

Strategic priorities for the National Health System 2004 - 2009 [1]

PREFACE BY THE MINISTER OF HEALTH

It gives me great pleasure to formally announce the key health priorities for the 2004-2009 term of office of this government and specifically the Department of Health. It is especially significant that these priorities should signal the beginning of the second decade of democracy in our country.

These priorities are based on an assessment of what we have achieved in the past 10 years and what work remains to truly transform the health system to better meet the needs of all those who live in South Africa. Whilst we are justifiably proud of our achievements we need, in the next five years to work hard with our partners to strengthen the health system so that we can provide accessible, good quality health services to all.

It is always hard to generate priorities for health because all illnesses and diseases should be our priority. However, we take as given, that the health system will continue to provide a range of services and complete a range of initiatives that we had begun in the preceding period. We have lifted out the critical interventions that we need to make to strengthen the overall health system.

The national Department will work closely with provincial Departments of Health and municipalities to ensure that the key activities listed towards the end of this document are implemented. The Health MINMEC will review progress and take collective action to strengthen implementation in areas of non-performance.

On behalf of the Health MINMEC and my Ministry I pledge to do everything I can to ensure that the Department of Health does deliver on this 10 Point Plan.

Dr Manto Tshabalala-Msimang, MP

Minister of Health

July 2004

Vision

An accessible, caring and high quality health system

Mission

To improve health status through prevention and promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability

- Human resource planning, development and management
- Planning, budgeting and monitoring and evaluation
- Prepare & implement legislation
- Strengthen international relations

3. SITUATIONAL ANALYSIS

3.1 Major achievements and challenges

3.1.1 Reorganisation of support services

The health information system, which is critical for monitoring the performance of the health system and to increase access to health services especially in rural areas, has been strengthened in a number of ways during the past 5 years. However, a uniform patient information system which will enable the health system to track patients regardless of where they present, has yet to be developed. The implementation of the National Health Care Management Information System has been uneven with provinces implementing the system in selected hospitals. One consequence of this is that we are unable to track patients who use public health facilities in various provinces.

The ICD-10 has been adopted as a standard for disease coding in both the public and private health sectors but its implementation is a challenge. Birth and death registration has improved with the implementation of the first page of the birth and deaths form.

The minimum data sets for primary health care (PHC) and hospitals have been implemented with some success. More than 98% of PHC facilities report data monthly.

The number of telemedicine sites has increased from 28 to 57 and a closed health broadcast channel was introduced in 56 sites for health promotion messages to patients using health facilities. National legislation was passed in 2000 and the National Health Laboratory Service (NHLS)

was created. All provinces, except KwaZulu-Natal now purchase laboratory services from the NHLS. The next step is to incorporate the KwaZulu-Natal forensic and chemical labs into the NHLS.

The office of the Registrar of Medical Schemes has been strengthened. It is currently almost entirely funded by levies imposed on medical schemes.

3.1.2 Legislative reform

Significant pieces of legislation were prepared for debate and adoption by Parliament during the past five years. Examples of these are: the Tobacco Products Amendment Act of 1999; the Medicines and Related Substances Amendment Act of 2002; the Mental Health Care Act; and the National Health Bill, which is currently being prepared for promulgation by the President.

A number of provinces have passed provincial health acts and other pieces of legislation and regulations.

3.1.3 Improving quality of care

During this review period, a Patients Rights Charter was launched in November 1999, which clearly outlines the rights of patients and the complaints mechanism, should patients not be satisfied with the quality of care they received.

In 2001, a National Policy on Quality was adopted and all provinces now have provincial policies based on the national policy. In addition, provinces have established quality assurance units to co-ordinate and lead efforts on quality improvement. All provinces and the national department have complaints systems and procedures.

A national supervision system for primary health care is in place. A supervisor's manual has been developed and supervisors in all provinces are trained in its use. At hospital level, through the Hospital Management and Quality Improvement Grant, clinical audits as well as regular client

1. INTRODUCTION

The Department of Health conducted a review of the period 1999-2004 to determine what work is outstanding and what new work is needed to provide the necessary stewardship of the South African health system. This process has resulted in the adoption of a new set of priorities for the next 5 years which are described below.

