

EDITORIAL

The 2010 South African Health Review has three areas of focus: the Millennium Development Goals (MDGs); debates on a National Health Insurance (NHI); and Health and Related Indicators.

The Millennium Development Project is an aspiration for nations to move towards greater equity and for people, both individually and collectively, to achieve greater prosperity and fulfilment. It has galvanised support, efforts and funding towards this aspiration. The MDGs define tangible, measurable indicators that allow judgement on the achievement of the goals.

There is, however, a paradox. Once the indicator is chosen it can become less useful in measuring whether the goal is achieved. This was well described by Austveg in her paper presented at the Repoliticising Sexual and Reproductive Health and Rights meeting in Malaysia in August 2010. To paraphrase her, “When we want to measure something which is complex and multifaceted, we have to find good yardsticks. This means finding something that is not only measurable (i.e. possible to count and to collect data on) but that is also valid (telling something important about what we want to measure) and reliable (so that different assessors will come up with similar results). In addition, an indicator must be robust, which implies that it can buffer the bias which the attention brings once that indicator has been selected. An example of such a bias, taken from health service provision, is immunisation coverage. The immunisation coverage rate, while important in and of itself, is often used as a proxy indicator for the functioning of health services. Countries report to the United Nations and other regional and global bodies on their coverage levels. Once it is known, however, that immunisation coverage is used as a yardstick for the performance of the health-care system, it becomes the pride of national authorities and immunisation is then given high priority. This bias decreases the validity of the indicator as a measure of overall capacity of the health system.”

The danger inherent in this is the exclusive focus on indicators, rather than investing in the broader components that would actually contribute to overall improvement in health which the indicator is supposed to describe. Vertical programmes that only make sure a woman has access to a skilled birth attendant may, for example, not lead to improved maternal mortality if

there is no functional referral system or the attendant has no drugs. There are factors outside of the moment of delivery that are very important in decreasing maternal mortality – such as access to and use of contraception, access to safe abortion and to transport when in labour – and these are often forgotten or ignored if the focus is solely on skilled attendance at birth. The indicators are meant as measures of composite investments into the multiplicity of contributing factors that are to be considered when using indicators to achieve the overall aim of the various MDGs. Bearing this caveat in mind, this 2010 South African Health Review focuses on South Africa’s progress toward the MDGs.

A series of overview chapters on selected MDGs are presented. These overview chapters are accompanied by ‘companion’ chapters or profiles which illustrate examples of successful methods or case studies in achieving the MDGs. The profiles also highlight problems and issues in relation to either achieving the MDG or measuring the related indicators.

Chapter 1 focuses on maternal health and illustrates the uncertainty around the maternal mortality ratio. This is a phenomenon common to all developing countries and is a reason why the main MDG goal was augmented by an indicator to measure skilled attendance at birth. The chapter illustrates the contribution of HIV to maternal mortality as an indirect cause of maternal death. Clearly, impacting on the HIV epidemic is central to decreasing overall maternal mortality. The chapter identifies that more needs to be done to decrease the proportion of direct causes of obstetric deaths that are deemed potentially avoidable. An important contribution of this chapter is the centrality of an ‘enabling environment’ in supporting health-care providers to improve the quality of the care they provide.

Chapter 2 is the companion chapter to maternal health and describes the actions taken in Tamil Nadu, a state in India with a population of 62 million people, to improve maternal health. An important lesson here is that the achievements are the result of sustained investments over time in health infrastructure, bringing previously separate but related programmes under a single umbrella, building capacity, constructively engaging with communities and developing community-health system partnerships, as well as improving health system

management. It is the health systems approach described above that has led to improved maternal health care in the state. What the Tamil Naidu chapter also illustrates is that the predominant attention to maternal health has meant that other areas of sexual and reproductive health have been relatively neglected.

For health services to make the biggest impact a holistic approach is required. This is explored in Chapter 3 where the range of factors that promote sexual and reproductive well-being, which are important in their own right in contributing to improved maternal health, are discussed. This chapter highlights the urgent need to integrate services.

