

Some of these solutions depend on women starting antenatal care early and returning at intervals throughout pregnancy so that complications can be detected in time.

Communities need to be mobilised to encourage these practices.

Curable but still deadly Tuberculosis control

The number of new TB cases is increasing every year, partly due to better detection but also because there is a real growth in infections.

TB spreads in much the same way as flu or colds, and therefore prevention depends on treating existing cases effectively. It is unnecessary to isolate people with TB because once they are on drug therapy they are no longer infectious. However, multiple drug resistant forms of TB – the so-called “superbugs” — are treated in special access-controlled hospital wards.

In the first decade

The major achievement of this period was to switch from a hospital-based method of treating TB to the community-based method that is widely promoted by the World Health Organisation. This is known as the Directly Observed Treatment Short-course (DOTS) because of the central role of a treatment supporter who observes and encourages the daily taking of medicine for six months.

The switch to DOTS involved large scale training of health workers at primary health care level, improvement of laboratory services for quicker diagnosis and recruitment and training of voluntary treatment supporters.

Recent developments

The national cure rate presently stands at 54%, which is well below the targeted rate of 85%. A large number of patients fail to complete treatment or move between provinces and health districts and are lost to the TB control programme.

South Africa is not alone in facing a growing TB problem. In 2005, African Health Ministers meeting as the WHO Afro Region collectively declared TB a regional health emergency.

In March 2006 the Minister of Health announced a national plan to manage TB as a national health crisis that demands an intense focus of effort and resources.

Looking ahead

The TB crisis management plan targets four health districts with the largest number of cases and seeks to secure additional resources for TB control, strengthen staffing and management, and – above all – mobilise communities to tackle TB.

If targeted cure rates for 2006 are achieved in these districts, this will tilt national figures and South Africa will be on course for the progress that has so far escaped it in TB control.



Safer homes, stronger medicine

Roll Back Malaria programme

Malaria affects residents of three provinces – Limpopo, Mpumalanga and the northern parts of KwaZulu-Natal – and presents challenges in terms of prevention and cure.

In the first decade

South Africa experienced an upsurge in malaria cases and deaths in the 1990s. This was reversed in 2000 after controlled spraying of homes with DDT was reintroduced with permission from the relevant international environmental body.



The results were dramatic – every year saw a further fall in the number of cases recorded. South Africa worked successfully with Mozambique, Swaziland and Zimbabwe to achieve progress on both sides of its borders.

Recent progress

The number of malaria cases has dropped from a peak of 64 000 in 1999 to 7 250 in 2005.

The success of preventive measures is due to:

- The extensive coverage of the spraying programme which

reached 83% of targeted households in 2004.

- Low rainfall in the malaria endemic areas during 2005.
- Stronger collaboration with neighbouring countries.

All provinces are now using a combination of two drugs to treat malaria. This is to reduce the risk of malaria strains becoming resistant to the drugs – a development that has plagued malaria treatment in the past. Dual therapy leads to quicker recovery and fewer deaths. Deaths decreased from 458 in 1999 to 55 in 2005.

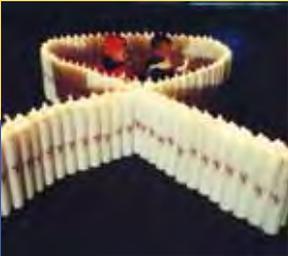


The way forward

The initiative to roll back malaria is succeeding. It will be expanded and cross-border co-operation will be sustained.

Prevention remains key HIV and AIDS Programme

Preventing HIV infection has always been at the forefront of South Africa's comprehensive HIV and AIDS strategy – precisely because there is no cure for AIDS. Unfortunately, prevention is not simple and depends on a huge number of individuals changing their behaviour in relation to sex, reproductive health and intimate relationships.



Success has been partial – enough to slow the rate of new infections, but not enough to achieve a significant downturn. With an estimated 5-million of our people infected with HIV – and only a fraction aware of their status – prevention remains a huge challenge.

In the first decade

Government invested hugely in both the prevention of HIV and in care, support and treatment of people living with HIV and AIDS.

The growth of spending in this area of health care exceeded all other areas and by 2004 the dedicated AIDS budget across national departments was R2.17-billion. In the field of health, budgets for hospitals and primary health care also fed into the resources available for HIV and AIDS management.

In line with international experience, programmes to support safer sexual practice were introduced and developed to significant scale.

They were:

- National information and education initiatives through the mass media and schools.
- Mass distribution of free, high quality condoms for men and women.
- Increased availability of HIV testing and counselling services, mainly through clinics.
- Good management of other sexually transmitted infections.
- Introduction of the programme to prevent mother-to-child transmission of the virus.
- Provision of nutritional supplements to people with debilitating illnesses.
- Involvement of many sectors outside of the formal health care system in the national response to HIV and AIDS, including non-governmental and community-based organisations.

