



Re-organising support services

The World Health Organisation recommends that countries strive for a single national blood transfusion service. In South Africa seven regional organisations have shared this function. They are: The South African Blood Transfusion Service; Natal Blood Transfusion Service; Western Province Blood Transfusion Service; Eastern Province Blood Transfusion Service; Border Blood Transfusion Service; Northern Blood Transfusion Service; and Medimatch (serving KwaZulu-Natal).

The Department, through the adoption of policy, set the creation of national blood transfusion service in motion. The services themselves have, however, taken charge of the mechanics of the merger.

2000/1 saw definitive progress in the merger process which was overseen by a Transitional Board chaired by Judge ND Mlambo. Following the drawing up of a Memorandum and Articles of Association early in 2000, the South African National Blood Service (SANBS) was registered as a Section 21 (non-profit) company in October 2000.

Each of the regional services sought formal approval from their donors to become part of this new venture. All services except the Western Cape agreed and amalgamation of the consenting regions went ahead on April 1 2001.

The new service handles about 85% of blood services. It is controlled by a national board and comprises three regions - Inland, East Coast and South West - each with a management structure responsible for running the region within national policy.

The factor inhibiting the Western Cape's participation was the size of their region's representation on the governing board. This matter will be addressed in the year ahead.

Transfer of medico-legal mortuaries

Situation snapshot

- There are 265 medico-legal mortuaries
- The police service runs 52% of these
- The provincial authorities 22%
- The private sector 25%
- SAPS mortuary personnel number 680

The transfer of medico-legal mortuaries that are run by the South African Police Service to various provincial authorities is a course of action on which all major stakeholders have long been at one.

Following Cabinet's in principle approval of this restructuring in 1998, a full audit of medico-legal post-mortem services was conducted. On the basis of this audit, the Health Minmec, recommended to Cabinet that:

- Medico-legal mortuaries should be transferred to from SAPS to provincial health departments.
- The necessary resources - facilities, personnel, equipment and budget - should likewise be transferred.
- An amount of R155-million should be allocated to the health services. Of this R119-million would be for operating costs, a recurrent annual allocation. The remainder would comprise a once-off allocation for capital costs.



■ The transfer would be phased in, taking account of variable capacity in the provinces.

Cabinet approved this proposal in May 2000 and the National Forensic Pathology Service Committee began to develop an implementation plan, based on the principle that transfer would only occur once adequate funds had been allocated.

Health Information Systems

Health Information Systems are fundamental to good management and effective planning. Most, but not all, of the innovations involve sophisticated computerised systems. This computer technology has, in turn, provided a platform for specialised forms of communication.

Vital registration project

This is a joint initiative by the Department of Home Affairs, the Department of Health and Statistics SA to improve the registration of births and deaths. The new birth registration form, and the marketing of the project, contributed to an increase in registration from 20% of births to 80%.

During 2000/1 the Department received the first analyses of data gathered through the revised death reporting format introduced in 1996. The information related only to a sample of deaths over a short period, not an entire year. But it suggests that the new reporting format will yield important information on mortality patterns.

Clean conduct of clinical trials

Guidelines on the ethical conduct of clinical trials involving human participants were launched in March 2001.

Minister of Health Dr Manto Tshabalala-Msimang remarked at the launch that South Africa was an attractive environment for clinical trials, combining a high burden of disease, a diverse population and a sophisticated health care sector.

She drew attention to a rapid expansion in the volume of trials and warned that it was necessary to guard against unethical and unnecessary research. "Exploitative research is more likely to happen where people are poor and illiteracy is high; where power is unequal and people meekly accept authority; and where health services are desperately needed."

The guidelines deal with the research process from commissioning the study through to archiving the data. They out-

line the respective responsibilities of the sponsor, the investigator(s) and the monitors.

They further specify special procedures to be observed in relation to particularly vulnerable subjects: children; fetuses in utero and non-viable fetuses; people with mental disabilities; prisoners; and people living with HIV/AIDS.

In addition, the role of Ethics Committees at universities and in the private sector is set out in some detail and related to the Ministerial Committee on Health Research Ethics.

The Ministerial Committee will function at a national level, building the capacity of local Ethics Committees rather than replacing them.

At one level the guidelines are extremely technical, but they also raise fundamental issues about the utility of the research to the "test" community and the risk-benefit ratio for the participants.

