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# HEALTH Policy

January 2014

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## 1. PREFACE

The policy of COPE is committed to ensuring that the Millennium Development Goals, which set key targets for improving national health outcomes, should be wholeheartedly striven for using all the creative means available within the nation. The burden of disease is a formidable challenge and requires that preventive and proactive measures be put in place and intensely supported by every person in every position. As with education, so too with health, District Committees must be established to allow communities to play assertive roles in ensuring that the health of the community is looked at holistically and continuously. Each District Committee must provide innovative leadership in promoting healthy lifestyles and preventing infection, allergies, colds, influenza, malaria, TB, HIV, diarrhoea, diabetes and cancer. People who suffer from diseases should be trained to visit schools and communities to share their knowledge of the diseases they suffer from so that learners and community members become familiar with causes, prevention and treatment. Every school should have societies dedicated to each of the common diseases so learners can participate in them in line with their own afflictions and thereby share information with one another, provide support and better manage their conditions.



Every Province and every district should have in place a strategic framework for marshalling human resources for health (HRH) in the most creative, flexible and innovative manner possible. Communities must dare to go where no community had gone before. Under a COPE led administration it will be the function of the Department to facilitate and support local initiatives, not to frustrate them in any way whatsoever. South Africa and its government must work as people who are on the same side with optimal mutuality manifesting itself.

The conditions of service for health professionals in the public sector as well as their role in piloting new strategies and having a free and meaningful say in managing health care has to occur. Doctors are highly educated individuals and as such should be involved in round table discussion with managers at all times so that their inputs can be incorporated into policies and decisions. District Committees must likewise be able to make inputs, inject resources, and allow for innovative practices to come into existence. In rural areas and where scarce skills are in short supply, appropriate allowances will be given to skilled healthcare providers to attract them. The policies of COPE insistently stress the importance of engagement, co-operation, participation, innovation, flexibility, transparency and accountability.

COPE would like to encourage every large state hospital to examine the feasibility of running a nursing school. The oversupply of nurses ought not to be a problem as the demand for nurses is outstripping supply. The improvement of hospital services with the input of all concerned parties has to be accorded a very high priority. Once again the total resources of a community will have to be marshalled to make hospitals modern, efficient and user friendly for staff

and patient. The importance of having a contented and motivated staff cannot be overemphasised. It will not be what the government is going to do for the health profession, but what they are going to do for themselves within the financial constraints that will be the critical factor. That the people shall govern ought to be implicit in the structures that obtain and explicit in the quality of the service that is provided.

With the FIFA World Cup looming on the horizon there is an imperative on the nation to ensure that its emergency medical services (EMS) in urban and rural areas is adequate, well trained and responsive as the casualties would require. Once again the District Committees must evaluate whether the EMS is fully operational in its area. In this regard volunteer support should always be solicited and the volunteers should receive continuous training. Once again the communities ought not to be looking at what the government is doing but what it has the community has done. With government departments being charged with facilitating local initiatives, local communities will be able to have the legal, technical and other support to ascertain their needs and to organise with state support the mechanisms to answer those needs. The adequacy of the ambulance fleet, the quality and qualification of the personnel in the service, the state of the art equipment and the efficacy of the communications systems should be interrogated at the District level and appropriate measures should be taken.

Every District should also regularly examine, with the support of the department, the manner in which immunisation can be used to manage diseases. The outreach programmes should aim to achieve several objectives at the same time. Teenage pregnancies continue to plague the nation yet the obvious solution



is to involve the women of a district to act collectively to deal with pregnancies. The combating of HIV and rape should also be put in charge of the women of the district. Acting in concert and empowered through training, women can play an enhanced role in the health and welfare of the nation. Women doctors, women nurses, women educators and all women leaders should map out a strategy for dealing with the issues that most grievously affect women and to take charge in remedying that.

Men of the district should be called upon to play a role in dealing with smoking, drinking, trafficking, loitering, drug addiction, violence and unruly behaviour. By effectively mobilising themselves with the support of police personnel, private security services, lawyers, prosecutors, magistrates, educators, religious leaders and other such people, each district should be able to clean up its area and keep it safe for everyone.

The national tuberculosis (TB) crisis management plan must receive continuous support and should be seen in context so that the causes can be addressed. In like manner the rising prevalence of chronic lifestyle diseases must have an adequate national response. The department should ensure that every household receives a chart for improving lifestyle. Nutritious food and beverages that are cleared by the Heart Foundation, the Diabetes Foundation and the Cancer Foundation amongst others should be made VAT free. Products deemed to promote chronic diseases should have higher taxes levied on them. This will be achieved through engagement with all parties so that the end result can have the broad support of everyone. Products, whether food, chemicals or medicines, should show, through graphic representation, how heart or other organ friendly they are.

The control of mosquitoes, rodents, flies, cockroaches, ticks and other disease spreading agents should be controlled on a district by district basis with due and diligent regard to the environment and the welfare of predator insects. The breeding and releasing of predator insects and animals should be established with suitable and adequate support from the relevant departments. The removal of breeding sites will have to be prioritised and each local authority will have to support the integrated initiatives in each locality.

Communities must also play a leading role in ensuring that safe and reliable blood is being received from donors within the community in a non-discriminatory manner.

In line with a mandatory requirement for all departments to establish an ICT forum, the Department of Health will also do so. This will allow for state and people to have continuous links and to ensure that matters pertaining to health are thoroughly canvassed on a day by day basis.