Recent progress

Current programmes are guided by the Comprehensive Plan for the Care, Support, Management and Treatment of HIV and AIDS.

The department continues with a huge investment in information and educational programmes. Its Khomanani campaign, though relatively new, is widely recognised. With the school lifeskills programme and loveLife catering for teenagers, Khomanani has shifted its HIV prevention focus to school leavers and young adults. In addition, it is pioneering and testing the impact of community mobilisation through strong teams – each comprising 50 well-trained volunteers – who interact face-to-face with residents of 27 districts.

Government condoms for men are distributed at a rate of more than 30-million a month. They are packaged and branded in much the same manner as commercially supplied condoms. The demand for female condoms continues to grow and supplies have been increased.

HIV counselling and testing services have expanded and are now available at 80% of health facilities nationwide. Prevention campaigns actively promote HIV testing for healthy individuals and couples as a prevention strategy.

Antiretroviral treatment for AIDS

(ART) became available in government facilities in 2004 and within two years, more than 200 facilities were treating more than 120 000 people.

The availability of other health and social services for people living with HIV also serves to enhance quality of life and create a more caring environment. These services include:

- Free care for common opportunistic infections, including hospital care where needed.
- Nutritional support for HIV-positive patients.
- Home- and community-based care services.
- Support for affected children, including social grants.

The way forward

The full range of HIV and AIDS interventions outlined in the Comprehensive Plan is now available. All elements are monitored and evaluated for effectiveness. Where they are not proving effective, strategies will be revised or the quality of delivery systems strengthened.

Wellness through lifestyle

Health promotion

Some of our most common health conditions – including diabetes, high blood pressure, cardiovascular diseases and some cancers – are critically linked to lifestyle. These conditions are all deadly if not managed or treated. And some have reached epidemic proportions in our country.

Both prevention and management of these conditions depend heavily on adopting healthy lifestyles centring on four factors:

- A balanced diet.
- Regular exercise.
 - No tobacco smoking.
 - Moderate or no alcohol intake.

Many experts would add a fifth factor: Management of stress.

To some extent lifestyle change is a personal decision. But often it also depends on external factors. So organisations and communities also have a role to play. And so does government, by developing appropriate policies and

passing necessary laws.

In the first decade

Communicable diseases – HIV, STIs, TB, malaria and cholera – undoubtedly received much greater attention in this decade than the diseases of lifestyle. However, through two successive Demographic and Health Surveys we established the extent of the burden of non-communicable diseases.



Major success was recorded in relation to tobacco use. Legislation that banned smoking in public places and heavy taxes on cigarettes and tobacco paid off in terms of a decline in smoking and protection of non-smokers, including children and young people. The Minister of Health has received international accolades for her work in tobacco control.



The policy of free primary health care has ensured that expensive lifelong medication for all major chronic conditions is available free of charge. Some provinces have developed successful health promotion and support programmes for people living with these chronic illnesses.

Recent developments

The national health promotion strategy is consolidating around the lifestyle factors that are critical to preventing and managing these major chronic diseases.

In 2005 the Health Department led a major campaign to promote physical activity. Under the slogan, *Vuka South Africa! Move for your health*, it sought to include communities where exercise facilities are particularly under-developed. The campaign featured informative workshops, mass walks, and screening for detection of diabetes, hypertension and weight problems.

New partnerships to promote healthy lifestyles were concluded with private sector and non-governmental organisations. This “alliance” now numbers 24 organisations and is still growing.

Conclusion

This booklet has focused on the public health sector because nearly eight out of 10 South Africans depend on it for their essential health needs. But many of the issues –

such as human resource development and reducing the burden of disease – affect the entire health system and, therefore, the entire nation.

At this time there are also changes to the structure and funding of the health system that will be felt far into the future. A medical scheme has been set up to ensure that all civil servants have health insurance. This alone will boost the size of the health-insured population. Changes have been introduced to the tax benefits on medical scheme contributions. These changes benefit lower income workers and may also increase the number of people with medical scheme cover.

Medical schemes, which used to fund services almost exclusively in the private sector, are increasingly using public facilities to provide care to their members. Public hospitals with adequate capacity are actively extending services for the private market.

Government is committed to and working towards the establishment of social health insurance that will cover all workers across the country.

As more South Africans contribute financially to their health care, we will see better quality of care for everyone, including those who cannot afford to pay and will continue to depend on free or low cost public services. We want to see a reduction of the gap in health funding and standards of care between the public and private sectors.

This is only assured if public health has a strong democratic culture; if all the structures for citizens' participation – clinic committees, hospital boards, and statutory bodies to oversee the professions and research – are filled by people who understand the public's concerns and needs and have the passion to pursue them.