

## **NATIONAL CONSULTATIVE HEALTH FORUM, 18-19 MAY 2006**

### **DISCUSSION PAPER ON PRIORITY HEALTH PROGRAMMES**

#### **Introduction**

As mentioned by the Minister during the opening of the National Consultative Health Forum this morning, the National Health Council prioritised three health programmes for special attention this year. To remind us, these are: healthy lifestyles; the implementation of the TB Crisis Management Plan; as well as the accelerated HIV prevention plan.

The remaining paragraphs will provide some ideas of what needs to be and could be done.

#### **Healthy lifestyles**

There is a general move back towards the primary health care approach and to prevention in the world. In any case it's the right thing to do. The issue is how does South Africa programme itself to lead healthy lives?

For the sake of this discussion, perhaps we should focus on four strategies: improving nutrition; increasing physical activity; decreasing irresponsible alcohol use and reducing tobacco use.

It may be argued that the following may be general activities that can contribute to better nutrition, increasing physical activity and reducing tobacco use:

- Establishing and sustaining partnerships
- Mobilising resources to empower community based organisations to run community programmes
- Public awareness – media campaigns
- Training people who run programmes especially at community level
- Social mobilisation – galvanising society so that healthy lifestyles become part of everyday life

#### **TB Crisis Management Plan**

As mentioned by the Minister, TB is a problem in almost every African country. This has led to the African Ministers of Health passing a resolution to declare TB an emergency.

TB is a problem for South Africa as well. The case load is increasing, cure rates are decreasing, MDR-TB is increasing.

To deal with this the National Health Council approved a TB Crisis Management Plan which was launched on 24 March – World TB Day. The Plan prioritises 4 health districts: Amatole and Nelson Mandela Metro in the Eastern Cape; eThekweni metro in KwaZulu-Natal; and the City of Johannesburg in Gauteng. These health districts were prioritised as they have the large numbers of cases as well as poor cure rates.

The Plan is premised on the need for urgent focussed attention in these health districts through local, co-ordinated action based on a district plan. These district level plans have been finalised in these districts.

The components of the Plan include:

- Intense social mobilisation
- Early diagnosis and treatment
- Follow-up of TB patients to ensure treatment completion
- Involvement of patients, families and communities in the treatment of patients.

Remember TB is curable!

### **Accelerated HIV Prevention Plan**

As with TB, African Health Ministers meeting in Maputo last year, agreed that each country should develop plans to accelerate HIV prevention. This acknowledges that much is currently being done but that there is a need for additional effort.

The current prevention strategy includes the following components:

- ABC strategy
- Social mobilisation, public awareness (Khomeani, Lovelife, Soul City)
- Life skills programmes in schools and institutions of higher learning
- Issuing of more than 40 million male condoms per month (as well as about 1 million female condoms a year)
- Syndromic treatment of STIs
- National Youth and Adolescent friendly clinic Initiative
- Voluntary Counselling and Testing
- Prevention of Mother to Child Transmission

In our draft accelerated prevention strategy we wish to:

- Target our messaging and developing more appropriate messages
- Increasing uptake of VCT
- Strengthening the PMTCT programme
- Strengthening social mobilisation – especially with communities

### **Concluding comments**

Improving health outcomes of what ever sort clearly requires the active participation of communities, families and patients. We need to target activities by communities, with communities with appropriate role models and more appropriate messages if we wish to strengthen our programmes.

Clearly, we should not either implicitly or explicitly shift the entire burden to communities, the family or the patient. In many cases these communities and families and patients are vulnerable in many ways and require our support. The challenge is to find a balance between what the health system should be doing and how we can work with communities, families and patients to ensure both a healthy nation as well as rapid return to health when ill-health befalls us.

### **Issues for discussion**

- What are the key enabling factors to strengthen each of the three priority programmes at community, health facility, district, provincial and national levels?
- What role can the working group play strengthening implementation of these priority programmes and what should its terms of reference be?
- Who should constitute the working group?