



South African Health Review 2006

# SOUTH AFRICAN HEALTH REVIEW 2006



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It gives me great pleasure to introduce the 11th edition of the South African Health Review (SAHR) which has a special focus on Maternal, Child and Women's Health.

As our democracy has matured, so too have editions of the SAHR - moving away from providing only general commentary on health systems issues - to a more thematic and focused approach in response to national and international health priorities.

The 2006 Review, therefore, seeks to provide a South African perspective on prevailing international public health issues, and in particular provides an opportunity to reflect on progress to achieving the Millennium Development Goals many of which are linked to maternal and child health. It also seeks to stimulate debate and critical discourse, to provide a platform for assessing progress and to identify key gaps and opportunities for future action that is realistic and sustainable.

This SAHR provides valuable policy and empirical information on key child health challenges including child morbidity and mortality, health promotion and prevention programmes, nutrition, HIV and infant feeding, chronic conditions and disabilities in children. Women and maternal health issues covered include a review of mortality data, cervical cancer, women's mental health, maternal care and the impact of male sexuality on the health of women and children.

The Review also contains core chapters providing updates on health legislation and policy, financing of health, health information systems, and HIV and TB. The Health Indicators chapter again provides the best available and most recent data on a range of health, socio-economic and health service indicators as an important resource.

On behalf of the Board of HST, I wish to extend our appreciation to all authors, contributors and reviewers who have given of their time and expertise to the 2006 SAHR. We also acknowledge and thank the editorial team, the SAHR Editorial Board who provided oversight and direction, and all HST staff who have participated in the production of the SAHR.

We also extend our gratitude to the national Department of Health for providing access to health information sources, and for comments and suggestions on various chapters. Finally, the support of Atlantic Philanthropies in publishing this Review is gratefully acknowledged.



T. PATRICK MASOBE  
CHAIRPERSON OF THE BOARD OF TRUSTEES





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## CONCEPTUALISATION

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## CONTRIBUTING AUTHORS

We extend our appreciation to the individual authors who accepted tight deadlines and often responded to editing demands at short notice.

## REVIEWERS

We extend our gratitude to the national and provincial departments for their input. The following peer reviewers took time out of their busy schedules to review and comment on the chapters in their areas of expertise.

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## COVER

Thank you to Keith Wimble and the Valley Trust staff, Dawn Clarke of New Germany Primary School, Farida Williams of Ocean View School for LSEN<sup>a</sup> for organising the primary school children who contributed the artwork for the cover and dividers in the Review. The following children submitted drawings for the Review:

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<sup>a</sup> Learners with specialised educational needs



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## OVERVIEW

An important purpose of the South African Health Review (SAHR) is to serve as a knowledge resource on the development of the national health system, and to contribute to the assessment of the implementation of health policies. The Review seeks to reflect on achievements made and challenges and gaps that impact on the transformation and strengthening of the South African health system. In 1996, the SAHR posed the question: “What has changed for the poor, rural woman or child who presents to the clinic?” Ten years on, this 2006 Review attempts to answer that question in some depth with a specific focus on Maternal, Child and Women’s Health.

## CORE HEALTH ISSUES

An overview of the context and environment within which maternal, child and women’s health is provided is contained within the first six chapters. The 2006 Review opens with an analysis and update of the current legislative and policy framework and a reflection on the changing jurisprudential landscape. In the course of 2006, a number of Bills including the Nursing Bill, the Health Professions Amendment Bill, and the Tobacco Products Control Amendment Bill were tabled in Parliament. The implementation of the National Health Act was initiated with meetings of some of the governance structures provided for in the Act such as the National and Provincial Consultative Health Fora. In addition some provinces are engaged in aligning their provincial legislation with the national Act. However, generally implementation has been slow and some aspects of the Act are marred by lack of clarity.

Further concerns regarding the implementation of the Act are detailed in the chapter on the General Agreement on Trade in Services (GATS) which points out that commitments made by the former apartheid regime under the World Trade Organization’s GATS have the potential to undermine the intention and implementation of the National Health Act.

