

CONFIDENTIAL



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

DRAFT REPORT

**OF THE MEETING OF THE
NATIONAL CONSULTATIVE HEALTH FORUM
HELD AT THE HILTON HOTEL IN
JOHANNESBURG**

ON 19 AND 20 JULY 2007

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NATIONAL CONSULTATIVE HEALTH FORUM

19 – 20 JULY 2007

1. WELCOME BY THE DIRECTOR-GENERAL OF THE NATIONAL DEPARTMENT OF HEALTH

The Director-General, Mr. T Mseleku, welcomed all members present including the members of the media and declared the meeting open. He expressed appreciation to the members of the South African Military Health Services for the support they provided at various health facilities during the industrial action of public servants.

2. BACKGROUND TO THE NATIONAL CONSULTATIVE HEALTH FORUM (NCHF)

The first inaugural meeting of the NCHF was held a year ago as required by the *National Health Act, Act 61 of 2003*.

During the meeting a number of priorities in relation to health were agreed upon and it was then resolved to establish task teams that would pursue those issues until the next meeting. In view of this, four groups were established and officials of the national department of health were assigned to be conveners.

3. OBJECTIVES OF THE NCHF

The Director-General also alluded to the objectives of the forum namely to:

- 3.1 Facilitate collaboration of the four working groups to review the progress of the department regarding the attainment of the Millennium Development Goals (MDGs) at this July 2007 midpoint of the MDGs.
- 3.2 Discuss the remaining challenges relative to the MDGs.
- 3.3 Identify a key set of turnkey interventions to be implemented between 2007 and 2015 – the Minister in her speech has provided some guidance.
- 3.4 Determine the roles and responsibilities of each of the four Task Teams established in 2006 in preparing for the 2008 NCHF simultaneously celebrating the 30th anniversary of the Alma Ata Declaration
- 3.5 Ensure co-operative discussions between government and its partners.

- 3.6 Identify a comprehensive strategy that would allow members and all the stakeholders to implement and attain the MDGs.
- 3.7 Focus on the attainable goals and not be constrained by a limited vision bearing in mind that the MDGs are both a national and international priority.
- 3.8 Clearly identify the role of all stakeholders in this national effort.

The discussions in attaining the health related MDGs would be facilitated through the following groups:

Priority Health Programme (Mrs. N Matsau)

Health Policy and Planning (Dr K Chetty)

Human Resources (Dr P Mahlathi)

Private Sector (Mr. T Mseleku)

4. OFFICIAL OPENING OF THE NATIONAL CONSULTATIVE HEALTH FORUM

The Director-General introduced the Minister of Health, Dr M Tshabalala-Msimang and requested her to formally open the meeting.

The Minister of Health, Dr Manto Tshabalala-Msimang officially welcomed the Programme Director: Director-General of the National Department of Health, the MECs and Heads of Department of Health from the relevant provinces, the deputy directors-general, representatives of civil society, representatives from the private sector and all stakeholders involved in the delivery of health services in the country and all members present to the 2007 National Consultative Health Forum.

She thanked the delegates for taking time to be present for the important dialogue on the progress and challenges towards the attainment of the Millennium Development Goals. The decision was made to dedicate this year's National Consultative Health Forum to the MDGs for a very obvious reason. July 2007 marks the midpoint between 2000 when the Millennium Declaration was signed and 2015 which is the target year for all of the targets set out in the Declaration.

The Millennium Declaration has six values that underpin it, namely freedom; equality; solidarity; tolerance; respect for nature and shared responsibility. With respect to equality the Declaration notes: *No individual and no nation must be*

denied the opportunity to benefit from development. The equal rights and opportunities of women and men must be assured.

On the value of solidarity the Declaration notes *those who suffer or who benefit the least deserve help from those who benefit most.* She reiterated that in many respects, these values are incontrovertible. The challenge is to practice them.

The Declaration also lists a number of resolutions on a range of matters, including peace and security, development and poverty eradication, protection of the environment, human rights and democracy, protecting the vulnerable, meeting the special needs of Africa, and so on.

It is within the resolutions on development and poverty eradication that the health and health-related MDGs are listed. The Millennium Declaration recognised the link between health and development. A healthy nation is central to development. Of course development – provided that the benefits are shared and that the poorest of the poor benefit – also contributes to a healthy nation.

