5 Summary of recommendations per indicator for national, provincial, district and facility levels

This section presents the main recommendations for the majority of the indicators covered in Section A for national, provincial, district and facility levels.

1 Reproductive, maternal, newborn and child health

1.1 Maternal and neonatal health

Antenatal 1st visit coverage

National level

- As the population denominator might be a reason for the relatively low antenatal 1st visit coverage, a better option could be to use the number of deliveries in the public sector as the denominator for the antenatal 1st visit coverage indicator.

Provincial level

- Provincial Departments of Health should strengthen the inter-provincial exchange of best practices in order to minimise widening inequality within the provinces.

District level

- Active processes of strengthening data quality should be implemented across districts and local municipalities/sub-districts.

Facility level

- The antenatal 1st visit coverage should be evaluated against social determinants of health such as poverty, literacy levels and cultural practices, as well as access to maternal health services.

Delivery in 10–19 years in facility rate

National level

- A committed collective response to the factors associated with teenage pregnancy in South Africa should be initiated.
- A standard referral guideline, describing how clinical staff should handle contraception stock-outs and appropriate advice for women who are unable to access the contraceptive of their choice at the initial point of service, should be developed and circulated to health facilities.

Provincial level

- The current systems of supply chain management and distribution of contraceptives require review.

District level

- The implementation of the Adolescent and Youth Health Policy should be evaluated and corrective measures should be enforced where needed.

Facility level

- Health workers should conduct forum events in which they capacitate other service providers to assist in cascading the relevant information to teenagers and communities.
- Service delivery in the local municipalities/sub-districts with high rates of delivery in 10–19 years in facility should be given special attention. Expanding interventions to local municipalities/sub-districts to promote contraceptive use among 10–19-year-olds should be considered.

Maternal mortality in facility ratio

National level

- The influence of socio-demographic factors on maternal deaths should be further explored by both the National Committee on Confidential Enquiries into Maternal Deaths and the Rapid Mortality Surveillance.

Provincial level

- Best practices should be identified and shared between provinces.

District level

- Norms and standards for labour wards should be established and applied, and the availability of essential medication should be ensured.

Facility level

- Standard procedures for recording and auditing all maternal deaths should be implemented.
- Regular emergency obstetric drills should be performed at the primary level of care to ensure that all staff members are familiar with their roles in an emergency.

Neonatal death in facility rate

National level

- Effective oversight and support for neonatal services should be instituted at every level of the health system – provincial, district and facility.

Provincial level

- Implementation of existing interventions and the identification and sharing of best practices between districts and provinces with low and high neonatal death in facility rates respectively should be strengthened.

District level

- Systems should be implemented to hold managers at each level of the health system accountable for the outcomes in their neonatal services.

Facility level

- Medical personnel- and administrator-related factors contributing to neonatal deaths should be addressed.

1.2 Child Health and nutrition

Pneumonia case fatality rate

National level

- Community case management of diarrhoea and pneumonia by Community Health Workers has been shown to reduce under-5 mortality, and consideration should be given to introducing this in parts of the country with high mortality rates, especially in remote rural areas where access to health services may be difficult.
- On a national level, consideration should be given to how deaths due to pneumonia (and other conditions that contribute to pneumonia deaths) could best be measured and monitored.

Provincial level

- Successful action requires the development of integrated health systems with properly trained, supported and resourced healthcare workers.

District level

- The social determinants of health should be addressed, especially ensuring household food security, increasing access to basic services (particularly water and sanitation), and ensuring that all eligible children receive a child support or other grant.

Facility level

- Community case management of diarrhoea and pneumonia should be conducted by Community Health Workers.
- Local health workers and managers should look carefully at DHIS data on a regular basis. Attention must be paid to the completeness and accuracy of the data, to identifying and responding to identified deficiencies in care, and to addressing the underlying risks or contributory factors.
- Facility staff should ensure that all children have access to a package of basic preventive and curative health services defined by the Integrated Global Action Plan for Pneumonia and Diarrhoea.

Death in facility under 5 years rate

National level

- A Well Child Policy should be developed.
- Staffing norms should be established and implemented.

Provincial level

- To reduce child deaths, facilities should focus on ensuring that the recommendations of the Committee on Morbidity and Mortality in Children Under-five are implemented.

District level

- Mentoring supervision of frontline nurses providing mother and child health services should be provided.

Facility level

- Attention should be paid to the completeness and accuracy of the data, to identifying and responding to identified deficiencies in care, and to addressing the underlying risk or contributory factors.
- The roll-out of the new Road to Health Booklet should be used to promote integration of maternal and child care at home and in facilities.
- As a basic minimum, every hospital must:
  - implement a standardised record-keeping system;
  - ensure twice-daily ward rounds in all children's wards;
  - ensure that every child death is reported and audited; and
  - ensure that triage, early warning scoring systems, and standard treatment guidelines are implemented effectively.

