South African Health Review

2019

CHAPTERS AT A GLANCE

CHAPTER AT A GLANCE

1

Health legislation and policy

National Health Insurance (NHI) is proposed as a pathway to accelerate South Africa's achievement of universal health coverage (UHC) by 2030, as stipulated in Goal 3.8 of the Sustainable Development Goals.

The aim

One of the aims of this chapter is to provide an analysis of the NHI Bill, particularly the constitutional allocations of responsibility for financing, governance and management, and public participation and engagement. The implications for the private sector are also explored.

Key considerations around the NHI Fund

- Medical Schemes: The role of medical schemes will change in the future – they may only offer complementary cover to services not reimbursable by the Fund.
- Governance: The NHI Fund will be governed by an independent Board that is selected by and accountable to the Minister, but several alternative processes are also proposed.
- Service provision: The Fund will transfer funds directly to hospitals based on a global budget or Diagnosis Related Groups.
- Actors, processes and context: A large degree of uncertainty remains around the extent to which actors other than the Presidency and National Department of Health will be engaged in NHI.

Conclusion

The radical transformation of health services demands a high degree of policy coherence, as well as visionary stewardship from government in a participatory and inclusive national effort.

Andy Gray, Yousuf Vawda

CHAPTER AT A GLANCE

2

UHS: a public conversation

It is time for the public discussion around the NHI Bill to focus on how best to achieve a Universal Health System (UHS), backed with clear explanations of how proposed reforms will achieve this goal.

The aim

The purpose of this chapter is to provide information on the 'what' and 'how' of the proposed NHI. It explains the key elements of NHI reform and unpacks how they will contribute to achieving a UHS. It also considers some of the key concerns raised in debates around the Bill.

Lessons learnt

The reforms proposed in the NHI Bill are based on international best practice. They must be phased in gradually and sequenced appropriately, with an initial emphasis on improved resourcing of public sector primary care services, piloting of delegated service delivery management within the public sector, and building the strategic purchasing capacity of the NHI Fund. The NHI Fund will be allocated an annual budget from tax revenue; this budget limit will influence the pace of implementing reforms and ensure an affordable universal health system. Transparency and accountability are critical to realising an efficient and equitable health system.

Conclusion

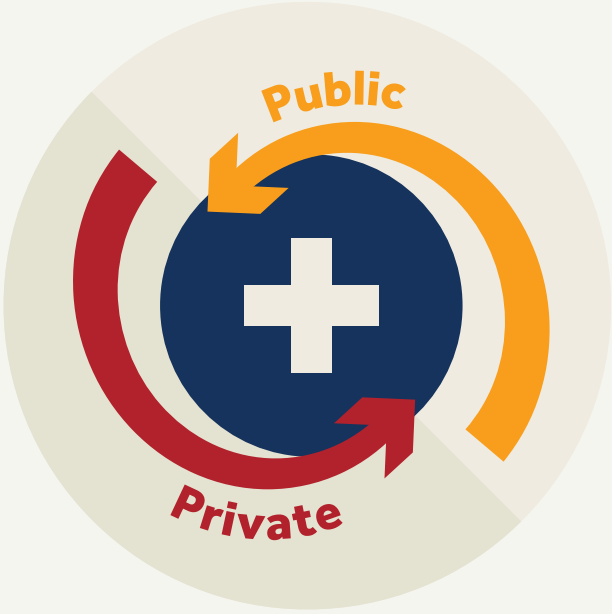
Our current health system status quo is unacceptable. There are undoubtedly ways in which the NHI Bill can and must be improved. Taking explicit policy steps to move toward a UHS will improve access to quality health care for all and contribute to the redistributive agenda of the country. The focus of the public conversation must be firmly placed on how best to achieve a UHS.

Diane McIntyre

CHAPTER AT A GLANCE

3

NHI: vision, challenges and potential solutions



National Health Insurance (NHI) aims to bridge the currently two-tiered health system and build a more integrated health financing system drawing on both public and private provisions to achieve universal health coverage in South Africa.

The aim

This chapter gives a technical review of NHI vision, progress and challenges, and identifies potential solutions to assist the South African Government in making progress with NHI implementation.

Analytical framework

NHI is addressed here using an analytical framework built on key dimensions of health financing (identified by the World Health Organization) and core health-system functions. These include revenue raising, pooling, purchasing and provision.

Challenges

Several challenges are identified as impeding progress on NHI:

- Difficulties in centralising funding in a national NHI Fund
- Insufficient progress in building capacity to manage NHI
- Mistrust between government and the private sector
- Slow progress in building a mixed delivery platform
- Weakness in public sector provision and quality.

Looking forward

NHI has the potential to make the South African health sector more integrated, equitable and cost-effective. The chapter proposes potential solutions to each of the challenges identified. To move forward, the practical steps required to roll out NHI need to be articulated more clearly and an NHI roadmap must be finalised urgently, outlining timeframes and assigning responsibilities for key activities and deliverables.

Mark S. Blecher, Jonatan Davén, Stephen Harrison, Wendy Fanoe, Tafara Ngwaru, Thulani Matsebula, Nikhil Khanna

CHAPTER AT A GLANCE

4

Establishing the NHI Service Benefits Framework

Arguably, one of the reasons for the slow rate of progress on National Health Insurance (NHI) implementation is the absence of an explicit list of conditions and healthcare services to be covered under NHI.

The aim

This chapter provides an overview of the process of developing the Service Benefits Framework (SBF) that defines the service benefits to be provided under NHI. The chapter also discusses the role of the Framework in supporting good governance in benefit design, and lessons learnt to develop the Framework further.

Developing the NHI Service Benefits Framework

Development of the Framework has included the following steps:

Defining services and care pathways: A set of easy-to-communicate service benefits was established by linking health conditions and services as defined in the national clinical guidelines with at-risk populations, and translating the care pathways associated with each condition and service from clinical terminology into lay-person terms.

Developing a costing structure: A costing database was developed to estimate the resource inputs required to deliver every healthcare service as reflected in existing national policy. The estimates include direct and shared clinical resources required per patient visit.

Lessons learnt

Several lessons learnt can inform how the SBF is developed further:

- Stakeholder engagement is critical in benefit design, including ongoing review.
- The SBF requires some restructuring to include standardisation of nomenclature and classification systems that make it fit for purpose.
- Processes should be standardised and aligned proactively for the development of national policy, strategy and guidelines, and the supporting health management information systems aligned with these documents.

Jeanne-Marie Tucker, Kalipso Chalkidou, Yogan Pillay

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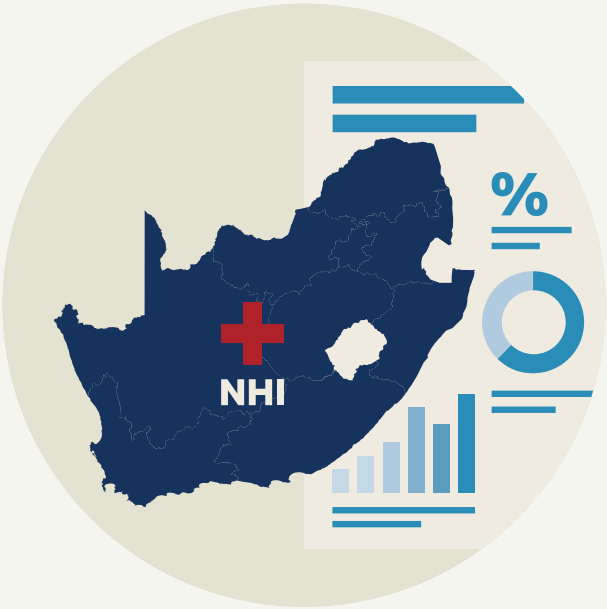
5

Measuring National Health Insurance



The aim

This chapter analyses Universal Health Coverage (UHC) trends and highlights progress in the implementation of National Health Insurance (NHI) towards UHC. It also identifies current information gaps and the implications of these gaps for measurement of NHI in South Africa.

Key findings

South Africa is currently in the second of three phases of NHI implementation. Measuring the transition towards UHC through NHI implementation has been challenging, with many data gaps and serious implications for information systems and measuring progress in the future.

Conclusion

Although South Africa has increased population coverage of healthcare service delivery, challenges have persisted with coverage quality and health systems implementation. Much more will be needed to support the realisation of UHC through NHI implementation, with some key imperatives required including measurement of treatment outcome cascades in order to ensure effective UHC in the future.

Over the last 21 years provision of essential health services has improved in South Africa and there has been progress in reducing inequity of access. More needs to be done to ensure access for all South Africans, and to improve quality of services for better treatment outcomes and effective coverage.

Thulile Zondi, Candy Day

CHAPTER AT A GLANCE

6

Achieving a high-quality health system

The legislative and policy foundation for a well-performing health system in South Africa is largely in place. Strong stewardship, leadership and implementation are the logical next steps to build on the global momentum towards high-quality UHC.

The aim

Drawing on the South African Lancet National Commission Report, this chapter summarises the progress made in the provision of health care and the significant challenges that remain. It describes the methodology used in the Report, as well as the conceptual framework and definition of a high-quality health system in South Africa.

Methodology

The methodology used in the South African Lancet National Commission Report includes:

- Literature review on high-quality health systems
- Interviews with 10 key informants
- Monthly commission meetings, including deliberation on the evidence obtained and inputs received
- Inclusion of the findings and recommendations of three global reports on quality
- Four national consultative workshops held with stakeholders and technical experts.

