



Re-organising support services

District Health Information System:

Standard software for gathering data on the use of services at public sector clinics and community health centres has been introduced but progress is uneven. Some provinces have not rolled out this new system, and even in the leading provinces there are districts where it is not operational. The key problem is a lack of skills to manage the programme.

Health Care Management Systems:

Provinces have introduced a variety of health care management systems and the challenge is to overcome problems of compatibility and ensure minimum standards are met. Various information systems, covering more than 100 hospitals in five provinces, were able to incorporate the Uniform Patient Fee Schedule.

Monitoring priority programmes

Data on a number of programmes described under the heading 'Reducing mortality and morbidity' are processed on an ongoing basis. The programmes include:

- Maternal Deaths Reporting
- HIV/AIDS and STDs
- Tuberculosis
- Termination of pregnancy.

Telemedicine facilities

Telemedicine technology allows patients and health workers in rural areas to access specialist skills and it facilitates training across vast distances.

2000/1 saw the completion of Phase 1 of the telemedicine project, with 28 sites functioning in six provinces. Phase 2, which contemplates a further 71 sites, is being planned but is not yet funded.

Safe and secure drugs

Only safe and effective medicines should reach the South African consumer. The Medicines Control Council, appointed by the Minister of Health, holds the frontline in ensuring this.

The Department, however, plays a critical role in enabling the MCC to do its work — through sound technical and administrative support.

It also retains responsibility for:

- Setting the overall statutory and policy framework for medicines.
- Securing the huge supplies of drugs that are used in the public sector and paid for by the taxpayer.

There are about 21 000 medicines on the market and about 13 000 dispensing sites in South Africa. In 2000/1, the MCC dealt with about 600 new applications for medicine registration, about 5 000 amendments to registration of medicines and about 480 applications to do clinical trials.

The Department prioritised improving efficiency in the registration process during 2000/1. Backlogs were reduced through the establishment of two new units.

The Department also made progress in combating drug theft and the smuggling of unregistered medicines. A decision was taken to reduce the ports of entry for medicines from 67 to 10 to curb the infiltration of unregistered medicines.

Through closer co-operation with the South African Police Service, detection of pharmaceutical crime increased. There were 83 criminal cases active during the year. Of these 38 were still being investigated at year-end and 22 were awaiting trial. Convictions were obtained in six cases, five were unresolved and a further 12 were new cases.

Drugs supplied on State tender must now be labelled "for public sector use only." Eventually, the capsule or tablet itself will be stamped with the Department's logo to prevent repackaging for private resale.



A national Telemedicine Conference was held in Johannesburg in November to mark the achievement of Phase 1 targets.

Rationalising health technology

The availability of appropriate health technology impacts fundamentally on equity in service provision and access to care, while the safety and effectiveness of technology is critical to quality care.

During 2000/1 a Policy Framework for Health Technology was approved by the Health Minmec. It ensures that future policy will not only deal with the important concerns of safety and control (as in the past) but will treat technology as an integral part of health system development. It also interfaces with policy in the areas of science and technology and trade and industry.

The Medical Research Council has produced a template for an Essential Health Technology Package for use in auditing facilities. Last year the field-testing of the template in 25 countries began, under guidance of the World Health Organisation and with South Africa as the lead country.

Strategic goal Legislative reform

Two important pieces of legislation were passed during the year:

- The National Health Laboratory Services Act, the significance of which is outlined in the section on support services.
- The Allied Health Professions Act, which recognises a range of complementary health practitioners and provides mechanisms for their registration and control.

In addition to this:

- A draft Mental Health Bill was completed and sent to the State Law Adviser.
- The Tobacco Products Control Act was promulgated together with regulations. This outlawed all tobacco product advertising and sponsorship by tobacco companies; it banned smoking in all enclosed public places and work places, except in smoking rooms complying with the regulations; and it placed closer controls on the sale of cigarettes, especially to children under 16 years.

The Minister of Health was awarded the Luther L Terry Award award by the American Cancer Association for "exemplary leadership by a government" in the field of tobacco control.

The National Health Bill, which fundamentally defines roles and responsibilities within the national health system, has seen several revisions. It will impact on both the private and public health care systems and on all spheres of government. Essentially enabling in nature, it deals with issues such as co-operative governance, the licensing of private facilities, the development of the district health system, patients' rights and issues relating to quality of care. A final draft was submitted to Minmec towards the end of this year. The remaining work on the draft Bill relates to refining the provisions on co-operative governance to ensure that they are consistent with the Constitution.

