

# HEALTH LEGISLATION AND POLICY: Context, Process and Progress

# 14

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*The current health leadership in South Africa has committed to a substantial overhaul of the public health sector to address the complex burden of disease; meet the Millennium Development Goals (MDGs); improve health-care outcomes, access and affordability; and ensure responsiveness to population health needs.*

*Using a contemporary policy analysis framework, this chapter reviews health and health-related legislation, key health policy initiatives and progress with implementation for an 18-month period from December 2008 until May 2010. The methods include a literature review and interviews with ten key informants.*

*The review found that there is an enabling legal, policy and fiscal environment and context that facilitates the achievement of the MDGs in South Africa. However, there is potential overlap, fragmentation and lack of co-ordination of the various laws and policy initiatives. Progress with the implementation of the National Health Act remains slow and both the National Health Amendment and Medical Schemes Amendment Bills have lapsed. The review of three policy initiatives: the Health Sector Road-map; the Integrated Support Teams; and the Advisory Committee on National Health Insurance – all aimed at improving the functioning of the health system – illustrates that the process and timing of many policy initiatives appear to be flawed, often resulting in alienation of many stakeholders, particularly those responsible for implementation. Although the proposed National Health Insurance system is welcomed and supported by many, to date a transparent process and meaningful public participation have been largely absent.*

*Three key recommendations arise out of this review: the need for focus and prioritisation; careful attention to process and actors when developing or implementing legislation or policies; and improved monitoring and evaluation to enhance accountability to the public and to achieve health outcome goals.*

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## Introduction

Globally, there is increased emphasis on improving health systems performance in an effort to improve health outcomes and to meet the Millennium Development Goals (MDGs).<sup>1</sup> In 2008, the assessment of the MDGs at the midpoint revealed that many of the health goals remain off target and huge inequities remain between and within countries.<sup>2-4</sup> In South Africa available information suggests that progress towards the MDGs has been either insufficient or reversed for the health goals.<sup>5</sup> The current health leadership has committed to a substantial overhaul of the public health sector to address the complex burden of disease; improve health-care outcomes, access and affordability; and to ensure responsiveness to population health needs.<sup>6</sup>

Using a contemporary policy analysis framework, this chapter reviews health and health-related legislation, key health policy initiatives and progress with implementation for an 18-month period (December 2008 to May 2010). The main sources of information for the chapter include:

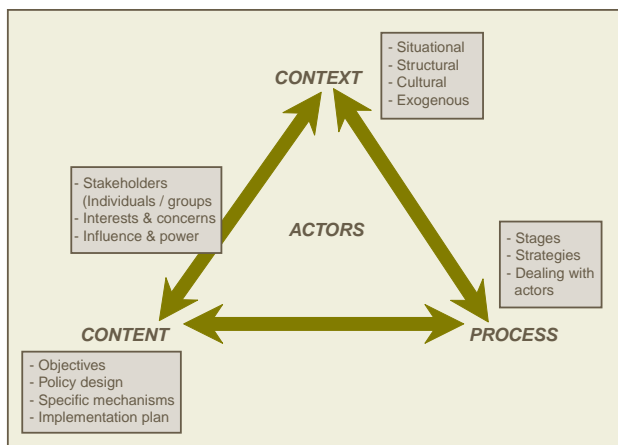
- A formal literature search of published material focusing on health legislation and health policy in South Africa covering the 18-month period;
- Analysis of the relevant legislation at both national and provincial levels;
- The 2009/10-2011/12 and 2010/11-2012/13 strategic plans of the National Department of Health (NDoH), the Medium-Term Expenditure Framework (MTEF) and the 2009 budget speeches of the national Ministers of Health and Finance;
- Relevant newspaper articles published in the period under review; and
- Interviews with ten key informants that included technical experts and government officials who either have in-depth knowledge of, or have been involved in, the legislation and/or policy initiatives or their implementation. Ethical approval was obtained for the interviews that were conducted during May and June 2010.

The first section of the chapter gives a brief overview of the conceptual analytical framework. This is followed by a review and analysis of health legislation, including legislation that could impact on South Africa's ability to achieve the MDGs. The third section reviews policies supporting the achievement of the MDGs and those aimed at improving the performance of the health system. The fourth section integrates the information from the previous sections and provides a critical policy analysis of progress with and implementation of health legislation and policy initiatives. The chapter concludes with key recommendations to reduce the gaps between legislation, policy initiatives / pronouncements and implementation.

## Conceptual framework

Health policy analysis is a multi-disciplinary approach that focuses on understanding the factors and forces that influence why and how policies are initiated, formulated, negotiated, communicated, implemented and evaluated.<sup>7-9</sup> It is premised on the understanding that legislation and policy guidelines, although seen as the endpoint of 'policy development', are only the starting point and that health policy is brought alive by the ways in which actors, including service providers, interest groups, patients and community members, translate their understanding of legislation / policies into their behaviours and practices.<sup>8,10</sup> The 1994 Walt and Gilson analytical framework used in this chapter is summarised in Figure 1 and consists of four aspects:<sup>7</sup>

- *Context* includes situational factors (the specific conditions of a moment in history that impact on the policy change intended), structural factors (the relatively unchanged circumstances of the society and the polity such as the structure of the economy and the political system), cultural factors (the values and commitments of society and groups), and exogenous factors (the events and values outside of any one country or system).
- *Content* relates to the specific nature and design of legislation or policies, the interaction between these policies and other institutional changes, and existence of implementation guidelines.
- *Actors* are about the people or organisations involved in health policy change and the roles of policy actors, including implementers and beneficiaries, how actors use their power in taking forward, blocking or challenging policy implementation, and the influence of laws, norms and customs (institutions) over the behaviour of various stakeholders.
- *Process* is concerned with the way in which laws/policies are identified, formulated and implemented, their timing, the strategies used as well as the specific mechanisms or bodies established to take these strategies forward.

**Figure 1: Framework for health policy analysis**

Source: Walt and Gilson, 1994.<sup>7</sup>

## Review and analysis of health and related legislation

This section focuses on health and health-related laws passed between December 2008 to May 2010, as well as on pending legislation.

### Legislation passed or coming into effect

During 2009, 23 Acts were passed and there was one minor amendment to the Constitution in order to re-determine the geographical areas of the provinces of Gauteng and North West.<sup>11</sup> There were no health laws passed in 2009 but three laws have a potential impact on people's daily living conditions and hence the achievement of the MDGs: the National Environmental Laws Amendment Act, the National Land Transport Act and the Division of Revenue Act.<sup>12-14</sup>

The National Environmental Laws Amendment Act (Act 14 of 2009) aims to protect health and the environment by preventing pollution of the air and the physical environment. The new Act significantly increases penalties for non-compliance with existing legislation and is in line with international standards. The Act allows for government to apply for the costs of cleaning up damage by polluters and to receive appropriate relief from costs.<sup>12</sup>

The National Land Transport Act (Act 5 of 2009) focuses on passenger transport, facilitates the restructuring of the national land transport system and aims to improve the systems of law enforcement, licensing of vehicles and transport operating licences.<sup>13</sup> The Act's potential impact on population health includes improved geographical and financial accessibility to essential health services through a good public transport system and improved regulation of public transport, thereby reducing the number and severity of road traffic accidents.<sup>13</sup>