Conceptual framework

The Report defines what a high-quality South African health system is and anticipates that the outcomes of such a system will include universal access and coverage, quality of care, and responsiveness to patient and community needs and inputs. A conceptual framework is used to highlight the progress of the South African health system, with six key diagnostic findings provided on its present state.

Laetitia C. Rispel, Olive Shisana, Ames Dhai, Lilian Dudley, René English, Gerhard P. Grobler, Thulani C. Masilela, Rajesh H. Patel, Adrian Puren, Russell Rensburg, Jacqui Stewart, Stuart Whittaker, Gustaaf Wolvaardt

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7

The Health Market Inquiry

The South African private health sector has developed uncompetitively, to the detriment of consumers. Recommendations made in the Health Market Inquiry (HMI) report provide an opportunity to build national capacity for a more rational and equitable healthcare system in South Africa.

The aim

This chapter reviews selected system-wide South African private health sector recommendations made in the recently released HMI report. The chapter focuses on recommendations relevant to more equitable health-systems development in the country.

Key findings

The HMI found that private health care in South Africa is characterised by high and rising costs in a predominantly fee-for-service market. Given multiple market failures, government intervention is required to ensure that consumers are protected. Findings were reported in three categories: facilities, practitioners and funders.

Recommendations

The HMI recommendations are aligned with the ambitions of the NHI Fund. They include:

- Extending demand-side regulation and introducing a new tariff negotiation regimen
- Re-organising existing supply regulatory functions into one body
- Improving value-based purchasing through health technology assessment and outcomes monitoring
- Improving the licensing of hospitals and the practice code numbering system; and investment in and national standardisation of the healthcare intervention codes
- Providing an immediate solution for fee-for-service-price determination between funders and individual practitioners through a multi-lateral negotiating forum while leaving space for innovation on value-based contracts through bilateral negotiations between funders, practitioners and hospitals.

Lungiswa Nkonki, Ntuthuko Bhengu, Mapato Ramokgopa, Sharon Fonn

CHAPTER AT A GLANCE

8

Optimising beneficiary choices

The lack of transparency for medical scheme beneficiaries may lead to suboptimal decision-making by consumers and a less-responsive national healthcare system.

The aim

This review investigates non-health price barriers and their impact on beneficiary benefit option choices. It provides a standardisation policy framework that could improve decision making by beneficiaries and thereby strengthen the national healthcare system.

Methodology

Using data from the Council for Medical Schemes, this review applied empirical methods to test the existence of non-price barriers. Emerging health economics literature was also studied, with a series of analyses applied to the data (descriptive, discriminant and cluster).

Key findings

Benefit option decisions are difficult for consumers. The dimensions used to configure utilisation rationing mechanisms, such as co-payments, levies and deductibles, also add confusion to the decision-making process.

Conclusions and recommendations

Health information exchanges can address selection problems through providing relevant and standardised information. Medical schemes should dovetail their health service benefits with those of the NHI, incrementally phasing in the health service regimen to cover supplementary and complementary healthcare services. There ought to be room for private-public partnerships to augment the administrative and financing capacity of the state with regard to long-term diseases.

Phakamile W.F. Nkomo, Steven F. Koch, Evelyn M.M. Thsehla, Michael M. Willie

CHAPTER AT A GLANCE

9

Expanding breast cancer care through partnerships and innovation

Clinicians have developed a multi-pronged strategy to increase capacity for breast cancer diagnosis and treatment at the Groote Schuur Hospital Breast Clinic.

The challenge

The number of breast cancer cases at Groote Schuur Hospital (GSH) increased from 320 in 1999 to 608 in 2017. Clinical resources do not match this higher workload at any point of service delivery, resulting in significant delays in diagnosis and treatment.

The aim

This chapter outlines the strategies employed by the GSH breast cancer team to manage increasing demands on clinical resources, and considers long-term interventions needed to resource breast cancer care nationally.

Key developments

Improving breast cancer-related services has involved several strategies:

- Establishment of a satellite breast cancer clinic at Mitchells Plain Hospital
- Reduction in the number of follow-up patients, and emphasis on new referrals
- Establishment of a virtual telephone clinic
- Partnership with two NPOs: PinkDrive and Project Flamingo.

Recommendations

The growing cancer epidemic in South Africa requires:

- Concrete national policies around control and management of breast cancer
- Establishment of one-stop breast clinics at all district and secondary hospitals
- Streamlined flow between district diagnostic services, regional surgical services and tertiary oncology and multidisciplinary team services.

Lydia Cairncross, Eugenio Panieri, David Anderson, Tselane Thebe, Liana Roodt, Dharshnee Chetty, Rufkah Gamieldien, Francois Malherbe

CHAPTER AT A GLANCE

10

Quality standards for hypertensive disorders in pregnancy

South Africa has high levels of maternal mortality, with hypertensive disorders of pregnancy being the main underlying cause of maternal deaths from 2014 to 2016.

The aim

This review describes the process of developing Quality Standards (QS) for maternal health in South Africa, aimed at improving the management of hypertensive disorders in pregnancy at primary care level. It also outlines lessons learnt and provides recommendations for moving forward.

Methodology

Seven QS were developed by a multi-disciplinary working group by October 2018. These QS were informed by recommendations from the national clinical practice guideline for maternity care and other local and international evidence.

Key findings

QS can bridge the gap between clinical guidelines and their successful implementation. To ensure their success, QS should be:

- Adapted to local conditions such as available skills at facility and district levels
- Developed with engagement of all key role-players and continuous stakeholder involvement
- Focused on local priorities
- Funded for implementation in different healthcare settings.

Conclusions and recommendations

QS can be developed relatively quickly through a stakeholder engagement process. A pilot study is the next step to examine the process of implementation and/or the impact of QS in practice. Successful implementation requires application of several principles including: partnerships and political support; baseline data; training; and documentation.

Renay Weiner, Lawrence Chauke, Agnes Erzse, Coceka Mnyani, Maryke Wilkinson, Makgobane Ramogale-Zungu, Sikhonjiwe Masilela, Karen Hofman

CHAPTER AT A GLANCE

11

Understanding barriers to HIV testing and treatment

South African men experience several barriers to HIV testing and treatment that result in worse HIV-related outcomes than found in women.

The aim

This study explores men's experience of accessing HIV services and the experiences of healthcare providers delivering such services, to understand why men at risk often do not test or seek treatment for HIV.

Research approach

Men and healthcare providers (HCPs) from KwaZulu-Natal and Mpumalanga took part in a two-hour in-depth interview to gather data around their experiences of seeking or providing HIV-related health care. The men were at different stages of HIV testing and treatment and the HCPs had experience providing HIV care to men in various healthcare settings.

Key findings

Barriers faced by men include social and cultural norms, the cost/benefit trade-off when engaging with healthcare services, fears around relationships and identity, and past trauma around HIV.

Interactions with HCPs may also present barriers, such as distrust and misunderstanding, issues around counselling and initiating HIV testing, and fears around privacy.

Recommendations

Healthcare services should:

- Take a harm-reduction and empathetic approach
- Understand HCP barriers and challenges
- Be as responsive and relatable as possible
- Prioritise privacy, confidentiality and disclosure support.

James Bell, Sunny Sharma, Shawn Malone, Melissa Levy, Jemma Reast, Kristen Little, Nina Hasen

CHAPTER AT A GLANCE

12

A landscape analysis of preterm birth

Preterm birth (PtB) is a syndrome that affects millions of infants annually, with implications for short- and long-term morbidity, mortality and socio-economic liability.

The aim

Using national data sets, this chapter highlights the estimated global, regional and local burden of PtB; challenges with measuring gestational age; PtB-associated complications; and optimal care packages. The chapter also addresses key interventions that prevent and predict PtB, and interventions to manage preterm infants.

Findings

Estimation of PtB has been complicated by a lack of data availability, and inconsistency between PtB definitions across sites. Key interventions, namely kangaroo mother care and antenatal steroids, are effective but not consistently implemented.

Improving the wellbeing of mothers and infants necessitates interventions that target prevention, diagnosis and short- and long-term management. Many of these interventions exist in South African policy but uptake is variable across settings.

Recommendations

The authors support the five objectives of the South African Every Newborn Action Plan, and further recommend the following:

- Address the equipment and supplies gap in the public sector
- Address leadership and governance challenges affecting quality of care
- Provide appropriate training, support and supervision for healthcare workers
- Prioritise key research areas.

Vundli Ramokolo, Thokozile Malaba, Natasha Rhoda, Ameena Goga

CHAPTER AT A GLANCE

13

Improving the early development of children

Children who receive nurturing care, especially during the first 1 000 days, are more likely to reach full developmental potential and to lead healthy, productive lives.

The aim

This chapter reviews global and national strategies promoting the health, nutrition, development and well-being of young children. It covers the Side-by-Side Campaign implemented by the South African National Department of Health (NDoH) to promote Early Childhood Development (ECD) during the first 1 000 days. The chapter also outlines efforts by the health system to fulfil the 'survive and thrive' agenda for young children.

Key findings

The NDoH has begun the process of re-engineering child health service provision, guided by six main national and international policies and commitments. These policies position the health sector as primarily responsible for spearheading provision of services for young children (0 - 2 years).

