



HEALTHCARE

Introduction

Health is one of the most basic and essential elements for any human being. It is recognised as a basic human right enshrined in international conventions and the United Nations Declaration on Human Rights (UDHR). Every country has ratified at least one international human rights treaty recognising the right to health as well as committing to protecting this right through international declarations and national legislation.

Health is a cross-cutting issue incorporating safe drinking water, nutrition, housing, healthy workplace, environment and gender equality. Closely linked to social development, health-related issues play a key role in meeting the Millennium Development Goals (MDGs) by 2015, in particular:

- Goal 1:** Eradicate extreme poverty and hunger
- Goal 4:** Reduce child mortality
- Goal 5:** Improve maternal health
- Goal 6:** Combat HIV/AIDS, malaria and other diseases.

International

Over the last few decades, the world has seen enormous improvements on key health related indicators such as child mortality, life expectancy, maternal mortality and access to primary health care. However, some countries, in particular in the African region, have witnessed a decline. There are still large gaps in tackling HIV, tuberculosis (TB) and malaria, generally, and Sub-Saharan Africa is still far behind other regions in terms of mother and child health:

- 2.6 billion: the total number of people in the world without access to adequate sanitary facilities in 2006. In low-income countries, 65% of the population face health risks because of inadequate sanitation.
- 47 million: the number of pregnant women worldwide who gave birth without skilled care in 2006. In low-income countries, over half of all deliveries take place without a skilled health care worker present, increasing the risks to health for both women and their babies.
- US\$ 16: per capita expenditure on health in low-income countries in 2005. The corresponding figure for high-income countries was US\$ 2672.

Source: World Health Statistics 2008¹

It has been thirty years since the Alma Ata Declaration, an international agreement on the need to provide universal access to primary health care to enable people to lead a socially and economically productive life by the year 2000². Primary health care is still seen as the benchmark for discussions around health globally as it puts people at the centre of healthcare. While there have been notable improvements in the area,

they have been deeply unequal in terms of regions and countries. There has been a renewed interest in primary health care since the advent of the MDGs but many countries are failing to reach the targets related to healthcare. The shortfall is especially pronounced in sub-Saharan Africa.

The ambitious nature of these goals, coupled with concern about the massive health challenges faced by the world's poorest countries, has led to a growing momentum within the field of global health. A series of international initiatives have been launched including the Global Fund to Fight AIDS, TB and Malaria, Stop TB and Roll Back Malaria³. However, these initiatives only address specific diseases and need to work in collaboration with efforts to boost health systems more generally.

South Africa

With the largest HIV prevalence rate in the world, the third largest incidence of TB globally and high infant mortality rates, South Africa's need to address health issues is paramount to the overall state of the nation. Nearly half of all TB patients in South Africa are also HIV positive.

Facts

- Life expectancy at birth is 50 years for males and 53 years for females.
- Infant mortality rate is 59 per 1,000 live births
- 29.1% of pregnant women attending public health facilities for antenatal care were HIV positive in 2006.
- Approximately 250,000 new cases of TB are diagnosed each year.
- Total expenditure on health per capita is 811(Intl \$, 2005)
- Total expenditure on health as a percentage of GDP (2005): 8.7

Figures are for 2006 unless indicated. Source: World Health Statistics 2008

Primary healthcare in South Africa

Since 1994, the universal provision of healthcare has been a cornerstone of the government's health services. However, while there has been a defined economic growth in the country, there has been a decline in the general health of the nation. Key indicators such as life expectancy, maternal mortality and infant mortality reflect at minimum stagnation and at worse a decline. Unless these issues are tackled, it is unlikely that the targets set by the MDGs to reduce child and maternal deaths by three quarters will be reached⁵.

By far the biggest challenge is the AIDS pandemic: HIV not only affects life expectancy, but maternal and infant deaths. South Africa has an estimated 5.7 million people living with HIV/AIDS, the largest number of infected people in the world⁶. The burden of HIV/AIDS

¹ http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf
² http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

³ "Primary health care comes of age. Looking forward to the 30th anniversary of Alma-Ata". The Lancet, 15 September 2007.

http://www.thelancet.com/journals/lancet/article/PIIS0140673607614238/fulltext?_eventid=login

⁴ Healthy life expectancy at birth: Years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury

⁵ South Africa Millennium Development Goals Mid-Term Country Report 2007 http://www.undp.org.za/docs/mdg_midterm.pdf

⁶ http://www.unaids.org/en/CountryResponses/Countries/south_africa.asp



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The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Preamble of the 1946 Constitution of the World Health Organization

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is putting increasing strain on South Africa's health care system and draining resources otherwise used for more basic health issues. As a result, the country's public health care system is struggling to meet the populations' basic health needs and mitigate the impact of HIV/AIDS at the same time.

