04. In addition, services provided at four regional hospitals were costed as part of the Modernisation of Tertiary Services (MTS) project. These hospitals were Pelonomi in the Free State, Kimberly in Northern Cape, Witbank and Boitomelo in Mpumalanga.

The development of the Integrated Health Planning Framework (IHPF) described in the 2002/03 Annual Report, gained momentum in 2003/04. The IHPF focuses on a 10-year planning horizon and assesses the sustainability of services and resource distribution. During 2003/04, the IHPF was updated to include data from the 2001 Census, from the MTS project and from the South African Database for Medicine study. Furthermore, the IHPF now factors in the development strategy for Emergency Medical Services. The key objective of integrating planning processes in provinces and within the Department, is to ensure that the planning process drives future budgets, instead of the current budget-led planning process. Quantification of health and resource needs in the entire health system using the IHPF has begun to indicate the resource envelope required to adequately deliver health services.

A key component of the IHPF is the MTS project. The objective of this project has been to develop a long-term credible plan for the provision of tertiary and highly specialized services within the South African public health system.

The monitoring of provincial performance on strategic plans was also strengthened during 2003/04. All 9 Provincial Annual Reports for 2002/03 were reviewed and a consolidated feedback report was provided to provinces. Furthermore, the Provincial Strategic Plans (PSPs) for 2004/05 of 6 provinces were analysed and feedback presented to Provincial Departments. Quarterly monitoring of PSPs was strengthened during 2003/04 and summary national quarterly reports on provincial progress were developed for the first time. This system of monitoring provincial progress on the implementation of key policies will be further strengthened during 2004/05.

The Department produced a report on inter-provincial equity during 2003/04. This report represents a comprehensive analysis of public health expenditure and explores inter- and intra-provincial distribution of health care resources.

### 1.3.7 IMPROVING HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

In an effort to recruit and retain health workers in the public health sector, especially in rural and underserved areas, the Department has instituted a scarce skills and rural allowance. This policy was effective as of 1 July 2003. Its impact will be assessed during 2004/5. The Department also launched an expanded community health worker programme and a mid level worker programme in a range of categories. Whilst the community health worker programme is intended to strengthen community and home-based care initiatives, the mid-level worker programme is intended to strengthen service delivery in public health facilities in particular.

To regulate the foreign recruitment of South African health professionals, the Department played a critical role in the development of the Code of Ethical Recruitment for members of the Commonwealth.

The Department is responsible for the placement of seven categories of community service health professionals into posts in provinces. This process of placement is finalised by September every year to ensure that graduates have certainty about where they will take up posts on 1 January of each year.

One thousand six hundred and fifty eight (1 658) foreign health professionals sought employment with the Department during the financial year. In addition, the Department processed 47 intern/community service applications from foreign qualified health professionals, 201 work permits, 96 applications for permanent residence and 594 applications for letters of endorsement for examination, registration and deployment purposes. The Department also revised its foreign recruitment and employment policy and developed a database on foreign employees so that six monthly reports can be provided to the Department of Home Affairs.

The progress made by the Department in relation to the revised minimum employment equity targets for the Public Service at senior management level are reflected in the table below:

**Table 8: Employment Equity targets**

Category	Target for the Public Service	Current total percentage (NDOH-May 2004)	Current Gap
Blacks at Senior management level	75% by end of March 2005	73%	2%
Women at senior management level	30% by the end of March 2005	54%	-24%
People with disabilities at all levels	2% by the end of 2005	1.06%	0,94%



The following table reflects progress made by the Department with regard to formal employment relations cases:

**Table 9: Disciplinary and grievance cases and their status, 2003/04**

Nature of case	Finalised	Withdrawn	Outstanding
Disciplinary cases	86%	14%	0%
Grievances	94%	6%	0%
Court cases	50%	0	50%

During 2003/2004 financial year, two divisions namely, the State Vaccine Institute (SVI) and the National Centre for Occupational Health (NCOH) were successfully transferred in terms of section 197 of the Labour Relations Act, the former to a Public Private Partnership with Biovac and the latter to the National Health Laboratory Service.

