



Re-organising support services

- Development of a mandating process for negotiations.
- Accreditation of the sector's bargaining council by the Council for Conciliation, Mediation and Arbitration as a dispute-resolution mechanism.
- Signing of a wide-ranging Collective Agreement between employers in the sector and 12 unions at a Summit held in Pietersburg in January 2001.

Strategic Goal Re-organising support services

This goal relates to a range of services that are essential to the effective delivery of health care to the public. It includes: Laboratory services and associated research facilities; blood transfusion services; health information systems, which are largely computer-based; pharmaceutical services, including effective controls on drug quality; and mortuary services.

The need for re-organisation arises either from the under-development of the service, from the fragmented nature of current arrangements or the inappropriateness of the existing service to changing conditions.

Viruses are their business

They help devise the recipe for your annual flu jab; assist with Ebola and other deadly outbreaks across Africa; and may one day lay claim to a successful AIDS vaccine.

They are the scientists and technicians of the Johannesburg-based National Institute for Virology (NIV). An established player on the international health stage, the NIV is still part of the Department but is about to cut loose as an institute within the new National Health Laboratory Service.

The NIV plays a significant role in the South African AIDS Vaccine Initiative. Dr Lynn Morris, head of the HIV/AIDS Unit, was awarded the prestigious Wellcome Trust Senior Research Fellowship for 2000, the first woman in South Africa to achieve this. The HIV/AIDS unit contributes substantially to building expertise in medical virology. Currently it has 10 graduate students and eight research assistants.

For the public, the NIV — and Professor Bob Swanepoel in particular — is often associated with deadly outbreaks. This is due to the profile enjoyed by its Special Pathogens Unit, which assists with outbreaks of viral haemorrhagic fevers across Africa and Asia. In the year 2000 alone, this unit assisted by: Diagnosing the major Ebola outbreak in Uganda; supporting the Democratic Republic of Congo in managing its chronic Marburg virus epidemic; and dispatching a team to Saudi Arabia to advise the area about containing Rift Valley fever.

Closer to home, the NIV's Molecular Virology Unit assists in developing "seasonal" flu vaccines, particularly for the Southern Hemisphere. Its contribution centres on surveillance and molecular characterisation of influenza viruses. The head of the NIV, Professor Barry Schoub, is closely associated with this work.

The Unit has also done significant work characterising polio isolates and drawing up the phylogenetic tree of polio viruses for Africa.



Transforming laboratory services

Situation snapshot

- There are 234 public sector laboratories
- They employ about 4 500 people
- Rationalisation was raised as early as 1973
- Transformation Task Team set up in 1998

The year 2001 will see the birth of a new public enterprise, the National Health Laboratory Service (NHLS).

- The NHLS will incorporate — and reshape— the laboratory services run by the provincial health departments plus:
- The National Institute for Virology (which is currently part of the Department)
- The South African Institute for Medical Research
- The Forensic Chemical Laboratories
- The laboratories of the National Centre for Occupational Health.

Towards the end of 2000, Parliament enacted the National Health Laboratory Service Act, which lays the foundation for this new entity and further provides that:

- The NHLS will be the preferred service provider in the public sector and therefore all health authorities will buy their laboratory services from the NHLS.
- Fees for the services to health authorities will be the main revenue source for the NHLS.
- Special branches or institutes may be established under the NHLS. The first of these will be the National Institute for Communicable Diseases, which takes up where the NIV leaves off (See page 46). The Department will continue to fund this institute by means of transfer payments.

A great deal of work was done during 2000/1 to pave the way for formation of the NHLS. The project management team consulted with trade unions and undertook an extensive communication and change management exercise with personnel working at the laboratories and organisations affected. Specialised advice was sought from appropriate consultants.

All staff presently working at any of the affected laboratories and organisations will transfer to the NHLS. An asset register, which includes land, buildings and equipment has been created to facilitate the smooth transfer of these assets to the NHLS.

Rationalising blood transfusion services

Situation snapshot

- Blood transfusion services are non-governmental
- They handle about 1-million donations a year
- Donors are not remunerated





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.





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.

