

Editorial

This 2017 edition of the *South African Health Review (SAHR)* comprises 21 chapters. In acknowledgement of the 20-year anniversary of the publication and the significant improvements to our health system over time, most of the chapters provide an overview of developments in their respective subject areas over the past two decades.

The first chapter offers a concise history of some of the major issues covered by the SAHR over the past 20 years. Peter Barron and Ashnie Padarath (who are also the editors of this year's edition), use the World Health Organization's six building blocks as a lens to contrast relevant chapters in the first (1995) edition of the SAHR with chapters on the same theme in subsequent editions.

In Chapter 2, Andy Gray and Yousuf Vawda provide a summary of health-related legislative instruments at national level that have been the subject of change since the 2016 Review. They note that despite significant gains, some legislative processes have stalled, such as the Certificate of Need, the introduction of compulsory Continuing Professional Development for pharmacists, the recognition of specialist nurses as prescribers, and the introduction of international benchmarking for medicine prices. While expressing concern at the lack of progress in the development of National Health Insurance (NHI) legislation and the yet-untested ability of the Office of Health Standards Compliance to issue and enforce compliance notices, they note encouraging progress towards creation of the South African Health Products Regulatory Authority to replace the Medicines Control Council.

In Chapter 3 on financing, Mark Blecher and colleagues show that expenditure has increased to R183 billion in the public sector alone. Despite this six-fold increase in nominal spending over the past 24 years, the increase in per capita expenditure has been static or negative since 2011/12. The health sector has responded to the slowed budget growth and rising costs in a number of ways: personnel numbers have been limited since 2012/13; greater savings have been sought on medicines tenders; a set of Ministerial 'non-negotiable' budget items has been developed that provinces must prioritise in budgets; savings have been sought in administration and expenditure; capital spending on buildings and medical equipment has been reduced; capital projects and equipment purchases have been delayed; and primary health care (PHC) has been prioritised.

There is currently no specific provision in the National Health Act for the establishment of a dedicated Health Technology Assessment (HTA) body and associated structures, and health technology is narrowly and incompletely defined within current legislation. In Chapter 4, Nandi Siegfried and colleagues take this into account and call for the National Department of Health (NDoH) to host a HTA summit in order to gain consensus on an acceptable and useful definition of HTA appropriate to the South African context, and to discuss the policy and legislative requirements for a national HTA agency or alternative mechanism in South Africa. They also suggest

that consideration be given to the revision of relevant national legislation and policy in order to align with the NHI agenda and international developments in the field of HTA.

The fifth chapter critically examines the process of developing and implementing the National Drug Policy (NDP), from 1994 to date. In their overall assessment, Andy Gray and co-authors conclude that while there have been some achievements in the areas of medicine policy pricing, the NDP has not been implemented as originally envisaged. In particular, the authors lament the diminishing number of formal opportunities for public engagement and suggest that in the future, careful consideration should be paid to systems for delivering affordable, quality essential medicines in finalising the White Paper on NHI.

In Chapter 6, Lucy Gilson and a group of collaborators from the Western Cape describe and discuss the case of health system reform in that province. Adopting the view that the extensive revisions to the health system represent a 'whole-system change' (as opposed to piecemeal or programmatic change), they enumerate the lessons learnt in this process and make recommendations for the successful implementation of such an approach. Additionally, the authors highlight the importance of developing new forms of monitoring and evaluation that adopt a whole-system perspective and that extend beyond services and programmes to system functions; this draws in a wider range of perspectives and knowledge, and considers not only 'what' but also 'how' health system change is unfolding.

In Chapter 7, Susan van Schalkwyk and colleagues describe the development of Stellenbosch University's Rural Clinical School, which introduced a year-long training of final year medical students at a rural training site. Based on the findings of a five year evaluation, the authors suggest that all healthcare professions students in South Africa be exposed to training in rural and underserved areas through the course of their curriculum.

Chapter 8 interrogates the potential of South Africa's PHC Re-engineering Strategy and the National Development Plan to adequately address social determinants of health. Recommendations and suggestions are made for the health sector to take on a stronger advocacy role, within government and beyond, to support the broader international health and development agenda. Vera Scott and co-authors make use of a case study to illustrate how a social-determinant approach to a health problem such as obesity reveals a set of contributing factors beyond those acting at the immediate level of the individual (i.e. in the case of obesity, beyond dietary choices); the case study draws attention to the impact of population- and community-level factors, such as socio-cultural influences and the food environment created by local and global forces.

The ninth chapter unpacks the need for South Africa to develop an improved health-systems response to migration and health. Jo Vearey and colleagues observe that contrary to popular perception, the number of people moving internally within South Africa far exceeds

the number of cross-border migrants. They suggest that internal migration in fact presents greater governance, health system, and health equity challenges than cross-border migration.

In Chapter 10, Shivani Ranchod and colleagues provide an account of the stark divide between hospitals in the public and private sectors and suggest that a homogeneous approach to hospital processes, policies and systems could assist in minimising variations between these two sectors. They further speculate that changing the financing of the system alone is unlikely to be sufficient to achieve universal access to high quality of care. They recommend that institutions that focus on quality improvement and that work across both the public and private sectors are essential for quality improvement and improved accountability.

In Chapter 11, Jeanette Hunter and colleagues describe progress and challenges in the implementation phase of the Ideal Clinic Realisation and Maintenance programme. They report that 322 Ideal Clinics were accredited in 2016 and the number of clinics scoring over 70% increased from 139 to 445, but that there is still much to be done. The authors highlight the need for national and provincial health departments to speed up infrastructure and staffing improvements and correct the procurement processes that currently see many clinics functioning without the required medication, consumables, equipment and furniture.