Chapter 4 deals with gender-based violence, which impact on HIV infection risk, contributes to increased maternal mortality and is certainly an indicator of gender inequality. The Millennium Development gender equity goal is notably silent about gender-based violence. The chapter describes the high prevalence of gender-based violence in South Africa and sketches the response of the Department of Health and non-governmental organisations. A notable feature is the highlighting of the policy implementation gap.

Chapter 5 documents the lack of progress in meeting the MDG for child mortality that, like maternal mortality, is directly linked to the HIV epidemic. It highlights how dealing with HIV is central to reducing child mortality, but also discusses the need to take a systems approach and to ensure that the basics, such as achieving adequate immunisation coverage rates, work well. The companion Chapter 6 explores in greater depth the issue of data quality raised in Chapter 5 and underlines the need to improve the health information component of the health system. If we cannot measure what we are doing it is difficult to make informed choices.

Chapter 7 relates to the education MDG and illustrates that, in the case of primary education although we may have achieved the net enrolment ratio in primary education this is not sufficient – illustrating again that focusing on the indicators alone can be limiting. The quality of education of primary school pupils must improve so that the learners do progress to higher levels, but also ensuring that they are literate and numerate. Enrolment is necessary but not sufficient. Companion chapter 8 describes a novel approach to education and, in particular, finds mechanisms for children to be active in their own education and for them to engage in society as agents of change.

Chapter 9 addresses the MDG on eradicating extreme hunger and poverty. This chapter looks at the intersection of hunger and poverty on HIV and TB and recognises them as barriers to both health and health-care seeking behaviour. It then explores some of the hunger and poverty alleviation strategies in South Africa. An overriding conclusion emanating from this

chapter is the need for an integrated, multi-sectoral development plan for South Africa.

Chapter 10 focuses on the MDG on combating HIV and AIDS, TB, malaria and other communicable diseases. The chapter provides a status report on HIV and TB. Through using a number of data sources it evaluates the burden of these diseases and the country's response, noting that in order to ascertain the degree of treatment compliance for TB and HIV there is a need to implement patient follow-up. The chapter highlights the need for improved data and data systems – again echoing other chapters. Among a number of conclusions the authors point to the need to integrate services to improve health outcomes, a recurring theme in this publication, and they end with a comment on international partnerships. The latter issue is further explored in Chapter 11 that looks critically at the impact of Global Health Initiatives (GHIs), such as the Global Fund, on access to HIV treatment. The authors' opinion is that GHIs have resulted in increased infrastructure, human resources and access to drugs, but that their inputs have not led to an improvement in equity and that GHIs have frustrated efforts to provide a continuum of care for HIV patients.

Access to clean water and sanitation is possibly one of the most important contributions to good health. Chapter 12 documents the improved access to these services, even for people living in informal settlements. However, informal settlements do have particular problems including exposure to industrial pollution and floods, together with poor access to other services such as waste management. The chapter also explores the potential impact of climate change on health and on gains made in reaching other MDGs.

Chapter 13 describes potential problems associated with greywater and the need to include greywater management in sanitation policy and programmes. A household-based filtration system is described as well as the challenges related to the implementation of that system. Challenges include households not maintaining the system and interrupted support from the local authority that resulted in sub-optimal functioning of the system – which highlights the need to invest in the software as well as the hardware of development solutions.

Policy development and implementation is the vehicle for achieving health and development outcomes. Chapter 14 reviews recent health policy and legislation, usefully tabulating health and health-related legislation, notices and regulations from 2008 to 2010. Recent policy processes and initiatives to improve the health system during the same period are described. The chapter provides a critical analysis of these, including the leadership role required of the Health Ministry and Department. This chapter, through its use of policy analysis, underscores the importance not just of the content of

policy but also the role of the various actors who impact on policy and the processes through which policy is developed. The chapter highlights the need for buy-in from the various stakeholders and notes, as an example, the lack of transparency of the Ministerial Committee on National Health Insurance. This chapter is thus a useful departure point for the second focus of South African Health Review 2010 – the focus on NHI.

The Review aims to create the space for stakeholders' views on the NHI to be aired as a contribution to the policy debate that needs to be held in a transparent and open way. The introductory chapter in this section, Chapter 15, provides a guide to terminology motivated by a sense that at least some of the debate is fuelled by the lack of a common vocabulary to talk meaningfully about the NHI.