These challenges should not however detract from the major achievement of establishing the overarching legislation required as a framework for the national health system. Undoubtedly the range of legislative measures presently in place, if implemented appropriately, are likely to make a significant impact on improving access to health care services for all South Africans.

Health care financing remains one of the key functional areas for improving health system performance. Financing public sector care is a major challenge in many countries in the



developing world. South Africa is relatively fortunate in that the proportion of external funding is relatively limited, and the bulk of health sector funding comes from the South African Treasury. In 2006, favourable progressive public sector health care funding has been recorded although inequities between public and private sector funding remain a major policy concern. Public sector health care financing was marked by improvement in equity between provinces and spending in the historically under-resourced provinces of Mpumalanga and Limpopo has expanded. There is notable growth in district health services funding (including HIV, PHC, and Emergency Medical Services) and in the upgrading of health infrastructure. These are positive trends which bode well for the provision of improved facilities and the delivery of a core PHC package.

Functional health management information systems are essential for the planning and management of effective health services and programmes. In addition, monitoring and evaluation of the health system need to be systematically connected with the routine health information system.

South Africa has made considerable progress in strengthening its health management information systems. For example the District Health Information System has successfully standardised routine PHC information. However, there are still major challenges, two important ones being the absence of an information culture at all levels of the health system, and the lack of optimal use of existing information by managers to inform decision making.

The impact of HIV and TB on improving the health of women and children cannot be overestimated. The HIV and TB chapter confirms that as HIV prevalence in South Africa has increased, so too has the proportion of women with TB, from 34.9% in 1995 to 43.5% in 2004. This increase is coupled with increasing multi-drug resistant TB (MDR TB) and an emerging extreme drug resistant TB (XDR TB) epidemic, emphasising the importance of strengthening the health system's ability to diagnose, treat and care effectively for patients. The chapter recommends implementation of collaborative care that engages the interconnectedness of these infections as a strategy to control the twin epidemics.

Without community participation, sustainable improvements in the establishment of high quality and appropriate service provision and the health of vulnerable communities are likely to remain elusive. This is especially so in light of the pervasiveness of the HIV epidemic and the dependence of many upon home based care. The last chapter of this section discusses the findings of research conducted to better understand how communities can be assisted in leveraging their strengths and available resources in responding to HIV and accessing services.

## MATERNAL CHILD AND WOMEN HEALTH: GENERAL

Maternal and Child health is a global priority. Chapter seven contextualises Maternal and Child health within an international framework outlining national and international initiatives, treaties and programmes including the recent Millennium Development Goals, which seek to address the health needs of women and children. International data indicate that despite these many commitments, the health of mothers and children remains poor in most developing countries, including South Africa. The latest national statistics reflect a steady increase in infant and under-five mortality and less than optimal maternal health status. The chapter concludes that multi-sectoral responses are vital for improving maternal and child health.

Traditionally, sexual and reproductive health services including family planning have focused almost exclusively on women. Yet many commentators have emphasised that the knowledge, attitudes, behaviours and health of men often play a critical role in determining the reproductive health of women. Men's involvement in issues relating to sexual and reproductive health services are analysed using both international and local case studies in chapter nine. The authors conclude that the involvement of men is crucial not only for protecting their own health, but also the health of women and children. Urgent programmes that will engage men in preventing HIV and sexual violence are called for.

Increasingly the burden of disease in South Africa is affected by the maturing HIV epidemic. In 2000, the South African National Burden of Disease (SANBD) study found HIV to be the leading cause of



death among adult men and women in the country. This remains the case in 2006. In chapter eight, available data on mortality and morbidity in children and women are analysed. HIV-related diseases and non HIV-related TB and pneumonia are the leading causes of death among women. It is also estimated that HIV has increased child mortality rates in South Africa although data are not available to support these estimates conclusively.