The Division of Revenue Act (DORA) provides for the financial allocations to provinces and municipalities, as well as for conditional (or specific purpose) grants to provincial health departments to support improvement in health outcomes.<sup>14,15</sup> These conditional grants range from the comprehensive HIV and AIDS grant that supports the health sector's response to the HIV epidemic, through to the Hospital Revitalisation Grant to enable provinces to transform hospital management and improve quality of care in line with national policy objectives.<sup>14,15</sup> The 2009 DORA included a new Health Disaster Response grant of R50 million to support the public health response to cholera epidemics at provincial level. Annually, the DORA also includes conditional grants to other sectors that could impact on health, such as grants for school nutrition (education), integrated housing and human settlements (housing) and reduction of backlogs in electrification, water and sanitation to clinics and schools (municipalities).<sup>14,15</sup>

A number of health and related laws, passed in 2007 and 2008, become effective in 2010 (Table 1).<sup>16-21</sup>

With the exception of the two provinces of KwaZulu-Natal and Free State, few provincial health laws were passed in the review period. Both provincial laws legislate for a district health system and for the establishment of district health councils.<sup>22,23</sup> The Free State law states that the function of the district health council is to ensure the co-ordination, planning, budgeting, provisioning and monitoring of all health services in the district.<sup>23</sup> The KwaZulu-Natal Act only states that section 31(3) of the National Health Act applies with regard to the functions of district health councils.<sup>22</sup>

### Notices and regulations passed during 2009

A number of regulations and notices were passed during the review period (Table 2). The vast majority of these notices and regulations deal with operational matters (albeit important) in order to give effect to the primary legislation – ranging from the procedure for determining a single exit price for medicines through to regulations pertaining to the conditions for the testing of cigarettes. Notice 903 that enabled the establishment of the National Health Insurance (NHI) Advisory Committee is, however, of strategic importance and is discussed further below.<sup>24</sup> The main task of the NHI Advisory Committee is to advise the Minister on the development of policy and legislation relating to the introduction of the NHI.<sup>24</sup> Government Notice 68 prescribes the ethical rules of conduct for practitioners registered under the Health Professions Act and also makes legal provision for the performance of a new cadre of clinical associates, the first group of which will qualify at the end of 2010.<sup>25</sup> Despite much anticipation of the new nursing regulations to give effect to the scope of practice of different categories of nurses,<sup>26</sup> there was little movement on this front during the review period.

**Table 1: Health and related laws passed in 2007 and 2008 that became effective in 2010**

Act	Lead Ministry	Brief description
Tobacco Products Control Amendment Act (Act 63 of 2008) <sup>16</sup>	Health	<ul style="list-style-type: none"> <li>➤ Makes smoking illegal: <ul style="list-style-type: none"> <li>• In partially enclosed public places (e.g. covered patios, parking areas) and in premises, including private homes used for commercial childcare activities, schooling or tutoring</li> <li>• For adults in a car where there is a child under 12 years of age</li> </ul> </li> <li>➤ Enables picture warnings on cigarette packs</li> <li>➤ Increases fine for the owner of a restaurant, pub, bar or workplace that breaches smoking laws, to a maximum of R50 000, and R500 for the smoker</li> <li>➤ Prohibits free distribution and reward of tobacco products by manufacturer, distributor, importer or retailer</li> <li>➤ Restricts the sale of tobacco products from vending machines to ensure inaccessibility to persons under the age of 16</li> </ul>
Medicines and Related Substances Amendment Act (Act 72 of 2008) <sup>17</sup>	Health	<ul style="list-style-type: none"> <li>➤ Provides for the establishment of the South African Health Products Regulatory Authority (SAHPRA), which will replace the Medicines Control Council (MCC)</li> <li>➤ Legislates for SAHPRA to handle the registration of medicines and the approval of clinical trials</li> <li>➤ Stipulates that Minister's role will be to: <ul style="list-style-type: none"> <li>• Appoint the advisory body to act as a consultative entity for the Ministry on matters concerning the corporate governance of SAHPRA</li> <li>• Appoint an appeals committee if there is a dispute between the authority and industry players</li> </ul> </li> <li>➤ Clarifies that Minister's role will not be to approve and sign-off on medicines and health products before they are placed on the South African market</li> </ul>
Social Housing Act (Act 16 of 2008) <sup>18</sup>	Housing	<ul style="list-style-type: none"> <li>➤ Social housing identified as a key area in government's attempt to create integrated human settlements</li> <li>➤ Requires that housing programmes: <ul style="list-style-type: none"> <li>• Are responsive to housing demands</li> <li>• Support the economic development of low- to medium-income communities by providing housing close to jobs, markets and transport</li> <li>• Provide residents with a safe, clean and healthy environment</li> <li>• Consult with individuals and communities at all stages of development</li> <li>• Ensure secure tenure for residents</li> </ul> </li> <li>➤ Puts governance and regulatory structures in place at all levels of government</li> </ul>
Amendment to the Mine Health and Safety Act (Act 74 of 2008) <sup>19</sup>	Mineral and Energy Affairs	<ul style="list-style-type: none"> <li>➤ Prompted by increase in mine deaths from 200 in 2006 to 221 in 2007</li> <li>➤ Holds mine chief executive officers criminally liable for deaths in mines</li> <li>➤ Makes provision for heavier company penalties, increasing fines from R200 000 to R1 million</li> <li>➤ Requires mine accident investigations to be held within 10 days of an accident and a report completed and submitted to the Mine Health and Safety Inspectorate within 30 days</li> <li>➤ Empowers mine safety inspectors to enter any mine at any time, question persons and examine documents, and shut down mines if non-compliant with safety instructions</li> <li>➤ Obliges mines to employ occupational medical practitioners</li> </ul>
Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008) <sup>20</sup>	Social Development	<ul style="list-style-type: none"> <li>➤ Provides for a comprehensive national response to prevent and combat substance abuse</li> <li>➤ Requires all sectors, including health, to participate – although lead responsibility is that of the Department of Social Development (DSD)</li> <li>➤ Requires medical interventions that address the physiological and psychiatric needs of users, the provision of treatment centres in each province, an intersectoral approach co-ordinated by DSD and the establishment of a central drug authority, provincial substance abuse forums and local drug action committees at municipal level</li> </ul>
National Environmental Management Waste Act (Act 59 of 2008) <sup>21</sup>	Environment and Tourism	<ul style="list-style-type: none"> <li>➤ Aims to reform management of domestic and industrial waste in order to protect health and the environment</li> <li>➤ Premised on: <ul style="list-style-type: none"> <li>• Everyone has a constitutional right to an environment that is not harmful to health</li> <li>• The environment must be protected for the benefit of present and future generations</li> <li>• Promoting conservation and securing ecologically sustainable development and use of natural resources while promoting justifiable economic and social development</li> </ul> </li> <li>➤ Addresses critical issues of waste disposal on river banks, the creation of open dump disposal areas, the general burning of waste and unauthorised waste processing involving hazardous substances</li> <li>➤ Targets waste minimisation by promoting avoidance, recovery, re-use and recycling and using disposal of waste as a last resort</li> <li>➤ Sets out measures for the storage, collection, transportation, recovery, re-use, recycling, treatment, disposal of waste and for greater producer responsibility</li> <li>➤ Outlines roles and responsibilities of three spheres of government and requirements for licensing of waste management activities</li> </ul>