It should be remembered though that development, if it is measured in increased income for example, can also lead to poor health outcomes. There are developed countries that spend more than 15% of their GDP on health but still have a serious obesity problem as well as other 'diseases of excesses'. This illustrates the need for societies to challenge practices that generate both diseases of poverty and diseases of excesses.

The Millennium Declaration further declares that *we will spare no effort to free our fellow men, women and children from abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.*

The Minister continued to mention that the challenge for the health family gathered at the meeting would be to determine how to contribute to the above noble goal. Referring to the recent strike of many public sector workers, including some in the public health sector, the Minister mentioned that even though it is the right of

workers to withdraw their labour should this be felt necessary to support the demand for wage increases; however, health is an essential service which means that health workers cannot by law abandon health service delivery and go out on strike.

What was even more disturbing is the level of intimidation and acts of violation of patients' rights shown by some of the striking workers. It is true to say that their lack of concern for their professional values did impact negatively on patient's lives and patient care. This kind of action should definitely be prevented in future.

In addition, it should be determined how the post strike environment could be managed in ways that builds new values in the workplace. Values that will ensure that better quality of care is provided to the people, especially the poorest of the poor.

It might be argued that the employer also needs to review what else could be done to improve labour relations in general and the working environment of our health workers in particular. By employer, she emphasised that she was referring specifically to the public health sector but it could be argued that this applies also to the private health sector as well.

The Department of Health has put a number of measures in place to improve health service delivery and to this end it was noted that soon after the 1994 democratic elections a clinic building and upgrading programme was commenced with resulting in more than 1 500 clinics having been built or upgraded.

The hospital refurbishing programme was started in 1999, which was later renamed the hospital revitalisation programme. This programme seeks to completely revitalise the country's hospital stock within a 15 year time horizon provided that resources are available. The programme focuses on new buildings, new equipment, strengthened management and improved quality of care.

Further to this, state-of-the art tertiary hospitals in the form of Inkosi Albert Luthuli, Nelson Mandela and Pretoria Academic Hospitals and ten (10) other hospitals have been completed in the past three financial years.

There are currently 46 revitalisation projects with 30 already on site and 16 in the planning stages. It was envisaged that the following hospitals would be completed during this financial year: Mamelodi Hospital in Gauteng; Worcester Hospital in the Western Cape; Rietvlei Hospital in KwaZulu-Natal; and Barkley West in the Northern Cape.

Efforts have been made to increase the human resources for health in order to enhance health care delivery. Amongst other things, community service was introduced, starting with doctors. In January 2008 the first group of nurses – who graduate at the end of this year from the 4-year programme – will begin community service. A number of new mid-level categories such as that of pharmacy assistant have been introduced.

With respect to remuneration, the rural and scarce skills allowance was introduced a few years ago; however, this strategy have been reconsidered and it was decided to embark on occupation specific remuneration systems, starting this year.

It goes without saying that all of these strategies need to be accompanied by at least two things: a health professional who values her/his work and puts patient and the health of the community first and the need to strengthen management practices and systems in the health sector, including the ability to manage human resources for health.

Since between 60 and 65 % of the health expenditure is on human resources, there is a clear need to invest more in the management of this asset. Issues that should be attended to as a matter of urgency are for instance, ensuring that the basic rules are adhered to such as following instructions, accountability to higher authority, carrying out of audits and ensuring corrective action, implementing adequate and effective delegations. It needed to be determined whether or not support staff are appropriately utilised or are professional staff expected to be porters and clerks? Does the provincial head office provide specific support to facilities? Is the support provided by the national department to provinces appropriate, adequate and effective? Is enough being done to retain skilled staff and nurture those health professionals who values their work and puts patient and the health of the community first.

These aspects, the Minister said, will have to be interrogated by the Human Resources Working Group and recommendations should be made for consideration by the National Health Council.

In regard to strengthening health systems the Minister alluded to the fact that the health system that was inherited, was *hospicentri* and based on race. The last 13 years have been spent in undoing the former system by, for example, developing the district health system as the vehicle for the implementation of primary health care. However, it is clear that this work is not complete and that there are gaps in the provision of services such as facilities being underutilised whilst at the same time others are struggling to cope, patients bypass clinics and go directly to hospitals, not all facilities are fully staffed, etc.