2. PRIORITIES FOR THE NEXT FIVE YEARS

Priorities for the period 2004-2009 were generated from discussions on the assessment of the achievements of the past 10 years, our regional and international obligations and work that remains to strengthen the national health system in South Africa. The following list of priorities has been discussed and approved by the Health MINMEC.

- Improve governance and management of the NHS
- Promote healthy lifestyles
- Contribute towards human dignity by improving quality of care
- Improve management of communicable diseases and non-communicable illnesses
- Strengthen primary health care, EMS and hospital service delivery systems
- Strengthen support services

satisfaction surveys have been prioritised. In addition, many provinces have enrolled some or all hospitals for the Council for Health Services Accreditation of Southern Africa (COHSASA) process of accreditation. In addition, most provinces have instituted quality of care programmes, which include either internal or external reviews, and health worker awards programmes.

3.1.4 Revitalisation of public hospitals

An audit of the hospital infrastructure in 1996 found that one third of the hospitals by value needed replacement with a further third needing upgrading. The Department responded to these findings with a number of initiatives. These include: 18 new hospitals were built and 190 were upgraded since 1999; the hospital revitalisation programme which currently focuses on improving the infrastructure, equipment, management and quality in 27 hospitals; the modernisation of tertiary services which will review the placement and services to be delivered at this level of care and will strengthen the referral system between parts of the system; and the development of an integrated planning framework, which started as the strategic positions statements (SPSs) and will be converted into the Integrated Health Planning Framework (IHPF), which will provide a planning tool to determine the shape and size of the health system for the next 10 years against affordability.

Despite these achievements a series of challenges remain. Hospital care needs to be accessible, of good quality and affordable.

3.1.5 Speeding up delivery of an essential package of services through the district health system (DHS)

In the past ten years 1345 new clinics were built and a further 263 were upgraded. Whilst most clinics have reasonable infrastructure in terms of sanitation, water, electricity and telecommunications, about 10% do not have sanitation, electricity and telecommunications. 20% of clinics do not have piped water.

A PHC package was adopted and all districts were expected to ensure availability by 2004. Whilst anecdotal evidence suggests that most districts provide the full range of services, empirical evidence based on the use of a single tool nationally is still being collected. On the positive side, the Essential Drug List (EDP) was found to be available in most public health facilities.

Only about 40% of facilities have primary health care nurses. This means that the pace of training has been slower than planned (however migration has also impacted on these figures). In addition, only 30% of clinics are estimated to be visited by a doctor at least once a week.

On governance issues, two observations are noteworthy: (a) functional integration between provincial and municipal health services has been implemented in a number of provinces but not without challenges; and (b) five provinces have developed service level agreements with municipalities (though none had by the target date of September 2001). Of concern is that only about half of all PHC facilities are reported to have functional clinics or community health committees.

Challenges with respect to PHC and the DHS include: finalising the funding of municipal health services; providing full funding for primary health

care based on the cost of providing a package of PHC services; eliminating fragmented services provided by provinces and municipalities; strengthening quality of care at PHC level; and strengthening community participation in the governance of PHC services.

3.1.6 Decreasing morbidity and mortality rates through strategic interventions

Child Health

A range of successes in decreasing the rate of childhood infectious diseases can be reported. These include: surveillance and management systems were strengthened to ensure that we are able to be certified polio free by December 2005; 82% immunisation coverage amongst 1 year olds exceeded the 80% target set nationally. This is significantly higher than the 63% found by the SADHS in 1998 - however wide provincial variation still exist for example EC (64%), Limpopo (66%) and North West (67%); and implementation of the Integrated Management of Childhood Illnesses (IMCI) strategy in 46 of the 53 health districts with over 6 000 nurses being trained in IMCI and expansion of the Prevention of Mother-To-Child Transmission (PMTCT) programme, these services are now available in more than 204 public hospitals and 1055 CHCs and clinics.