**Table 2: Department of Health Notices and Regulations passed in 2009**

Original Act	Regulation number	Brief Outline
Medicines and Related Substances Act (Act 101 of 1965)	575 <sup>27</sup>	Proposes a procedure for determining a single exit price of medicines in order to promote transparency in the pricing of medicines
	688 <sup>28</sup>	Provides for a dispensing fee for pharmacists that ranges from R6 to R65 depending on the exit price of the medicine
	1005 <sup>29</sup> 1105 <sup>30</sup> 1341 <sup>31</sup>	Prescribes conditions for the registration of medicines
	1053 <sup>32</sup>	Provides for a dispensing fee of R65 plus 3% of the exit price of the medicine
Health Professions Act (Act 56 of 1974)	68 <sup>25</sup>	Amends the ethical rules for practitioners registered in terms of the Act, including their financial interests in hospitals, the main responsibilities of health practitioners and the performance of professional acts by clinical associates
	578, 579 & 580 <sup>33</sup>	Defines the scope of the profession of medical science and the registration of medical sciences students and interns
	581 <sup>34</sup>	Regulates the registration of medical scientists
	698 <sup>35</sup>	Defines the scope of the profession of environmental health in relation to food control, waste management and general hygiene monitoring, health surveillance of premises, surveillance and prevention of communicable diseases, vector control monitoring, environmental pollution control, disposal of the dead, chemical safety, noise control, radiation monitoring and control, port health, malaria control and the control of hazardous substances
Foodstuffs, Cosmetics and Disinfectant Act (Act 54 of 1972)	800 <sup>36</sup>	The term "bottled water" is changed to "packaged water" and amendments are made to the permissible levels of certain minerals
	1060 <sup>37</sup>	The Hazard Analysis and Critical Control Point System (HACCP) will apply to a new sector – vegetables, fruit, nuts or other parts of plant preparations or products
Hazardous Substances Act (Act 15 of 1973)	801 <sup>38</sup>	Leaded paint is declared a Group 1, Category A hazardous substance
Tobacco Products Control Act (Act 83 of 1993)	1123 <sup>39</sup>	Regulations pertaining to the standards for manufacturing of reduced ignition propensity cigarettes and conditions for testing cigarettes

## Pending health legislation

The National Health Amendment Bill (relating to the determination of tariffs for private health services) was tabled before Parliament in 2008. This Bill proposed to extend the principal Act to allow for the appointment of a facilitator for health pricing, who will "improve transparency in the determination of costs and prices" and "ensure that health-care providers prevent unjustified cost escalations".<sup>40</sup> This Bill lapsed in 2008 as the health portfolio committee was still considering changes and these had not been finalised prior to Parliament's closure in 2009.

A revised version is expected to be tabled again in 2010. The Bill is expected to facilitate:

- the creation of an independent accreditation body for health facilities;
- a review of the current position on the licensing of blood transfusion services; and
- a review of the powers and functions of the national and provincial departments of health.<sup>40</sup>

The Medical Schemes Amendment Bill was also tabled before Parliament in 2008.<sup>41</sup> The Bill makes provision for a risk equalisation fund to remove unfairness to the demographic and risk profile found in medical schemes. The purpose of the fund is to ensure that contributions towards prescribed minimum benefits are based on an industry community rate

rather than a scheme-specific community rate. According to the 2009/10 Strategic Plan, the Bill was expected to be passed by Parliament by March 2010, but the Bill has also lapsed pending the NHI proposals.

The planned National Health Insurance Bill, which will create a legal framework for the NHI, has been presented to Cabinet who have requested a review of the following five key areas:

- different costing scenarios;
- the economic benefits of NHI;
- how the transition from the current system to the new one would take place;
- a communication strategy; and
- the relationship between primary health care and the NHI.

## Review of health and related policies

This section reviews policies supporting the achievement of the MDGs and policy initiatives aimed at improving the performance of the health system.

## Policies supporting the achievement of the MDGs

A number of national priorities and some revised policy decisions, with a direct impact on health or ability to support improvement in health outcomes, were highlighted in the 2009/10 budget. Additional funding for the health-care sector was expected to lower the disease burden, reduce the overall demand on the health-care sector, improve the capacity of

**Table 3: Financial and policy revisions to the MTEF 2008/2009-2011/2012 to reflect government priorities**

Policy changes	Lead sector	MTEF revisions
<p>Improving health care provision – reducing infant and child mortality and broadening prevention and treatment programmes for HIV and AIDS:</p> <ul style="list-style-type: none"> <li>➤ Tuberculosis (TB) – specifically funding teams to track people with TB and strengthen provincial and district level TB programmes</li> <li>➤ Reducing child mortality               <ul style="list-style-type: none"> <li>➤ Roll-out of new vaccines</li> <li>➤ Improving the approach to mother-to-child HIV prevention</li> <li>➤ Improving nutritional levels</li> <li>➤ Raising immunisation coverage and reducing measles</li> <li>➤ Maintaining the household malaria spraying programme</li> <li>➤ Providing neonatal support to mothers, in their homes, during the 28 days after they have given birth</li> </ul> </li> </ul>	Health	<ul style="list-style-type: none"> <li>➤ Additional R468 million allocated to enhance TB treatment and reduce defaulter rates through fast-tracking people with multi-drug resistant TB and strengthening provincial and district level TB programmes</li> <li>➤ Additional R932 million allocated for the treatment and prevention of HIV and AIDS. Specific interventions were for the screening of all pregnant women, accelerating the PMTCT programmes and implementing dual and triple therapy</li> <li>➤ Funds were allocated to introduce three new childhood vaccines (pneumococcal, rotavirus and pentavalent)</li> <li>➤ An additional R3 billion allocated for the implementation of Occupation Specific Dispensation (OSD) for doctors, dentists, pharmacists and emergency medical service professionals. Some funding was provided for OSD for nurses</li> <li>➤ A new national body – the National Office for Standards Compliance – received R22.5 million to establish norms and standards for hospital and primary care centres</li> </ul>
<ul style="list-style-type: none"> <li>➤ Extension of no-fee policy for Grade R to Grade 9 learners to quintile 3 schools, thus covering 60% of schools</li> <li>➤ Improve public schools' responsiveness to learners with disabilities</li> <li>➤ Increasing the number of schools covered by the school nutrition programme</li> </ul>	Education	<ul style="list-style-type: none"> <li>➤ R4 billion allocated to the national school nutrition programme to allow expansion to 3 929 secondary schools and ensure that all quintile 1-3 primary school learners could be fed on all school days</li> <li>➤ Funds would also extend the no-fee policy to 60% of schools</li> </ul>
<p>Expanding Early Childhood Development (ECD) programmes:</p> <p><i>Child support grant</i></p> <ul style="list-style-type: none"> <li>➤ Extension to children up to the age of 15 years</li> <li>➤ Household income level threshold for child support grant increased to R27 600</li> <li>➤ Revised means-testing to cover a larger proportion of households</li> <li>➤ Urban and rural threshold differences removed</li> </ul> <p><i>Other social protection grants</i></p> <ul style="list-style-type: none"> <li>➤ Means-test income threshold for old age and disability pensions revised upwards and, over a three year period, there will be a lowering of the eligible age for men for the old age pension to 60</li> <li>➤ Old age, disability and care dependency grants increased by R50 per month</li> </ul>	Social Development	<ul style="list-style-type: none"> <li>➤ 4.8% of Gross Domestic Product spent on social protection in 2009 with an additional R12 billion provided to improve the social grants system and improve the uptake of grants</li> </ul>
Decreasing rural poverty by raising rural income and improving livelihoods by enhancing access to land and providing support for emerging farmers	Agriculture, Forestry and Fisheries	<ul style="list-style-type: none"> <li>➤ R1.8 billion for rural development to provide support to small-scale subsistence farmers and agricultural workers</li> </ul>
Housing provision	Housing	<ul style="list-style-type: none"> <li>➤ R150 million for a new housing disaster relief conditional grant</li> <li>➤ Additional R3.7 billion for increased housing provision</li> </ul>
Investing in public transport and the provision of electricity, water, sanitation and housing	Not sector specific	<ul style="list-style-type: none"> <li>➤ Additional R23 billion to provinces to increase and improve service delivery, mainly in health and education</li> <li>➤ R4.3 billion allocated for municipal infrastructure (including water)</li> <li>➤ R600 million to municipalities to ensure more households have access to free basic services</li> <li>➤ R24.8 billion to expand no-fee schools, reduce infant and child mortality and improve welfare services</li> <li>➤ R9.1 billion for school infrastructure, hospitals and related provincial infrastructure</li> </ul>