## **2. MISSION**

To provide a world class medical service to prevent, control and manage the spread of infection, ill-health and diseases; and to mitigate the impact of epidemics on society

## **3. OBJECTIVES**

COPE is committed to promoting and protecting the health and wellness of all the people in South Africa through an innovative, accessible, democratic, accountable, caring and high quality health system based on a primary health care (PHC) approach.



## **4. INTRODUCTION**

A COPE led administration believes that for South Africa to keep its medically qualified personnel motivated and remaining in South Africa, conditions will have to be created where all practitioners feel and acknowledge that they are at one with the Department of Health and not at variance with it. Even though there are a multiplicity of interests, a vision of world class health for everyone should be the commonly shared by all. The need to create synergy in this segment of government has to be an important priority.

## **5. ADMINISTRATION**

A COPE led administration will require that proper verification procedures be put in place to ensure that qualifications of applicants are checked for accuracy and non falsification and that due diligence is exercised in respect of what is claimed on a CV. All managers, as part of continuous growth, will be required to participate in an ongoing skills training programme to be undertaken in conjunction with a university providing long distance education. The need to fully understand the PFMA cannot be overemphasised. The PFMA seeks to promote a sustainable financial management culture in the public sector and to ensure that an effective use of government resources occurs. The monitoring devices allow for the measurement of outputs and of value received. COPE recognises that if the PFMA is being fully implemented, greater delivery will occur and wasteful and futile expenditure will not occur. All managers will also need to be thoroughly familiar with the Promotion of Access to Information Act, the Prevention of Corrupt Practices Act, the Financial Intelligence Centre Act and the Protocol on Corporate Governance in the Public Sector.

COPE undertakes to integrate the provisions of all of the above in a handbook for administrators so that the challenges regarding corporate governance are eliminated and the best risk management practices are employed. All administrators, importantly, should only be able to continue in service on the basis of sound ethical and democratic conduct and if these are compromised in any way whatsoever it will be untenable for the administrator to remain within the service. Any appointment to any post within the government administration, at every level, will require a thorough knowledge of all of the above Acts and the Protocol on Corporate Governance in the Public Sector.

In the COPE led administration democracy, innovativeness, flexibility, responsiveness, transparency, accountability, integration, and delivery will have to be demonstrated. A pen pushing and paper shuffling bureaucracy will have to yield to implementation.

Each year in January, the Minister must place in front of the relevant Portfolio Committee a report that must evaluate how successfully the provisions of the PFMA and other applicable legislation and protocols were implemented within the full sphere of its influence. If corrupt practices had come to light or if futile and wasteful expenditure had occurred, the Portfolio Committee will have to ascertain who was culpable and require such a person or persons to come before it and to answer questions.

COPE policy will be totally, totally intolerant of Qualified Audit Reports. The administration must engender financial and legal compliance every moment of its functioning in order that ethical and efficient governance prevails. Where there is total compliance with the PFMA and the other requirements,



by the management, there cannot arise situations where the Auditor General has to issue a qualified report. Qualified reports should lead to consequences for senior administrators.

In line with what is happening in the private sector, the public sector should follow new management styles that are being advocated by researchers. Charles Handy, for example, advises that 'We used to think that we knew how to run organizations. Now we know better. More than ever they need to be global and local, small in some ways and big in others, to be centralized some of the time and decentralized most of it, workers to be autonomous and more of a team, and managers delegating'. Henk Volberda, while he is clearly addressing the business sector in his statement, is stating a point that is just as relevant for the public sector. He records that the 'Changing competitive environments are forcing companies in almost every sector to re-examine their organizational form. The new flexible firm facilitates creativity, innovation, and speed, while maintaining coordination, focus and control'. These ideas are even more relevant in state departments.

The modern administrator should be knowledgeable and especially so in respect of Information Technology. Within the management there should be ample provision for each manager to be able to act autonomously provided that professional standards and norms and values are strictly adhered to without exception. The personal commitment from a manager to serve the cause of the people of South Africa, faithfully and honestly, should be the benchmark striven for.

COPE recognises that a lack of democracy, transparency and accountability are bedevilling the administration of departments with intimidatory tactics

often being used to silence individuals and to achieve conformity. In such a climate corrupt practices occur. COPE would like to secure the autonomy of the manager and make sure that democracy, transparency and accountability prevail.

A COPE led administration will use the ICT forum that each Department will manage to encourage South Africans to expose corruption and inefficiencies. Those who are accused will be allowed due process and if found guilty, will have their services terminated and no exception will be made. Best practices in fighting corruption will be adopted after Parliament annually reviews the question of corruption within the administration. On all such occasions, an MP who does not belong to the ruling party will chair such a meeting and be responsible for finalising the report to Parliament. Parliament will have to act decisively on the report with all MPs being freed to act on their conscience and not according to party lines determined in a caucus.

Administration must allow for an optimal amount of decentralisation while ensuring that the unity of direction and purpose is always kept in clear focus. The implementation team must always work in close co-operation with the organisational team so that goals and targets are met according to prioritisation and time frames. The procedures for execution must be innovative, legal, transparent and synergistic. Quality control and financial management must be in place. The target for the service, if the target is identifiable, must evaluate the quality of the service as well as the value for money that was derived from it. This is very important.



COPE will require that administrators utilise staff potential in the fullest way possible so that morale, team spirit, initiative, synergy and drive are all boosted.