Nutrition

Given the relatively high levels of wasting and stunting found in a national Food Consumption Survey in 1999, a series of strategies to improve nutrition were implemented. These include: fortifying maize meal and wheat, promoting exclusive breast feeding, and implementing food-based dietary guidelines.

In addition, a range of strategies to promote poverty alleviation, food security and the prevention and management of malnutrition were implemented. These include: implementing the integrated nutrition programme which involves nutrition education, micro-nutrition supplementation, food fortification etc; promoting community based growth monitoring; strengthening nutrition interventions at facilities and community levels; poverty relief; and development of community gardens.

A school health policy with implementation guidelines and a Youth and Adolescent Health Policy have been developed to provide strategic directions regarding the health care of school-aged children, youth and adolescents.

Maternal and Women's Health

Key strategies to improve maternal and women's health included: the confidential inquiry into maternal deaths; implementation of the Choice on Termination of Pregnancy Act; cervical and breast cancer awareness and screening; and the introduction of programmes to reduce the incidence of violence and abuse against women.

HIV and AIDS

Results from the annual Antenatal Survey suggest that the overall prevalence is stabilising and that the prevalence of HIV amongst young women was decreasing. The South African National AIDS Council (SANAC) was established in 2000 and has made an impact with respect to advocacy and social mobilisation. The Khomanani social mobilisation

campaign was initiated nationally with the theme 'Our time, our choice, our future'. Condom distribution has increased from 150 million male condoms in 1998 to 270 million in 2003, and 1.3 million female condoms in 2003.

Progress in the effective treatment of STIs include the implementation of the syndromic approach in all public health facilities. At least one health worker per public health facility has been trained. The private sector has been included in many provincial training programmes but more effort is needed especially in the training of private sector general practitioners.

While more than 80% of companies with more than 100 employees have workplace policies and programmes, this figure reduces to 6% for those who employ less than 100 employees.

The provision of home and community based care programmes have increased from 466 in 2001/02 to 892 in 2003/04 with over 50 000 beneficiaries.

An assessment of the expanded lifeskills programme at schools suggests that it has succeeded in raising awareness of HIV and AIDS amongst learners with more than 72% of learners indicating that they were taught about the HIV and AIDS in school. In addition a study in KwaZulu-Natal by the Medical Research Council (MRC) suggests that the programme does result in behaviour change.

The challenge for the next five years revolves around the implementation of the Comprehensive Plan for the Treatment, Management and Care of HIV and AIDS. This includes the safe provision of ARVs to those patients who qualify for enrolment into the programme.

Tuberculosis (TB)

Given its relationship with HIV infection, the TB control programme has enjoyed limited success. The current cure rate is 53.8% whilst the target for December 2003 was 85%. Of concern as well, is the increasing multiple drug resistance (MDR) TB rate (which was estimated to be 1.6% in 2002 against a target of less than 1%).

Malaria

Significant successes can be reported with both malaria cases and deaths. Case fatality for the past 5 years has been less than 1% and the target for the next five years should be less than 0.5%. Part of the success of the programme may be attributed to the success of the vector control programme and the collaboration with Mozambique and Swaziland.

Mental health and Substance Abuse

To strengthen mental health and decrease substance abuse a range of initiatives have been implemented. These include: the promulgation of the Mental Health Care Act; the integration of mental health into PHC services; drafting of regulations to restrict advertisements of alcohol and introducing of warning labels on the harmful effects of alcohol; implementing violence prevention programmes for schools; developing guidelines on the treatment of rape survivors; and a suicide prevention programme for schools, which include a suicide toll free line and public awareness programmes.

Initiatives to decrease violence against women and children which include a project on Violence

against Women and HIV and AIDS which is supported by the Royal Danish and UNICEF. The training of doctors and forensic nurses to support survivors of violence, including the collection of forensic evidence, is part of this project.

Chronic Diseases

The burden of disease from chronic illnesses is on the increase both nationally and internationally. National guidelines for the management of hypertension and diabetes are being implemented at facility level with more than 80% of facilities using these guidelines. The National Cancer Control Programme has been strengthened with the introduction of the cervical cancer programme in 2000. A series of information booklets on breast, testicular and prostate cancer have been produced and distributed. Greater social mobilisation is required to ensure the success of the Cancer Control Programme.