1.3 Immunisation

Immunisation coverage under 1 year

National level

- Improving vaccine forecasts, budgeting and procurement, warehousing, distribution, handling and monitoring at all levels of supply chain management is essential to ensure vaccine availability at all times.

Provincial level

- An effective and well-run immunisation programme with support from the Provincial Departments of Health and Members of the Executive Committees is essential to protect all children in South Africa from vaccine-preventable diseases.
- All provinces and districts should have a proper vaccine wastage calculation system in place in order to minimise avoidable wastage, thus reducing expenditure on vaccines.
- Provinces should ring-fence the budget for vaccines to avoid unnecessary stock-outs which contribute to low immunisation coverage.
- The importance of a meaningful public–private partnership through implementation of service-level agreements with private healthcare providers to provide immunisation services and to submit data to the Provincial Departments of Health cannot be over-emphasised.

District level

- Better planning through a focused approach in identifying low-performing local municipalities/sub-districts will assist in addressing the root causes of bottlenecks to develop strategies based on the local context. This should include triangulation of data from routine reporting systems, national immunisation coverage surveys, vaccine-preventable disease surveillance, and reporting at granular level to guide in the planning, budgeting, monitoring and implementation of immunisation programmes.
- Ongoing updates and capacity-building for healthcare providers should be provided to reduce Adverse Events Following Immunisation cases.
- Budget and financial expenditure on vaccines and the Expanded Programme on Immunisation could form part of the monitoring of programme performance and effectiveness as well as an accountability mechanism. Correct allocation of the expenditure in the BAS is essential.

Facility level

- Community participation and engagement should be an integral part of demand-generation and addressing vaccine hesitancy and refusal. Community Health Workers and community-based organisations should be deployed to improve performance for immunisation and other maternal and child health programmes.
- Interventions that promote broader health service utilisation, such as antenatal care attendance, can help to improve the awareness and uptake of routine childhood vaccination.

1.4 Reproductive health

Couple year protection rate (CYPR)

National level

- The 15.4 percentage point decline in the CYPR since 2016/17 is of concern and requires further analysis.
- Cost analysis of changes in method contribution to the CYPR may provide useful information for budgetary considerations.
- As new methods are considered in future contraceptive policies, the introductory strategies should incorporate plans for promotion of these methods and interventions for implementation of demand-creation activities that will contribute to an increase in overall method uptake.
- Albeit that emergency contraception plays a small role in the total CYPR, it would be important to include it as a method that contributes to the South African CYPR so as to track its uptake in the districts and provinces, particularly in the context of high rates of unintended pregnancy.
- The impact of contraceptive stock-outs at facilities that occurred during 2019/20 should be further researched, as it may be a contributing factor to the decrease in the national CYPR and to the decreases in uptake of certain methods and increases of others, rather than client preference and choice. Investigation into the causes of such declines and the strategies needed to mitigate them in future should be prioritised.

Provincial level

- Sustained strategies for demand creation should be implemented to ensure that awareness of contraceptive options is heightened, and that under-used but important barrier methods such as the female condom are promoted.
- Special focus may be needed for particularly vulnerable groups, such as adolescent girls and young women between the ages of 15 and 24. Health service barriers to contraception access and negative perceptions about contraception services held by adolescent girls and young women may require further research.

District level

- In terms of data quality, the data used to calculate the CYPR (both denominator and numerator) should be checked for accuracy, especially where considerable increases or decreases in facilities have been noted.
- Provinces and districts with a decline in the CYPR in 2019/20 should review changes at facility level to identify local municipalities/sub-districts, and even facilities, that are reporting low levels of CYPR, and should investigate the possible causes, engage in quality improvement processes, and address challenges and gaps.

Facility level

- For training on long-acting reversible contraception (intra-uterine copper device and sub-dermal implants), it is important that new staff members are trained on insertion and removal of these devices. This will ensure that all facilities have staff members who are confident in performing these procedures.

2. Infectious disease control

2.1 Tuberculosis (TB)

TB symptom child under 5 years screened in facility rate and TB symptom client 5 years and older screened in facility rate

National level

- The National Department of Health should update the Standard Operating Procedures to ensure that efficient processes are followed at the facility level.

Provincial level

- Districts should be supported by provinces to ensure that facility staff understand and own the processes to be followed in terms of TB screening and recording.
- Provinces should use the routine DHIS data to identify districts as well as facilities that need support.

District level

- District TB Co-ordinators should monitor the process of TB screening very closely to ensure that facilities adhere to the TB screening procedures.

Facility level

- Partners, where available, should ensure that their support in this regard has impact.

