



NEWSLETTER OF THE COMMUNICABLE & NON-COMMUNICABLE DISEASES BRANCH

Recommitting to the principles in the Alma Ata Declaration

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1. EDITORIAL

The new financial year has begun! This represents a good time to reflect on what we achieved in 2017/18, what we did not achieve and what lessons we have individually and collectively learned so that we can be more successful in 2018/19.

You would notice that the name of the Newsletter has changed! Yes, this means that in future the newsletter will include issues on all communicable diseases (not just HIV and TB) and will also focus on NCDs as well as our approach to strengthening the community health worker programme! This change is in line with the White Paper on the NHI – which we collectively have to start implementing in earnest. In this context, one of the key activities of the Branch is to contribute to the development of the services benefits at all levels of care.

In his State of the Nation Address on 16 February 2018, President Ramaphosa outlined the key priorities for the health sector. These priorities relate specifically to the activities of this Branch. President Ramaphosa said:

“By scaling up our testing and treatment campaign, we will initiate an additional two million people in antiretroviral treatment by December 2020.

We will also need to confront lifestyle diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases”

These are our marching orders for the next two years! We acknowledge that we will not be able to achieve these objectives and targets without a strong health system, especially a strong primary health care system. Therefore, in implementing

programmatic activities we must work closely with colleagues that are responsible for strengthening the health system as well.

In line with the pronouncement of the President, the priorities of the Branch are the following:

- (a) implement a national screening, testing and treatment campaign for HIV, TB, diabetes and hypertension;
- (b) implementing of a surge intervention to initiate 2 million additional people living with HIV on ARVs;
- (c) implement a national cancer awareness campaign;
- (d) strengthen the community health worker programme in the context of community based health services.

All of these priorities require a strong health information system, including collection of data at community and facility levels and use of the information to monitor programme performance as well as to take corrective action were needed.

This is the 40th Anniversary of the Alma Ata Declaration! We need to collectively reflect on what we have and have not achieved in strengthening primary health care and providing quality care to all based on need and not on ability to pay! It is time to rededicate ourselves to the principles adopted at Alma Ata in 1978!

There is much work for us to do in ensuring that we meet the needs of our people in the most respectful, effective and efficient manner. Working together we can meet these objectives.

Dr Yogan Pillay (DDG: Communicable and Non-Communicable Diseases)

2. End of the 2017/18 financial year: what have we achieved, what did we learn?

In 2017/18 The Minister of Health released the White Paper on the NHI. This provides us with a roadmap towards universal health coverage. This meant that the National Department of Health had to review its organogram to ensure that we are able to deliver on the White Paper. All Branches were reconfigured to ensure that there are branches dedicated to: NHI co-ordination; health systems strengthening; health programme design, implementation and monitoring.

While much good work was done in the 2017/18 financial year, highlights include the continuing decline in mother to child transmission of HIV (now at 1.5%), continuing declines in infant, under 5 and institutional maternal mortality according to the Ministerial Committees, increases in the number of PLHIV that are on treatment, and declines in mortality from TB and HIV as reported by STATSSA.

Despite these achievements, our immunisation programme is not performing optimally, neonatal mortality rates are stubbornly high, child and maternal mortality rates are still much higher than we would like to see and the proportion of deaths from non-communicable diseases continues to rise. There were far too many cases and deaths from malaria; our ability to deal with cancers is sub-optimal; too many patients with chronic diseases are lost to follow-up and we had the Life Esidimeni crisis which reflected on poor mental health care services.

What have we learned that we can use to strengthen our responses in 2018/19? There are several lessons – not many are unfortunately new:

- treat every patient/person with the respect that they deserve
- do the basics right and do them right every time;
- use information to monitor patients and programmes and take corrective action when necessary
- hold each other accountable for our actions
- managers at all levels of the system must provide the necessary support to their staff

3. Branch priorities for 2018/19

STATSSA recently released the list of the causes of mortality in South Africa. As in 2014, the top 5 causes of mortality in 2016 were: tuberculosis; diabetes; other forms of health diseases; cardiovascular diseases; and HIV. This list clearly shows that we have to deal decisively with both communicable and non-communicable diseases.

As noted in the editorial we will implement two major initiatives in campaign style. These will not be purely health sector responses but a whole of government and whole of society initiatives. With respect to the National Screening, Testing and Treatment Campaign focussing on TB, HIV, diabetes and hypertension, we will use lessons from the 2010 campaign. This means reviving the nerve centres at district, provincial and national levels, setting targets at all levels and monitoring progress on a weekly and monthly basis. It also means working with health facilities and health workers to ensure that they screen, test and treat those that are targeted and it means a huge community effort to mobilise community structures. This campaign will kick off in the second quarter of this year.

Part of the national campaign is to find those that do not know their TB or HIV status, as well whether they are either diabetic or hypertensive and ensure that they are on treatment. As noted by the President, we have a target for HIV – initiating an additional 2 million on treatment by December 2020 to reach the UNAIDS 90-90-90 targets. The Minister of Health requested additional support from PEPFAR to achieve this target and an announcement on our successful bid will be made soon! It is critical that we use the additional resources as effectively and efficiently as possible.