The cataract surgery rate has been increased to 1050 operations per 1 million people - up from 851/1 million population in 1999. To reduce the impact of disabilities, in particular those in need of hearing aids and wheel chairs, more than 20 000 wheel chairs and 10 000 hearing aids were distributed during this period.

Survey results suggest that legislation and policies implemented to curb tobacco use amongst both youth and adults has resulted in less people smoking between 1998/9 and 2002.

Emergency Medical Services

Provinces reported large-scale purchase of ambulances and patient transporters to strengthen their Emergency Medical Services (EMS) programme. In addition, more personnel have been employed and trained. At national level the National Emergency Medical Services (EMS) Strategic Framework is almost complete and draft EMS regulations will be promulgated under the National Health Act.

3.1.7 Improving resource mobilisation and the management of resources without neglecting the attainment of equity in resource allocation

The first ever National Health Accounts report was completed in 2000 and public health expenditure reviews were conducted in 2001 and 2003. Whilst the interprovincial equity gap has been closing over the past five years, four provinces are still below the national average, namely the Eastern Cape, North West, Mpumalanga and Limpopo.

Intra-provincial equity requires attention as well as funding for primary health care services. Limpopo for example estimates that PHC per capita expenditure for 2002/03 was R70 and will be R75 in 2003/04. A repeat exercise to cost the PHC package as well as an investigation on ring fencing funding for PHC may be necessary.

Whilst progress on Social Health Insurance (SHI) has been slow for a number of reasons, largely related to the complexity of the issue and the need for wide-ranging consultation, technical work on the establishment of a risk equalisation fund is advanced.

All provinces have implemented the Uniform Patient Fee Schedule (UPFS) to improve revenue generation. Provinces reported increases in revenue generation over the past few years.

Provinces have reported the establishment of a series of public-private partnerships (PPP). The most notable is possibly the Inkosi Albert Luthuli Hospital in KwaZulu-Natal. Another example is the agreement between the Free State Department of Health and Community Hospital Management. The PPP involves the establishment of a private hospital on the premises of the Universitas and Pelsonomi Hospitals.

A health technology audit was completed in 4 provinces and underway in the other 5 provinces. An essential health technology package tool is being finalised to assist in the planning of health technology. Given the shortage of clinical engineers, 80 engineers are being trained and should be deployed in 2004.

3.1.8 Improving human resource development and management

A national Health Human Resource Survey was conducted in 1999/2000 and was the basis for developing the Health Human Resources Strategy in 2001. The establishment of mid-level health workers as required by the Strategy has been implemented.

A decision has been taken to implement a medical assistant programme as a matter of urgency to ensure that patients admitted to district hospitals in particular receive appropriate care.

A significant achievement has been the implementation of community service. First for doctors, dentists and pharmacists and currently for a range of other categories. Whilst initially criticized by the new entrants into these professions, community service is now an accepted part of the

system. Nurses will join the programme in January 2005.

A key strategy to recruit and retain health workers has been the recent introduction of rural and scarce skills allowances for a range of health workers. It is too soon to evaluate the success of this programme but this is clearly an issue that needs to be prioritised.

3.1.9 Improving communication and consultation within the health system and between the health system and communities we serve

The National Health Consultative Forum met at six monthly intervals for the 2000- 2001 period but given declining attendance a decision was taken to suspend further meetings. However, a very well attended Health Summit was held in 2002. A range of other strategies are used to communicate with stakeholders. These include use of radio and TV, publications, and adverts in professional journals.

The Free State and Limpopo reported a series of initiatives to strengthen community participation at facility level but the reviews of the KwaZulu-Natal Department of Health suggests that more needs to be done to strengthen governance structures.

3.1.10 Strengthening collaboration with our partners internationally

South Africa chaired the SADC Health Sector until 2003 and successfully transferred the SADC health programme to the SADC Secretariat. To support the Secretariat South Africa will second an official to work with them during 2004.