In 2006 the National Health Council adopted a range of priorities to address the challenges in the health system. One of these priorities was the need for all provinces to develop service transformation plans. The idea is to reshape and resize the health system taking into account, the needs and demands of the population as well as the resource envelope, both finances and human resources for health. Provinces have been hard at work with this task which needs to be finalised, but must include stakeholder consultation to ensure that communities understand the decisions being taken.

A related issue is the availability of health information for planning and management. A large amount of data is collected, but often it is of poor quality, it is also rarely used by facilities who collect this data. Whilst implementing the electronic patient record, measures to strengthen the collection, collation and use of information at facility, district, provincial and national levels, needs to be put in place. The Minister expressed the hope that the Working Group on Policy and Planning will develop firm proposals in this regard for the National Health Council (NHC) to consider.

As a developmental state, the country must invest in prevention of diseases and health promotion. This implies the need to mobilise communities and for the health sector to work more closely with other government departments whose activities contribute to health, such as Education, Water Affairs and Forestry, Social

Development and Housing to name a few. In working together with departments in the economics cluster it could be ensured that the country's economic policies generate the type of development that is conducive to promotion of good health.

There is a dire need to work hard at community level to generate greater social cohesion between individuals and groups. In many communities the social fabric appears to be coming apart and the consequences are clearly visible in the increasing inter-personal violence, mental illnesses, abuse of women and children, alcoholism and use of illicit drugs. Hard work, outside the walls of the clinics and hospitals are needed to ensure that communities are rebuilt and the nation thus strengthened.

Whilst the MDGs are a significant point around which all in the health sector must rally and which the country must try to achieve, the delegates, the Minister said, have to be aware of the omissions in some of the targets. This comment particularly relate to the fact that the MDGs are silent on non-communicable diseases and injuries and trauma and that many countries, especially those that may not reach the targets, do not have reliable baselines and health information. The Minister encouraged delegates to also consider these issues when they continue discussions in their commissions.

In conclusion, the Minister said, that whilst engaging in robust discussion around the many issues relating to the MDGs, delegates must also ensure that at the end of the discussions some key interventions are distilled and proposed for further discussions and decisions at the National Health Council which meets on 23 - 24 August 2007.

5. THE MILLENNIUM DEVELOPMENT GOALS: OVERVIEW OF ACHIEVEMENT AND CHALLENGES

The delegates noted the contents of the presentation made by the Deputy Director-General: Strategic Health Programmes, Ms N Matsau. A copy of the presentation is attached hereto as **Annexure 5**.

During question time, the Director-General requested that those delegates asking questions, must please introduce themselves before speaking and that all media-related questions and comments would be addressed in a specially arranged media briefing session.

The following responses and comments were noted emanating from the questions posed by the delegates.

5.1 **Ms Demariz Fritz - Cape Metro Health Forum**

What are the guidelines of the national governance structures, which were established after the NCHF of 2006 which would enable provincial governance structures to be aligned? The participation of the community members in the Western Cape provincial governance structures is limited, which is contrary to the requirements of the *National Health Act*. The limited participation might impede the desire of the department to achieve positive results relative to the Millennium Development Goals (MDGs).

Response

There are national guidelines, which were provided to provincial departments of health, to be used to establish the respective Provincial Consultative Health Forums.

The Minister further indicated that during her participation in departmental and presidential imbizos, she experienced the eagerness and commitment of respective communities to participate in their governance structures. The concern expressed by Ms Fritz could be an isolated incident; however, the Minister encouraged members of civil society to ensure that they participate in established governance structures, as this would assist the public health sector to assess the progress of its programmes.

5.2 **Prof Eagles – President of the Pharmacy Council**

How is the department planning to deal with the issue of malaria and the involvement of the neighbouring countries and what is the departmental position regarding the use of DDT (Dichloro-Diphenyl-Trichloroethane) to manage malaria and its impact on the environment?

Response

There are international standards regarding the management of malaria, which the department has to adhere to. The department, on behalf of the country, has to submit an annual report to the World Health Organisation (WHO) and thus far there has been no concern or query emanating from the report submitted.

The environmental impact of the DDT is caused by irresponsible use of the product by communities. If the information leaflets and guidelines are followed correctly, the DDT poses no harm to the environment

In his response, the MEC for Health in Limpopo, Mr C Sekoati, indicated that advocacy and community involvement in the Limpopo province yielded positive results in the management of malaria within the province.