Source: Department of Health, 2010;<sup>6</sup> Gordhan, 2009.<sup>42</sup>

the health sector and modernise delivery infrastructure. The various government policy revisions influenced changes to the MTEF, the equitable share to provinces and conditional grants to provinces.<sup>42</sup> Table 3 summarises the financial and policy revisions to the MTEF in order to reflect government priorities.

### Policy initiatives aimed at improving the performance of the health system

Three policy initiatives, all aimed at improving the performance of the health system, are reviewed in this section.

- The 2008 *Road-map initiative*, which focused on progress [or lack thereof] with the MDGs and intended to inform the Ministry of Health's strategic plan.
- The 2009 *Health Integrated Support Teams (ISTs)* that investigated overspending in the health sector and made recommendations on improving health systems performance and management.
- The establishment of the Ministerial task team on *NHI*.

The selected policies and initiatives are used as case studies and differ in their focus, which are: the main policy drivers and actors involved; process; current status or progress with implementation; and the perceived or actual successes and weaknesses.

#### The 2008 Health Sector Road-map

During 2008 the Health and Education Committee of the National Executive Council of the African National Congress (ANC) commissioned a 'Health Road-map'.<sup>43</sup> This was in response to national concerns that South Africa, unlike most of its peers with emerging economies, has seen a profound deterioration in the health of the nation since the late 1990s. The purpose of the Road-map was to examine the challenges in the health system critically and outline, at a high-level, the strategic and institutional options that could contribute to improving the performance of the health system.<sup>43</sup>

The review was co-ordinated by the Development Bank of Southern Africa (DBSA). In July 2008 there was an initial broad consultative meeting with relevant political heads, government officials, research and academic institutions, health unions, the private sector and non-governmental organisations. A number of working groups were established, ranging from a diagnostics group examining the health status of South Africans, through to human resource, finance and institutional groups focusing on resource requirements and possible institutional arrangements for improving health-care delivery.<sup>43</sup>

Several meetings were held between August and September 2008 and various background documents on the health status

(including nutritional status) of the South African population informed the identification of critical priorities that needed to be addressed. A final integrated report was written by a consultant contracted by the DBSA. The output of the Health Sector Road-map, a 10 Point Plan, was intended to guide government health policy and identify opportunities for co-ordinated public and private health sector efforts, in order to improve access to affordable, quality health care in South Africa.<sup>43</sup>

The 10 Point Plan was presented to a stakeholder meeting chaired by the then Minister of Health in November 2008. The final report was circulated within the NDoH. A copy of the November 2008 presentation is available on the DBSA website and presentations have been made in a number of public fora. Copies of the report have also been shared with the media. A review of the strategic plans covering the period 2009 to 2013 suggests that a number of the DBSA Road-map's recommendations have been taken on board.<sup>6</sup>

#### The Integrated Support Teams

The Integrated Support Teams (ISTs) were established in February 2009 by the former Minister of Health, Ms Barbara Hogan,<sup>44</sup> following newspaper reports that the Free State Department of Health had stopped enrolling patients in their antiretroviral programme, allegedly due to a lack of money.<sup>44-46</sup> The review was intended to quantify the overspending and investigate the reasons for the chronic overspending in the majority of provincial health departments. The concern was that continual overspending undermines the capacity and performance of the health sector to improve health outcomes.<sup>44</sup>

The review was undertaken by a group of public health, finance and management experts and funded by the United Kingdom's Government Department for International Development Rapid Response Health Fund. Using the World Health Organization's Strengthening of Health Systems Framework,<sup>47</sup> the review combined a desk review, financial analyses, national and provincial health department assessments and more than 200 interviews with government officials in national and provincial departments of health.<sup>44</sup>

The size of the debt was quantified (although potentially underestimated) and the report outlined the reasons for overspending and raised awareness about the true extent of the problems at national and provincial level. The ISTs made a number of finance, service delivery, human resources, information management, medical products and technology recommendations.<sup>44</sup> Upon completion of the review, feedback was given to the new Minister of Health and the National Health Council. However, the provincial and consolidated reports were only made available to the public in May 2010

despite repeated calls for their release by a number of advocacy organisations.<sup>48</sup>

The reports were well received by the Ministerial Advisory Committee on Health (MACH). However, the reports highlight serious health system problems at all levels, potential financial mismanagement, inadequate monitoring and evaluation and inadequate stewardship and leadership at both national and provincial levels.<sup>44</sup> Some key informants pointed out that a number of provinces have taken the findings seriously and incorporated some of the recommendations into their subsequent provincial annual performance plans. Both KwaZulu-Natal and the Eastern Cape are implementing cost containment plans and the NDoH has drafted a financial turnaround plan.

Since the release of the consolidated report the media has reported that Treasury and the Department of Health may bail out the provinces financially.<sup>49</sup> Key informants expressed concerns that, without improving provincial management systems, this bail out will not lead to the expected results but will only provide short-term relief.

### **The Ministerial Advisory Committee on National Health Insurance**

In 2007 the ANC resolved to “reaffirm the implementation of national health insurance”.<sup>50</sup> In January 2009 a broad outline of the NHI was made available in ANC Today and the ANC proposals on NHI were handed to government in June 2009 for debate and discussion.<sup>50</sup> No government documents were available in the public domain, although some documents were leaked to the media and advocacy organisations.

The notice on the Ministerial Advisory Committee on NHI was gazetted in September 2009 and members were appointed in November 2009.<sup>24</sup> The Committee was established to advise the Minister on the development of policy on the implementation of the NHI, drafting of legislation and the development of a detailed implementation plan on the introduction of the NHI.<sup>24</sup>

In February 2010, government acknowledged that the implementation of the proposed NHI requires “an extensive overhaul of the public and private health care systems”.<sup>51</sup> Despite this extremely high profile Ministerial task team and the importance and topical nature of the NHI, there has been little transparency in either the functioning of the task team or its outputs. The lack of transparency is ironic as the original Government Notice envisaged an “extensive and transparent process of public consultation”.<sup>24</sup> Key informants were generally reluctant to comment on any aspect of the NHI and reported little knowledge about the work or outputs of the Committee. One key informant expressed concerns about the original design of the NHI proposals and the timeframes

proposed for implementation, the composition of the NHI Committee and the very diverse and, at times, vested interests among different individuals on the Committee. This makes it difficult to propose practical and workable solutions.