The Department of Health played a significant role in drafting the NEPAD Health Strategy. However, the Department needs to develop a plan to implement the strategy.

The Minister of Health chaired the Non-Aligned Movement (NAM) health minister's meeting from 1998-2001. In 2002 the Department hosted the NAM health minister's meeting. South Africa also represented the AFRO region in the Bureau for Intergovernmental Negotiations (INB) on Tobacco Control.

South Africa received a number of health awards in the period under review. These included: the Sasakawa Health Prize from the WHO in 1998 and 1999; the Tobacco Free World Award in 1999; the Comlam Quenum Prize for Public Health in 2000; the Luther L Terry Award in 2000 for leadership in tobacco control; and the WHO SMC award for the best malaria control programme in the region in 2002.

4. FIVE YEAR PRIORITIES AND ACTIVITIES

PRIORITY	KEY ACTIVITIES
1. Improve governance and management of the NHS	<ul style="list-style-type: none"> • Review and strengthen communication within and between health departments • Strengthen corporate identity, public relations and marketing of health policies and programmes • Strengthen governance & management structures and systems • Strengthen oversight over public entities and other bodies • Adopt Health Industry charter
2. Promote healthy lifestyles	<ul style="list-style-type: none"> • Initiate & maintain healthy lifestyles campaign • Strengthen health promoting schools initiative • Initiate and maintain diabetes movement • Develop & implement strategies to reduce chronic diseases of lifestyle • Implement activities and interventions to improve key family practices that impact on child health

PRIORITY	KEY ACTIVITIES
3. Contribute towards human dignity by improving quality of care	<ul style="list-style-type: none"> • Strengthen community participation at all levels • Improve clinical management of care at all levels of the health care delivery system • Strengthen hospital accreditation system in each province in line with national norms and standards
4. Improve management of communicable diseases and non-communicable illnesses	<ul style="list-style-type: none"> • Scale up epidemic preparedness & response • Improve immunisation coverage • Improve the management of all children under the age of 5 years presenting with illnesses such as pneumonia, diarrhoea, malaria, and HIV • Update malaria guidelines, integrate malaria control into comprehensive communicable disease control programme & ensure reduction of cases • Implement TB programme review recommendations • Accelerate implementation of the Comprehensive plan for HIV and AIDS • Strengthen free health care for people with disabilities • Strengthen programmes on women and maternal health • Strengthen programmes for survivors of sexual abuse and victim empowerment • Improve risk assessment of non communicable illnesses • Improve mental health services
5. Strengthen primary health care, EMS and hospital service delivery systems	<ul style="list-style-type: none"> • Strengthen primary health care • Implement provincial EMS plans • Strengthen hospital services
6. Strengthen support services	<ul style="list-style-type: none"> • Strengthen NHLS • Ensure availability of blood through the South African National Blood Service • Transfer forensic labs including mortuaries to provinces • Implement health technology management system • Radiation control strengthened • Quality and affordability of medicines • Establish an integrated disease surveillance system • Integrate non natural mortality surveillance into overall mortality surveillance system • Establish an integrated food control system
7. Human resource planning, development and management	<ul style="list-style-type: none"> • Implement plan to fast track filling of posts • Strengthen human resource management • Implement national human resource plan • Strengthen implementation of the CHW programme and expand the mid level worker programme • Strengthen programme of action to mainstream gender
8. Planning, budgeting and monitoring and evaluation	<ul style="list-style-type: none"> • Implement SHI proposals as adopted by Cabinet • Strengthen health system planning and budgeting • Strengthen use of health information system
9. Prepare & implement legislation	<ul style="list-style-type: none"> • Implement Mental Health Care Act • Implement National Health Bill • Provincial Health Acts implemented • Traditional Healers, Nursing & Risk Equalisation Fund Bills implemented
10. Strengthen international relations	<ul style="list-style-type: none"> • Strengthen implementation of bi and multi-lateral agreements • Strengthen donor co-ordination • Strengthen implementation of NEPAD strategy & SADC

Reference

1. www.doh.gov.za/docs/policy/stratpriorities [28 January 2005]

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