

SECTION 2



Performance against objectives

Introduction

The central structure for this section is the Department's Strategic Framework for the period 1999 - 2004. This distils the most significant goals and objectives, imparting a sense of logic to the year's activities and a measure of how much progress there has been.

The Framework comprises 10 points that vary in terms of scope and complexity. They are:

- Decreasing morbidity and mortality rates through strategic interventions.
- Revitalising hospital services.
- Accelerating delivery of an essential package of primary care services.
- Improving quality of care.
- Reorganising support services.
- Improving mobilisation and management of resources.
- Improving human resource development and management.
- Initiating and implementing legislative reform.
- Improving communication and consultation with stakeholders.
- Strengthening co-operation with international partners.

While activities related to these goals (and the objectives each gives rise to) certainly form a solid core of the Department's mandate, there are major additional areas of work. These may not be as critical to transformation and setting the Department's direction, but they ensure the maintenance and development of established health programmes.

The nature of the work of the Department is essentially directed by the fact that health services are defined in the Constitution as a concurrent provincial and national function, with municipal health services the business of local authorities.

In terms of the White Paper on Health, the three spheres of government are jointly responsible for the operation of a single National Health System. The principle of co-operative government that underpins this joint endeavour is spelled out in the Constitution.

In the light of the above, this report attempts to situate the activities of the national Department during the year 2000/1 against the health challenges that confront the system as a whole. However, the reader should be clear that this Department does not run hospitals, clinics and community health services. These services are managed by provincial administrations and local authorities, accountable to their respective legislatures and councils.

The basic business of the national Department is the development of national legislation, policy and guidelines to ensure that all the people of this country have access to basic health services of good quality and that this access improves over time. The Department of Health shares with other departments the responsibility to protect and promote health. And it also runs certain specialised bodies — such as the National Institute for Virology and the National Centre for Occupational Health — whose role is intrinsically national.

Government's responsibility in relation to health care is not confined to the public sector. The state has a critical influence on private health service provision. This is exercised most obviously through the power to legislate on aspects of private health care. These laws are often regulatory and relate to the protection of the public. However, there is also scope for enabling legislation to shape private services and for indirect forms of influence, through channels such as the training of health professionals.





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.