Another key informant said:

*“I know very little about it and nothing has come out of the Committee.” (Key informant 1)*

### **Progress with the recommendations made by the Health Sector Road-map and ISTs**

Extensive and far-reaching recommendations are contained in both the Health Sector Road-map and IST reports. The recommendations that are common to both reports are summarised and contrasted in Table 4, together with those aspects that are listed in the 2010/11-2012/13 Strategic Plan. In the case of the Health Sector Road-map, one recommendation to “consider the implementation of specialised national agencies to focus on a National Health Information System, quality assurance, certificates of need in relation to expensive technology, etc.”<sup>43</sup> does not appear to have been taken forward.

In the case of the ISTs, recommendations related to the laboratory services (e.g. essential laboratory list, benchmarking of costs) and technology and health infrastructure (capital programmes, facility management, medical equipment, etc.) do not appear in the 2010/11-2012/13 Strategic Plan.<sup>6</sup>



**Table 4: Health Sector Road-map and ISTs recommendations to improve health system performance and reported progress with implementation**

Health Sector Road-map recommendations	Recommendations made by the ISTs	Articulation in NDoH strategic plan
<b>LEADERSHIP, GOVERNANCE AND SERVICE DELIVERY</b>		
Establish a coherent and vision-based executive decision-making process	<ul style="list-style-type: none"> <li>➤ Development of one national health vision and strategy</li> <li>➤ Alignment between national vision and strategy, programme strategic plans and annual national health plans</li> <li>➤ Development of a national, affordable Service Transformation Plan (STP) including district and primary care services</li> <li>➤ Develop an effective governance and accountability framework to better align roles and responsibilities across the NDoH</li> <li>➤ Senior management meetings should be strategic and should focus on achieving health outcomes and improving overall health system performance</li> </ul>	<ul style="list-style-type: none"> <li>➤ There has been some prioritisation of the need to improve national and provincial planning processes and to enhance the quality and alignment of annual performance plans at provincial level. This will be done by supporting the development, implementation and monitoring of long-term plans and tracking the performance of the health-care sector</li> <li>➤ Technical assistance is being procured for the completion of the STPs</li> <li>➤ MACH was established in 2009 (temporary structure) and the Ministerial Advisory Committee for National Health Insurance was also established in 2009</li> </ul> <p>The following activities are planned:</p> <ul style="list-style-type: none"> <li>➤ Establishment of Provincial Health Consultative Forums</li> <li>➤ Training for hospital board members</li> <li>➤ Review of all health policies and the performance of the health sector by the National Health Council</li> <li>➤ External reviews (by academic institutions and independent research organisations) of the implementation of health sector policies</li> <li>➤ National Consultative Forum with leadership structures planned for 2010 at which a social compact with South Africans will be adopted</li> </ul>
Promote quality, including measuring and benchmarking actual performance against standards for quality	<ul style="list-style-type: none"> <li>➤ Resource the Office of Standards Compliance</li> </ul>	<ul style="list-style-type: none"> <li>➤ A financial allocation was made to the Office of Standards Compliance in 2009 and 2010</li> <li>➤ Eighteen priority districts have been identified</li> <li>➤ A Ministerial Committee for Quality will be established</li> <li>➤ The National Health Amendment Bill will facilitate the establishment of an independent accreditation body for all health facilities – the National Quality Management and Advisory Body – that will report directly to the Minister of Health</li> </ul>
Define an appropriately specialised and more accountable operational management model (including governance and capacity requirements) for health service delivery, including revised roles and responsibilities for national department, provinces, districts and public hospitals	<ul style="list-style-type: none"> <li>➤ National and provincial organisational structures should be reviewed and the technical capacity at national level should be strengthened to provide stewardship and leadership</li> <li>➤ Proposed new structures, especially at provincial level, should be carefully reviewed</li> <li>➤ Communication and co-ordination mechanisms need to be established across clusters to prevent 'silo' operational funding</li> </ul>	<ul style="list-style-type: none"> <li>➤ An organisational review is underway</li> <li>➤ National Health Amendment Bill will review the powers and functions of the national and provincial departments of health to promote a single national health system</li> <li>➤ DBSA is conducting a review of management competencies in 352 hospitals in 52 districts to assess the competency of hospital Chief Executive Officers (CEOs) and make recommendations for the appropriate devolution of financial powers to local managers</li> </ul>
Bring in additional capacity and expertise to strengthen a results-based health system, particularly at the district level (including revised legislation to recruit foreign skills, partnerships with private and public sector, deployment and training for district health management teams)	<ul style="list-style-type: none"> <li>➤ Appropriate delegations should be re-instituted and the responsibilities of CEOs and district managers should be reviewed and addressed</li> </ul>	<ul style="list-style-type: none"> <li>➤ The strategic plan outlines overhauling the health care system in two ways – focusing on primary health care and improving functionality and management</li> <li>➤ In 2009 the strategic plan highlighted the need to define an appropriately decentralised and more accountable operational management model</li> <li>➤ Establishing multi-disciplinary primary health care teams in each district and establishing governance structures for all facilities</li> <li>➤ Finalising provincial legislation governing the functioning of the District Health System</li> <li>➤ Establishment of District Health Management Teams (and District Health Councils) in all 52 districts.</li> <li>➤ Finalisation of delegations for district health managers and hospital CEOs</li> <li>➤ The establishment of a management and leadership academy for hospital managers is planned, as well as the training of district health management teams</li> </ul>