The cancer campaign will focus on awareness of risk factors of the cancers, in particular those that are lifestyle related as indicated in the WHO pictorial below. We will also strengthen access to cancer services during the year, including

decreasing backlogs for radiation oncology services and the implementation of the recently adopted breast and cervical cancer policies and guidelines.

Apart from the various campaign style interventions, the Branch will also focus on a range of other activities. KwaZulu-Natal is close to achieving elimination status with respect to malaria and Mpumalanga is not far behind. We must assist these provinces to achieve elimination status within the next two years.

Mental health services require a massive restructuring to improve both coverage and quality of care. We will develop a national restructuring plan and commence with its implementation during this financial year. We have to demonstrate discernible improvements in mental health care services in line with the Mental Health Care Act and the report from the Health Ombud as it related to the Life Esidimeni crisis.

Ways to reduce your cancer risk



Do not smoke or use any form of tobacco



Avoid too much sun, use sun protection

Make your home smoke-free



Reduce indoor and outdoor air pollution



Enjoy a healthy diet



Be physically active



Breastfeeding reduces the mother's cancer risk



Limit alcohol intake



Vaccinate your children against Hepatitis B and HPV



Take part in organized cancer screening programmes

We will continue to improve maternal and child health services led by the introduction of the new Road to Health Booklet as well as strengthening the quality of antenatal care and linked labour and delivery services. MomConnect is close to reaching two million pregnant women registered thanks to nurses around the country and will reach this milestone during May. Well done to all of you! We

request that all nurses sign up to NurseConnect and use the new electronic Road to Health Booklet as well as assist every pregnant woman register for MomConnect, now also available on WhatsApp with enhanced features. Sexual and reproductive health services will also be a focus of our work with improvements in access to the full range of contraceptives including in rural areas of our country.

In terms of strengthening the health system we must strengthen the way community health workers are deployed and supervised. We are in the process of revising the scope of work of the ward based primary health care teams, including those of the outreach team leaders and the community health workers as well as the training materials, together with a revised set of indicators and system to monitor their work. These initiatives should enable us to trace more defaulting patients and bring them back into care as well as identify people who need to be referred to health facilities. In addition, this cadre of health workers must strengthen health promotion and the prevention of diseases in our communities.

There is much to be done. This requires carefully planning and implacable implementation as well as monitoring. We must be fully committed to doing everything possible to achieve our targets so that we can improve both coverage and quality.

Remember: coverage + quality = impact!

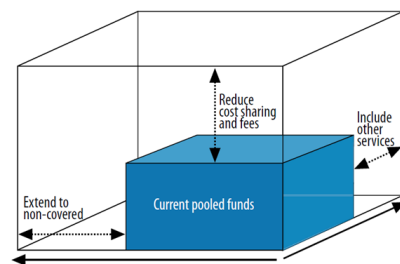
4. Development of the NHI Service Benefits Framework

We need to know what health services will be provided at each level of care under NHI. This is important for at least two reasons: (a) people who are contributing to into the NHI Fund have certainty about what their funds are being used for; and (b) that the NHI Fund is clear about what services it is purchasing from service providers in the public and private sectors.

The National Department of Health has therefore started a process to compile a detailed list of health services currently provided by the public health sector in a repository called the NHI Service Benefits Framework (SBF). After the SBF is populated it will provide a baseline against which we can review the gaps in service provision and to review the existing services - to understand which adds value to patients and the health system (in terms of both effectiveness and efficiency). This requires a transparent priority setting process which will be guided by both evidence and community preferences. This means that we will have to review not only what services should be provided but also by whom and how – which implies a review of the service delivery platform as well.

To date, the SBF has been populated with all facility-based primary health care services, to which community based primary health care services are being added. This includes services provided through ward-based primary health care outreach and school health teams. The next step will be to expand to hospital services at district, regional, tertiary and central levels of care.

The role of the SBF is central to the commitment by the South African Government to define the path that South Africa will take towards universal health coverage, and against which progress can be tracked. To date, only two of the three dimensions of coverage in the Universal Health Coverage cube have been articulated: that 100% of the population will have access to services (front panel horizontal); and that 100% of the cost of these services will be covered by the NHI Fund (front panel vertical). What remains is to undertake what must necessarily be an iterative process to re-define the services themselves (right side panel); estimating the associated costs and available trade-offs to ensure this falls within the available national resources; and then either adjusting the size of the package or advocating for additional resources.



The intention of the SBF is therefore *not* to dictate individual patient care; but rather to understand where each intervention can be most cost-effectively provided and, while balancing the need for quality, practicality and equity considerations, model how the existing national health funding envelope can be used to achieve the greatest population outcomes.

5. Contributions to the next Newsletter

As always we would like to encourage provincial managers, district managers and facility managers to send us inputs for the next Newsletter. This Newsletter is not only intended to share news from the National Department but also for provinces, districts and health facilities as well as for school health teams and members of the District Clinical Specialist Teams to share examples of their work. Please send inputs for the next Newsletter to yogan.pillay@health.gov.za.