Effective integration is essential for effective government. Mutually reinforcing policies are essential to allow improved service delivery. An integration manager must regularly focus on inter-level and inter-departmental integration so that national, provincial and local government operate seamlessly and efficiently. The integration manager must also help to align the efforts of NGO's, the community and other stake holders so that optimal synergy will obtain. It is an absolute imperative that this happens and is seen to be happening.

COPE believes that all administrators should see their duties as exceeding those set out in the closed list deriving from the PFMA. The PFMA is there to ensure fiscal and ethical good behaviour which has become so much of a problem in the present time. Managers, who engender trust and set high standards of ethical, transparent and democratic behaviour for themselves, need not to be constrained by the requirements of the PFMA.

## **6. STRATEGIC HEALTH PROGRAMMES**

As the health of individuals in a nation impacts on every other sphere of activity it is very important that the structures that are created to deliver services are lean and efficient. COPE will intensely scrutinise the nature of strategic planning to determine whether it was strategic enough to be able to deliver the goals of the Department. The legislation that has so far been passed must also be examined from the point of the nation to see what improvements should be made. And,

in order to achieve good communication, the Department will create an ICT forum where all interested parties will dialogue so that whatever evolves will have been as a result of consensual thinking. That the people shall govern has to occur.

### **2.1 Maternal, Child and Women's Health and Nutrition**

Best practices and strategies for saving lives during pregnancy and childbirth, as well as for ensuring the well-being of the mother and her newborn child must be agreed upon by the medical profession and put into place. The low prevalence of exclusive breastfeeding is a cause of concern that has to be addressed through education and community involvement.

The enormous health disparities that exist between urban and rural populations; and between rich and poor, will have to be effectively bridged. The most effective way in which government can do this is through the creation of optimal synergy among all stakeholders.

COPE will ensure that the provision of emergency obstetric care is widely available throughout South Africa. The availability of skilled medical practitioners during pregnancy, childbirth and the postnatal period, at all levels of the health care system, will be the ideal pursued by COPE. Family planning services should be available to all districts on a permanent basis. COPE in respect of all its policies is committed to fostering viable and thriving partnerships; and educationally empowering communities.

COPE lays emphasis on the fact that it is only through the development of meaningful partnerships that improvement to women's health can be achieved.



Programmes that are co-operatively developed and driven by the community will ensure the prevention of serious health problems. The role of advocacy, education, and equal access to quality health care, it is recognised, work in a mutually interdependent manner. The ten priority health issues concerning women are:

- Access to Information and Guidance
- Access to Family Planning Services
- Access to Health Services
- Breast and Cervical Cancer
- Domestic Violence and Rape
- High Teen Pregnancy Rates
- High Infant Mortality
- Mental Health and Substance Abuse
- Chronic Disease
- Prevalence of HIV/AIDS

COPE will require all relevant role players to interrogate to what extent the Integrated Nutrition Programme (INP) was being implemented and whether its influence in South Africa was universally persuasive. INP has to be regarded as an integral part of the primary health care approach. At a time when food prices are soaring, it is a national imperative to enquire about household food security and in particular the extent to which micronutrient deficiencies in respect of vitamin A, vitamin C, riboflavin, niacin, vitamin B6, folate, calcium, iron and zinc are prevalent in the country.

Under-nutrition, malnutrition and over-nutrition are problems that are screaming to be given attention. The monitoring of the growth of children from pre-school through to high school is a service that COPE will provide at once. Undesirable dietary habits and socio-cultural influences that impact negatively on the health of children will have to be addressed through wide

ranging public engagement. This is a problem for the community to be solved by the community with the help of government. COPE's Agriculture policy suggests additional ways in which schools can get children involved in healthy eating habits through education and activity.

COPE will intensify the ITC programme to ensure that concentrated focus fixes on:

- Disease-specific nutrition support, treatment and counselling
- Growth monitoring and promotion
- Nutrition education, promotion and advocacy
- Breastfeeding
- Micronutrient malnutrition control
- Food service management
- Household food security

All of the existing programmes for the implementation of ITC will be thoroughly reviewed, refreshed if necessary, and integrated so that the energy which is expended restating the problem again and again can be concentrated finally on solving the problem. COPE recognises the gravity of the problem and will require the administration that it leads to institute a school's breakfast programme where foods that have high protein content and a low glycaemic index (GI) will be provided for the participants. The issue of micronutrient will also be taken into account and appropriate measures implemented.

The schools breakfast programme will have to be wholly owned by the community and total democracy, transparency and accountability will be enforced. Government will support the programme through subsidies, technical support, monitoring and strategic interventions.



## 2.2 Medicines Regulation

The need for a Medicines Control Council to ensure that medicines available in South Africa meet approved specifications and standards is all important. While this is common cause COPE will like to examine the number and quality of full-time scientists and medically qualified personnel who are serving in the secretariat. If problems exist at this level, decisions will be held up, communication will fail, and the medical profession will not have important advice flowing through to them. The full and efficient functionality of the Council will have to be thoroughly investigated as bottle-necks cannot be allowed to occur. The fact that COPE's policy on health has Primary Health Care as its foundation, requires that the Council should be regularly providing regular advice to clinics on drugs and the intelligent use of drugs. COPE will investigate whether the MCC and the clinics had established optimal links. COPE will also be interested in ensuring that the processes of the Council are subject to close scrutiny so that the credibility and impartiality of the MCC are never compromised.