Health Sector Road-map recommendations	Recommendations made by the ISTs	Articulation in NDoH strategic plan
<b>NATIONAL HEALTH INFORMATION SYSTEMS</b>		
<p>Implement a national health information system (NHIS) sufficient to ensure that all parts of the system have the required information to effectively achieve their responsibilities</p>	<ul style="list-style-type: none"> <li>➤ Plan for an integrated NHIS</li> <li>➤ Monitoring and evaluation should be prioritised and a national monitoring and evaluation system developed</li> <li>➤ Objective information should be the basis for decision-making</li> <li>➤ Regular formal monitoring</li> <li>➤ The District Health Information System (DHIS) should be reviewed and aligned with the monitoring and evaluation framework</li> <li>➤ Moratorium placed on all provincial electronic health information systems</li> </ul>	<p>An intention to strengthen monitoring and evaluation systems.</p> <p>The following are planned:</p> <ul style="list-style-type: none"> <li>➤ South Africa Demographic and Health Survey</li> <li>➤ Studies to determine the burden of disease in conjunction with a number of research organisations</li> <li>➤ Establishment of a (public entity) District Control Hub that will enable the synthesis and analysis of existing data and information from numerous data systems</li> <li>➤ A HIV and AIDS notification strategy</li> <li>➤ Annual assessment of the DHIS data quality</li> </ul>
<b>HUMAN RESOURCES</b>		
<p>Establish Human Resource Strategy with national norms and standards for staffing, linked to a package of care</p>	<ul style="list-style-type: none"> <li>➤ Review of the national health professional and scarce skills retention strategy</li> <li>➤ Appropriate delegations should be re-instituted and the responsibilities of CEOs and district managers should be reviewed and addressed</li> <li>➤ A review and improvement of the recruitment procedures and processes to shorten appointment times</li> <li>➤ A review of the performance management system</li> </ul>	<ul style="list-style-type: none"> <li>➤ A Ministerial Committee will be established to guide the development of a human resources plan for health</li> <li>➤ A management and leadership academy for hospital managers and training of district health management teams is planned</li> <li>➤ Improving the recruitment and retention of professionals will be considered in the refined plan (as above)</li> <li>➤ Develop revised policy and funding mechanisms for the development of health professionals and the delivery of tertiary hospital services</li> <li>➤ Finalise policy framework for community health workers</li> <li>➤ An appropriately decentralised and accountable operational management model will be developed</li> </ul>
<b>INCREASE AND IMPROVE FINANCING TO ENSURE ACHIEVEMENT OF HEALTH OUTCOMES</b>		
<p>Develop an implementation strategy and collaboration/partnerships to leverage funding, increase health sector efficiencies, and accelerate implementation of the National Strategic Plan</p>	<ul style="list-style-type: none"> <li>➤ The financing of an appropriate country response to HIV and AIDS and the impact on the public health system must be ring-fenced and should flow from a fundamental review of the current delivery model</li> <li>➤ Conditional grants should be linked to specific, defined activities</li> <li>➤ All changes in service delivery need accurate costing and guaranteed funding before public policy announcements on implementation are made</li> </ul> <hr/> <ul style="list-style-type: none"> <li>➤ The exact amount of the financial backlogs in each province should be accurately determined</li> <li>➤ Once the financial backlogs have been settled and the country's HIV response funding ring-fenced, all operational plans should be tightly linked to the available budget and there should be effective and ongoing accountability to ensure that there is no overspending</li> </ul> <hr/> <p>Medical products</p> <p>Pharmaceutical issues should form part of the agenda of the HOD, CFO and the provincial departmental meetings</p> <ul style="list-style-type: none"> <li>➤ Drug budgets should be prioritised</li> <li>➤ Urgent appointment of the cluster manager</li> <li>➤ Review all the aspects of the management, operations and skills requirements of provincial medical depots</li> <li>➤ Include strategic pharmaceutical issues as part of STP</li> </ul>	<p>A number of recommendations have been made to increase funding sources:</p> <ul style="list-style-type: none"> <li>➤ Mobilising overseas development-assistance resources for the implementation of the 10 Point Plan.</li> <li>➤ Implementation of the African Union's Campaign on Accelerated Reduction of Maternal Mortality</li> <li>➤ Strengthening relations with the Southern African Development Community to strengthen cross-border initiatives for HIV, TB and malaria</li> <li>➤ Collaboration with partners to expand access to community-based care givers</li> <li>➤ With regard to funding for HIV and AIDS, the 2009 / 2010 budget is considered inadequate to meet HIV treatment targets despite a significant increase in the conditional grant. Alternative financing mechanisms for HIV and AIDS have been proposed by advocacy groups but have not been taken forward</li> <li>➤ There is an intention to implement a turnaround strategy for the management of tertiary services and to develop a sustainable revenue model which includes tariffs, collection and debt management</li> </ul> <hr/> <ul style="list-style-type: none"> <li>➤ Neither of these two recommendations have been taken forward</li> </ul> <hr/> <ul style="list-style-type: none"> <li>➤ There is an ongoing review of Standard Treatment Guidelines and the Essential Drug List</li> <li>➤ A technical expert has been appointed to provide assistance with the Medicines Control Council and development and implementation of revised legislation</li> </ul>

Source: Department of Health, 2010;<sup>6</sup> Development Bank of Southern Africa, 2008;<sup>43</sup> Integrated Support Team, 2009.<sup>44</sup>

## Analysing health legislation and policies using a policy analysis framework

The key issues emerging from the review of health legislation and policies in the previous two sections are summarised in Box 1 and are discussed further below.

### Box 1: Key review findings on health legislation and policies

1. There is an enabling legal, policy and fiscal environment and an enabling *context* that together facilitate the achievement of the MDGs in South Africa. At the same time, the *content* analysis reveals potential overlap, fragmentation and lack of co-ordination of the various laws and policy initiatives.
2. The National Health Act (Act 61 of 2003) has been on the statute books for five years but progress in implementation remains slow and both the National Health Amendment and Medical Schemes Amendment Bills have lapsed.
3. The NDoH strategic plans articulate the intention to take many recommendations arising from the policy initiatives forward. However, there does not appear to be any prioritisation of the implementation of legislation or of recommendations from policy initiatives, thus raising doubt as to the ability and capacity of the health sector to make measurable progress. Furthermore, many of the NDoH objectives or the policy recommendations are not reflected in the provincial DoH strategic plans.
4. The process and timing of many policy initiatives appear to be flawed, often resulting in alienation of many stakeholders, particularly those responsible for implementation.
5. Although the NHI is welcomed and supported by many, to date a transparent process and meaningful public participation have been largely absent.

The existence of an enabling legal and policy framework to facilitate achievement of the MDGs in South Africa is beyond doubt. During 2010, six laws will come into effect, all with implications for the health sector and all with potentially positive impact on the health of South Africans and on achieving the MDGs. Two of these laws are driven by the Health Ministry (the Tobacco and the Medicines and Related Substances Amendment Acts) whilst the other four are led by other ministries. However, the health-related legislation that is not driven by the Health Ministry is neither planned for nor mentioned in the NDoH's Strategic Plan.<sup>6</sup> The Strategic Plan is also silent on the Tobacco and Medicines and Related Substances Amendment Acts, suggesting that resource allocation and implementation have not been considered.<sup>6</sup>

Progress with the implementation of the National Health Act remains slow, although the Act has been used for various operational activities such as the production of annual health plans, the National Health Consultative Forum and the establishment of both the ISTs and the Ministerial Advisory Committee on NHI.<sup>6</sup> The lapsed Bills, notably amendments to the National Health Act and the Medical Schemes Amendment Act, are mentioned in the Strategic Plan as planned legislation for 2010/11. Although legislation to make the NHI a reality is

also planned for 2010/11, the lack of publicly available government documents that clarify the Ministry's position on the NHI is a major constraint and raises doubt as to the feasibility of tabling legislation that will have such a huge impact on the health sector in the country. Subsequently, one of the technical experts to the National Ministry indicated that a "total review of the Act" is planned. He also noted that:

*"Different people are reviewing different parts of the Act and that in itself is a problem. Other problems that I have are the lack of consultation and contestations with provinces – implementation is not always thought through and the financial implications are not always considered when passing legislation."* (Key informant 1)

The content analysis of both legislation and policies reveals potential overlap, fragmentation and lack of co-ordination of the various laws and policy initiatives. While it is positive that so many recommendations from both the Health Road-map and to a certain extent the ISTs, have been taken on board in the Strategic Plan, there does not seem to be any prioritisation. As one key informant commented:

*"What was interesting for me [at the time of the ISTs] were the many competing initiatives at the time. If you have a number of projects and 500+ recommendations, it is difficult to decide what to do. So I can understand the difficulties regarding prioritisation."* (Key informant 4)

Almost all the key informants pointed to the lack of capacity in the public health sector to ensure successful implementation of the many good laws or policy recommendations. They pointed out that the public health sector is "denuded of competent managers" and that capacity will need to be built at different levels. One key informant said:

*"We should employ people who are competent and appropriate. We assume people know the policies that they are implementing, but sometimes they do not even understand them."* (Key informant 3)

The process and timing of many policy initiatives appear to be flawed, often resulting in alienation of many stakeholders, particularly those responsible for implementation.