Conclusion

Many South African children face continued risk of poor development. Going forward, the health sector has both the obligation and the opportunity to develop and implement a more comprehensive understanding of and approach to child well-being. Substantial changes in how services are organised, delivered and monitored must happen in order to break repeated cycles of adversity, and improve the health, nutrition and well-being of South Africa's children.

Lesley Bamford, Patricia Martin, Wiedaad Slemming, Linda Richter

CHAPTER AT A GLANCE

14

Achieving universal health coverage for adolescents

Despite the availability of progressive adolescent-related policies and initiatives in South Africa, implementation challenges exist and are impeding progress towards the achievement of universal health coverage (UHC) for adolescents in the country.

The aim

This chapter reviews progress towards achieving UHC for adolescents within the South African public health sector. It summarises the health risks faced by adolescents, and reviews policies and initiatives that deliver adolescent-responsive, quality health services and create demand for health care among adolescents in the country.

Key findings

For adolescents to benefit from South Africa's progressive human-rights-based policies, healthcare providers must be better prepared to respond to their health needs, and adolescents and young people must be prioritised in global health and social policy. Achieving UHC and optimal health for adolescents will require multi-sectoral collaboration to reduce the number of adolescents who are not employed, educated or in training, and to implement specific health-related interventions.

Recommendations

Recommendations include:

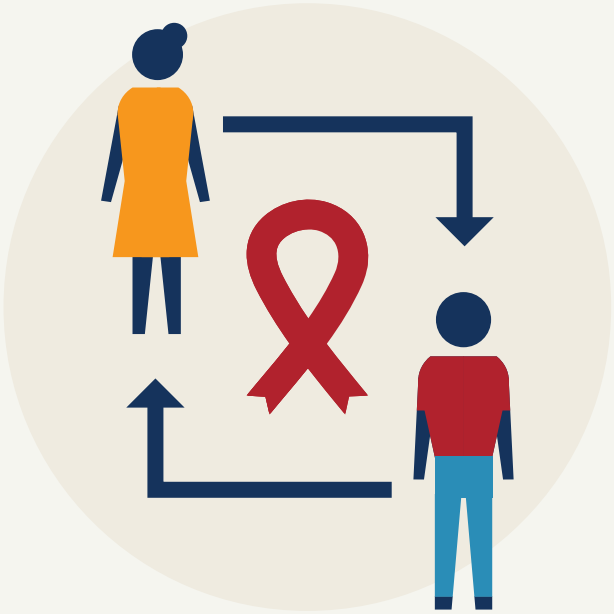
- Monitoring and review of South Africa's adolescent-specific policy and programme implementation
- Training of healthcare providers to be adolescent-competent
- Screening and early identification of risk factors among adolescents
- Strengthened referral systems and preventive programmes.

Kim Jonas, Trisha Ramraj, Ameena Goga, Arvin Bhana, Catherine Mathews

CHAPTER AT A GLANCE

15

HIV prevention in high-risk adolescent girls and young women



Uptake and adherence to HIV prevention among adolescent girls and young women (AGYW) is often limited by management and preservation of their sexual relationships.

The aim

This chapter identifies the factors influencing the uptake and effective use of HIV prevention, including healthy and habitual HIV prevention behaviours, among AGYW.

Methodology

A sequential mixed-methods study using human centred design and behavioural economics was conducted to explore the decisions and behaviours of AGYW in KwaZulu-Natal and Mpumalanga. The key drivers and barriers to their uptake of HIV prevention behaviours and products were also investigated.

Key findings

- For AGYW, relationship management and preservation are the most important factors driving decision-making around HIV prevention.
- Some barriers to HIV prevention in AGYW include social norms, lack of supportive networks, and their dynamics with male partners, matriarchs and healthcare providers.
- A five-step journey towards achieving healthy relationship management and sexual health was identified for how HIV prevention awareness could be developed.

Conclusions and recommendations

Creating HIV prevention strategies that resonate with AGYW requires an understanding of the factors influencing their decision-making and behaviour, particularly with respect to relationship management.

Anabel Gomez, Shawn Malone, Ram Prasad, Alok Gangaramany, Yolande Croucamp, Jeff Mulhausen, Paul Noble-Campbell, Divya Balakrishnan, Aishwarya Shashikumar, Pallavi Manchi, Rasi Surana

CHAPTER AT A GLANCE

16

Population ageing in South Africa

The South African population is ageing rapidly. This increases the need for diagnosis and treatment of chronic diseases, which place a significant burden on the healthcare system.

The aim

This chapter reviews the existing research on ageing and health; examines the challenges this poses to health services; and makes recommendations for proactive planning and intervention to reduce the projected strain on the healthcare system.

Research approach

Stats SA population forecasts were used to assess ageing trends in South Africa. Private-sector data were used to model the possible impact of an ageing population on morbidity and expected healthcare expenditures.

Key findings

South Africa is currently underprepared to respond to increasing chronic disease burden and associated expenditure as the population ages. While population ageing is three times faster in low- and middle-income countries (LMICs) than in developed countries, little is known about the needs of the elderly and existing healthcare gaps in LMICs.

Recommendations

There is an urgent need for research, policy development, planning and implementation to address these challenges.

Suggested solutions include:

- Promotion of self-management and ageing in community settings
- Improved health system response to the needs of older persons
- Improved healthcare worker training
- Promotion of grant-in-aid uptake.

Geetesh Solanki, Gabrielle Kelly, Judith Cornell, Emmanuelle Daviaud, Leon Geffen

CHAPTER AT A GLANCE

17

Clinical associates in South Africa

With the right supervision, and collaborative teamwork, clinical associates can contribute to the efficiency, effectiveness and equity goals of the South African health system and help to ensure that NHI implementation reflects a society based on justice, fairness and social solidarity.

The aim

This chapter refers to the Clinical Associate National Task Team Report and provides an overview of clinical associates in South Africa, including their training, scope of practice, and impact on the health system. The chapter provides a comprehensive strategy to increase awareness and understanding of the added value provided by clinical associates. It also considers the role of clinical associates and their contribution to the sustained improvement of the South African health system through the intended implementation of NHI.

Key findings

This chapter summarises the evidence and explores the use and contribution of clinical associates within the South African health system. With appropriate supervision, management, and collaborative teamwork, the clinical associate profession can contribute significantly to quality healthcare delivery and universal healthcare access.

Recommendations

The chapter makes the following recommendations to strengthen the professional role of clinical associates, and to enhance their contribution:

- Strengthen the role of the Professional Association of Clinical Associates in South Africa (PACASA)
- Review the Clinical Associate Scope of Practice and prescription regulations.
- Increase employment numbers/posts for clinical associates
- Develop a human resources strategy for efficient and effective functioning of healthcare teams incorporating clinical associates
- Conduct job re-evaluation and re-grading for clinical associates in the public sector
- Implement an attractive professional career path
- Increase training of clinical associates.

Zuki Tshabalala, Scott Smalley, Murray Louw, John Capati, Richard Cooke

CHAPTER AT A GLANCE

18

A community worker's autoethnographic account

The aim

This chapter reflects on the challenges, lessons and experiences of a community worker living and working in her community. It describes the challenges of university-community partnerships in the context of university teaching and research requirements and the effects of these challenges on students and community members.

Key findings

Community workers serve as a bridge between institutions such as universities, and communities. To benefit from the valuable, collaborative partnerships linking health science education, research, and the communities they serve, it is important that often-invisible community liaison officers be recognised for their contribution and supported with necessary resources.

The contribution of community workers to health science student training and research should be better integrated into formal university and research functioning, and their knowledge of community dynamics should be recognised and utilised.

Recommendations

Recommendations are presented for decolonised and sustainable community engagement in health science education and research in the South African context.

- Strong and mutually beneficial relationships must be built and maintained among academics, researchers, students, and community workers.
- Researchers and academics must re-engage communities and brief community workers properly on projects before they commence.
- Educators must engage students in an action learning approach and involve community workers in planning community-engagement curricula.
- Universities must be able to hire community liaison officers based on skills and qualities, and they should provide stipends for these workers.

Judith Nomthandazo Mahlangu, Helga Elke Lister, Michelle Nedine Schorn Janse van Rensburg

CHAPTER AT A GLANCE

19

Health, HIV and TB resource allocation and utilisation

The South African health budget allocations to HIV and TB increased from R11 billion in 2013/14 to R20.7 billion in 2018/19.

The aim

This chapter analyses trends in health, HIV and TB budgets and expenditures to understand the allocation and utilisation of investments towards the sustainability of the National Strategic Plan for HIV, TB and Sexually Transmitted Infections.

Methodology

Financial reports on HIV and TB budgets and expenditure were extracted from several national and international data sources and a multisectoral review of HIV and TB spending was conducted from these records. An automated tool was also built to extract HIV and TB transactions from the Basic Accounting System of the South African Government (SAG).

Key findings

HIV and TB are highly prioritised in health spending. The results show that:

- Allocations for HIV and TB have grown by 7% annually and are set to surpass R25 billion in 2020/21.
- The SAG accounted for 76% of total spending, followed by the US Government and the Global Fund. Donor commitments to HIV and TB in South Africa remain strong.

Conclusions and recommendations

HIV and TB budget allocations are expected to grow in the near future. These results inform the management and planning processes of national and international funders, and contribute to improved understanding of efficiency and equity.