The departmental ICT forum will from time to time be required to put the functioning of the MCC up for discussion so that shortcomings can be identified and remedied.

The MCC is a national asset. Its work has had international recognition. COPE will want to ensure that the MCC continues to be exceptional.

## 2.3 HIV & AIDS

COPE recognises that the way forward in dealing with HIV & AIDS is to provide determined and focussed leadership from the top. Once again this is a problem

of every community and every community will have to be empowered and encouraged to confront it. Communities must also utilise national programmes and interventions in a way that the community believes will yield optimal results. Flexibility and adaptability will allow for all interest groups, needs, and realities to be accommodated. The availability of one or more HIV/Aids consultants within a community will allow for the dissemination of knowledge on a continuous basis and that will be important in shaping attitude and perceptions among people.

Mobile clinics should go to the people to test for a variety of diseases as well as for HIV. By getting acceptance to work inside a community, mobile clinics can educate, test, counsel, treat and support communities. Visibility and community engagement must occur for the prevention of diseases programmes to succeed.

## 2.4 Pharmaceutical Policy & Planning

COPE will subject the implementation of the National Drug Policy to intense scrutiny with a view to establishing whether the supply of medical drugs to the market is safe, cost effective, and of high quality. The areas of scrutiny, in respect of medical drugs, will include: manufacture, distribution, procurement, selection, rational use and the Medical Logistics System.

COPE will scrutinise the how democratically, transparently, cost-effectively and accountably the Department was regulating the procurement of pharmaceutical supplies to ensure that essential drugs were both affordable and available. COPE also recognises that most uses of medicine are not sufficiently aware of the side effects of the medicines



they take and that there is a need for consumers and healthcare workers to have ready and easy access to accurate information.

The provision and management of health technology, especially medical equipment, will also need to be scrutinised.

## 2.5 Food Safety & Labelling

With the numerous scares about contaminants and noxious substances in foods, COPE will give serious attention to producing amendments to legislation regarding food safety and labelling. As more and more manufacturers are moving over to reusable plastic containers (RPCs), for packaging fresh produce, it is important for critical information to be given in a standard manner using a standard layout. An RPC labelling standard must prevail with the participation of all role players.

The protection of consumers against excessive levels of pesticides and toxins will have to be under constant scrutiny with the regular education of the farmers as well as the consumers regarding their injudicious or excessive use. Legislation will be enacted to ensure that suppliers of pesticides will provide farmers with the latest research information on toxic products. Health and ecological issues are mutually inclusive issues and will be treated as such. The health of the environment has a direct bearing on the health of individuals.. The protection of the environment has to enjoy the highest priority.

COPE policy will seek to protect consumers and the public by adopting a Central Authentication Service. The CAS quality food mark certification system will improve the quality of agricultural products and

processed goods to protect consumers. The foods that will bear the CAS mark will include meat products, frozen foods, fruit and vegetable juices, quality cereals, pickles and preserves, TV dinner, fresh mushrooms, refrigerated prepared foods, fermented foods, snacks, fresh eggs, and freshly-cut produce. Education and publicity activities on the CAS system will enable the public to have a better understanding of the CAS quality food mark.

## 2.6 Communicable Diseases

COPE recognises that communicable diseases remain a significant public health priority both in South Africa and internationally. COPE is concerned about the use of biological agents to prosecute war, the extent to which bacteria are becoming resistant to antibiotics, the emergence of diseases such as bat lyssavirus and avian flu, and the spread of bovine spongiform encephalopathy (BSE). Sexually transmitted diseases are also increasing. Then there are also vector-borne diseases and food-borne diseases which pose serious threats to public health. Cholera and other diseases can easily skip borders and spread within the country.

Vaccine preventable diseases should be treated in a systematic and integrated manner. A COPE led government will provide medical, technical and policy advice to all agencies, practitioners and community organisations so that South Africa functions as one whole to prevent the spread of communicable diseases. The expertise of leaders in the field of fighting communicable diseases will be sought so that South Africa will be ready to ensure appropriate and timely responses to disease outbreaks of national and international significance.



All departments of government in South Africa will adhere to a unified strategy without exemption.

COPE, on assuming government responsibilities will implement a National Communicable Diseases Surveillance Strategy (NCDSS) to co-ordinate and undertake surveillance activities so that comprehensive epidemiological data can be compiled on which to base risk management and public health policy. The Department's ICT Forum will discuss the issue of notifiable diseases and guidelines for controlling such diseases to ascertain whether any improvements will need to be made to current practices. Likewise food-borne and water-borne diseases will also be under scrutiny.

COPE will thoroughly review the systems of support for provinces, local government and communities to ensure that the prevention and control of infectious diseases is working efficiently and effectively. The role of the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases will also be looked into to make sure that all bases are properly covered and that there are no weak links. Communicable diseases have the capability of wiping out communities and therefore policies and systems must be checked from time to time to guarantee that the health of the nation will be effectively protected.

## 2.7 TB Control and Management

COPE is aware that the control and management of TB is posing an increasing challenge. For this reason the Department's ICT Forum must discuss the efficacy of the management structures that are in place, case detection, clinical management, treatment and treatment adherence. The monitoring of TB must be

part of the total surveillance of communicable and other diseases. The use of mobile clinics will allow for a district by district profile to emerge. The mobilisation of the community is essential for ensuring that the educational, social and medical issues of the community are dealt with an integrated manner with all the technical and capacity support at the disposal of government departments acting in concert to achieve the highest level of efficiency possible.