In the case of the Health Sector Road-map the process was difficult and flawed and interviews with key informants highlighted this. The review was initiated by the ANC Health and Education Committee nine months prior to the general elections in South Africa and the Minister of Health at that time was replaced shortly after the recommendations were released. Although the current Minister of Health highlighted the work that had been done and implied that the 10 Point Plan would turn the health care sector around, some momentum in taking the recommendations forward may have been lost. Concerns were expressed about the participation of the Department of

Health in the process. A number of people from the NDoH were asked to attend the meeting in their personal capacity but only one person was actually nominated by the Director-General to be there. Several key informants stated the political and senior management of the department did not, in any way, “fully endorse” the process and felt that it was inappropriate for them (government) to be held accountable to the political party. Two key informants stated that:

*“The Department of Health played little role in the making of final recommendations and the preparation of the final documents. They came to one meeting and we never saw them again.” (Key informants 3 and 6)*

Although one other informant agreed that participation was inadequate, it may not have been possible to engage civil servants fully, given the resistance of the political and senior administrative leadership. The culture within the Department at that time may not have facilitated people engaging with and participating in the process, exacerbated by its overt political nature.

A consultant was contracted by DBSA to write the final documents. One key informant stated that there was no transparency over who should be contracted and that “people just came with their friends.” Key informants noted that their comments were not necessarily taken into consideration in the final documentation. A number of policy reforms were put forward by some stakeholders (and are in the discussion documents) although they are not all reflected in the final document. The consultant who wrote the final document did not agree with everything that was put forward and several people noted that the consultant “just wrote everything”. Although the 10 Point Plan highlighted changes that need to be made, there was no implementation plan nor consensus over who was responsible for taking these proposals forward.

In the case of the ISTs the impact of the review has been weakened for several reasons. Shortly after completion of the review process there was a change in leadership of the Ministry and hence a change in the political champion for the project, resulting in some loss of momentum. Combined with different priorities, styles and kinds of leadership there is a sense that the recommendations are not being driven aggressively. At national level, few of the recommendations have been incorporated into the current plan of action although there is the sense that the ISTs provided a comprehensive health system assessment and quantified the extent of the overspending.

There was some resistance from the national and provincial departments of health, who were defensive about the review and felt that this was a review of their performance by external consultants. Concerns were expressed that this was a ministerial project aimed at showing that the Department of

Health was the problem. One key informant also expressed concern that external consultants were used who may have expected to be contracted at the end of the review to implement the proposed recommendations. The Director-General at the time was unavailable for an interview and unresponsive to requests for discussion of the findings, although all other senior managers engaged reluctantly in the ISTs.

Although presentations of the report were made to the Minister and the National Health Council, the final consolidated report was only released at the end of May 2010. Leaked copies of the reports had been circulated and were used by the AIDS Law Project in their submission to the 2010 DORA. The reasons for this long delay are not clear, but key informants pointed out that there may have been some discomfort at releasing the report at the time of elections and when government was changing. Another key informant (Key informant 10) pointed out that a number of factors made it difficult for the IST recommendations to be incorporated into strategic plans. These include timing of the study and report, insufficient communication, insufficient involvement of public servants and disagreement with statistics used and some recommendations proposed in the ISTs reports. Many key informants pointed to the problems of buy-in and one said:

*“There was lack of buy-in on why it was done. Implementation requires buy-in and the greater the degree of buy-in, the greater the willingness of those involved to implement the findings or recommendations.” (Key informant 8)*

In the case of the NHI committee, very few people outside the Advisory Committee are aware of the proposals being considered and debated. Because the NHI has the potential to transform the South African health system fundamentally it requires the support of many actors and stakeholders, an open and transparent process and meaningful public participation. To date these have been largely absent.

## Conclusion

This chapter set out to review health and health-related legislation, major policy initiatives and progress with implementation, using a policy analysis framework. There is an enabling legal, policy and fiscal environment and context that facilitate the achievement of the MDGs in South Africa. At the same time the review highlights the policy-implementation gap with slow or no progress with implementation, fragmentation and lack of co-ordination of the various laws and policy initiatives. There also does not appear to be any prioritisation of the implementation of legislation or recommendations from policy initiatives, thus raising doubt as to the ability and capacity of the health sector to make measurable progress.

As has been pointed out by many policy analysts, legislation and policy guidelines are only the starting point and that health legislation and policy is brought alive by the ways in which stakeholders (actors) translate their understanding of legislation / policies into their behaviours and practices.<sup>7,8,10,52</sup> This is well illustrated by the case studies of both the Health Sector Road-map and the ISTs. A major weakness of the policy initiatives has been the *process and timing*. There was resistance and insufficient buy-in from senior government officials who saw it either as a “*political process*” or “*just another project*”.

Some resistance from government officials is embedded in the perception that these initiatives intended to place blame on the Department of Health. Both the Road-map and the ISTs identified significant problems with the public health system, insufficient stewardship and leadership, misplaced priorities in some instances, inadequate management capacity and skills, and inappropriate, centralised structures. At the same time, many practical recommendations were put forward and, instead of seeing both initiatives as a threat, savvy officials could have engaged more in prioritising recommendations and using the technical experts to complement their own skills and capacity.

Given the difficulties with process and buy-in from stakeholders, neither the Health Sector Road-map nor the ISTs appear to have had the desired impact in terms of significant policy reform, although various aspects of the recommendations have been incorporated into the current Strategic Plan to a greater or lesser extent. In addition, these recommendations are not costed and the potential impact of each of these policy alternatives is not documented.

## Recommendations

Although we recognise the size and complexity of the health sector, and the time required to observe measurable change, three key recommendations arise out of this review:

- The need for focus and prioritisation: There is need to streamline and prioritise the implementation of key pieces of legislation, the objectives listed in the NDoH Strategic Plan, the various recommendations of both the Health Sector Road-map and ISTs and to ensure that there is a clear implementation plan, incorporating financial and human resource requirements.
- Careful attention to process and actors: While the development of legislation, policies and guidelines is important, the Health Ministry should pay attention to the process and culture of policy implementation, including ‘buy-in’ of senior officials, implementing agencies (the provinces) and front-line health-care providers. The national and provincial departments of health have to

be fully engaged and supportive of all reviews undertaken to ensure that recommendations are debated, adopted, costed and implemented.

- Improve monitoring and evaluation (M&E): Almost all the key informants pointed to the need for quality information to review laws and policies that are being implemented and pointed to the difficulty of not knowing “*if we are making a difference*”. They pointed out that many officials do not understand the value of reporting and of information and often pay little attention to M&E. Furthermore, a good information system enhances accountability for delivery to the public and for achieving health outcome goals.