In Chapter 12 on pharmacovigilance (PV), Ushma Metha and collaborators discuss the PV activities used to assess the impact of adverse drug reactions on public safety and health in South Africa. Despite the progression from passive regulatory reporting to active surveillance systems, the authors signal the urgent need to develop cohesive, sustainable systems to support evidence-based decisions on appropriate regimen choices, while minimising medicine associated risks. They further suggest that increased use of computerised clinical, laboratory and dispensing records, with unique patient identifiers facilitating data linkage, will increase PV surveillance capacity in South Africa.

In Chapter 13, Ameena Goga and colleagues suggest that the prevention of mother-to-child transmission (PMTCT) of HIV is one of the success stories of the 21st century in South Africa. They observe that “over the past 15 years the national risk of early (six weeks post-partum) MTCT in South Africa, plummeted from approximately 25–30% prior to 2001, to an estimated 1.4% in 2016”. They credit national policy updates on PMTCT, supported by political will and congruence with latest scientific evidence as critical factors in this success. The authors draw on the bottlenecks listed in the Last Mile Plan to prioritise a set of eight game-changers to increase PMTCT effectiveness in the country.

The female condom programme has grown rapidly from a pilot phase to a national programme and represents one of the largest government funded female condom programmes worldwide. Despite this, the authors of Chapter 14, Mags Beksinska and colleagues, have found variation in access to female condoms across provinces. Crucial determinants of a successful female condom programme cited by them include male involvement and support for use of the female condom, and the attitude of providers.

Drug-resistant tuberculosis (DR-TB) is a significant threat to efforts to end TB in South Africa. In Chapter 15, authors Helen Cox et al. observe the need for access to drug-sensitivity testing among all

TB patients and effective second-line TB treatment for all diagnosed patients. They note South Africa’s strengthened response to DR-TB in recent years, for instance the implementation of new diagnostic tests such as the Gene-Xpert and the introduction of decentralised and de-institutionalised DR-TB treatment provision at lower levels of the health system. They suggest that important challenges moving forward are those of defining and piloting models of DR-TB care across different settings, and supporting patients throughout treatment.

The South African government has made great strides towards management and control of non-communicable diseases (NCDs), including the development of health promotion and prevention policies and guidelines intended to assist healthcare workers, facilities and communities with NCD care. In Chapter 16, Thandi Puoane and colleagues suggest that the facility-based component of NCD management and control has received more attention than the community level components, which is emphasised in the National Strategic Plan for NCDs.

In Chapter 17, Naomi Lince-Deroche and colleagues capitalise on the fact that a breast cancer diagnosis and treatment policy is currently being drafted by the National Department of Health; they provide an overview of the possible approach and strategies to be taken into account when crafting a comprehensive response. Suggestions include increasing the number of breast-specialist centres that are staffed with multi-disciplinary teams; re-training PHC nurses on how to perform clinical breast examinations; strengthening existing referral systems, including facilitated patient transport systems; maximising the use of mammography and ultrasound for diagnosis; and increasing support for and links to patient advocates and counsellors in communities and within breast-specialist centres to ensure comprehensive, full-spectrum care.

In Chapter 18, Lynette Denny and Louise Kuhn review the history of cervical cancer prevention. They suggest that while methods for prevention and early detection of cervical cancer have been well established since the 1960s, the implementation of appropriate policies and healthcare interventions has been suboptimal in many low- and middle-income countries. Their recommendations include updating and upgrading the National Cancer Registry to a population-based registry to enable more accurate data collection for planning, monitoring and evaluation; the consolidation of resources where cytology based programmes are functioning well; and alternative algorithms for cervical cancer prevention where these do not exist. They also suggest that cervical cancer screening in asymptomatic women should be free of charge and provided at the primary level of care, and that healthcare workers should be adequately skilled in all areas of cervical cancer control.

In Chapter 19, Andrew Scheibe and colleagues expound on the need to move away from a criminal justice approach to dealing with drug use. While some recent South African policy documents have called for an approach that is more medicalised and that conceptualises habitual drug use as a chronic disease requiring treatment, the authors recommend the development of a new, inclusive approach that aims to address the social determinants contributing to drug use and provides services that reduce drug-related harms.

This year’s winner of the Emerging Public Health Practitioner Award is Candice Fick, who offers a review of the implementation of the Integrated Management of Childhood Illness (IMCI) strategy in

South Africa over the past 20 years (Chapter 20). She advocates for IMCI to be classified as a programme rather than an implementing strategy, and makes recommendations on how to improve the impact of IMCI in South Africa.

Chapter 21 on Health and Related Indicators is a consistent feature of the SAHR. Candy Day and Andy Gray, the regular contributors of this chapter, describe a wide range of healthcare indicators including socio-economic and demographic indicators; specific health programmes; diseases such as HIV and maternal and child health; and indicators related to health systems such as financing and human resources. These are usually presented at national and provincial level as well as by 'race', where relevant. The indicators have been updated from previous editions and the authors have comprehensively presented the sources thereof and why they have been updated.

The concluding paragraph of the Foreword to the first edition of the *South African Health Review* ended with the following vision: "Independent, reliable documentation of health and health care is an important form of support for health systems reform. We trust that this Review will be published annually, and will serve as a barometer of effective change". Twenty years later, we take pride in noting that – with the valued support of our collaborators and funding partners – we have continued to manifest this vision.

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Ashnie Padarath and Peter Barron
Editors