The Department previously hosted many award ceremonies to recognise excellence in the health sector. In 2003 all these ceremonies were combined into a single event. The first ever Combined National Health Worker Award ceremony was held in November 2003, to pay tribute to the many health workers who provide excellent care in the health sector. Homage was also paid to the nurses that were recruited by the then liberation movement to assist the Tanzanian health sector soon after its independence.

### 1.3.8 SUPPORT SERVICES

#### Pharmaceutical policy and planning

The Department implemented the Medicines Pricing Regulations issued in terms of the Medicines and Related Substances Control Amendment Act, 1997. Technical and administrative support was provided to the Pricing Committee established by the Minister in terms of the Act.

In addition, the Department started implementing the provisions of the Act which require health professionals to apply for a licence to dispense medicines. 760 applications were received by the end of the 2003/04 financial year. The Department is also responsible for the licensing of pharmacies. During the year, 347 licences for community pharmacies, 16 licences for institutional pharmacies and 81 licences for manufacturing and wholesale pharmacies were issued.

To strengthen the rational use of medicines, the primary health care standard treatment guidelines (STGs) and essential drug list (EDL) were reviewed and should be published during the second half of 2004. In addition, the impact of the EDL for PHC was reviewed and the results will be consulted on widely.

It is the Department's responsibility to ensure that drugs

are available at public health facilities. Norms and standards for pharmaceutical service delivery were developed and distributed to provincial health Departments, correctional services and the military health service. In addition, generic standard operating procedures for pharmaceutical service delivery were completed and are being implemented.

#### Medicines Regulatory Authority

The Medicines and Related Substances Control Amendment Act came into effect in 2003. The provisions of the Act allow for licensing of manufacturers, wholesalers and distributors. Out of 600 applications received, 400 licences were approved by the Medicines Control Council (MCC). The applicants have been given timelines to comply with regulatory requirements.

The complementary medicines regulations have been formulated, finalised and published for comment.

The Reference Centre for African Traditional Medicines was officially launched on 31 August 2003, to coincide with the African Traditional Medicines Day as determined by the heads of States of the African Union. The National Reference Centre for African Traditional Medicines will be able to examine research issues and methodological problems that need to be resolved in order to exploit the therapeutic potential of medicinal plants. This would help establish lines of action to bring the wealth of traditional medicine knowledge into the mainstream of medical practice, whether through development of new drugs or to improve the quality and standardisation of traditional remedies.

As part of the Comprehensive Plan for the Management, Treatment and Care of HIV and AIDS, 2 Pharmacovigilance Centres for safety monitoring of antiretrovirals and complementary and traditional medicines have been established. The existing centres at the Medical University of South Africa and the University of the Orange Free State have been strengthened by formal linkages with the Medicines Information Centre at the University of Cape Town.

The SADC Harmonisation of Regulatory Processes was completed with the finalisation of 18 technical guidelines

and the creation of a formal harmonisation structure. SADC is now a permanent member of the International Conference on Harmonisation Global Cooperation Group.

#### Radiation Control

1234 x-ray units were inspected to monitor the implementation of the mandatory quality assurance prescriptions. During these inspections, 232 film developers were also evaluated. In addition, the Department has taken responsibility for 3 South African Nuclear Energy Corporation facilities on the Pelindaba site during the financial year. The Department is collaborating with a SAQA SGB to draw up unit standards for the Radiation Protection industry. Once the process is completed selective unit standards will be made mandatory for the registration of Industrial Radiographers.

#### South African National Blood Service (SANBS)

During the year under review, the Department continued to best harness the existing infrastructure for delivering an excellent blood transfusion service.

The South African National Blood Service (SANBS) Blood Safety Policy and Procedures were revisited and refined. It must be acknowledged that the safety of the blood supply ultimately depends on the quality of the blood donor because it is technically not possible to detect all transmissible diseases by laboratory methods currently available. The focus was thus to recruit, retain and educate the blood donors on all matters relating to blood safety.

A system for the voluntary reporting of serious adverse effects of blood transfusion has been implemented. The reports for the years 2001 and 2002 have been published and that for 2003 will be released in 2004. It is noteworthy that in 2003 the reported transfusion reactions decreased from 93 to 84.