## 2.8 Non-Communicable Diseases

COPE also recognises that chronic diseases, disability, oral health, mental health, and afflictions affecting older people are posing a very real challenge. In most instance the lack of knowledge exacerbates the position. A COPE led administration will ensure that government departments do not become fortresses of personal or any other kind of interests.

COPE will scrutinise the functioning of forensic mortuaries with a view to examining whether the national forensic pathology service was in place and delivering on its mandate.

The functioning of the blood transfusion services will also be looked at with a view to creating further synergies.

COPE will be very interested to examine the extent to which the National Health Laboratory Service, the National Institute of Communicable Diseases, the National Centre for Occupational Diseases, the medical schools, the hospital and the medical fraternity were creating synergy and supporting one another. .



## **7. HEALTH SERVICE DELIVERY**

COPE will require that the strategic national health programmes and systems be subjected to comprehensive analysis with a viewing to reviewing them where necessary.

### **3.1 Hospital Services**

The quality, user friendliness, accessibility and capabilities of the Hospital Services in respect of emergencies as well as medical services will need to be subjected to the a forum discussion on the Department's ITC facility. The use of conditional grants for the revitalisation of hospitals will have to be properly examined. The impact on efficacy of the progressive delegation of authority will have to be assessed in respect of how such authority was being used and whether democracy, transparency and accountability prevailed. COPE's policy requires round table managerial processes where input is received from all stake holders.

The success of the Department of Health in assisting provinces to implement cost centre accounting to strengthen financial management will be audited to see whether the desired outcomes were being realised. If not, decisive steps will need to be taken. COPE's policy requires the implementation of standardised electronic cost centres with processes and procedures are standard and applicable in all private hospitals. State Hospitals should work at the same level of efficiency achieved in Private Hospitals and all managers will be required to liaise with Private Hospital Managers to keep abreast of developments.

COPE will examine how successfully and fully the national-emergency-medical-services-information-system was integrated into the national health information system. In this respect COPE will want to satisfy itself that all role players, in the public sector and the private sector, were part of such a plan and that each would work seamlessly with the other to deliver world class services.

South Africa's country report to the United Nations General Assembly Special Session (UNGASS) on HIV and Aids will be examined by all stake holders to determine where improvements could be made in the national plan to achieve optimal results within the available resources. The progress in the clinical trials will be regularly communicated to all stake holders.

The efficacy, viability and sustainability of the national strategies, guidelines and programmes to prevent infection, adopted by the National Health Council, will be analysed to ascertain whether value for money was being achieved.

### **3.2 Health Economics**

COPE policy will require the Council for Medical Schemes to engage in a public forum to test public support for it policy for medical schemes, social health insurance and public-private partnerships. Medical costs are escalating very sharply and therefore it is essential that appropriate policies are in place and that a total strategy that takes all factors into account, prevention included, enters into the computation. The processes and procedures will have to be subjected to open public scrutiny.



### 3.3 Health Information Research and Evaluation

The quality of services a nation gets will of necessity depend on the modernity, scalability and integrity of the national health information system. The commissioning and co-ordinating of research should happen through democratic and transparent processes involving the medical fraternity. This will allow for practitioners wherever they are to participate in the research and therefore help to validate its findings. Disease surveillance and epidemiological analyses should also involve the widest number of professional volunteers. The Department of Health must be seen as a national resource and not as an entity sufficient unto itself. It must reach out to the medical fraternity to enlist their support without any cost to the fiscus. Modern electronic communication encourages the rapid transmission of knowledge, ideas, issues, research and findings. All medical practitioners who wish to be on the database should be included there.

### 3.4 Primary Healthcare

COPE recognises that a country like South Africa needs to have a very effective Primary Healthcare established with each District organising such a service for themselves according to COPE's standard guidelines for communities taking charge of their own affairs. People must be empowered and then given a substantial say and support in managing their own affairs for their own good.

The objective of primary health care is to encourage health professionals to work together in the most economic, effective and efficient manner to achieve the best health outcomes for patients and themselves.

Through proper strategising, co-ordination and integration the widest number of citizens can be helped to remain healthy and to protect them against infection. The successful implementation of Primary Healthcare, in both the urban and rural settings, will be a priority for COPE. Done well and managed properly, this will have a major impact on the national health and on the economy as well.

Facilitation and support for communities will be pivotal to its success and wide scale application.

### 3.5 Standards and Quality Compliance

The National Health Act (2003) requires that quality assurance, licensing and the certification be taken care of. COPE will be interested to know how well and efficiently of all these tasks were being undertaken.

## 8. HUMAN RESOURCES

COPE will examine whether there has been an equitable distribution of human resources, material resources and expertise in all of the hospitals and clinics throughout South Africa. The enormous brain drain that is taking place has to be addressed with the greatest urgency. Measures to reverse the brain drain must also be investigated and it is unacceptable to see what is happening against the inflow of medical personnel from elsewhere. South African practitioners should feel motivated enough to remain in the land of their birth and to contribute to its greatness.

COPE would also like to see the bargaining in the national Public Health and Welfare Sectoral Bargaining Council becoming more rational, expansive, innovative and creative. It should not be bogged down



with a percentage issue alone. Solutions that are sustainable must be searched for.