Nhlanhla Ndlovu, Kavya Ghai, Nthabiseng Khoza, Michael Chaitkin, Sithabiso Masuku, Gesine Meyer-Rath, Teresa Guthrie

Infographics

Reproductive, maternal, newborn and child health indicators (RMNCH)

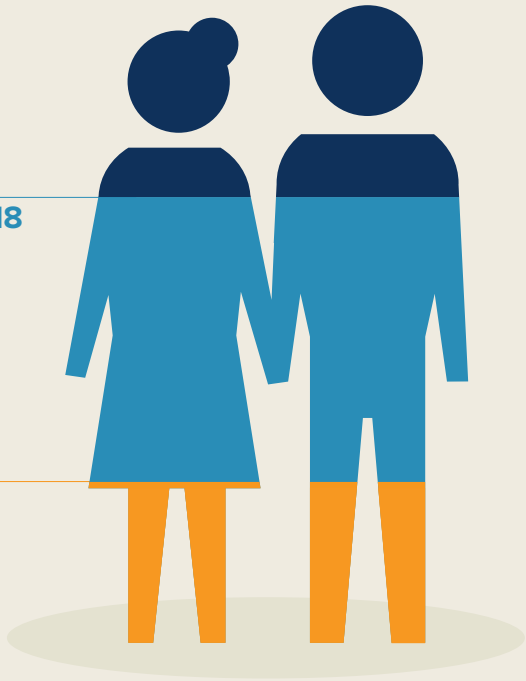
UHC 1 COUPLE YEAR PROTECTION RATE (CYPR)

This is a sensitive proxy of the contraceptive prevalence rate and is collected using routine data.

CYPR SHOWS GREATER CHANGE OVER TIME

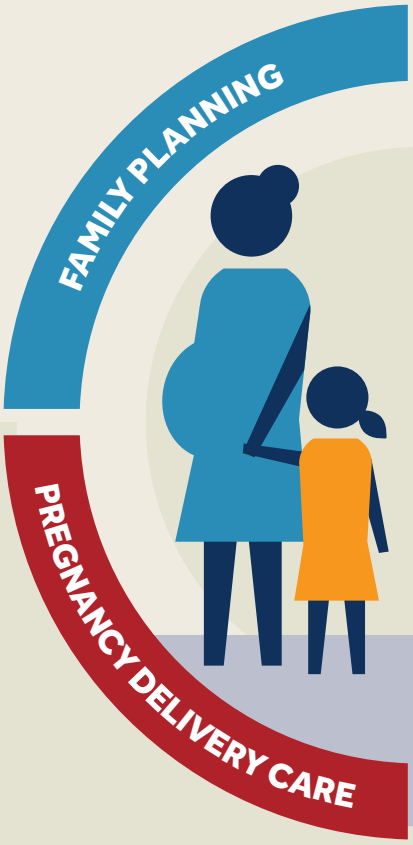
70.1 % 2016-2018

25.3 % 2000



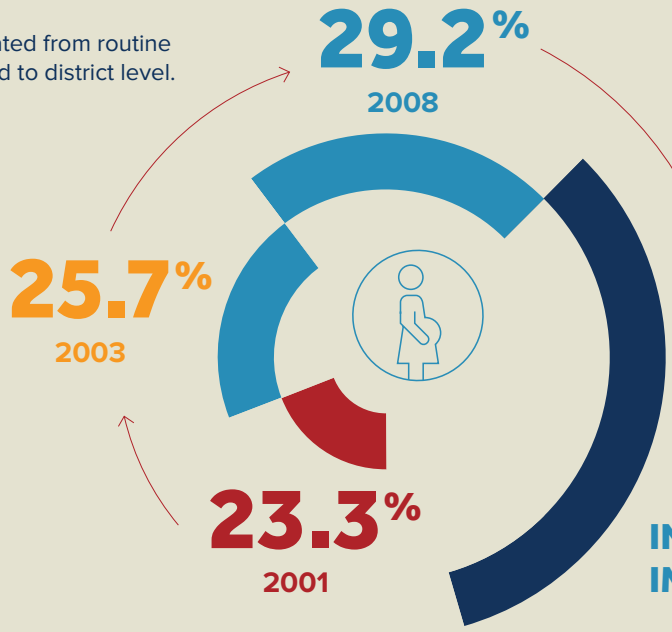
CALCULATING CYPR CONSIDERS SERVICE DELIVERY OF:

- Oral contraceptive pills
- Hormone injections
- Intrauterine devices
- Sub-dermal implants
- Male and female condoms
- Male and female sterilization



UHC 2 WOMEN WHO ATTEND ANC BEFORE 20 WEEKS' GESTATION

A measure of quality care calculated from routine data, which can be disaggregated to district level.



INDEX VALUES HAVE IMPROVED OVER TIME

ALTERNATIVE MEASURES OF SERVICE COVERAGE

- Women who attend at least one antenatal visit.
- Deliveries which occur in a health facility.

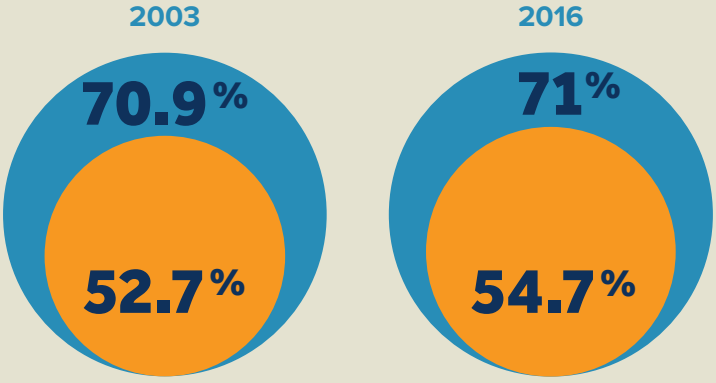
Indicator insights

RMNCH indicators frequently measure service coverage and not effective service coverage (i.e. quality of care). In response to this, several other measures have been proposed that are adjusted for quality, user-adherence (i.e. if care is complying with standard treatment guidelines) or outcomes of coverage.

UHC 3 COMPLETE IMMUNISATION UNDER 1 YEAR WITH THE EXPANDED PROGRAMME ON IMMUNISATION (EPI) REGIMEN

While this is only a measure of service coverage, it considers multiple antigens and avoids complications of new combination vaccines being introduced.

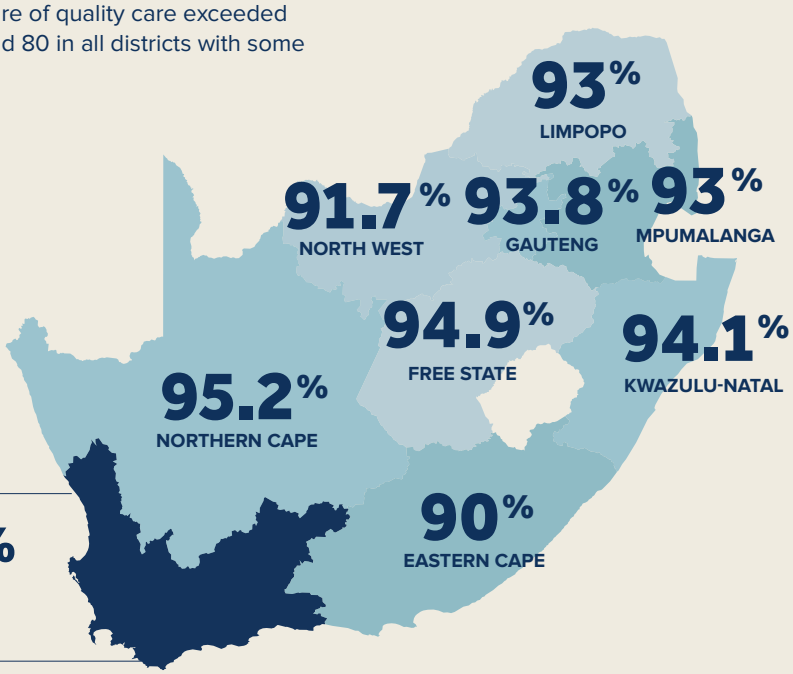
ESTIMATES OF IMMUNISATION COVERAGE ARE HIGHER FROM ROUTINE DATA (DHIS) THAN SURVEY DATA (SADHS)



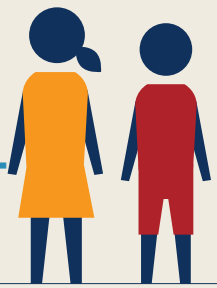
COMPARISON OF IMMUNISATION COVERAGE

UHC 4 PNEUMONIA CASE FATALITY RATE (CFR) IN CHILDREN UNDER 5 YEARS OF AGE (RESCALED)

In 2018/19, this measure of quality care exceeded 90 in all provinces, and 80 in all districts with some approaching 100.