During the year under review, the donor division collected 704 810 units of blood. The safety of the blood supply was ensured by issuing blood obtained only from the donor population with a HIV prevalence of less than 0.02%. This was achieved by focusing on retaining regular blood donors. The SANBS average of 2,5 donations per year is one of the highest donation rates in the world.

The donor service division launched a high school Peer Promoters Project with the highly successful Club 25 project to target young blood donors. The Club 25 project focuses on youth who are committed to safe lifestyles and are regular blood donors. The young people are committed to donating 20 units of blood before they are 25 years old. Young people aged 16 to 25 years, who participated in this programme, donated 24% of blood collected in 2003/04.

#### National Health Laboratory Service (NHLS)

The National Health Laboratory Service (NHLS) was

established by the National Health Laboratory Service Act, No 37 of 2000, as a single national public entity to provide public health laboratory services. KwaZulu-Natal is not yet included in the NHLS.

The formation of the NHLS has resulted in the implementation of an information technology infrastructure and systems to many sites which are standardised on the Disa\*Lab Laboratory Information Management System (LIMS). The laboratory system was implemented at the following hospitals: Groote Schuur, Red Cross Children's Hospital and Tygerberg in Western Cape, Nelson Mandela Complex in Eastern Cape, George Mukhari in Gauteng, and Universitas, and Pelonomi in Free State.

Transport tenders were awarded to empowerment and small medium enterprises to provide a transport network to 1800 clinics on a daily basis to improve access and turn around times for all tests. In addition, infrastructure was established for CD4 testing at 20 sites in all provinces with an immediate capacity of 1.4 million tests per annum (50 000 tests have been done in 2003/04). Infrastructure was also put in place for viral load testing at 6 sites, with an immediate capacity of half a million tests per annum (5 000 tests have been done in 2003/04).

#### The National Institute for Occupational Health (NIOH)

The National Institute for Occupational Health (NIOH) undertook the following activities during 2003/04:

- Established a XRD lab for quartz which contributes to the government's National Programme for the Elimination of Silicosis,
- Established an approved inspection authority to support occupational hygiene in the public sector as well as the SADC Clearing House to improve occupational health information in the region,
- Established the expanded programme to develop professionals in occupational health to create the largest occupational hygiene programme in Africa with 40 masters students registered, and
- Conducted research and fieldwork into priority occupational health issues which produced 30 scientific journal articles and 29 NIOH reports.

#### Forensic Pathology Services

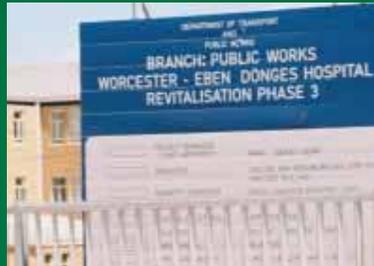
Cabinet took a decision to transfer all mortuaries operated by the South African Police Services to the provincial Departments of Health. R1 million seed funding was transferred to each of the nine provinces to fund the preparatory work necessary for the transfer of medico-legal mortuaries. A national project manager was appointed from 1st April 2004 to drive the transfer process. Provinces have appointed task teams to plan and manage the transfer process.



# HIGHLIGHTS



➤ 212 facilities are youth friendly



➤ 30 hospitals are part of the hospital revitalisation programme



➤ 4770 wheelchairs and 4674 hearing aids distributed

The table below illustrates the volume of tests conducted at the various Forensic Chemistry Laboratories

**Table 10: Forensic tests conducted in 2003/04**

	Toxicology	Blood alcohol	Food
No. of samples analysed	3 096	42 657	11 225

### Health Technology

A skills audit in health technology (HT) management and clinical engineering found that the public sector requires a further 495 technicians. An accelerated clinical engineering course at the Tshwane University of Technology has been designed and 76 students are currently being trained. The plan is to train 100 students every year for the next five years.

A comprehensive study on HT in South Africa was initiated in 2003/04. Results from this study will be used to design an appropriate HT strategy and system for the country.

A comprehensive HT Regulation Framework was developed and widely accepted by the stakeholders that will be affected by HT regulations. As part of this, good management practices (GMTP) have been adopted by both public and private sector HT managers in the country.