5.3 Ms Shirley Moroka - Department of Environmental Affairs and Tourism

Has the department experimented with any alternative to DDT in view of the concerns expressed regarding the environmental impact? Are there any areas in the country, which are experiencing a malaria outbreak for the first time and are there any statistical data regarding indoor air quality, which could be used to determine the linkage with the outdoor air quality?

Response

The department has not experimented with any alternative methods regarding the management of malaria as the current use of DDT has proven to be successful and harmless if used in correct quantities. Furthermore, there are new cases of malaria, which were reported for the first time in the North-West province and the national department is collaborating with the provincial department to manage these incidences.

In regard to indoor quality, there is work in progress regarding statistical data on indoor air quality, however, the data might not be an updated version. The interministerial committee of the respective departments has access to the information and is aware of the progress in this regard.

5.4 Dr. Makhuneni -Ophthalmologic Society of SA

Does the number of cataract surgeries presented to the forum include surgeries conducted in the private sector and do they include figures from the eye-care week?

Response

The figures provided are exclusively from public health services and they include figures from the eye-care week.

5.5 Dr. Keith Shongwe - Department of Communications

What is the problem with data that was indicated by Mrs Matsau in her presentation? Is it integrity or availability? Is it an infrastructure or a human resource problem?

Response

The problem currently experienced by the department is that there are various entities that claim to conduct research and possess data, which is purported to be accurate and reliable; however, the department is obligated to use data, which is provided by recognised institutions that were commissioned to conduct research in those identified fields.

The department has adequate infrastructural and human resources to collect, analyse and collate reliable data to formulate accurate information on areas under research.

5.6 Mr. E Hasmish - Center for Health Policy –University of the Witwatersrand (WITS)

To what extent is the department planning to implement its intervention strategies, which are detailed in various policies, and is there an implementation plan to effect these?

Response

All four subcommittees who will meet after lunch are requested to interrogate the question as posed and develop responses. The reports, which would be presented

on 20 July 2007, should include a synopsis of a discussion based on the question above.

6 PRESENTATIONS BY THE WORKING GROUPS

6.1 HEALTH POLICY AND PLANNING

The NCHF noted the contents of the presentation made by Mr T Masilela, a copy of which is attached to this report as **Annexure 6.1**

After the presentation the Minister proposed that Community Health Workers (CHWs) also be called Community Care Givers and that it is henceforth referred to as Community Health Workers/Community Care Givers.

Recommendations by Group 1

1. Ensure health care financing and provision arrangements that aim at universal coverage.
2. Revitalise Primary Health Care.
3. Ensure leadership, processes and mechanisms that leverage intersectoral action.
4. Implement organisational arrangements and practices that enable social empowerment.
5. Accelerate development of Service Transformation Plans (STPs).
6. Strengthen evidence-based monitoring of policy implementation.
7. Improving Quality of Care.

6.2 HUMAN RESOURCES

The NCHF noted the contents of the presentation made by Mr P Malwandla, a copy of which is attached to this report as **Annexure 6.2**

The following comments by delegates namely:

- 6.2.1 The remark made during the presentation about some leaders who do not understand the health environment, is too ambiguous, because the concepts of leadership and management cannot be used in the same context.
- 6.2.2 The statement made during the presentation about complaints regarding ethical transactions means that patients should be informed of their rights so that they are able to complain when they do not receive the required services.
- 6.2.3 The government should decide what to do to address the increase in complaints.
- 6.2.4 The debate about the appearance of nurses should be taken up with the South African Nursing Council.

Recommendations by Group 2

Policy

- 1 A manual containing operating procedures such as manual circulars, was needed to get buy-in at all levels.
- 2 Consistency in regard to policies must be maintained across the provinces yet also allowing flexibility within certain limits.
- 3 Encourage more in-house policy debates to empower managers.

Ethical Issues

- 1. Ongoing training for all health professionals was essential [Continuing Professional Development (CPD)]
- 2. Mentorship and induction programmes for younger professionals should be embarked upon.
- 3. Leadership development should be conducted at institutional level.

4. Review *Curriculum* and training modalities.
5. Integrated quality management processes and/or systems as well as interliaison between government and statutory health councils, was imperative.
6. There was a need for decisive steps to be taken in removing 'bad apples'.
7. Consider a general review selection process for health professionals across professions, whilst not blocking access.

Management Issues

1. Instill into professionals a sense of professionalism.
2. Ensure that health managers have a sound understanding of the health environment.
3. Introduce an intensive induction process for promoted managers.
4. More senior professionals should provide effective guidance to those their junior.
5. Establish management accountability structures and Total Quality Management (TQM) systems.