PROGRESS OVER TIME IS EVIDENT AT THE NATIONAL LEVEL



The Western Cape in particular has shown substantial progress over time

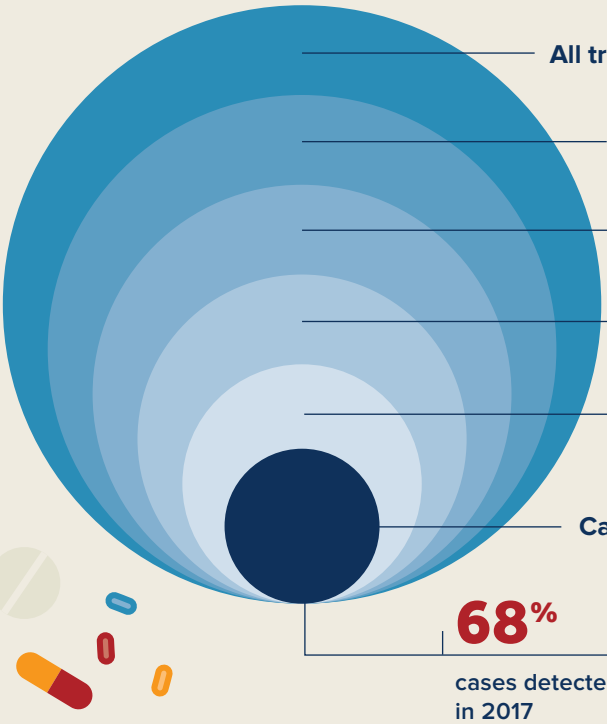
98.8%
WESTERN CAPE

Note: The rescaled value is the inverse of the CFR, calculated by applying the WHO guidance according to the formula: index = (max risk value – original value) / (max risk – min risk) x 100

Infectious diseases

UHC 5 TUBERCULOSIS EFFECTIVE TREATMENT COVERAGE

This indicator has been calculated using the globally reported national case detection rate and the drug-sensitive TB treatment success rate.

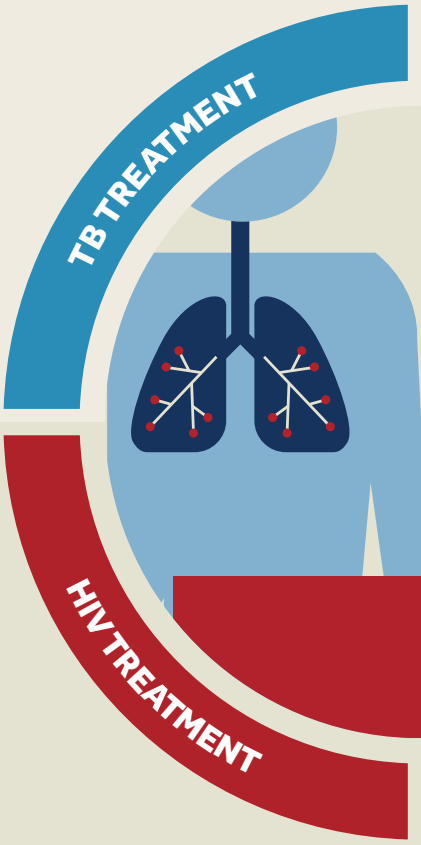


ONLY A PORTION OF THOSE INFECTED WITH TB WILL RECEIVE EFFECTIVE TREATMENT

68% cases detected in 2017

76% had successful outcomes

51.9 effective treatment coverage

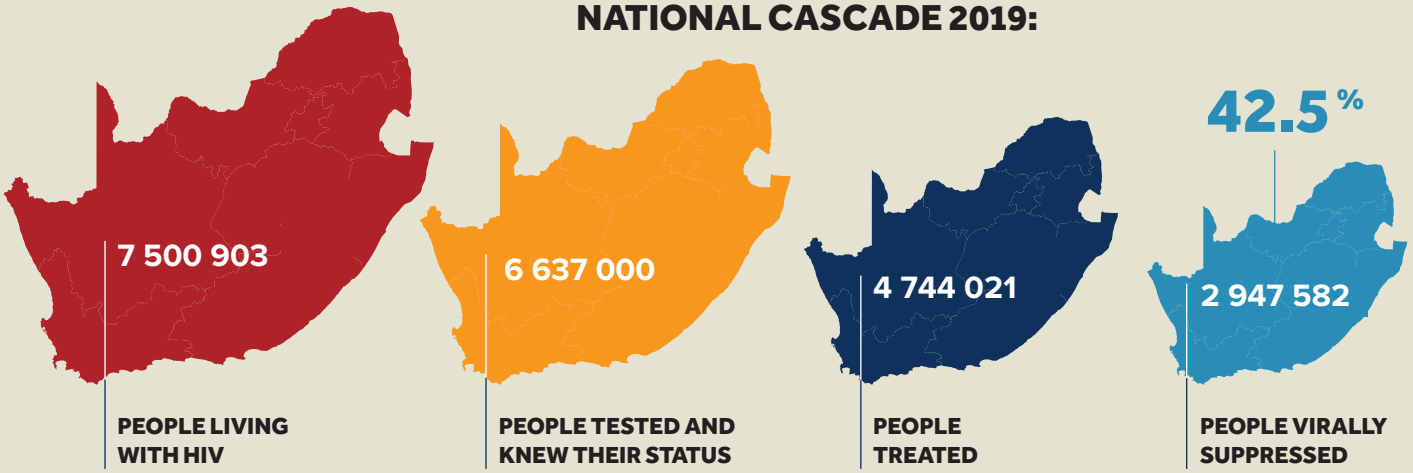


UHC 6 ANTIRETROVIRAL EFFECTIVE COVERAGE (PLHIV ON ART AND VIRALLY SUPPRESSED)

HIV-related indicators recorded worldwide are linked to the concept of a cascade of care that is promoted by the joint UN programme, UNAIDS.

THERE HAS BEEN STRIKING IMPROVEMENT IN THE TREATMENT COVERAGE AND EFFECTIVE COVERAGE OVER TIME

NATIONAL CASCADE 2019:



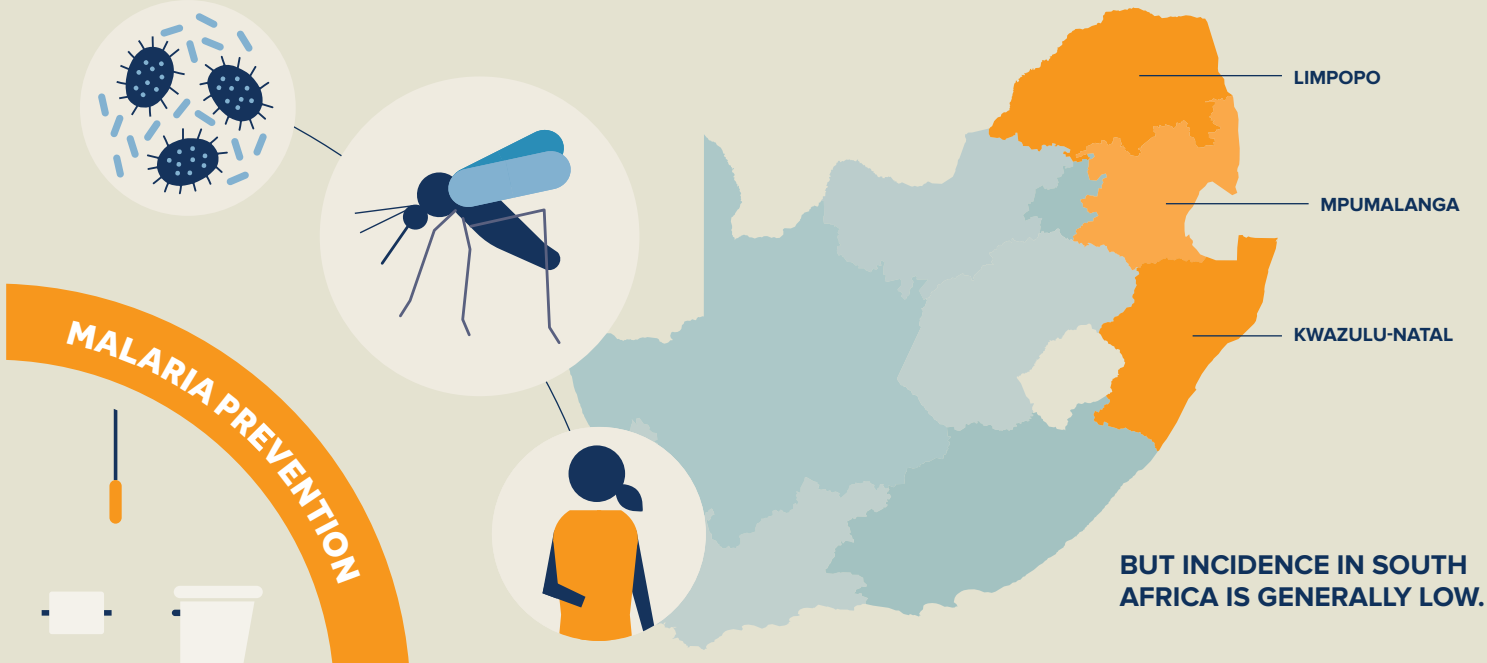
Indicator insights

South Africa has the largest national ART programme and has invested vast resources into HIV treatment, which has resulted in striking improvements in treatment coverage. Analysis of TB outcome data is complicated by the cohort approach used in reporting, which is defined by the time when treatment was initiated for the cohort.

UHC 7 % OF PEOPLE AT RISK WHO SLEEP UNDER INSECTICIDE-TREATED NETS

This measure is not tracked in South Africa as insecticide-treated bednets are not routinely provided to populations at risk in the three affected provinces.

PROVINCES AT RISK OF MALARIA:



BUT INCIDENCE IN SOUTH AFRICA IS GENERALLY LOW.

