



# HEALTH SYSTEMS TRUST



## HEALTH AND RELATED INDICATORS

### SAHR KWIK SKWIZ SERIES

#### This KWIK SKWIZ:



summarises Chapter 15 of the 2014/15 South African Health Review.

The 18th edition of the South African Health Review (SAHR) coincides with the final target date for the Millennium Development Goals (MDGs), and their replacement with the Sustainable Development Goals (SDGs) to be achieved by 2030. Every possible collection of health statistics in 2015 is focused on the degree to which the MDGs have been met. Preliminary progress towards the health-related targets, globally and for South Africa, is provided in the SAHR 2014/15 chapter on Health and Related Indicators.

The Review focuses on national and provincial data, differentiated by population group where possible. However, aggregated data can hide as much as they reveal, so it is important to use the SAHR in tandem with the District Health Barometer (DHB) as needed.

#### Key data points reported in the Indicators chapter:

- Population trends show how South Africa, as a low-fertility country in an African context, is progressing through a demographic transition. In the future, greater emphasis should be focused on the health needs of the elderly. This is already happening to a degree in terms of on non-communicable diseases (NCDs).

- There is a dearth of data on water quality and waste water management, and this remains a key social determinant of health in underserved areas of South Africa.
- Accurate mortality data depend on timely and complete vital registration, which is receiving continuing attention. Mortality data by 5-year age band for males and females continue to show impressive reductions in excess mortality associated with HIV and associated opportunistic infections, most probably due to the antiretroviral treatment (ART) programme. Most national and international sources agree that maternal mortality is now declining, although reductions in several measures of child mortality have stagnated.
- The status and future of the National Department of Health (NDoH) notifiable disease system need clarification. In the absence of new data from this system, the country has to rely on the data gathered by the National Health Laboratory Service (NHLS), but this may mean that the availability of data needed from private sector laboratory services will diminish.
- There are ongoing discrepancies between the malaria statistics reported by the NDoH and

those extracted from vital registration systems. Nonetheless, there is sufficient evidence to justify a new focus on the provision of chemoprophylaxis for travellers to high-risk areas, including for those travelling outside of South Africa.

- Without application of a common unique patient identifier, linkage of records from different systems (such as ETR.Net and the NHLS Corporate Data Warehouse) will always be challenging. This has to be prioritised for the immediate future.
- As with the global '90-90-90' targets, data on the degree to which patients are retained on ART and virally suppressed should be collected and made publicly accessible.
- Contraceptive coverage, as measured using routine data in the District Health Information System (DHIS) by the couple year protection rate, is sensitive to changes in method mix. The indicator uses assumptions about the expected duration of protection provided by each component, but it is more difficult to estimate when some methods (such as implants) may be removed early and other methods (such as condoms) may be distributed in large quantities for dual protection; these result in over-estimations of the level of contraceptive protection. In addition to disaggregating by district (as is reported in the DHB), it will be particularly important to measure contraceptive coverage in adolescents, including those served by the School Health services.
- As successive waves of large, nationally representative longitudinal surveys continue to deliver new data, a better idea of the gap between the number of patients with key NCDs and the proportion actually accessing treatment (and controlled) will be available, and important to track.
- There are still no updated data from the Road Traffic Management Corporation beyond 2011. Alternative sources, such as cause-of-death statistics, are incomplete due to inadequate coding of injuries.

#### SOURCE:

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