Workforce Issues

1. Market health sciences at an early stage in schools.
2. Structure partnerships with the private sector and communities.
3. Enhance specialist training intakes particularly from HDI.
4. Reduce recycling of health professionals.
5. Create adequate career paths and succession planning.
6. Introduce flexible remuneration structures for professionals to favour services in rural areas.
7. Consistently review and ensure adherence to scopes of practice by the different professions.

6.3 HEALTH INDUSTRY

The NCHF noted the contents of the presentation by Ms A Padayachee, a copy of which is attached to this report as **Annexure 6.3**

The following comments by delegates:

- 6.3.1 The proposal by the Minister that a policy on health tourism should be written and made available to all relevant stakeholders.
- 6.3.2 Comment that the national Department of Health should participate more in the processes regarding the New Partnership for Africa's Development (NEPAD).
- 6.3.3 South Africa has a responsibility to share its experiences with regard to health with the international community since the latter assisted the country in its struggle for liberation.
- 6.3.4 It should be determined how the health industry would assist the government with mortality and morbidity.

Recommendations by Group 3

1. Other parallel processes within the health industry which could impact on the achievement of the Millenium Development Goals (MDGs) for Health, should be recognised and linkages should be established with them.
2. Participation in the New Partnership for Africa's Development (NEPAD) and post conflict processes should be explored.
3. To strengthen the process, the working groups should meet for futher discussions before making recommendations to the National Health Council (NHC).
4. The participation of all relevant stakeholders should be ensured.

6.4 PRIORITY HEALTH PROGRAMMES

The NCHF noted the contents of the presentation by Ms T Chaane, a copy of which is attached to this report as **Annexure 6.4**

The following comments by delegates:

- 6.4.1 Currently there is no system by means of which children succumbed to hunger and poverty are tracked; therefore, an information system is needed to track these children throughout their dependability period.
- 6.4.2 Stringent registration requirements at crèches, especially in informal settlements, immediately exclude certain children from entering such establishments and leads to them not having access to nutritional support.
- 6.4.3 Comment that there is insufficient research to show that Tuberculosis (TB) is transmitted in schools and that the statement regarding this made during the presentation should be supported by reasonable facts and data.
- 6.4.4 The proposal by the Minister that a certain day each year, which should be co-ordinated nationally and supported by provincial activities, should be dedicated to healthy lifestyles.
- 6.4.5 Strengthening of health services should not only involve TB but rather other health programmes as well.
- 6.4.6 The strengthening of school health services should be a general recommendation because it encompasses all priority health programmes, which are applicable to schools. It does not only relate to TB.

Recommendations by Group 4

1. Communities should be empowered in regard to the prevention of diseases
2. Intersectoral collaboration should be strengthened.
3. The infrastructure, equipment and drug availability in health services should be audited.
4. A *Curriculum* review should be conducted to strengthen pre-service training.
5. The two-year midwifery course should be revived.
6. The recommendations of the Saving Mothers Saving Babies Report should be implemented as a matter of urgency.
7. In-service training should be conducted on a continuous basis.

7. CLOSING REMARKS BY THE MINISTER OF HEALTH, DR M E TSHABALALA-MSIMANG

In concluding the NCHF of 2007, the Minister said that it was clear from the group reports that the group discussions were robust and fruitful. She thanked all for sharing their experiences and ideas in the spirit of taking joint responsibility for doing everything to attain the MDGs and also to reduce the burden of disease from non-communicable diseases as well as injuries and trauma.

She reiterated that she would table the recommendations with respect to the proposed turnkey projects, at the next National Health Council meeting for further discussion and decisions. A report on the decisions taken and how the NHC intends to implement them with the participation of all relevant stakeholders, where relevant, will be provided to all concerned.

In order to report accurately on the MDG targets, it was necessary to reach agreement on the baseline from which change is measured and how progress will be monitored. As noted the previous day, there are multiple sources of data, many of which are estimates based on modelling exercises that use a range of assumptions. It is, therefore, critical that these issues are borne in mind when interpreting health data, especially mortality rates.

It is also important, as has been suggested by one of the groups, ways are found for the private sector to contribute data into the national data set so that both public and private sector data are available. The Department would be requested to explore how those matters could be resolved as a matter of urgency.