The Engineering Council of South Africa, in consultation with the Department, has finalized the process of creating a clinical engineering category within the Engineering Professions of South Africa Act. Clinical engineers and technicians will soon be required to register in order to regulate the practice of the profession in terms of national norms and standards.

### Health Information Systems

Access to health information is vital for the effective management of the health system and for monitoring of performance at all levels of the health system. The Department undertook several activities to strengthen health information during the financial year:

The Department co-hosted the 2nd International Routine Health Information Network Workshop in October 2003 which focussed on 'Enhancing the Quality and Use of Routine Health Information'. South Africa showcased its district health information system (DHIS) which is recognised as a significant milestone for the country because the system has been exported to several countries both in Africa and Asia.

The Department supported the Department of Home Affairs and the Independent Electoral Commission with the ID Campaign by participating in road-shows and

disseminating information on the need for the birth and death registration process. In addition, the Department collaborated with StatsSA on the evaluation of death coding to improve overall understanding of causes of death in the country.

In an effort to support health professionals in rural areas as well as to improve the quality of care provided, the Department initiated a telemedicine programme several years ago. During this reporting period, five tele-radiology sites were established in the Eastern Cape to improve radiological services. In Limpopo, seven new sites were established linking the following health facilities: Rebone Clinic, Mokopane, George Masebe, Mapulaneng, Letaba, Tshilidzini, and St. Rita's hospitals. This network gives health professionals in the outlying hospitals direct access to specialists who are based in the Mankweng-Polokwane Complex. With the additional sites, the total number of telemedicine sites in South Africa has increased from 28 to 57 in 2003/04.

As part of telemedicine and distance learning projects, the Department has, in collaboration with Sentech, established a Closed Health Broadcast Channel that broadcasts health promotion as well health education content for patients and health workers in hospitals and clinics. The content is broadcast in five languages at 56 sites. A rapid assessment done by the Medical Research Council showed that the initiative has been well accepted by patients and health care workers.

Other attempts to provide health information include the maintenance of the Health Information Centre at the National Department of Health and the purchase and distribution of more than 100 mobile libraries for primary health care facilities in the rural nodes that were identified by the President. The Health Information Centre won first prize in the Library of the Year competition among government Departments.

### Research Co-ordination and Management

Coordination of research is guided by the Health Research Policy, which provides an enabling framework for health research in South Africa. This policy has been widely distributed and popularised at provincial level. The National Research Directorate and Provincial Health Research Committees have commenced with the implementation of this policy especially around research priority setting and research capacity building.

A Report on Health Research Capacity Building in South Africa: Current Knowledge and Practice has been published. The purpose of the report was to describe the current experiences of capacity building in health research by identifying recent interventions which could assist the Essential National Health Research Committee to strengthen and implement research policy for South Africa.



A National Health Research Ethics Council and the National Research Committee will be formally established once the National Health Act is promulgated. Regulations for the establishment of these committees have been drafted. The main aim of these bodies is to regulate research and ethics activities and to strengthen research capacity within and outside the Department.

A draft on Ethics in Health Research: Principles, Structure and Processes has been completed. The purpose of the statement on ethical principles for health research in South Africa that is included in the document, is to identify good, desirable and acceptable conduct, to protect the welfare and rights of research participants, and to reflect the basic ethical values of beneficence, justice and respect for persons.

Given challenges in the conduct of clinical trials in South Africa, guidelines on Good Clinical Practice in the conduct of Clinical Trials which were launched by the Minister of Health in 2001, have been reviewed and revised guidelines will be published before the end of 2004.

### 1.3.9 LEGISLATIVE REFORM

The Department processed more than 70 regulations in the 2003/04 financial year and 4 Bills up to Parliamentary level. Whilst the regulations are too numerous to mention the Bills included: the National Health Bill, the Choice on Termination of Pregnancy Amendment Bill, the Traditional Health Practitioners Bill, and the Dental Technicians Amendment Bill.