Women of childbearing age and children are particularly vulnerable to HIV/AIDS. UNAIDS estimates that 280,000 children worldwide under the age of 15 were infected with HIV in 2007⁷. According to the South African department of Health, women account for approximately 55% of HIV positive people. Women in the age group 25-29 are the worst affected with prevalence rates of up to 40%⁸. An estimated 1.4 million South African children have been orphaned by AIDS⁹, and there are millions of children who are living with sick parents unable to care for their basic needs, with older children often required to leave school to take on the role of primary caregiver.

While HIV/AIDS and TB remain the highest health priorities in South Africa, other health issues should not be overlooked. According to stats SA the leading cause of death after TB is influenza and pneumonia, intestinal infectious diseases, other forms of heart disease and cerebrovascular diseases. Statistically this is respiratory illnesses (14.2%), followed by diseases of the circulatory system (13.7%) and neoplasms (tumors) (5.6%)¹⁰. Diabetes, obesity, mental illness and diarrhoea are also areas of concern.

Malnutrition and lack of access to adequate sanitation remains a challenge within poverty related health issues. Lack of proper nutrition continues to affect millions of children with a static percentage of children who are underweight at 9% since 1994¹¹. While severe malnutrition decreased between 2001 and 2005, figures remain the same especially in rural areas where the prevalence has been reported to be between 40-50%. Under-nutrition has short-term effects on child survival as well as long-term effects on educational performance. A child cannot learn if he is hungry¹². The nutritional status of South Africans is the outcome of multiple complex factors such as dietary intake, diseases, environmental quality, caring practices, food security, education and poverty¹³.

According to the District Health Information System (DHIS), immunisation coverage nationally is high, but there are still districts with only 60% full immunisation coverage, and 2003 survey reports lower coverage overall¹⁴. The government's Expanded Programme on Immunisation coverage includes vaccines against measles, diphtheria, pertussis, tetanus, polio, TB, hepatitis B and haemophilus influenzae. Its success has led to the total elimination of deaths and a reduction in cases due to measles among children. It is important that the immunisation coverage for the various communicable diseases remains high as children need to be protected in cases of disease breakouts in the neighbouring countries or from imported cases¹⁵.

Access to healthcare

Since 1994, the health sector has been transformed to provide better access to the poor and improve the quality of service. Free health services are now offered at public primary health care clinics and community health care centres.

Hundreds of new clinics have been built and the government has launched The Hospital Revitalisation Programme in order to improve and re-equip public hospitals, improve hospital management systems and the quality of services. Around R5.4 billion has been invested in the programme to date with over 40 hospitals under construction or in the planning phase¹⁶.

Despite these improvements, South Africa still faces serious health challenges that impact negatively on the social stability and economic potential of the country.

7 UNAIDS 2008 Global Report on the AIDS Epidemic http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp

8 <http://www.doh.gov.za/docs/misc/stratplan-f.html>

9 http://www.unaids.org/en/CountryResponses/Countries/south_africa.asp

10 <http://www.statsonline.gov.za/publications/statsdownload.asp?PPN=P0309.3&SCH=4254>

11 South African Health Review 2008 <http://www.healthlink.org.za/news/20041901>

12 Are we Achieving the MDG's? Editorial in South African Journal of Clinical Nutrition <http://www.sajcn.com/2008/editorial21no1.pdf>

13 Idem 11 Pg.146

14 South African Health Review 2008 http://www.hst.org.za/uploads/files/chap8_08.pdf

15 Ibid pg. 121

16 Speech by the Minister of Health, Ms Barbara Hogan, on the opening of Professor Zk Mathews Hospital, Barkly West, Northern Cape, October 2008. <http://www.info.gov.za/speeches/2008/08101713451001.htm>

The major health care challenge in South Africa remains the provision of equitable, quality, integrated primary health care services that encourage community participation. This includes interventions that address the health care needs of vulnerable children, people with high risk of HIV infection, people living with HIV/AIDS, people living in rural areas, older people, people living in informal settlements, homeless people, women, people living with disabilities, low-income groups and previously disadvantaged groups.

Infant, child and maternal mortality

One of the most important indicators of health for any country is the number of infant and maternal deaths. These numbers indicate the health status of a nation and are vital to monitor social development more generally. South Africa has adopted almost all international treaties and agreements formulated to try and improve the health and wellbeing of pregnant women, mothers and their children. While these commitments are essential, the social and economic context in which they apply and the overall weakness of the health system are far more important factors. These need to fundamentally change in order to meet the MDGs.