The group reports suggest that the policies that have been adopted by the government are correct. However, how they are implemented is often the key to whether significant gains are made or not. It is also clear, that there is consensus that the social determinants of health, which largely lie outside the direct influence of the Department of Health, must be engaged with if a significant difference to the health of the people of the country is to be made.

The Minister said that it was heartening to see so many colleagues from government departments that have an impact on health were able to join the forum. In reporting back to their principals, it was hoped that their resolve to work more closely with health, will be strengthened. At national level, the Social Cluster needs to focus in a more targeted manner on the social determinants of health. She said that she would request the MECs for Health to ensure that the same applies at provincial level.

A joint Health and Provincial and Local Government MINMEC is planned to discuss municipal health services and primary health care. At this meeting the need for greater attention to the social determinants of health will also be raised.

The Minister reiterated that she was convinced that, a key to better health is greater social cohesion at family and community level; therefore, she would like to suggest that the Department of Health and its partners think about what role they can play in facilitating greater social cohesion. It may well be that the more izimbizo, strengthening of clinic committees and hospital boards, improved staff attitudes towards patients and communities, and better management practices will contribute towards greater social cohesion.

The importance of strengthening the management of human resources had been stressed. If managers, who are at the top of the hierarchy, do not treat the people they manage well, then those people in turn will not treat patients well.

The communities must also play a role in supporting the front line workers through participation in clinic committees and hospital boards. One of the turnkey activities, therefore, needs to be increased community participation with clear roles and responsibilities for those structures.

The Minister said that she was glad that all four groups spent time thinking through how the public and private health sectors should be restructured to strengthen the financing of health care in a more equitable way as well as changing the way in which health services are provided. It was clear that the recommendations that the groups have made in this regard needs more technical work to be done by the Department.

Despite some challenges, much progress has been made with all partners at all levels of the health system. However, the achievements as well as the challenges the health sector face, are not clearly communicated to the constituencies. Unless this is done, users of the service as well as the personnel will not know what gains have been made and what they could do to either assist with the challenges that the health sector face or at least better understand the challenges and how they should be overcome.

The country should be informed about the service that can be provided with the resources that are available and what cannot be provided at present. This will assist in ensuring that communities do not waste resources by, for example, not taking care of themselves or bypassing primary health care or not complying with treatment.

In building on what the groups have reported back a contribution could be made to strengthening primary health care through the Primary Health Care (PHC) Approach. The Minister continued to propose that as part of the plans to celebrate the 30th Anniversary of the Alma Ata Declaration, the Department with representatives from the stakeholders in health should form a small team to thoroughly review progress at PHC level and make recommendations to the NHC on what needs to be done to further strengthen Primary Health Care. This report and recommendations could then form the basis of the NCHF meeting in 2008.

The Minister concluded by thanking the MECs for health and their staff for their participation, as well those partners from other government departments, organised labour, business and civil society. She also expressed her appreciation to the Director-General and members of the national Department of Health for their efforts. She was of the opinion that the meeting has met its objectives and that the next step is to take the proposed turnkey activities to the NHC for further discussion and decisions.

8. RECOMMENDATIONS

8.1 The distribution of information regarding Patients Rights should be improved and complaint mechanisms strengthened to ensure that patients who do not receive adequate services know what processes to follow.

Action: Provincial Heads of Health

8.2 A workable programme should either be initiated or where it exists, it should be improved to deal with the increasing volume of complaints by patients.

Action: Director-General

8.3 The issue of the nurse's uniform should be discussed with the South African Nursing Council.

Action: Director-General

8.4 A Health Tourism Policy should be developed as a matter of urgency and distributed to all stakeholders for comments.

Action: Director-General

8.5 A strategy should be developed to indicate how the health industry could assist the public health sector with the reduction of mortality and morbidity and the collection of data on mortality and morbidity rates.

Action: Director-General

8.6 An information system should be developed and implemented by means of which children affected by hunger and poverty could be tracked.

Action: Director-General

8.7 Each year from 2008, a specific day should be dedicated to the promotion of healthy lifestyles. It should be co-ordinated nationally and supported by provincial activities.

Action: Director-General

8.8 Management practices and systems in the health sector, including the ability to manage human resources should be strengthened

Action: Director-General

8.9 Adequate measures to strengthen the collection, collation and use of information at facility, district, provincial and national level should be developed. These should be effected during the implementation of the electronic patient record system

Action: Director-General and Provincial Heads of Health