TB symptomatic child under 5 years rate and TB symptomatic client 5 years and older rate

National/provincial levels

- The TB symptomatic rate should be disaggregated further by gender and various age groups to focus on the most vulnerable groups.

District level

- The reasons for the relatively low TB symptomatic child under 5 years rates should be investigated.

Facility level

- Actively finding symptomatic TB clients is the foundation for interrupting the TB transmission cycle. Therefore, action plans should be developed and implemented by facilities to find symptomatic TB clients.

Drug-susceptible (DS) TB client treatment success rate, DS-TB client loss to follow-up rate (LTFU), DS-TB client death rate, TB multidrug-resistant (MDR) treatment success rate and extensively drug-resistant (XDR) TB treatment success rate

National level

- The National Department of Health should prioritise provinces with the worst DS-TB treatment success outcomes, DS-TB LTFU and DS-TB death rates as well as MDR-TB and XDR-TB outcomes.
- The TIER.Net system should be investigated for the reported inconsistencies and misclassifications with the aim of improving the quality of data and performance.

Provincial level

- Provinces should develop strategies to ensure an increase in the DS-TB and DR-TB treatment success rates to meet the target of 90% for DS-TB and 70% for drug-resistant TB.
- Provinces should prioritise districts with the worst DS-TB LTFU and death rates.

District level

- Districts should prioritise support to their facilities with the worst DS-TB success, DS-TB LTFU and DS-TB death rates.

Facility level

- Treatment adherence and quality of care should be improved.
- Documentation of patient information should be improved and data management should be prioritised.
- More flexible service hours, compassionate healthcare workers and improved patient education have been reported to improve adherence to TB treatment.
- All XDR-TB patients must be treated with the new and repurposed oral agents to increase the treatment success rate.

2.2 HIV/AIDS

Clients remaining on antiretroviral therapy (ART) rate

National level

- The focus on improving the rate of people understanding their Human Immunodeficiency Virus (HIV) status and being linked to treatment should be heightened.
- The focus on retention strategies, reviewing lessons learnt and successful practices for potential scale-up should be improved.
- Intervention studies on adolescents (10–19 years) to improve their retention in care should be prioritised.

Provincial level

- Linkages to treatment for people living with HIV (PLHIV) should be improved, ensuring that all who are diagnosed are initiated on and linked to treatment.
- Co-ordination mechanisms and use of an evidence-focused and targeted approach to address low rates of client retention on ART and ensure ART medication availability should be strengthened.

District level

- The gaps and reasons for interruption of ART treatment programmes should be understood and addressed at facility and district levels.

Facility level

- Engagement with communities should be improved, including with organisations led by PLHIV to strengthen diagnosis, linkage with treatment and retention in care.
- Data should be used innovatively and real-time monitoring should be supported to ensure early identification of clients who drop out of treatment or are diagnosed with HIV and not linked to treatment.

ART client viral load suppressed rate

National level

- Research should be conducted to better understand the barriers to achieving higher levels of viral load suppression in children.

Provincial level

- Further interrogation of data is needed to understand why some districts are performing better than others so that their lessons can be shared with poorer-performing districts.
- The Western Cape should ensure that ART data are submitted to the National Department of Health (NDoH).
- Technical support should be provided to poorly performing districts and virtual support meetings should be continued.

District level

- Clinic-wide information, educational and counselling material (such as posters and brochures) should be distributed to promote attendance at scheduled visits and treatment adherence.
- Programmes targeting adolescents in transition from paediatric to adult care, with a range of interventions including psychosocial support and treatment literacy, should be strengthened to improve viral suppression outcomes.

Facility level

- The guidelines for monitoring children and adolescents in the context of HIV, TB and non-communicable diseases should be implemented to assist in challenges with disclosure in children and teenagers.
- The implementation of the 2019 ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates should be strengthened.
- Case management and follow-up of patients who are not virally suppressed should be intensified.
- Facilities should implement the 'Welcome Back' approach for patients whose treatment is interrupted.
- Clinicians should be re-orientated on the adherence guidelines and this implementation should be expanded in all health establishments in all districts.

3 Non-communicable diseases

Cervical cancer screening coverage

National level

- An intensive campaign to continue to reduce new HIV infections among women is essential so that South Africa can implement the standard cervical cancer screening calculation formula.
- Research is required to better understand the often complex pathways of care that women must navigate in order to access appropriate care and support.

Provincial level

- Provincial Departments of Health should strengthen the inter-provincial exchange of best practices in order to minimise widening inequality within the province, focusing on lessons learnt/good practices with the national Cancer Campaign and district cancer campaign activations.
- The National Cancer Campaign should be strengthened and scaled up across all provinces, districts and local municipalities/sub-districts.

District level

- Active processes of strengthening data quality should be implemented across districts and local municipalities/sub-districts.