## CHILD HEALTH

Healthy children grow into healthy adults. Recognising this, the global community has devised numerous strategies in an attempt to improve the health of children, including setting the Millennium Development Goal to reduce under five child mortality by two thirds. However progress has been slow in developing countries.

The Review has devoted seven chapters to child health covering a range of important health issues. Consent laws delineating children's access to health care are reviewed in chapter 10, and specifically the implications of children requiring the prior consent of a legally competent third party in order to obtain health care are analysed. The anticipated lowering of the age of consent in the upcoming Children's Act may increase access to health care for children but is also likely to add to challenges currently faced by health workers in assessing maturity and understanding of children seeking access to health care without the assistance of an adult.

Chapter 11 focuses on childhood health promotion and disease prevention activities in South Africa. The major preventive interventions which include immunisation, the Integrated Management of Childhood Illness (IMCI) strategy, childhood infection prevention, neonatal health and developmental screening, are discussed. Achievements and challenges in the implementation of these programmes over the past five years are highlighted. Improvements in the delivery of interventions are noted, including the meeting the 90 per cent under-one immunisation coverage goal, the extension of IMCI services to all districts in the country and the continued decline in notifiable diseases in children. The failure to achieve targets in several of

the preventive interventions is attributed to systemic factors such as staff constraints and the organisation of service delivery.

Good nutrition is a key foundation of health and development. Healthy children learn better and are more likely to grow into productive adults and to break the poverty and hunger cycle. Food security remains a challenge for large numbers of South Africans impacting profoundly on young South Africans, and placing increased demands on the health system.

Child nutrition, currently being addressed through the Integrated Nutrition Programme (INP), is discussed in chapter 12. Targets have been met in the Baby-Friendly Hospital Initiative; legislation relating to the mandatory fortification of maize meal and wheat flour with multiple micronutrients; mandatory iodization of salt; and the provision of Road-to-Health Charts. However a number of targets have yet to be met including coverage of vitamin A through supplementation; legislation relating to the protection of breastfeeding mothers in the workplace; and reducing morbidity and mortality in children from under-nutrition, over-nutrition and HIV and TB.

HIV and infant feeding remains a contested field in child health and is an area that starkly highlights inequity. An HIV positive woman living in a developed country is likely to have the resources to choose replacement feeding as a means of eliminating paediatric HIV. In South Africa where the resources to ensure safe replacement feeding are often not available to women, the complex risks and benefits of breastfeeding versus replacement feeding have to be carefully weighed. Postnatal transmission of HIV from mother-to-child through breast milk remains a key challenge despite the availability of replacement feeds as part of the national PMTCT programme. Chapter 13 reviews the main infant feeding options for HIV positive women and concludes that the key challenge is to implement effective strategies to support women in their infant feeding choices.

HIV is largely responsible for fuelling child mortality and reversing gains made in child survival in the last decade. The number of children receiving antiretroviral therapy although relatively low is gradually increasing. However, the management of HIV-infected children

still poses major challenges. Chapter 14 reviews current paediatric HIV care and identifies key constraints including low rates of infant diagnosis, lack of access to cotrimoxazole prophylaxis, lack of sufficiently trained health care personnel, inadequate facilities, complexity of treatment recommendations, and drug regimens and formulations.

Approximately twenty per cent of South African children are estimated to suffer from chronic conditions such as congenital heart disease and neurological conditions and need ongoing care. The chapter on Chronic Conditions in Children analyses progress, challenges and gaps in providing this care. Improved implementation of services outlined in the 2002 Policy Framework of Non-Communicable Chronic Conditions in Children is recommended in order to improve the management of long term illnesses in children.

The impact of different policies and legislation on addressing the needs of children with disabilities is discussed in chapter 16. The gap between policy and implementation, for example, the lack of mechanisms to monitor access to services and the lack of focus on community level services are just some of the barriers that perpetuate the exclusion of children with disabilities from effective preventative, curative and rehabilitation services.

