

# EDITORIAL

The years 2010 to 2011 were characterised by numerous health-related legislative and policy changes which, if successfully implemented, will serve to change the prevailing South African health system irrevocably. Many of these changes are firmly embedded in the ruling party's increasing focus on the 'outcomes approach', whereby 'improving outcomes means doing things differently in order to increase the impact we have on improving the lives of citizens'. In order for Government to collectively address its main strategic priorities, 12 outcomes – each with its own measurable outputs, sub-outputs and clear targets – were identified as areas of focus for the period 2010 to 2014. All Government Ministers subsequently signed performance agreements with the President of South Africa (SA) to show their commitment to realising these 12 Cabinet-approved outcomes.

Outcome 2, A long and healthy life for all South Africans, aimed at improving the health status of all South Africans, falls within the responsibility of the health minister; hence a Negotiated Service Delivery Agreement (NSDA) was signed by the Minister of Health (MoH) and the President in October 2010. The four NSDA strategic outputs to be achieved by the health sector are: (1) increasing life expectancy; (2) decreasing maternal and child mortality; (3) combating HIV and AIDS and decreasing the burden of disease from TB; and (4) strengthening health system effectiveness. The NSDA links directly with the 10 Point Plan, which in turn forms the basis for the National Department of Health's (NDoH) National Strategic Plan for the period 2009-2014 to improve the performance of the South African health system. Both the NSDA and the 10 Point Plan highlight the need to improve health system functioning through improving healthcare financing; enhancing human resources for health (HRH); improving the quality of health services; strengthening overall stewardship and governance; producing better-quality data and streamlined reporting systems to support planning and decision making; and improvement of infrastructure development and health technology, including maintenance initiatives, drug policies and procurement systems, amongst others.

Primary Health Care (PHC) re-engineering, a concept whereby the South African health system will be further transformed to align with the PHC approach, will underlie all interventions and activities. Furthermore, a complete overhaul of the key components and structures of the public health system will be another major area of focus of Output 4, health systems effectiveness. The introduction of universal coverage in the form of National Health Insurance (NHI) is one of the major policy changes ushered in through the signing of the NSDA, and requires that the above mentioned policy changes be translated into practice.

This 15th edition of the South African Health Review focuses on a variety of basic health system building blocks from the perspective of the NSDA and PHC re-engineering, and provides an opportunity to assess how far SA has progressed with regard to transforming its

health system since 1994. It also creates an opportunity to reflect on successes, failures and missed opportunities, and sheds light on the health system's state of readiness to respond to the recent introduction of key policy reforms.

The presence of relevant, appropriate and comprehensive legislative and policy frameworks is critical and necessary for the creation of an enabling environment for attainment of health and related development goals, and reflects Government's level of responsiveness and commitment to ensuring implementation of various components of related key health-related Acts. Chapter 1, Health Policy and Legislation, focuses on health-related legislative instruments which have been the subject of change since 2010, highlighting areas where progress with implementation of new legislation has been slow. This chapter highlights that no new health-related Acts or important amendments have been made to existing legislation since 2010, but that numerous secondary and tertiary Regulations were passed or finalised over that period. An overview of legislation for which the MoH bears responsibility is presented, with detailed review of Regulations issued in terms of the National Health Act (No. 61 of 2003), the Green Paper on NHI released in August 2011, and the draft National Environmental Health Policy. Legislation pertaining to medicine-related matters is also discussed. New Rules issued by the various statutory health councils are presented, with commentary on the slow pace of implementation of the Nursing Act (No. 33 of 2005). The chapter concludes with a review of legislation which primarily falls outside of the health sector, namely the Children's Act (No. 38 of 2005) and the Consumer Protection Act (No. 68 of 2008), and the impact of each on health professionals. The authors present critical analyses and commentaries on the shortcomings of legislation and highlight areas where Government's responsiveness has been slow.

Chapter 2 examines PHC in South Africa since 1994 and the implications of the new vision for PHC re-engineering. It sets the stage for the Review and provides an overview of key national developments towards realisation of PHC as the primary mode of healthcare delivery in SA over the past 16 years. This chapter highlights the roots of inadequate performance in SA's health system and presents these through the lens of the World Health Organization's (WHO) Framework for Health Systems six building blocks. Key policy reforms aimed at transforming the health sector are presented, with a focus on PHC re-engineering. The implications of this specific policy are also outlined through the lens of the WHO's Health Systems framework with consideration of the social determinants of health. The authors conclude by emphasizing that time is essential for ensuring change in the health system, as Brazil took 15 years to roll out their PHC strategy (upon which the South African one is based), and that PHC re-engineering is identified as an essential but not sufficient condition for achieving health outcomes and should be accompanied by a change of culture that focuses on system-wide planning and implementation.

Chapter 3, on Health Financing, provides an overview of health financing in SA. Overall expenditure trends are presented and health spending by priority areas (namely PHC, HIV and AIDS, TB, hospitals, HRH and health infrastructure) is presented in more detail. The chapter discusses the implications of the introduction of NHI and PHC, amongst others, on health financing. The authors note that the South African Government appears to be committed to further increasing health funding levels to address the growing quadruple burden of disease and to improve the quality and structure of health services, but caution that more attention is required to understand the resource requirements. Key priority areas such as non-communicable diseases and child health require improved costing.