Facility level

- Special attention should be paid to service delivery at facility level in the local municipalities/sub-districts with low cervical cancer screening coverage.

4 Service capacity and access

4.1 Management Primary Health Care (PHC)

Percentage Ideal Clinics

National level

- The NDoH should revise the unrealistic target of having all PHC facilities 'ideal' by 2020/21.
- The draft National Governance for District Health Services Guideline must be finalised.
- The Clinic Committee training for trainers for all provinces which commenced in 2019/20 should be completed.
- The NDoH in collaboration with provinces should complete schedules for PHC facilities that need major refurbishment or rebuilding. Appropriate storage areas for healthcare waste should be addressed as part of infrastructure deficiencies.
- Staff at provincial and district offices should be trained on the National Guideline for filing, archiving and disposal of patient records in PHC facilities.

Provincial level

- The functioning of provincial and district level scale-up teams, i.e. Perfect Permanent Teams for Ideal Clinic Realisation and Maintenance that are responsible for supporting and monitoring clinics, should be strengthened in some provinces and specific districts that are performing poorly.
- Provinces, districts and facilities should be encouraged to use the outcomes of the status determinations to drive targeted quality improvement activities, which should not be viewed as mere compliance exercises.

District level

- Facilities that obtained an Ideal Clinic status during peer reviews should be monitored closely to ensure that they remain 'ideal' in the following years.
- Basic Life Support Instructors who were trained by the NDoH must be enlisted to roll out the provincial training programme to ensure training of 80% of nurses in PHC facilities.

Facility level

- Facility managers should be empowered by establishing a peer network to enable them to share best practices and discuss common issues.

- All PHC facilities should make use of the standardised patient records.
- Results of records audits should be used to move progressively towards improvement.

Core essential medicines available at fixed PHC and community health centre/community day centre (CHC/CDC) facilities

Provincial level

- The recommendations regarding ring-fencing of the pharmaceutical budget made in the Presidential Health Summit compact should be implemented timeously to ensure availability of funding for essential medicines.

District level

- Wherever possible, each PHC and CHC/CDC facility, particularly those with high headcounts, should have a dedicated Pharmacist Assistant.

Facility level

- Training for facility-based staff on inventory management practices is required.
- Responsibility for medicine availability should be included in the performance agreements of facility managers, nurses responsible for dispensing, and district managers.
- The availability of tracer medicines has a direct impact on the IC status of PHC facilities; facilities should therefore implement effective supply management systems.
- Community public awareness campaigns to discourage patients' self-medication and multiple consultations should be put in place.

4.2 Inpatient management

Hospital beds per 1 000 population

National level

- The NDoH should establish and implement a standardised approach to determine the number of inpatient beds needed at each level of care, and their distribution across provinces and districts. This approach should be based on evidence regarding the local burden of disease and other contextual factors, and be an integral element of comprehensive and co-ordinated plans addressing simultaneously all levels of the health system and their interconnections.

Provincial level

- Every province should develop a service and system plan towards a coherent national plan to reduce inequities in access to district hospitals and other higher-level hospitals providing inpatient services.

District level

- Data collection procedures at facility and district level and a mechanism of verification at provincial and national levels should be implemented to ensure the correctness of the data elements used for the calculation of for these indicators. Data on the number of operational beds should be included among those routinely collected.

4.3 Finance

Provincial and local government (LG) district health services expenditure per capita (uninsured population), Provincial and LG PHC expenditure per capita (uninsured population), Provincial and LG PHC expenditure per PHC headcount, Expenditure per patient day equivalent (PDE) (district hospitals)

National level

- The health sector is urged to make increased use of strategic purchasing mechanisms instead of incremental budgeting, and phasing in of such mechanisms should not be contingent upon National Health Insurance being fully established.
- Further research into the relationship between expenditure and performance is recommended, including exploration of which other performance and health outcome indicators can be used to best assess the quality and effectiveness of expenditure.

Provincial level

- Resource allocation across provinces and districts should be responsive to variations in healthcare need, demand and (where warranted) cost structures.
- Provinces are also encouraged to develop their own formulae or other methodologies to account for need in resource allocations.

District level

- While increases in expenditure per PHC headcount and expenditure per PDE for district hospitals may be warranted – particularly for provinces and districts that come from a low base – several already high-spending areas saw large increases. The health sector is advised to look into such cases, for example expenditure per PDE in North West districts and in Amajuba in KwaZulu-Natal.

Facility level

- There appears to be a relatively strong correlation between expenditure per PDE, bed utilisation rate and average length of stay, in that high bed utilisation rate and low ALOS were associated with low expenditure per PDE. This may indicate that lower hospital unit costs can be achieved by better management of existing hospital capacity and improving inpatient management.