MALARIA PREVENTION

WATER AND SANITATION

UHC 8 % OF HOUSEHOLDS WITH ACCESS TO IMPROVED SANITATION

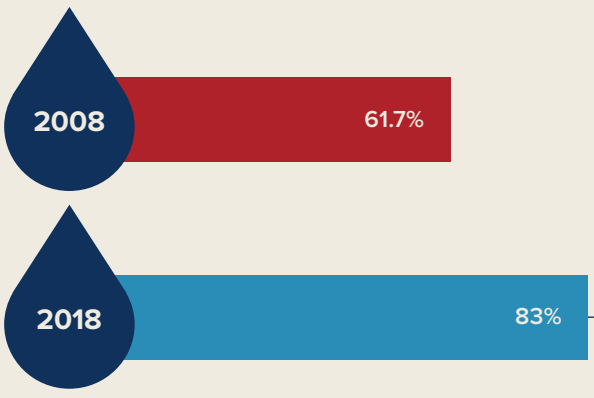
The assumption is that there is a positive correlation between access to improved sanitation and decreased risk of diarrhoeal disease.

PROGRESS HAS BEEN MADE BUT THERE ARE LARGE DISPARITIES BETWEEN PROVINCES

IMPROVED SANITATION IS DEFINED AS ACCESS TO:

- A flush toilet
- A ventilated pit latrine
- A pit latrine with slab
- A composting toilet

SOUTH AFRICA



THE GREATEST DISPARITY EXISTS BETWEEN:

Eastern Cape
58.9%

Western Cape
93.8%

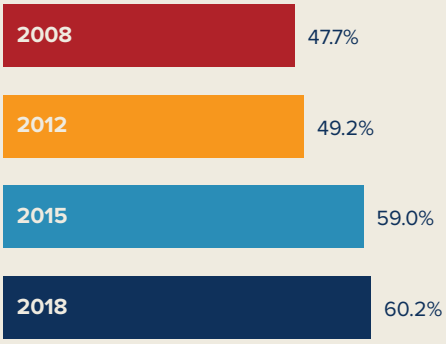
Non-communicable diseases

UHC 9 PREVALENCE OF NON-RAISED BLOOD PRESSURE

High blood pressure is defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg.

THE INDICATOR HAS INCREASED STEADILY OVER TIME

FROM 2008-2018:



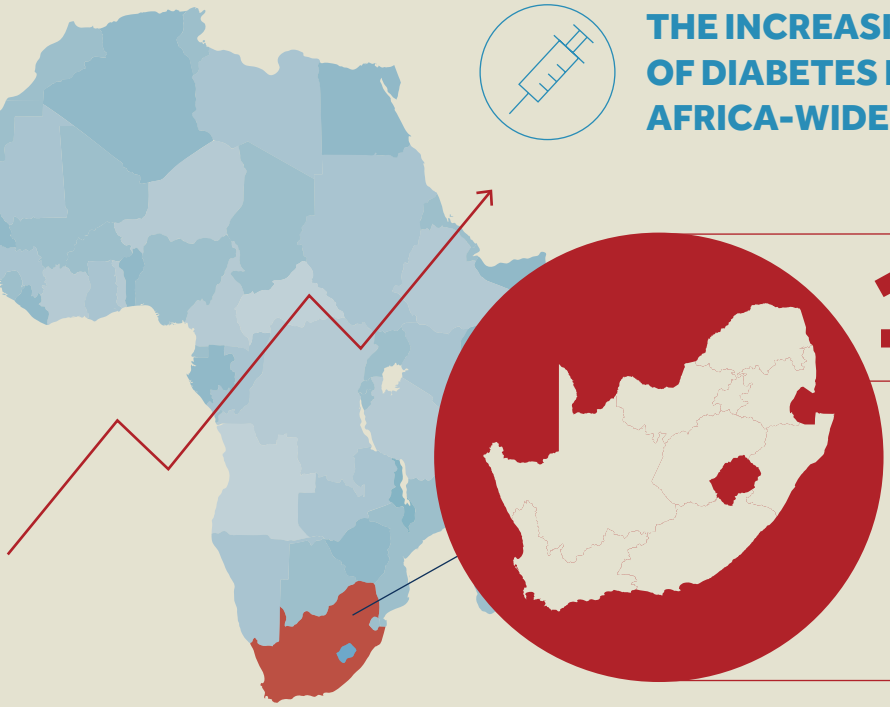
DESPITE INCREASES IN:

- Waist circumference
- Alcohol use
- BMI

UHC 10 DIABETES TREATMENT COVERAGE

Treatment coverage at district level was estimated using self-reported medication use and a predictive model for being diabetic.

THE INCREASING BURDEN OF DIABETES IS AN AFRICA-WIDE PROBLEM



19.4% of South African diabetics were treated and controlled.

NATIONALLY, DIABETES TREATMENT COVERAGE HAS DECLINED

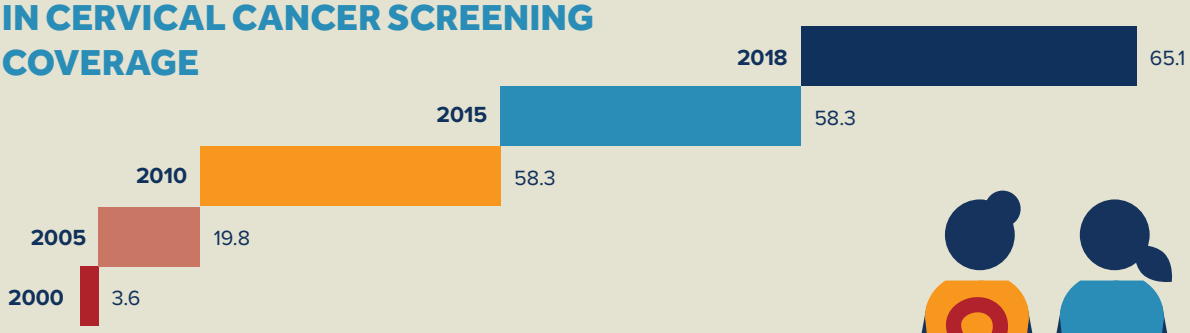
Indicator insights

The indicators have been criticised for inadequately addressing disability, but also for being too focused on available data sources. They may also not be the best indicators of chronic conditions and their associated morbidity rather than mortality. Overall, African countries are not on track to meet the NCD targets.

UHC 11 COVERAGE OF CERVICAL CANCER SCREENING IN WOMEN

The indicator is defined at present as the number of cervical screening tests performed as proportion of one-tenth of the female population aged 30 years or older.

CLEAR PROGRESS HAS BEEN MADE IN CERVICAL CANCER SCREENING COVERAGE



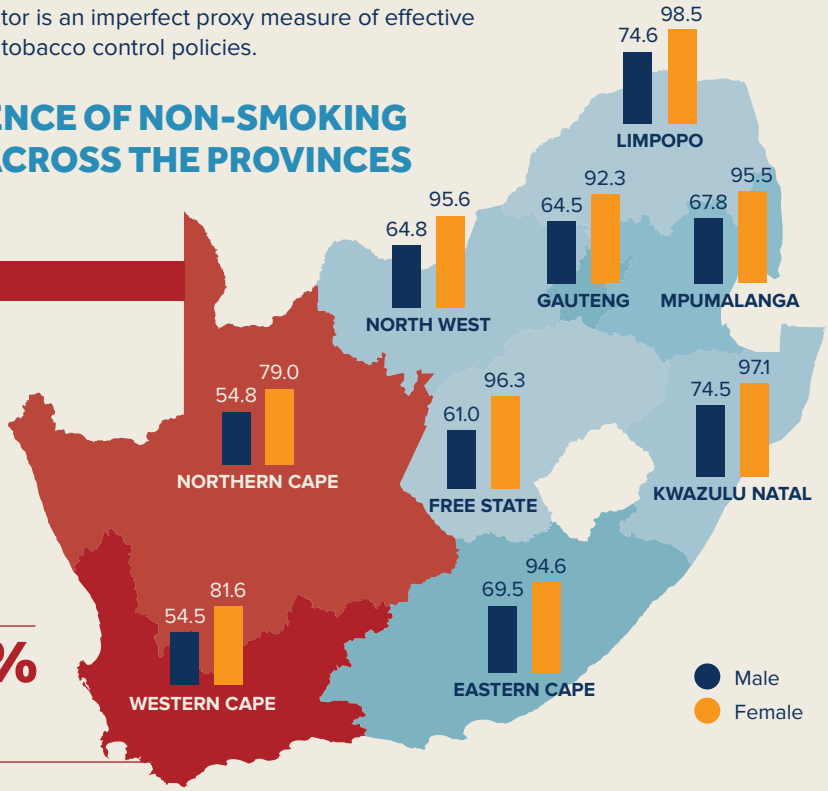
SCREENING IS NOW RECOMMENDED:

- **EVERY 3 YEARS** — Among those from age 20 onwards with HIV
- **EVERY 10 YEARS** — Among those from age 30 not living with HIV

UHC 12 PREVALENCE OF NON-SMOKING

The defined indicator is an imperfect proxy measure of effective implementation of tobacco control policies.

PREVALENCE OF NON-SMOKING VARIES ACROSS THE PROVINCES



IN 2017:

Females in the Northern and Western Cape have a markedly lower prevalence of not smoking than in other provinces.