The acceptance and use of donor and foreign assistance support should be done on a consultative basis and reports on the outcomes achieved should be published, on the internet at least, so that donors have confidence in the Department's transparency and accountability.

The internship and community service placement programme should be revisited so that it will allow the internee a democratic say in the finalisation of the placement.

This should not be done from above.

The conditions of service for health professionals should be continuously interrogated so that the most ideal conditions can arise within the limits of the available resources. The conditions of service should be flexible enough to accommodate the requirements of each institution. COPE does not believe that straitjacketing is the most efficient way of running government institutions. Individuals and institutions should have the right to request exemptions or alternative arrangements in writing and these should be granted through the issue of a special certificate unless there were exceptional circumstances warranting a denial. In this way, the service conditions would evolve in a way most congenial to those who are governed by it. Indeed, the people shall govern.

COPE would like to see community caregivers in home and community based care (HCBC) receiving standardised training programmes and having their qualifications being accredited. Major hospitals should be encouraged to collaborate with colleges in the training of nurses or of playing a lead in such a role. The Department should facilitate the acquisition of

land in proximity to the hospital so that greater co-operation could be facilitated. All innovative and creative means ought to be explored,

## **9. RURAL MEDICAL SUPPORT**

Community based medical homes for children and adults with special care health needs will have to be implemented; and community members with the necessary aptitude and suitability trained on an ongoing basis to provide that care. The medical home will be a private dwelling to which rooms will be added through state support to enable people with special health needs to be accommodated together and cared for adequately. Each medical home will evolve in a way that will best answer the needs of a community. The establishment of such homes will be regulated and each District Committee will use a democratic, transparent and accountable procedure to designate such homes in their area of influence.

Visits by mobile clinics to provide services and to undertake a surveillance of health issues will have benefits for the communities as well as for the Department seeking to have accurate information for strategic planning purpose.

## **10. TRAINING OF DOCTORS**

The recruitment of students for training as doctors should begin at the end of grade 10. In the final two years of education learners should be supported with additional classes in mathematics and science, if necessary, to enable them to be adequately prepared for medical studies upon leaving school. It would be more economic and effective to make an early selection and then to ensure that learners meet the tough standards that are required. Learners from



disadvantaged communities can be supported through an earlier intervention to better meet entry requirements.

Learners from each District who would have been identified for medical studies could then be organised into a study group so that they could work together and share laboratory and other resources.

COPE will ensure that Doctors in Training enjoy safe working hours. The practice of asking DIT's to work long hours certainly has to have negative consequences on their concentration, health, social life and family responsibilities. COPE requires that people who are affected by requirements that are unreasonable should be allowed a say in whatever decision is arrived at after a proper consideration of the facts.

The question of the education of doctors must have inputs from the medical fraternity so that innovative and modern techniques are used.

## **11. NUTRITION & DIET**

COPE recognises that nutrition plays a crucial role in the etiology of chronic diseases and that it is essential to eliminate dietary related risk factors of chronic diseases.

It has long been known that many health problems and diseases have their roots in inappropriate dietary habits. As people are subjected to numerous claims and counter claims leading to confusion, a coherent strategy and an action plan must be formulated to implement a South African dietary plan. Consumers are daily subjected to intense marketing of beverages and foods, the long term use of which may have serious negative impact on health. The issuing of the dietary plan should not be a one off event but a

process that takes into account the seasonal changes, the health challenges of the moment, and the availability of fresh produce. The plan must be accompanied with information that is current. Seasonal plans with recipes suitable for people with different conditions, or to build up immunity, or to ensure adequacy of iron, calcium, magnesium, zinc and potassium at appropriate times, will allow citizens to be proactive. Each District Committee will then be able to support the plan. Schools, churches, mosques, temples and the media should all be encouraged to communicate the South African dietary plan as it gets issued from time to time to meet the different exigencies.

Foods that are found to predispose individuals to diabetes, obesity, hypertension, hypercholesterolemia, coronary heart diseases, dietary related cancer, osteoporosis, and allergies should carry clear warnings so that people can make informed choices. All foods should be labelled displaying nutrients per 100 g alongside the South African daily recommended amounts. Standardisation must obtain so that all critical information is presented in the same way.

Food substances rich in monosaturated fatty acids, soluble fibre, and low glycaemic index should be subsidised by the amount raised in taxes from the foods and beverages considered to be risky for an individual's health. The production of food with immense benefit for health should be supported in every way by the government as a whole so that there is an abundant supply and prices can come down.



## **12. WATER & SANITATION**

Ensuring safe water supplies and adequate sanitation not only will have a positive impact on the health of people but together they will be effective measures for curbing poverty also. It is through the adequate supply of safe water and through proper sanitation that health, business and education targets can be met. As in Australia, a COPE led government in South Africa will also list companies with approved technologies of package systems for safe and sustainable sanitation.

## **13. PREVENTIVE MEDICINE**

The early detection and diagnosis of disease allowing for pre-emptive actions such as the modification of lifestyle through counselling and professional medical intervention is vitally important. COPE requires that a population-based approach to help prevent and control diseases is necessary.