Considering South Africa’s enabling legal and policy environment and the once-in-a-life-time opportunity for major health sector reforms through the NHI, the achievement of the MDGs is not impossible.

## References

- 1 World Health Organization. The World Health Report 2008: Primary Health Care, Now More Than Ever. Geneva: World Health Organization; 2008.
- 2 World Health Organization. Closing the Gap in a Health Generation: Health Equity through the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.
- 3 MDG Africa Steering Group. Achieving the Millennium Development Goals in Africa. New York: MDG Africa Steering Group; 2008.
- 4 World Bank. Global Monitoring Report 2008: MDGs and the Environment. Washington DC: World Bank; 2008.
- 5 Chopra M, Lawn JE, Sanders D, Barron P, Abdool Karim SS, Bradshaw D, et al. Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *Lancet*. 2009; 374: 1023-1031.
- 6 National Department of Health. National Department of Health Strategic Plan 2010/11-2012/13. Pretoria: National Department of Health; 2010.
- 7 Walt G, Gilson L. Reforming the health sector in developing countries: The central role of policy analysis. *Health Policy and Planning*. 1994; 9:353-70.
- 8 Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health Policy and Planning*. 2008; 23: 308-317.
- 9 Hanney SR, Gonzalez-Block MA, Buxton MJ, Kogan M. The utilisation of health research in policy-making: concepts, examples and methods of assessment. *Health Res Pol Sys*. 2003; 1:2
- 10 Gilson L, Erasmus E. Tackling implementation gaps through health policy analysis. *Equinet Policy Series*. 2008; 21:1-4.
- 11 Republic of South Africa. Cross Boundary Municipalities Laws Repeal and Related Matters Act (Act No 8 of 2009). *Government Gazette No. 32064*. 2009 Mar 26.
- 12 Republic of South Africa. National Environmental Laws Amendment Act (Act 14 of 2009).
- 13 Republic of South Africa. National Land Transport Act (Act 5 of 2009).
- 14 Republic of South Africa. Division of Revenue Act (Act 12 of 2009).
- 15 Republic of South Africa. Division of Revenue Act (Act 1 of 2010).
- 16 Republic of South Africa. Tobacco Products Control Amendment Act (Act 63 of 2008).
- 17 Republic of South Africa. Medicines and Related Substances Amendment Act (Act 72 of 2008).
- 18 Republic of South Africa. Social Housing Act (Act 16 of 2008).
- 19 Republic of South Africa. Mine Health and Safety Amendment Act (Act 74 of 2008).
- 20 Republic of South Africa. Prevention of and Treatment for Substance Abuse Act (Act 70 of 2008).
- 21 Republic of South Africa. National Environmental Management Waste Act (Act 59 of 2008).
- 22 KwaZulu-Natal Provincial Government. KwaZulu-Natal District Health Act, 2009. Republic of South Africa.
- 23 Free State Provincial Government. Free State District Health Act. Republic of South Africa.
- 24 National Department of Health. Establishment of the National Health Insurance Advisory Committee. *Government Notice No. 903*. *Government Gazette No. 32564*. 2009 Sep 11.
- 25 National Department of Health. Ethical Rules of Conduct. *Government Notice No. 68*. *Government Gazette No. 31825*. 2009 Feb 2.
- 26 National Department of Health. Nursing Strategy for South Africa 2008. Pretoria: National Department of Health; 2008.
- 27 National Department of Health. Revised Procedure for Updating Single Exit Prices with the Department of Health. *Government General Notice No. 575 of 2009*. *Government Gazette No 32245*. 2009 May 22.
- 28 National Department of Health. Transparent Pricing System for Medicines and Scheduled Substances: Dispensing Fee for Pharmacists. *Government Notice No. 688*. *Government Gazette No. 32330*. 2009 Jun 19.
- 29 National Department of Health. Medicines Control Council Conditions of Registration of a Medicine. *Government Notice No 1005 of 2009*. *Government Gazette No 32240*. 2009 Jul 31.
- 30 National Department of Health. MCC Conditions of Registration of a Medicine. *Government Notice No. 1105*. *Government Gazette No. 32491*. 2009 Aug 14.
- 31 Department of Health. Conditions of Registration of a Medicine. *Government Regulation No. 1341*. *Government Gazette No. 32620*. 2009 Oct 9.
- 32 National Department of Health. Transparent Pricing System: Dispensing Fee for Pharmacists: Amendment. *Government Regulation No. 1053*. *Government Gazette No. 32685*. 2009 Nov 6.
- 33 National Department of Health. Scope of the Profession of Medical Science and the Registration of Medical Sciences Students and Interns. *Government Notice. 578*. *Government Gazette No. 32244*. 2009 May 22.
- 34 National Department of Health. Qualifications for Registration of Medical Scientists. *Government Notice No. 581*. *Government Gazette No. 32244*. 2009 May 22.
- 35 National Department of Health. Scope of Profession of Environmental Health: Amendment. *Government Notice No. 698*. *Government Gazette No. 32334*. 2009 Jun 26.
- 36 National Department of Health. Bottled Waters: Amendment. *Government Notice No. R. 800*. *Government Gazette No. 32454*. 2009 Jul 31.
- 37 National Department of Health. Regulations Relating to the Application of Hazard Analysis and Critical Control Point System: Amendment. *Government Notice No. R. 1060*. *Government Gazette No. 32695*. 2009 Nov 13.
- 38 National Department of Health. Declaration of Leaded Paint as Group 1 Hazardous Substance. *Government Notice No. 801*. *Government Gazette No. 32455*. 2009 Jul 31.
- 39 National Department of Health. Standards for Manufacturing of Reduced Ignition Propensity (RIP) Cigarettes. *Government Notice No. 1123*. *Government Gazette No. 32754*. 2009 Dec 4.

- 40 Republic of South Africa. National Health Amendment Bill; 2008.
- 41 Republic of South Africa. Medical Schemes Amendment Bill; 2008.
- 42 Gordhan P. Mid Term Budget Policy Statement for 2009. Ministry of Finance, Republic of South Africa; 2009.
- 43 Development Bank of Southern Africa. Health Sector Road-map. Johannesburg: Development Bank of Southern Africa; 2008.
- 44 Integrated Support Team. Review of Health Over-Spending and Macro-Assessment of the Public Health System in South Africa. Consolidated Report. Pretoria: Integrated Support Team; 2009.
- 45 Thom A, Langa L. Thousands of FS patients sent home to die. Health-e. 2009 Feb 11.
- 46 Heywood M. Free State being a 'victim of own success' is not credible. The Star. 2009 Mar 11.
- 47 World Health Organization. Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. Geneva: World Health Organization; 2007.
- 48 Aids Law Project. Submission on the Division of Revenue Bill, 2010. Johannesburg: AIDS Law Project; 2010.
- 49 Momberg E. Health officials to be held accountable for 'every cent' spent: Unplanned spending part of funding crisis. Sunday Independent. 2010 Jun 27.
- 50 African National Congress. National Health Insurance: A revolution in healthcare. ANC Today. Johannesburg: African National Congress. 2009; 9 (3).
- 51 Bathembu C. Plans to overhaul health system for NHI. Bua News online. 2010 Feb 22.
- 52 Gilson L, McIntyre D. The interface between research and policy: experience from South Africa. Soc Sci Med. 2008; 67(5): 748-59.