The last chapter in this section focuses on the health of older children in a school setting.

The role of school health services and indicators related to its implementation are discussed and gaps in planning and evaluation of health promotion programmes are identified. One key recommendation is to develop a planned and systematic approach to formulating health interventions that address the determinants of behaviours that are putting older children at risk.

## WOMEN'S HEALTH

Chapters 18 to 21 address a few key women's health issues. Great strides have been made in improving maternal care. Antenatal care attendance and deliveries conducted by skilled health worker record high percentages of 90 and 92 respectively. Despite these achievements maternal deaths are on the increase,

mostly fuelled the HIV epidemic. Maternal care strategies should therefore include screening for and appropriate management of communicable diseases. In addition postnatal care needs to be prioritised to ensure that women and newborns are cared for beyond delivery.

Chapter 19 notes that policies and guidelines supportive of high quality treatment and care for HIV- infected women are in place and access to PMTCT, VCT and ART services has expanded. For many South African HIV-infected women, decision making in regard to pregnancy and childbirth is hampered by number of factors including lack of information on contraception, interactions between ART, drugs for treatment of opportunistic infections and lack of knowledge about their HIV status when they become pregnant. The chapter recommends a number of strategies for improving the situation.

Cervical cancer remains the most common cancer among South African women. Constraints impacting on the implementation of an effective screening programme in South Africa, including a lack of human resource and skills are discussed. Prevention opportunities offered by the natural history of cancer should be used to provide better preventative services and the chapter points to the strategic opportunities that exist for prevention at both primary and secondary levels. SA's screening policy and alternative approaches for cytology are discussed.

Mental health issues are usually low on the list of priorities for health policy makers and planners. The last chapter in this section provides an overview of the women's mental health. Key factors which impact on mental health status of women including gender violence, HIV infection, and poverty are discussed. The chapter reviews the burden of the most disabling mental conditions including unipolar depression disorders, schizophrenia, alcohol dependence and panic disorders. South African policies on women's mental health are also briefly reviewed, and recommendations for policy, practice and research geared to improving women's mental health services in the country are offered.

Lack of data has to some extent impeded the process of transforming the health system - simply put "if you



can't measure it you can't change it". In 2006, the depth and breadth of information provided in the Health and Related Indicators Chapter has extended the scope of data available to decision makers and planners. New developments include the increased accessibility of disaggregated data at district level and greater coverage of the Millennium Development Goals indicators. However, quality of data, accessibility and inadequate levels of disaggregation are challenges that still need to be addressed.

So what has changed for the poor, rural woman or child who presents to a clinic? In 1996, the ravages that would be caused by the HIV epidemic, especially to women and children, the slow progress in addressing poverty and backlogs of the education system, the challenges of translating policies into practice, and the impact of an increasingly complex global environment on national health systems, had not been fully anticipated. Many chapters in this Review also highlight the impact of HIV on health, and the constraints to delivering appropriate care that are posed by a shortage of skilled personnel.

However many chapters also bear testament to the concerted and sustained efforts that have been made to learn from international experience and to adopt best

practice. There is a sense that progress has been made in creating the building blocks – legislation, financing and health information systems – which are vital to the provision of good quality care. There is also a sense of sustained progress for components of a number of programmes.

Perhaps more than anything else the impact of HIV upon women and children highlights the necessity to understand the health system as defined by the 1978 Alma Ata Charter. A health system is but only one of many determinants of health outcomes, alongside housing, water, nutrition and education, all of which need to work together if the health of vulnerable populations is to improve. And indeed many chapters in this Review call for improved multi-sectoral initiatives.

We hope that the South Africa Health Review will provide a practical knowledge resource that can be utilised by health policy makers and planners, health workers and other stakeholders interested in health systems development in tackling challenges associated with provision of equitable health care delivery. We also hope that it will stimulate and contribute to constructive conversation in implementing a national health agenda that is achievable and sustainable.

PETRIDA IJUMBA AND ASHNIE PADARATH