In South Africa, the infant mortality rates are relatively high for a middle-income country. According to UNICEF, the 2006 under five mortality rate was 69 per 1000 births up from 60 in 1990. The infant mortality rate (under one) was also up from 45 in 1990 to 56 in 2006¹⁷. While the government provides lower numbers for under five mortality at 57.6 per 1000¹⁸ this is still far away from the 20 per 1000 births target set in the MDGs.

The health of women affects and reflects the welfare of the family and broader community in which they live. A statistics SA and Saving Mothers Report in 2006 indicates the maternal mortality rate to be 147 per 100,000 live births (2004) a consistent increase since 1998 with the exception of 2003¹⁹. As a comparison, figures for Brazil indicate 110 deaths per 100,000 live births (2005) and 450 per 100,000 live births in India (2005)²⁰. Most of the deaths in South Africa occur among poor women with insufficient access to health services.

HIV/AIDS, TB and malaria

South Africa has committed to MDG 6 to combat and halt the spread of HIV, malaria and other diseases. While the management and control of malaria is one of the key areas of success, there has been an unprecedented threat to the health sector by the twin diseases of HIV and TB. Over the past 20 years there has been a massive rise in both.

The government's HIV & AIDS and STI National Strategic Plan, 2007-2011 (NSP) was launched in 2007 with the main goal to reduce the number of new HIV infections by half by the year 2011, and to reduce the impact of HIV and AIDS on individuals, families, communities and society. While there has been notable investment and commitments to combat the epidemic, significant results remain a challenge. The latest estimates from the WHO indicate that 460,000 South African were receiving ARVs at the end of 2007, which is only 28% of those in need. Aspen, the pharmaceutical company which makes most of the ARV drugs used in South Africa, estimates that only 340,000-350,000 were on treatment in February 2008 (others have died or stopped taking the drugs)²¹.

A recent report published by the Journal of Acquired Immune Deficiency Syndromes (JAIDS) found that 330,000 lives were lost to HIV/AIDS in South Africa between 2000 and 2005 because a feasible and timely antiretroviral (ARV) treatment programme was not implemented attributable to government policies restricting or delaying the use of ARV treatment²².

Worldwide, TB claims around 1.7 million lives every year of which 200,000 are in HIV-positive people accounting for an estimated 13% of AIDS deaths. The prevalence rates of TB in Southern Africa are the highest in the world²³. Recently, a new TB strain, extremely drug resistant TB (XDR TB), has emerged. This new form of TB is virtually untreatable and is caused by germs resistant to all the most effective anti-TB drugs. It emerges through mismanagement of multi-drug resistant tuberculosis (MDR-TB) treatment as well as patients not complying with recommended doses. Africa accounted for 85% of the estimated global HIV-positive TB cases in 2006. South Africa, with only .7% of the world's population has 28% of the global number of HIV-positive TB cases²⁴.

There are now around half a million new cases of MDR-TB every year, and the numbers of people with HIV contracting TB have risen threefold in the last 15 years - currently 11 million people are infected with both diseases²⁵.

Preventing the development and spread of drug resistant TB through strengthening existing TB programmes and greater investment in services, care and infection control are essential. Community healthcare workers play a significant role in treating both TB and HIV. They are qualified to provide home based care as well as directly supervised treatment (DOT). They continue to play a vital role in improving health care by informing communities, promoting nutrition and contraception and treating patients. The integration of HIV and TB programmes should be a priority area for any effective management²⁶.

The management and control of malaria is one of the key areas of success of the public health sector in South Africa. The number of malaria cases declined over a five year period, from 51,444 cases in 1999 to 12,098 cases in 2006. This success is largely due to strong financial and political support as well as strengthening health systems, strong monitoring and evaluation capabilities²⁷.

New trends in the battle against HIV/AIDS

Former Health Minister, Barbara Hogan, had been a long-time critic of the denial of the link between HIV and AIDS and the government's mismanagement of the virus. A recent study estimates that over 365,000 South African HIV/AIDS patients could have been saved from premature death, if they had been provided the proper antiretroviral treatments. The newly appointed Health Minister, Dr Aaron Motsoaledi, will have to take on expectations around the challenges of HIV, AIDS and TB. Expanding and rolling-out anti-retrovirals will be critical for bringing the death rate down and controlling HIV.