### 1.3.10 IMPROVING COMMUNICATION AND CONSULTATION

More than 30 campaigns and events were held during the year under review. These were mostly in support of particular health promotion themes or to mark milestones in policy and programme developments. Events and campaigns which were supported during the year included: launches of reports, surveys and policies, commemoration of health sector awareness weeks and months, celebration of national and international days, government communication initiatives, national and international conferences and workshops, public relations events for the Minister; and media events.

World Health Day, with the theme of Healthy Environments for Children, was commemorated in all provinces. The activities were held in both urban and rural settings to highlight the different environments that children are exposed to and the ways in which these environments should be changed to improve their health.

The Minister's annual Budget Speech was accompanied by various exhibitions. The focus of the Department's exhibition was a multimedia display on Healthy Environments for Children. Parliamentarians were encouraged to sign a pledge committing themselves to creating healthy environments for children in their respective constituencies. Other exhibitions on display were on HIV and AIDS, the Race Against Malaria and the annual costs of health care in South Africa.

The 53rd Meeting of the WHO Regional Committee for Africa presented an opportunity to showcase how the Department is using technology to improve health care in remote areas of the country. The Department mounted an exhibition on Telemedicine and provided daily demonstrations on the applications of this technology.

In order to strengthen stakeholder communication a 'policy and programme update' was published every two months in three publications to inform health professionals about the latest developments in policies and legislation. In addition, health professionals received letters from the Minister explaining the Certificate of Need provisions in the National Health Act and the issues relating to the licensing of dispensing health professionals.

The Department also participated in celebrating 10 years of freedom. A mass communication and social mobilisation campaign to celebrate ten years of freedom in the health sector was developed and implemented nationwide. The theme of the campaign was "Better Together" and took place from 13 March to 9 April. The "Better Together" campaign was made up of a social mobilization campaign, consisting of a roadshow that visited all nine provinces performing to both urban and rural audiences and mass media campaign. The objectives of the campaign elements were to: inform the South African public of health achievements attained since the first democratic election in 1994, promote health-related celebrations and a sense of achievement among the general public, and to facilitate feedback from the general public about current issues, and what needs be done to make South Africa a healthier nation.

### 1.3.11 STRENGTHENING INTERNATIONAL CO-OPERATION

The Department entered into agreements with countries that are of strategic importance to South Africa. These are aimed at improving cooperation and to advance the Department's objectives. Bilateral Agreements mainly address priority issues like human resource development, HIV and AIDS, research, communicable diseases and maternal and child health.

Our cooperation with Cuba includes the recruitment of Cuban doctors and lecturers, the training of South African medical students and researchers and placement of South African students for postgraduate training in specific fields of specialisation within the health sector. To date 463 Cuban doctors have been placed in 8 provinces. In addition, 136 Iranian doctors have been selected for employment in the rural areas of Limpopo, Mpumalanga, and North West provinces. The first group of South African medical students who trained in Cuba are back in the country for their internship and community service placements.

As part of our agreements with Algeria, South African cardiac-thoracic surgeons performed 10 coronary bypass operations on Algeria citizens and also transferred skills to Algerian cardiac surgeons.

During the past year, the Department of Health concluded several financing agreements with other countries. These included: signing a cooperation agreement with France for the training of hospital managers in December 2003, and signing a cooperation Agreement with Belgium, for technical assistance in Human Resource Development in March 2004. A series of activities undertaken during the year under

review focussed on SADC namely:

- chairing of the SADC Health Sector until 2003,
- approving strategic plans and subcommittees for HIV and AIDS, malaria, TB, reproductive health, and medicines regulation,
- mobilising resources for the sector's HIV and AIDS programme,
- transferring the SADC health programme to the SADC Secretariat in 2003,
- hosting the SADC HIV and AIDS unit while awaiting its transfer to Botswana, and
- initiating and coordinating the Racing Against Malaria (RAM) rally for the SADC region in April 2003.

The single most important activity, related to the African Union, was that the Department led the process of developing and having the NEPAD Health Strategy adopted. In addition, the Department successfully hosted the WHO AFRO Regional Committee Meetings in 2003.

The Department advocated for and ratified the Commonwealth Code of Practice for the recruitment of health professionals in 2003. The Code of Practice is currently being implemented.