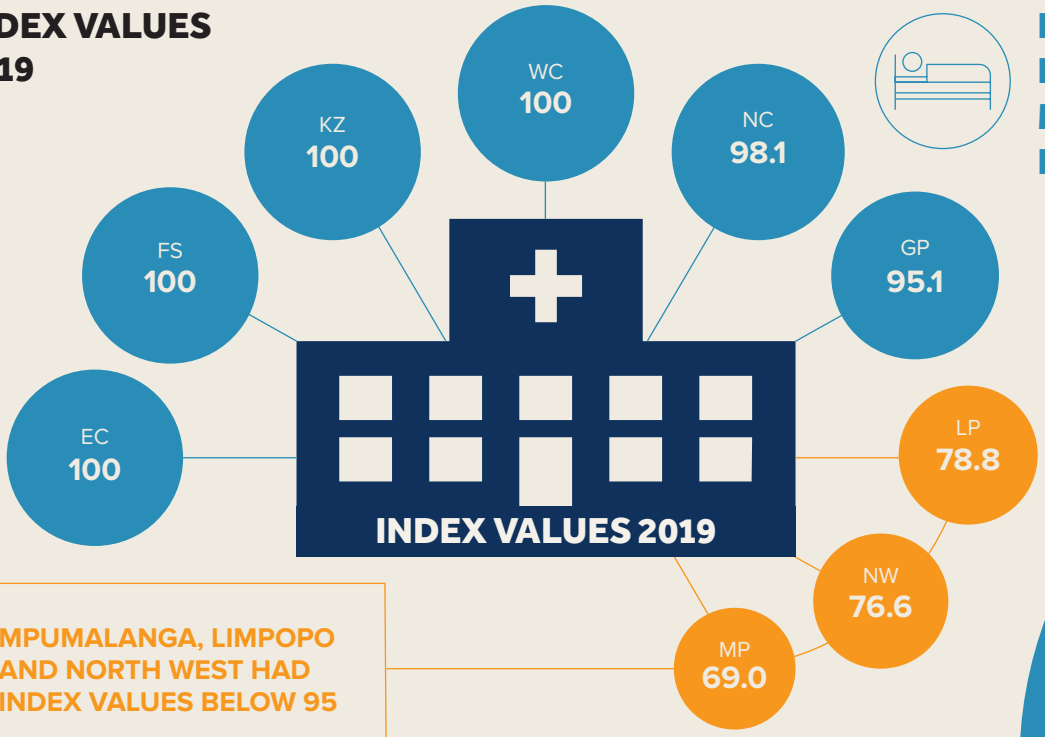
PREVALENCE BELOW **90%**

Service capacity and access

UHC 13 HOSPITAL BED DENSITY PER 10 000 UNINSURED POPULATION (RESCALED)

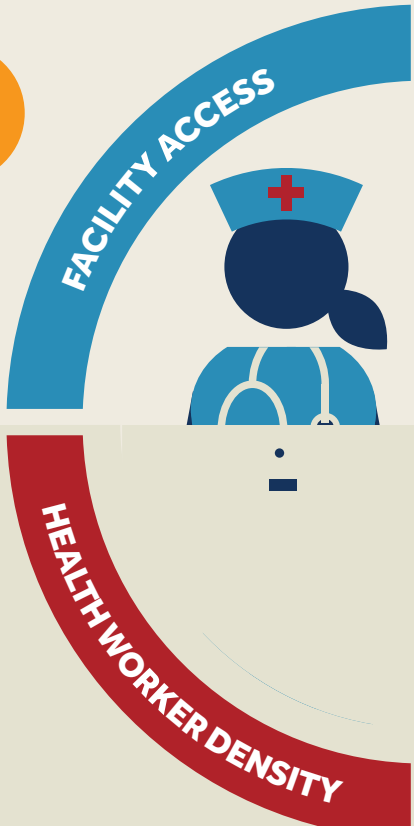
The index is calculated relative to a threshold value of 18 hospital beds per 10 000 population.

INDEX VALUES 2019



HOSPITAL BED DENSITY HAS RE-MAINED HIGH FROM 2003-2019

MPUMALANGA, LIMPOPO AND NORTH WEST HAD INDEX VALUES BELOW 95

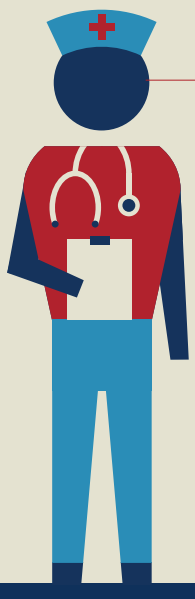


UHC 14 HEALTH WORKER DENSITY PER 100 000 (INDEX)

This index was calculated as the geometric mean of scaled scores for each cadre, with thresholds of 30 physicians, 100 nurses and midwives, and 5 pharmacists per 10 000 population.

THERE IS AN ABSOLUTE DEFICIT OF HEALTH WORKERS IN THE PUBLIC SECTOR

IN 2019, THERE WERE:



10.7
INDEX
MEDICAL PRACTITIONERS
32 medical practitioners per 100 000 population

14.5
INDEX
PROFESSIONAL NURSES
144.8 professional nurses per 100 000 population

23.1
INDEX
PHARMACISTS
11.6 pharmacists per 100 000 population

Indicator insights

Although hospital bed density remained high in most provinces over time, this is not an indication of the quality of care received in the public sector, but merely indicative of access.

There has been some improvement in health worker density in the country however there still a glaring deficit in the public sector.

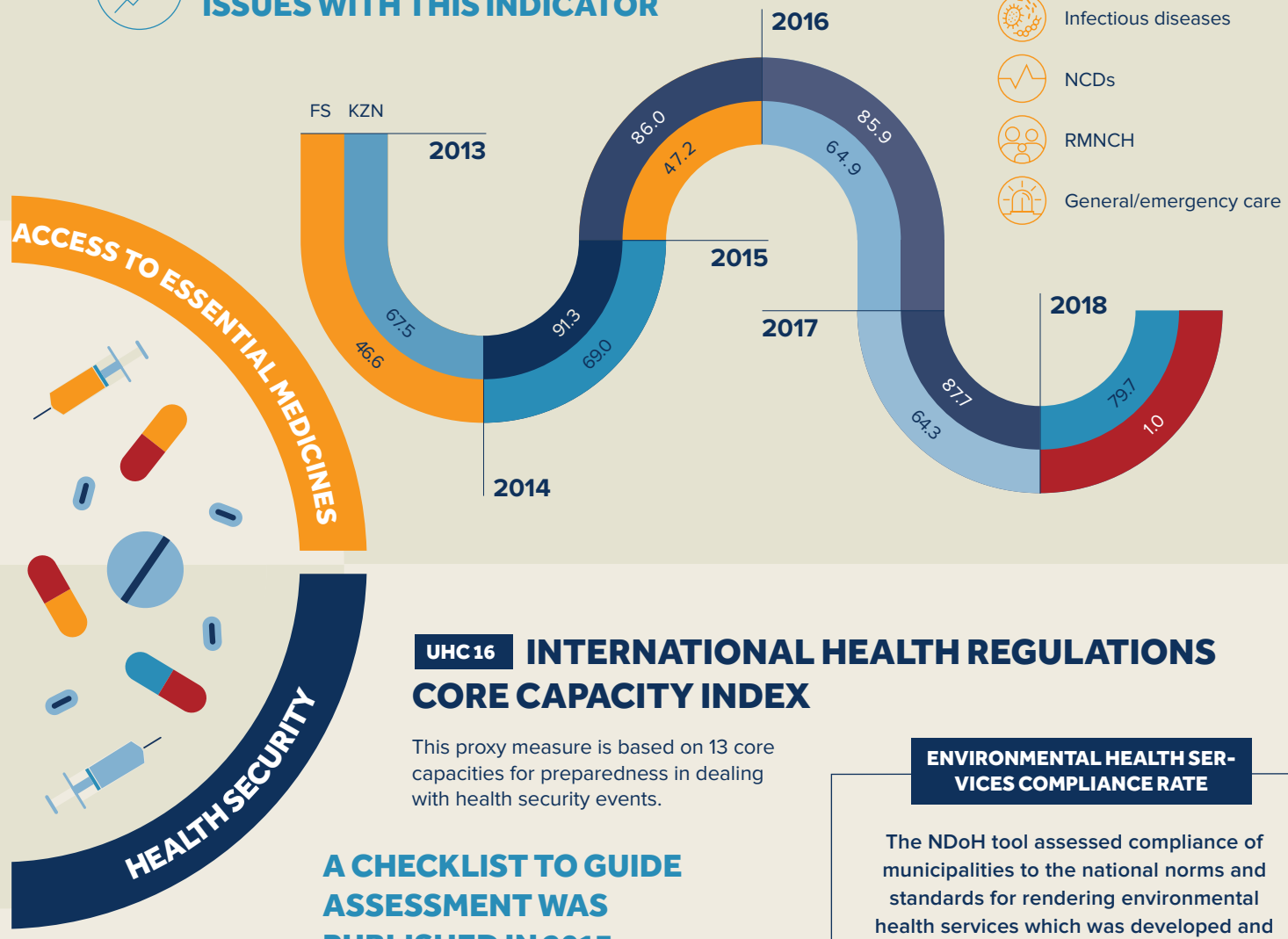
UHC 15 PROPORTION OF HEALTH FACILITIES WITH ESSENTIAL MEDICINES

This measure is the inverse of the DHIS tracer stock-out indicator. Currently, there are insufficient data on the availability and access to essential medicines. Stock-outs remain prevalent across the country.