The rest of the articles in this section all lament the absence of an official policy document for discussion. Despite its absence, the chapters nevertheless respond to the documentation that is available and they illustrate various opinions. Chapter 16 questions the financial feasibility and the institutional arrangements for running the NHI. Chapter 17 takes issue with an assumption that there are sufficient human resources for health for the NHI and questions the reliance on a doctor-based model and makes the case for mid-level and community health workers – a feature of the earlier NHI document released. This issue is potentially better addressed in the latest NHI document. Recent developments on improving primary health care makes reference to all cadres to improve the health service and one hopes that this is taken into account as the NHI debate matures. Chapter 17 also makes a plea for a human resource plan for South Africa.

Chapter 18 describes the position of the private sector. The chapter describes the very significant investment that the private sector has made in developing their response to the NHI debate and the way in which different agents within the private sector are working together and sharing information

in consolidating this response. Chapter 19 takes a step back and cautions on the work that is required to improve the public health system – NHI or not. Chapter 20 offers a voice from civil society and notes the in-principle support from this sector. It reiterates the need for more information and for more background work and makes a case for the incremental implementation of a NHI. It locates the discussion of NHI within the context of the South African Constitution and argues for the protection that the constitution offers to citizens.

The one common element in all of these contributions on the NHI is the call for open and transparent engagement and debate. The value of these chapters is to open that debate. They lay bare the interests they support and we hope that this encourages others, including the authors, to apply their minds and to use the opportunity created to ensure that the NHI debate does improve the health system in South Africa for all South Africans.

The final section of South African Health Review 2010 is the chapter on Health and Related Indicators. This invaluable resource chapter has been produced in every South African Health Review since the first edition in 1995. The authors of this chapter have over the years developed a detailed and nuanced understanding of the data sources, their strengths and weaknesses. They are familiar with the range of data sources available and are able to cross reference between these. While the data are not perfect, the authors' understanding of the imperfections allows them to present educated and qualified statistics that quantitatively describe the health and development environment of South Africa.

Each chapter in this Review, as is the case every year, is anonymously reviewed by content experts which allows for a fully peer-reviewed publication. The work of the authors and reviewers is gratefully acknowledged. It allows for the production of a high quality and highly used reference for health in South Africa.

Sharon Fonn and Ashnie Padarath

Open Letter

Dear Readers,

FROM GREAT LAKES UNIVERSITY OF KENYA

REFLECTIONS ON ATTAINING THE MILLENNIUM DEVELOPMENT GOALS IN AFRICA

We are well aware that Africa has experienced significant poverty, disease and death over the years, with many disparities within and between countries. Seeking solutions to this trend is complicated by the attenuation of our human resource capital through death, disease, civil wars, brain drain and, what is more, inappropriate training.

The African continent continues to suffer under what is widely perceived as 'the yoke of an unjust world order' consisting of unbalanced global trade, imposed reforms and a high debt burden.

Analysts are yet to be convinced of the readiness of many developing economies to achieve the Millennium Development Goals (MDGs), especially in sub-Saharan Africa. Improvements in literacy, food production and new medical and public health technologies led to encouraging gains in the 1960s, 1970s and 1980s. Significant among these gains was the eradication of smallpox. In 1974 the World Health Organization launched the Expanded Programme on Immunisation (EPI) that, except for tuberculosis (TB), has led to a significant reduction in all of the six major childhood diseases. TB has, unfortunately, resurged in recent years as a secondary infection to HIV.

Many of these gains have, however, been reversed since the beginning of the 1990s. Life expectancy has declined in many countries. HIV and AIDS is a major burden to sub-Saharan Africa and accounts for 70% of the global burden of disease and 95% of global orphans. HIV and AIDS has swamped the health services with high volumes of patients demanding a wider range of services and skills than the health services have previously had to offer.

The differences in health services have widened within and between countries. Income differentials are reflected in mortality rates differing between the social classes. Inequalities in health status are influenced by social class, geographic isolation, gender and ethnic origin.