However, only a combination of effective policies at macro and micro level can lead to the control of the HIV/AIDS epidemic. It has been more than 25 years since HIV/AIDS began to spread across Africa and medical researchers first identified the behavioural prescriptions to

17 http://www.unicef.org/infobycountry/southafrica_statistics.html#45

18 Achieving the Health Related MDGs. Progress and Challenges. Department of Health. July 2007. <http://www.doh.gov.za/docs/misc/booklet/index.html>

19 Achieving the Health Related Millennium Development Goals (MDGs): Progress & Challenges <http://www.doh.gov.za/docs/misc/booklet/index.html>

20 Maternal Mortality in 2005, WHO http://www.who.int/wahis/mme_2005.pdf

21 <http://www.avert.org/aids-south-africa.htm>

22 <http://www.hsph.harvard.edu/news/press-releases/2008-releases/researchers-estimate-lives-lost-delay-arv-drug-use-hiv-aids-south-africa.html>

23 WHO Report 2008. Global Tuberculosis Control: Surveillance, Planning, Financing.

http://www.who.int/tb/publications/global_report/2008/pdf/report_without_annexes.pdf

24 WHO TB Fact Sheet 2008 http://www.who.int/tb/publications/2008/factsheet_april08.pdf

25 Anti-Tuberculosis Drug Resistance in the World. Report 4, 2008. WHO.

http://www.who.int/tb/publications/2008/drs_report4_26feb08.pdf

26 South Africa Health Review. Chapter 6: STI, HIV/AIDS and TB. Progress and Challenges.

http://www.hst.org.za/uploads/files/chap6_08.pdf

27 Achieving the Health Related Millennium Development Goals (MDGs): Progress & Challenges

<http://www.doh.gov.za/docs/misc/booklet/index.html>

avoid HIV. Since then, only a few countries have shown significant evidence of decreasing prevalence. Uganda, being one of the most successful cases in the continent, saw a drop in adult prevalence rates from 22% in the 1980s to just 6.5% as recently as 2003²⁸. These impressive figures have been widely attributed to the early and sustained government response, which introduced policies that emphasized open discussion of AIDS, created a public education campaign, encouraged NGOs to operate in Uganda, and employed policies consistent with medical and scientific research²⁹. At micro-level “all-inclusive” education and awareness-raising campaigns, which engaged all government levels with all sectors within civil society, including religious and traditional leaders, were crucial to the gradual build-up and acceptability of the “ABC” message, where condoms are seen as a practical alternative to abstinence and being faithful. The combination of these factors led to the achievement of the ultimate goal of behavioural change among individuals and communities.

Various research papers argue that traditional healers have a crucial role to play in building the health system in South Africa and strengthening and supporting the national response to HIV/AIDS³⁰. The reality is that, in a medically pluralist system, South Africans continue to utilise both western and traditional practitioners (the Department of Health estimates that close to 70% of South Africans consult traditional healers)³¹. In addition, the approval of the Traditional Health Practitioners Bill in 2004, which recognizes and regulates the practice, has benefited around 200,000 traditional health practitioners. Given the extent of the pandemic, it is necessary to recognize the potential value for collaboration and take into account the best practice examples and recommendations that international organisations such as UNAIDS, WHO and SADC have recorded³².

UNAIDS reports from the past few years have consistently shown that while the population in Southern-Africa has a broad understanding of HIV prevention methods, this knowledge has not turned into behavioural change away from risky sex practices. Education programs must remain central to any HIV prevention efforts in South Africa; however, emphasis must be placed first on analysing sexual behaviour and bringing local values and beliefs into campaigns at community level.

Why invest in health?

Health is crucial for development. Without addressing basic healthcare and life-threatening diseases, South Africa will continue to face broader societal and economic challenges. The importance of health is demonstrated by the inclusion of health issues in three out of the eight MDGs.

In South Africa, there are still critical shortages of staff, skills, training, services, facilities, transport, equipment, education programmes and medicines within the public health system, especially in the disadvantaged rural areas. Non-profit organisations play a vital role in partnering with government to increase people's access to health promotion, education, services and programmes. Many of these projects focus on building the capacity of communities to prevent and combat the diseases and ill-health that otherwise weaken the country as a whole.

HIV/AIDS is a priority area for South Africa and, whilst there is hope that under a new health minister, significant strides will be made, the numbers still reflect an epidemic that will take decades to bring under control. Broader affects such as child-headed households, work absenteeism and loss of community structures all still need to be addressed now. The affects on young people in particular where prevalence rates are 28% among the 20-24 age group, 38.7% among the 25-29 age group and 37% among the 30-35 age group should be a priority area.

Despite the government's growing commitment to tackling these massive challenges, the extent of their financial and other resources is likely to be insufficient to address all the needs in prevention, treatment, care, support and research. There is an ongoing need for investment by the private sector and the international community in supporting the work done by community-based and non-governmental organisations and building their capacity address these challenges.