THERE ARE VARIOUS DATA QUALITY ISSUES WITH THIS INDICATOR

THE TRACER LIST INCLUDES:

- Infectious diseases
- NCDs
- RMNCH
- General/emergency care



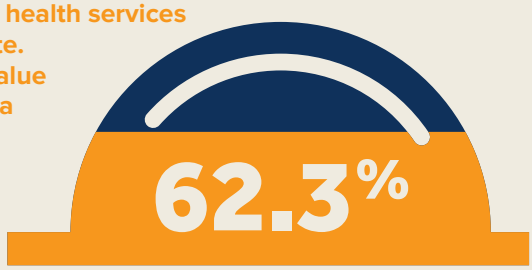
UHC 16 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY INDEX

This proxy measure is based on 13 core capacities for preparedness in dealing with health security events.

A CHECKLIST TO GUIDE ASSESSMENT WAS PUBLISHED IN 2013.

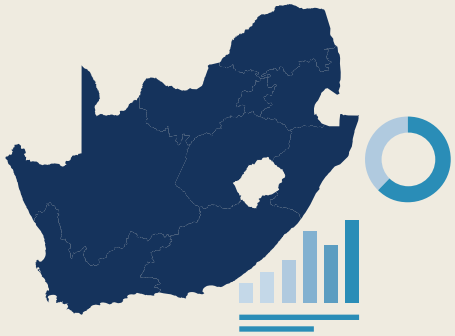
AN ALTERNATIVE MEASURE

for sub-national monitoring is the environmental health services compliance rate. The national value for South Africa in 2018 was:



ENVIRONMENTAL HEALTH SERVICES COMPLIANCE RATE

The NDoH tool assessed compliance of municipalities to the national norms and standards for rendering environmental health services which was developed and implemented in 2015/16.



Overall UHC service coverage index

DATA FROM 2016 - 2018

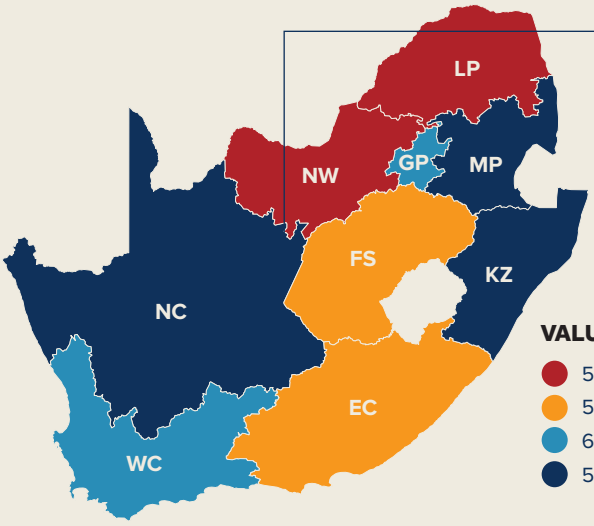
INDEX 1 NATIONAL LEVEL UHC

61.8

THIS INDEX MOSTLY USED SURVEY DATA

The national figure from Hogan *et al.* was 67.

INDEX 2 PROVINCIAL LEVEL UHC



VALUES

- 57.9 - 58.5
- 58.6 - 60.4
- 60.5 - 62.2
- 57.9 - 58.5

61.5

THIS INDEX INTRODUCES MORE ROUTINE DATA

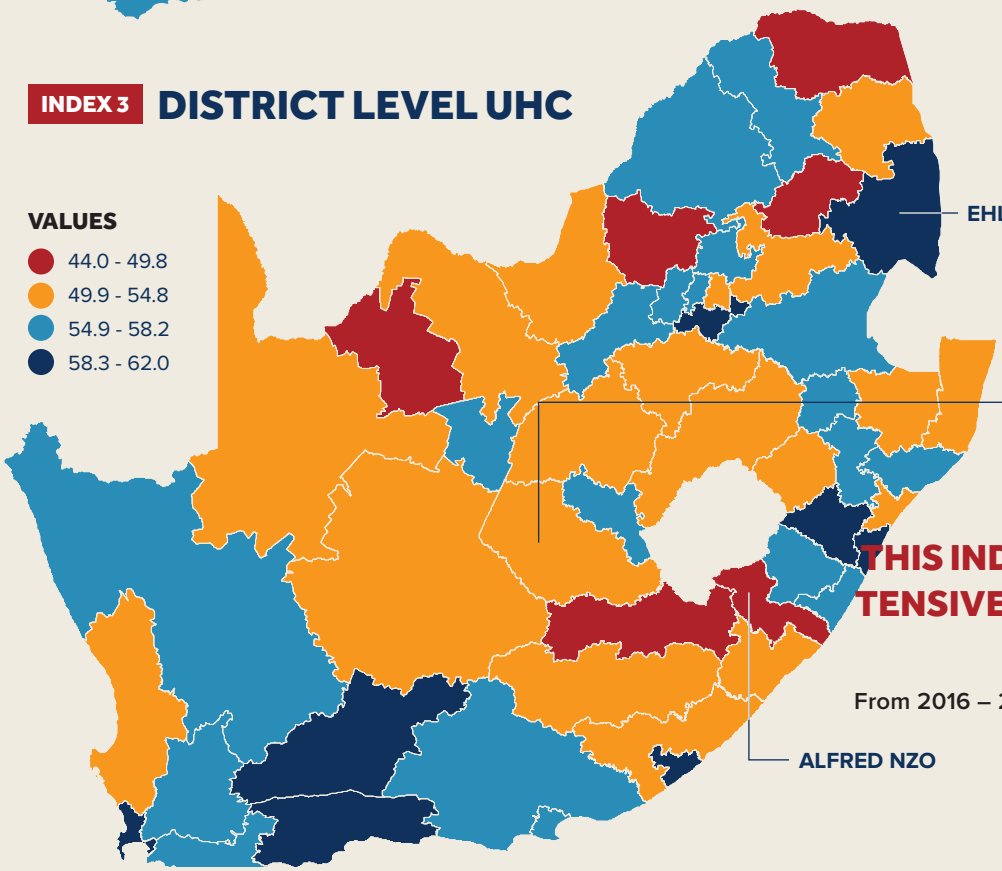
The values ranged from:

- 57.9 — Limpopo
- 63.9 — KwaZulu-Natal

INDEX 3 DISTRICT LEVEL UHC

VALUES

- 44.0 - 49.8
- 49.9 - 54.8
- 54.9 - 58.2
- 58.3 - 62.0



56.9

THIS INDEX HAD THE MOST EXTENSIVE USE OF ROUTINE DATA SOURCES

From 2016 – 2018, the district values ranged from:

- 44.0 — Alfred Nzo
- 62.0 — Ehlanzeni

Indicator insights

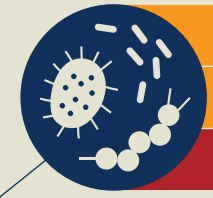
Overall, the adapted South African UHC indices are lower than those reported by Hogan *et al.*, primarily due to the inclusion of more effective coverage indicators, where coverage is lower due to inclusion of a quality adjustment. Household surveys have consistently shown high coverage of RMNCH interventions, but some poor health outcomes suggest that either the extent or quality of services provided is inadequate.

RMNCH

- Index 1: 87
- Index 2: 74
- Index 3: 72

RMNCH HAD THE HIGHEST VALUES AND SHOWED GREATER IMPROVEMENT OVER TIME

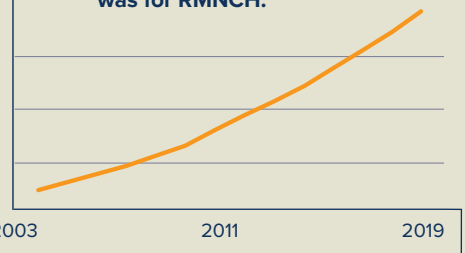
INFECTIOUS DISEASES



- Index 1: 59
- Index 2: 63
- Index 3: 51

ROUTINE DATA SHOWED THE GREATEST INCREASE

The most dramatic increase was for RMNCH.



GENERAL UHC THEMES

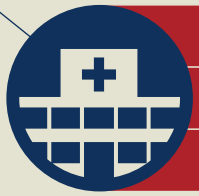
NCDs

- Index 1: 57
- Index 2: 58
- Index 3: 58

INDICATORS THAT CONTRIBUTED TO THE INCREASE IN THE NATIONAL INDEX (BASED ON ROUTINE DATA) INCLUDE:

- CYPR
- Antenatal coverage before 20 weeks' gestation

SERVICE CAPACITY AND ACCESS

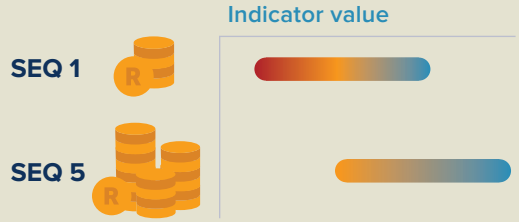


- Index 1: 49
- Index 2: 50
- Index 3: 50

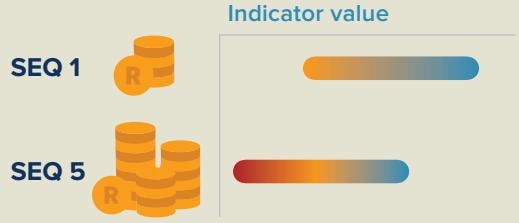
UHC INDEX

- Index 1: 62
- Index 2: 61
- Index 3: 57

EQUITY TRENDS



RMNCH, infectious diseases and service capacity had higher scores in less deprived districts.



This trend was partially reversed for NCDs.