The emergence of new and a resurgence of old communicable diseases is leading to a further deterioration in Africa's health situation. Amongst these diseases are the Ebola virus, HIV, Sudden Acute Respiratory Syndrome and the organisms responsible for toxic shock syndrome. Others include new forms of epidemic cholera and meningitis, the Hanta virus, the Hendra virus, the Nipah virus, H5N1 and avian influenza.

These factors have combined with conflict, unemployment and lack of productive skills to further exacerbate the situation. The poor are also the most exposed to the risks of a hazardous environment, yet are the least informed about threats to health. In addition, it is ultimately the poor who bear the brunt of crude structural adjustment policies, unregulated globalisation and epidemics of disease.

There is increasing appreciation that health is a key driver of socio-economic progress, while recognising that poverty contributes to poor health and poor health anchors large populations in poverty. Poverty creates major barriers for poor families to access increasingly expensive health care services, making the achievement of the MDGs but a dream in sub-Saharan Africa.

CHALLENGES TO ACHIEVING THE MDGS

Although United Nations statistics reveal that many countries in the sub-Saharan African region are now experiencing improved growth, the region still lags behind on all MDGs. Some of the factors hindering achievement of the MDGs are poor governance, neglect for critical infrastructure, poor leadership and policy inconsistency.

According to the United Nations Development Programme's 2005 Human Development Report there are serious shortfalls in sub-Saharan Africa in fighting hunger and malnutrition - the "forgotten MDG". The prevalence of undernourishment declined by only four percentage points in 12 years, from 20% in 1992 to 16% in 2004 and now the recent food price hike is eroding the limited gains made in reducing hunger.

The region has, however, made remarkable progress towards the achievement of full primary-school enrolment levels. But major challenges remain in educating the youth to ensure they have the relevant skills needed for the changing labour market, as well as in eliminating gender inequity at secondary and tertiary levels of education.

Not much progress has been made towards gender equality, which is up against die-hard cultural practices. The region continues to face challenges regarding the social status of women, including their exclusion from participation in public affairs and the changing labour market. Affirmative action policies have not taken hold and issues of female ownership of assets are contradicted by many realities in family structures.

While there is increasing availability of maternal health facilities many mothers, especially the poor, cannot access these services because of inadequate financing mechanisms and complex decision-making contexts at the level of households and communities. A lack of health workers and supplies create further complications.

Environmental degradation is amongst the most serious concerns for the region's future. Flooding, soil erosion and other challenges have severe cross-border implications and are affecting substantial numbers of the poor, especially in rural areas.

Improved global partnerships are unlikely to improve the situation in Africa if issues of unfair trade are not addressed at the same time. For Africa, fair trade is more crucial than aid, to enable the citizens to enjoy the benefits of the continent's natural and human resources. Focusing on continental infrastructure, as well as on establishing bigger regional blocks, could be among the key missing links to a prosperous future for Africa.

ACTION TOWARDS ACCELERATED IMPROVEMENT IN THE MDGS

Improved health is a key factor for human development. From being an unproductive consumer of public budgets, health must be seen as a central element of productivity. More work must be done to discover and employ 'out of the box' strategies that have hitherto not been addressed with adequate seriousness. Some examples include:

- Address issues of fair trade, based on ethical partnerships in the exploitation of the continent's natural resources;
- Urgently address poor governance and leadership, possibly through continental accountability structures such as the New Partnership for Africa's Development;
- Introduce compulsory or voluntary, but organised, community service for all youth, thereby enhancing access to employment opportunities and tapping the productive potential of a large proportion of the African population that is currently largely idle;
- Support and maintain community-based approaches to health and development, building on the existing African wealth in social capital within and across communities; and
- Harness the faith-based resources of the continent for productivity and responsible leadership, given that the majority of the citizens of the continent are highly religious.

Achieving the MDGs will also require targeting areas and population groups that have clearly been left behind - rural communities, urban slum dwellers and ethnic minorities - all of whom will have a hand in shaping our common future. The MDGs must continue to provide a focus for our efforts, while the vision of a world without poverty must not be lost - despite the current difficult times.

Your efforts to bring the MDG targets for 2015 within reach of all must not cease.

Sincerely,

Dan Kaseje

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Rose Olayo

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