



Performance against objectives

In relation to the public sector, the responsibility is direct and plays out through legislation, policies (including funding policies), standards and guidelines. These functions are supported by research, monitoring, and information and communication systems. The final test of the success of national laws, norms, standards and policies is their impact on the ground, in provincial and municipal health facilities.

The promotion and protection of health is realised through a range of functions, with legislation at one end of the spectrum and public awareness campaigns at the other.

Strategic Goal

Decreasing morbidity and mortality rates

Situation snapshot*

Major causes of death (1998 evaluation of new death reporting forms)

- Diseases of circulatory system – 20% of all deaths
- Infectious diseases (inc AIDS) – 18% of all deaths
- External causes/injury – 16% of all deaths
- Cancers – 9% of all deaths

Major causes of morbidity

- Obesity – 9% of adult men and 29% adult women
- Abuse by partner – reported by 13% of women
- Smoking – 42% adult men, 11 % of adult women

Common conditions/diseases

- Hypertension: Est 3,3-million people affected
 - HIV: Est 4,7-million people infected
 - TB: Nearly 120 000 cases in 2000
 - Malaria: Nearly 62 000 cases and 423 deaths in 2000
- *Unless otherwise indicated sources are the Demographic and Health Survey of 1998 (SADHS) or the Department's own surveillance and information systems.



This area of work involves developing strategies that will improve the health of the population, reducing the burden of disease and extending the lives of individuals. The strategies range across the spectrum of preventive, promotive and curative health care — and occasionally involve rehabilitative interventions. In many instances the national role includes guiding implementation of these strategies across provinces and monitoring the impact.

Interventions are clustered into various categories, but in a number of instances the dividing line is fairly arbitrary. For instance, strategies related to adolescent health will necessarily overlap with preventive work in the fields of HIV/AIDS and the promotion of sexual health. Similarly, the link between substance abuse and violence inflicted on women and children is well established.

In the light of these linkages, integration of interventions is an objective in itself — integration across health programmes, across provincial borders and with relevant programmes of other government departments.

The categories of intervention are listed below and each is more fully described in the pages that follow.

- HIV/AIDS, STIs and TB
- Child, youth and adolescent health
- Poverty alleviation and food security
- Women's health, including reproductive health
- Mental health, including substance abuse
- Violence against women and children
- Prevention and management of chronic diseases
- Malaria control
- Emergency medical services.

The HIV/AIDS epidemic will have a major impact on the overall goal of reducing morbidity and mortality. In the year 2000, 4,7-million South Africans were estimated to be HIV-positive (Survey on HIV and Syphilis Prevalence at Ante-Natal Clinics, 2000). With prevalence as high as this, AIDS-related illness and deaths will inevitably mask and overtake other gains. The extent of this reversal depends critically on whether the pace of new HIV infections can be slowed.

Decreasing the incidence of HIV/AIDS, STIs and TB

Situation snapshot

- 24,5% of women at public sector ante-natal clinics were HIV-positive in 2000.
- An estimated one in nine people in the general population is infected with HIV.
- HIV/AIDS is the main contributor to maternal deaths.
- 9 out of 10 of young people are aware of HIV/AIDS

(Ante-Natal Survey on HIV/AIDS 2000, Report on Maternal Deaths in 1999)

In relation to HIV/AIDS, the goals and interventions listed in the Department's Strategic Framework were overtaken and refined by the development of the HIV/AIDS Strategic Plan for South Africa 2000 - 2005. The five-year AIDS Strategy, launched in June 2000, was itself a major achievement for the year.

It defines four Priority Areas for intervention:

- Preventing HIV infection
- Treatment, care and support
- Research, monitoring and surveillance
- Human and legal rights.

Across these priority areas, the youth are selected as the primary target group for intervention.