Chapter 4, entitled Human Resources for Health for South Africa: Human Resources for Health Strategy for the Health Sector 2012/13-2016/17, discusses the health and policy contexts underpinning the development of the HRH strategy for the health sector, launched in 2011. It highlights the trends in and challenges for HRH in SA according to supply of health professionals; education, training and research; and working environment. A more detailed overview of the eight strategic priorities which form the framework of the strategy of the policy is presented. The chapter concludes with the following statement: "The strategy document is a guide to action and requires participation of all stakeholders to make it a 'living' document which enables improvement in HRH. The long-term future of the health sector will be determined by our actions in relation to HR in the short term, specifically in the next 5 years".

Chapter 5 focuses on the development of quality standards and associated methods for improving the functioning and quality of care provided at healthcare facilities in SA. The chapter traces the history of healthcare standards internationally, and discusses specific quality improvement initiatives in SA with a focus on the National Core Standards, the structure thereof for health establishments in SA, and the Fast-track to Quality Programme which focuses on the six most critical areas for patient-centred care in SA, as well as the proposed establishment of the Office of Health Standards Compliance. An overview of methods used to evaluate healthcare establishments is presented, and development of quality standards and programmes to improve the quality of healthcare services is highlighted as important to attaining health goals, particularly with the introduction of NHI. "Accreditation is achievable by a wide range of facilities, ranging from poorly supported, rural PHC clinics to sophisticated public and private tertiary level facilities".

In the chapter on Leadership and Governance within the South African health system, Gilson and Daire attempt to define what leadership is in the context of the SA health sector, emphasizing that health managers must always be 'managers who lead'. They focus on the importance of values and present key leadership abilities required for PHC reform. The authors present two main reasons as to why leadership is vital for health system improvement and development initiatives: challenges of policy implementation and challenges of organisational structures and culture. The chapter concludes by presenting requirements for strengthening leadership within SA's health system.

Chapter 7 on Health Information Systems in South Africa, highlights the importance of being able to access good-quality data which are housed in a single, comprehensive data repository for

monitoring and evaluating progress towards attainment of health-related goals. This chapter discusses the health information system (HIS) implications of PHC re-engineering in terms of physical and HR requirements. It presents key HIS-related legislation and policies, SA's vision for strengthening HIS, and highlights persistent challenges which hinder translation of these policies into practices. The authors present recent key developments aimed at strengthening the HIS in SA, including development of a District Health Management Information Systems policy and future steps for strengthening HIS.

Health Technology for equitable access to quality health services (Chapter 8) highlights the importance of health technology (HT) as a component of the health system. The author presents a definition for HT and discusses key legislation related to HT development and management. Further discussion presents a sequence of steps to determine medical devices needs, based on priority public health needs, and focuses on HT management, regulation thereof and HT innovation.

In exploring The State of the Right to Health in Rural South Africa (Chapter 9), Gaede and Versteeg explore the successes and barriers to the right to access health care in rural areas. They present the legal framework for rural health and provide a discussion of the challenge of defining rurality within the context of SA. The authors discuss the determinants of health outcomes within the context of the social determinants of the right to health, and factors required to ensure that the healthcare system functions optimally, namely leadership and governance, and resource allocation for rural areas. Implications for the future are discussed through presentation of a number of mechanisms required to rectify the inequalities and inequities of the past, with a set of critical questions to ask when designing or reviewing a new health policy.

Chapter 10, Human Resources for Rural Health, is a companion piece to chapter 9 and reviews the realities of and challenges to improving HR for rural health care in SA. This chapter presents the key findings of an analysis of HR for rural health at policy level, with a specific focus on PHC re-engineering as a new opportunity to focus on HR for rural health care. The authors interrogate the impact of the NSDA on improving HR in this setting. A set of short- and long-term recommendations for HR for rural health is presented.

The Review concludes with the invaluable Indicators chapter which has been produced in every SAHR since the first edition in 1995. Described by a leading international public health expert as a *tour de force*, this year's chapter presents information from a variety of data sources.

There is consensus that there is significant political will to transform the health system based on the principles of fairness, equity and accessibility. As each of the chapters repeatedly point out, the stage has been set for a Damascene moment in the transformation of SA's health sector. However, policies without adequate resources, committed leadership and stewardship together with regular engagement with key stakeholders will remain mere aspirations. Apart from implementing new policies and developing fair financing arrangements, there is also a need to focus on softer issues such as leadership and management, and to ensure that we build and nurture a cadre of health managers who are able, empowered and motivated. Equally, in contemplating health sector reform not only will accurate data on health status and health services be necessary

to inform policy decisions, but also to ensure that they emanate from a sound evidence base and contain information on one health system – incorporating both the public and private sectors.

In the 17 years since democracy, SA has done much to redress the imbalances and injustices of the past. Often, the achievements in transforming our health system have been overshadowed by what still needs to be done.

In her message to SA on the occasion of the NHI conference organised by the NDoH in December 2011, Margaret Chan, Director-General of the World Health Organization, pointed out the following:

You are re-engineering PHC to make it first-rate professional care and not the kind of third-rate care your population has rightly shunned ... All eyes are watching SA ... As a pioneer in health systems reform, a leading light and a model, I wish you every success.

We thank all authors, peer reviewers and members of the Advisory Group for helping us to contribute to this success.

**René English and Ashnie Padarath**

Health Systems Trust

