

PREFACE

The promotion of **equity** in health is one of the basic ideologies underlying South African health policy. Therefore, it is befitting after ten years of democracy to gauge how far the health system has moved towards providing equitable health services to all citizens is concerned.

This 2003/04 SAHR, the 9th edition, consists of an overview and 24 chapters, each describing a key health concern. Unlike many of the previous Reviews, this year's is data driven. It uses different sources of information to measure and assess the health and well-being of South Africans quantitatively. An overview of the key achievements and challenges is given in the chapter 'Ten years on – have we got what we ordered?'

“Every health worker collects data routinely, but most never use it to improve health services.”^a

The aim of monitoring the health system is to provide a way of determining whether or not the system is 'performing' to an 'acceptable' standard and if indeed there are improvements in people's health status. This concept of performance monitoring implies an agreed set of objectives against which performance may be judged and an agreed set of indicators for these objectives. This is complex because the health system itself is comprised of a range of semi-autonomous role-players, which results in corresponding challenges for health information systems. This Review focuses primarily on the public health system, and consequently places particularly strong emphasis on frameworks for monitoring and evaluation developed by the National Department of Health; "Health Goals, Objectives and Indicators 2001-2005"; a variety of disease- and issue-specific frameworks; and the updated priorities identified in the DoH Strategic Plan for 2004/05-2006/07. In addition, several international frameworks suggest indicators against which progress may be measured. Frameworks for the assessment of health system performance generally include three basic tiers of information namely; **health status and outcomes; determinants of health** and **health systems performance**.

The compilation and analysis of data, timeous reporting and use of consistent, up-to-date health information, are all key aspects of health care planning and management. In keeping abreast of the transformation of South Africa's health system to address the existing huge inequities, it is essential that relevant and adequate information is made available to monitor and evaluate the implementation of the Department of Health's programmes. Information is also needed to guide the health policy agenda as well as decision making and planning. Therefore, a dynamic national Health Information System is not only vital but a foundation for monitoring health development and evaluating the overall performance of the national health system.

This Review attempts to address all the three basic tiers described above through a range of chapters authored by experienced professionals from various health-related fields. Its content is built around four sections. Firstly, the **policy and information framework** is discussed in the Health Legislation and Monitoring Hospital Care chapters. The second section tracks the variation in **trends in the well-being of South Africans** through 7 chapters including: Health Status, Reproductive Health, Maternal Health, Child Health, Health of Older Persons, Disability and Chronic Diseases. Section three covers the most important public health **infectious diseases** - HIV/AIDS, Tuberculosis (TB) and Sexually Transmitted Infections (STIs). This section also touches on the importance of re-emerging and emerging diseases including Malaria and Cholera; and an editorial on Severe Acute Respiratory Syndrome. Section four, **health services** looks at the available resources for health care delivery in the country and the progress made in provision of antiretroviral therapy to people with advanced HIV infection.

Summaries of the key findings of four recent **national surveys** are included within the relevant sections and are: the STI Baseline Survey; The South African Youth Risk Behaviour Survey; HIV and Sexual Behaviour Among Young South African Survey; and the National Primary Health Care Facilities Survey.

Each of the main chapters has a brief summary for quick referencing and an extensive list of references for further readings.

^a Using Information for Action. The EQUITY Project

In addition a selection of data for most **key indicators** is included at the end of the Review for easy reference, together with maps and more detailed district data.

To complement the analysis of data, **commentaries** capturing the personal reflections of a selection of prominent South African health figures on the achievements of the health system in the past ten years, and the challenges in the years ahead are interspersed throughout the Review.

If there is a thread running throughout the Review it is the lack of access to adequate and up-to-date information to measure progress in health care delivery. To a large extent, lack of information has contributed significantly to the slow process of transforming the health system. However, this is not surprising given that about 95% of government's investment into Health Information Systems in the last 8 years has gone into establishing complex hospital information systems mainly in

**“If you can't measure it,
you can't manage it.”^b**

tertiary hospitals, leaving limited financial resources for the development of an effective District Health Information System (DHIS), the monitoring tool for the backbone of health care delivery.

Nonetheless, not all is doom and gloom. The amount and quality of data on the health system have in general improved, and efforts have been made to ensure consistency throughout the Review. However, it must be noted that there may be discrepancies both in the data reported and the conclusions drawn from analysis of the data. In particular, this problem exists with the DHIS; despite the growing usefulness of this database of indicators (which is based on the national minimum data set) in providing information from facility to district to national level, it remains difficult to obtain comprehensive, verified data from the system through the NDoH.

A health system undergoing transformation is undoubtedly in great need of standardised, manageable and accessible health information systems as well as relevant and comparable indicators for tracking down change at all levels of the health system. However, it is equally important to stress the need for quality information. Therefore, as we continue to close the

**“Interpretation of the information
at your disposal is one of the
most important and most
difficult aspects of using
(the) information system”^a**

identified gaps, those responsible for managing the national health information systems development may need to re-examine not only how health workers can be guided to collect quality usable information, but also on how they can be trained to interpret information at their disposal and use it to improve health services.

Finally, adequate human and financial resources as well as sustainable technologies at the district level are vital if South Africa is to strengthen the District Health and Information Systems which are crucial in effective primary health care delivery.

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^a Using Information for Action. The EQUITY Project.

^b Trevor Manuel, Minister of Finance, South Africa.