All role players in health and all influential institutions must be organised to help manage the broad spectrum of common disorders, diseases, and injuries that can be averted through preventive medical practices. All aspects of practice, education, policy, and research in preventive medicine and public health should be discussed on the Department's ITC forum so that collectively the country can put in place appropriate interventions aimed at the prevention of chronic and acute disease and the promotion of individual and community health. Information on behavioural and public health issues such as injury and violence, infectious disease, women's health, smoking, sedentary behaviours and physical inactivity, nutrition, diabetes, obesity, alcohol and drug abuse should be available on the Department's website. Information should use multi-media and graphics so that trainers

can download messages for transmission to all householders.

## **14. COMPLEMENTARY AND ALTERNATIVE MEDICINE**

COPE recognises that complementary and alternative medicine plays a very significant role in advancing the health of the nation. In order therefore to ensure standards COPE will support the establishment of training institutions where students can be trained in respect of an approved curriculum and certified on completion of the course. The details of how all of this is to be done must occur through a study of best practices elsewhere and through local consultation. COPE will appoint a panel of three persons to prepare for the establishment of a registered training institution in 2010.

In the interim the Department of Health will use its ITC forum to allow for the subject to be thoroughly debated and for information to be made available.

## **15. SOUTH AFRICAN MEDICAL RESEARCH COUNCIL**

COPE recognises the significance of the South African Medical Research Council in the promotion and improvement of the health and the quality of life of the population of South Africa through research, development and technology transfer. While its links with university research units is well established, it must also forge links with all specialist medical practitioners in the public and private sector.

Thus far the South African Medical Research Council research portfolio has consisted of research into environment and development; health systems and policy; infection and immunity; molecules to disease;



non-communicable diseases; and women and child health. Clearly there are some gaps which will need to be filled. The most obvious is Preventive Medicine which should be at the head of the list. Other gaps can be filled by opening the matter up for debate within the medical fraternity.

If it is that the people shall govern, then the people will have to be proactive and those who are leaders in the field should provide leadership.

The Council's research on heart disease, strokes; violence and injury; nutrition; pneumonia; diabetes; women, maternal and child health; mental health; cancer; health promotion and behavioural science; health systems; and e-health should be impacting on policy development and practices on account of its being the leader of the pack. COPE will analyse to what extent linkages are occurring and how extensively the knowledge is being filtered down to the level of the individual household. There should be minimal time lags from findings to implementation. The MRC will be required to produce an implementation plan for disseminating findings.

The role of the MRC in biotechnology, natural medicines, the promotion of indigenous knowledge systems and the development of drugs, vaccines and medical devices must continue apace and must seek to bring individuals, organisations, institutions and enterprises into meaningful partnerships with it. Through the Research Translation Office, knowledge should rapidly flow into economic activities so that South African citizens can benefit from the growth of the economy. The MRC will be encouraged to become more innovative and more accessible.

## **16. NATIONAL HEALTH LABORATORY SERVICES**

South Africa is fortunate in having a well established and unified National Health Laboratory Service (NHLS) to support diagnostic pathology services in South Africa.

Both its research activities covering a wide range of activities across all pathology disciplines as well as its laboratory services covering microbiology, virology, chemical pathology, haematology, parasitology and immunology help to protect the health of the nation. Its responsibility for all undergraduate and postgraduate training of students in pathology at the medical universities is important. As with all government institutions, systems become self-serving and many opportunities for being innovative are never taken. South Africa needs to grow. It needs to train its young people. The responsibility of all institutions is to explore what more could be done to train more young people at lower levels to serve as technicians and assistants.

A creative approach will allow for the state's investment to benefit the widest number of people. Creative and innovative approaches will allow for financial constraints to be successfully overcome.

COPE encourages all institutions of state wanting to do more to support the training of young people to request permission in writing and to be given a certificate to do so with provisos that they met certain requirements.

The practice of peer-review is strongly supported. The use of short messaging by NHLS to transmit urgent laboratory results is exactly the kind of initiative the COPE advocates. The use of email is regarded in the same light.



The work and the programmes of the NHLS should be periodically placed on the ICT forum so that public input can serve to applaud it or to help it improve its work.

## **17. COUNCIL FOR MEDICAL SCHEMES**

The work of the Council for Medical Schemes in regulating and supervising the private medical scheme industry will be reviewed to understand how proactive it was in its approach. While it is very important for the Council to monitor the financial health of medical schemes and to deal with complaints, it is equally important to work with the schemes to develop support for the South African Diet Plan and for other preventive measures in view of the escalation of both health and non-health care costs.

The 27 common chronic conditions identified by the Council should be tackled on all fronts and not only at the final level of appropriate cover for medical intervention.

The further development of the Council for Medical Schemes will take place with the inputs of all role players.

## **18. MEDICAL COSTS**

The escalation in medical costs is a matter of utmost concern to COPE. The need to cap specialist's fees, to have a single national hospital insurance scheme in place, and to promote primary health care very aggressively will need to be thrown open for public discussion. COPE recognises that this is a burning hot issue and will require all involved parties to subscribe to a mutually agreed upon policy so that the interest of the care givers and of the afflicted are equally protected.

## **19. PHARMACOGENOMICS**

With the successful sequencing of the human genome, it is now possible to offer medicines to an individual on a personalised basis. There should be a rapid translation of research into clinical medicine so that severe and adverse drug reactions do not occur.

As the testing for CYP2D6 genotype can be rapidly and reliably done; it is of considerable importance in guiding clinical practice. CYP2D6 is involved in the metabolism of many drugs and as such it is an important tool in the doctor's arsenal.

The use of the knowledge of genotypes can be very effective in personalising treatments for individuals. COPE recognises that this methodology should be encouraged so that South African medical practice remains at the cutting edge.