Successful sector practices

Research on the impact of health-related projects, both in South Africa and internationally, points to some key elements in achieving higher impact in the sector.

Among others, SASIX highlights:

- HIV/AIDS awareness raising programmes should engage all possible stakeholders in the community in an open dialogue and a joint, consistent effort to achieve positive behavioural change at the individual level.
- Family and community-based efforts have proved to achieve great outcomes in disease reduction and prevention, when properly designed and applied in an appropriate setting. As an example, mothers are able to take care of their sick children when taught and supplied with appropriate guidance and drugs for home medication.
- No single health assistance scheme has proved to be sufficient to meet the needs of entire populations and it is often better to target specific groups. Policy development must be seen as a search for synergies between health financing and health assistance mechanisms.

28 TASO Executive Director: “A situation analysis of HIV/AIDS in Uganda and the role of VCT” 2003

29 Matthew Ruben: “Scourge of a Continent” 2006
<http://www.csa.com/discoveryguides/afraid/review.php?SID=gr2u0ssrmn3jn5ng5qo86kq9o0>

30 Traditional Medicines and Traditional Healers in South Africa: Discussion paper prepared for the Treatment Action Campaign and AIDS Law Project, 2003

http://www.hst.org.za/uploads/files/TAC_Law_Proj.pdf
Also, UCT/CSSR Involving traditional health practitioners in HIV/AIDS interventions: lessons from the Western Cape Province

31 http://www.southafrica.info/ess_info/sa_glance/health/traditional-healersbill.htm

32 Ibid Pg. 24. http://www.hst.org.za/uploads/files/TAC_Law_Proj.pdf



On the basis of these practices, SASIX supports projects which:

- Enable disadvantaged communities to participate in the improvement of their health by educating and empowering them in healthy living and disease prevention, specially targeting youth.
- Enhance the government's provision of primary health care services, including maternal health, child health, HIV/AIDS prevention and treatment, sexually transmitted infections (STIs) prevention and treatment, TB prevention and treatment, health care for the aged and health care for the disabled, including rehabilitative services; in particular in isolated rural communities.
- Provide special primary health care interventions based on specific community needs.
- Provide training, organisational development and other capacity building for health care workers and community health organisations.
- Provide comprehensive, "all-inclusive" education programmes that focus on behavioural change towards infection prevention.
- Promote gender equality and reduce the vulnerability of women and girls to HIV infection; involving men and boys in awareness actions as well.
- Facilitate access to anti-retroviral treatment (ARVs) and medical care for people living with HIV/AIDS and respond to the needs of children who have been orphaned or made vulnerable by AIDS, with an emphasis on keeping them in school.
- Promote HIV voluntary testing and counselling in communities, educational institutions and workplaces.
- Advocate for and protect the rights of people living with AIDS and their families, ensuring their access to health and welfare services.
- Assist HIV/AIDS civil society organisations to strengthen their capacity and outreach efforts as well as provide relevant training and counselling for members of community-based organisations.
- Address the main risks to children's health under the age of 6: deficient sanitation, malnutrition and lack of access to immunisation.

Links

International

World Health Report 2008: "Primary Health Care. Now More Than Ever", World Health Organisation
www.who.int/whr/2008/whr08_en.pdf

UN MDG Report 2008

www.un.org/millenniumgoals/2008highlevel/pdf/newsroom/mdg%20reports/MDG_Report_2008_ENGLISH.pdf

"Task Force on Child Health and Maternal Health. Who's got the power? Transforming health systems for women and children". UN Millennium Project, 2005,
www.unmillenniumproject.org/reports/tf_health.htm

UNDP Human Development Index and Reports.
hdrstats.undp.org/

"The Right to Health". Fact sheet from the Office of the High Commissioner of Human Rights and World Health Organisation.
www.ohchr.org/Documents/Publications/Factsheet31.pdf

South Africa

Achieving health-related MDGs: Progress and Challenges. Department of Health
www.doh.gov.za/docs/misc/booklet/index.html July 2007

HIV/AIDS and STI Strategic Plan for South Africa 2007-2011
www.doh.gov.za/docs/misc/stratplan-f.html

"A Perspective on Primary Healthcare in South Africa". Keegan Kautzky, Stephen M Tollman.
www.hst.org.za/uploads/files/chap2_08.pdf

South African Health Review 2008
www.hst.org.za/publications/841

South Africa Millennium Development Goals Mid-Term Review. September 2007
planipolis.iiep.unesco.org/upload/South%20Africa/South_Africa_MDG_midterm.pdf