## **20. STUDENTS, YOUNG PROFESSIONALS & THE NEWLY WED**

Students, young professionals and the newly wed need to be supported as the habits and knowledge they acquire will be transferred to a future generation. Timely intervention in their lives will be beneficial to them as well as to the nation and the resources at its command.

Young mothers should be thoroughly schooled in the importance of breast feeding.

As a very large number of people in this group have knowledge of and access to the internet, they should be engaged in all discussions for the Department of Health to understand their specific needs so that policies and support can be developed that would be adequate to their needs. Research and useful information should be regularly transmitted to them



using multi media. Short daily or weekly tips should be sent to subscribers and also made available on the internet and via radio.

Career opportunities for them in the health field should be expanded in every way possible using all of the nation's resources to the optimal level. Availability of opportunities should also be made available over the internet on a weekly basis.

## **21. IMPLEMENTATION**

While COPE wishes to have the best possible policies to serve South Africa, it is important for an implementation plan to be created and for management to buy into it. To begin with, implementing new policies will require that management gives consideration to processes, systems and integration. The biggest failure of government has been its inability to get departments to act in a co-operative and integrated manner to deliver lasting and sustainable solutions. This problem has to be addressed decisively once and for all.

COPE has been concerned to keep what has been developed and is working in place so that there is continuity and stability. At the same time it is equally concerned about real benefits from investment and government's ability to expand training and work opportunities for the people of South Africa. The lay out of its policies makes it a whole lot easier for a portfolio committee to carry out its oversight duties. It will test each structure against the target it sets, the resources it consumes, and the output and outcomes it achieves.

All policies, very importantly, have to be assessed for the impact that they have on people, processes and systems. COPE will require that its policies be

subjected to intense scrutiny in order that efficiency is enhanced considerably and that the return on investment is clearly evident.

The management of the DTI as well as of each of the entities under its influence will need to develop and submit an implementation plan, a time frame and a list of the people who will be managing it. If relocation and redeployment is required, the plan will specify how this will be done. The communication strategy will have to be fully developed, tested and explained.

The administration will indicate where the project office will be established to allow for optimal oversight to take place. Concentrated focus will be given to quality, budget issues, monitoring processes, verifying results and rectifying anything that was being incorrectly done. Project plans will need to be updated on a monthly basis and submitted for approval to the relevant role players.

Documents relating to the implementation process and changes to process and system workflows will be maintained to facilitate oversight.

## **22. THINK TANK**

A think tank made up of government officials, academia, role players in society, investors and NGO's should use the ICT forum to hold an annual discussion and debate each January on issues of policy, integration, governance, management, strategy, economics, corruption, science, technology and any other issues of relevance. The Think Tank will function outside the immediate sphere of government and be headed on a rotational basis by anyone who is outside of government. The Department and the entities will use a democratic and transparent process to elect a Visionary Task Team to participate in the think tank.



Its findings will be submitted to all political parties to consider and take up.

## **23. APPENDIX ONE**

FROM COPE DECLARATION

### **4.1. Health**

The facilitator covered some of the salient points in the draft policy document. Thereafter, by agreement, the group divided into the health and education groups with their own internal facilitators.

The group on health discussed the issue of life expectancy, poor nutrition and other health dilemmas at length. The area of greatest concern was the inadequate access to good quality health care. In this regard very deep concern was expressed about primary health care not being adequately resourced. The fact that primary health care fell under local government and not the province exacerbated the situation and therefore had to be reversed.

Neonatal, maternal and infant mortality were also issues which needed attention.

The following question was posed to the group: Were the policies in the draft form such that the electorate would accept that Cope had its priorities right? If not, what had to be done to better capture the health needs of the nation?

Of very great concern to the group was the loss of trained medical personnel and health care workers. They were certainly unhappy about conditions of service. These and other problems of the health care suppliers had to be addressed so that we could retain doctors and nurses in South Africa and not lose them to overseas countries.

Life style diseases had to be addressed through preventive medicine.

Poverty, lack of sanitation and clean water, were also issues crying out for tackling. Cope would have to give support to dealing with these problems that remained unresolved.

## **24. APPENDIX TWO**

FROM COPE MANIFESTO

### **IMPROVING THE QUALITY OF HEALTH CARE**

COPE is acutely aware of the disparity in health care between rural and urban areas and between the private and public sector. A COPE government will pay special attention to the improvement of the quality of health care. Among other things we will ensure that: a primary health care model is strengthened, preventable and communicable diseases are prioritised for eradication and that we promote healthy lifestyles and increase health literacy among the public; all clinics have medication, appropriate health professionals, access to emergency services (ambulances) and operate at all appropriate hours; reduce long waiting times in hospitals through the use of information and communication technology systems, better management, employment of health professionals, and referral systems; that all hospitals are clean, have medication, beds and linen; develop a strategic partnership with the private health care providers in order to extend affordable health provision for all our people; the transformation of the health sector is prioritised and that the private and the public sector services are integrated; through the use of incentives, training and good working conditions a retention of healthcare professionals is achieved; the



implementation of the comprehensive HIV and AIDS Strategy encompassing prevention, treatment, care and support for those who are affected and infected, including the provision of antiretroviral treatment and the prevention of mother to child transmission; promote the use of natural medicines and indigenous knowledge systems and increase the recognition of traditional healers.