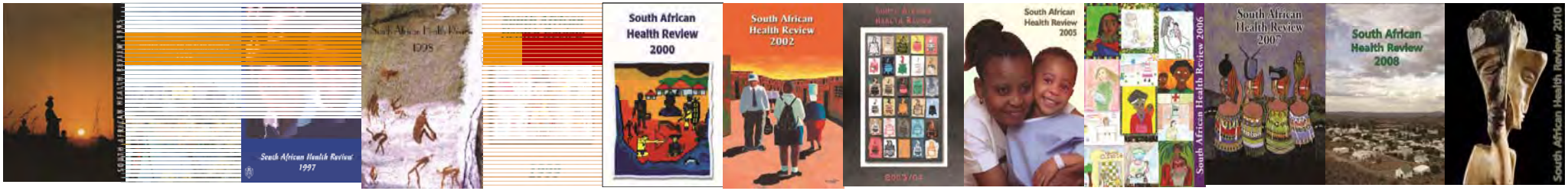
THE SOUTH AFRICAN HEALTH REVIEW



Presentation to the Portfolio Committee on Health

Ashnie Padarath

Project Manager: South African Health Review

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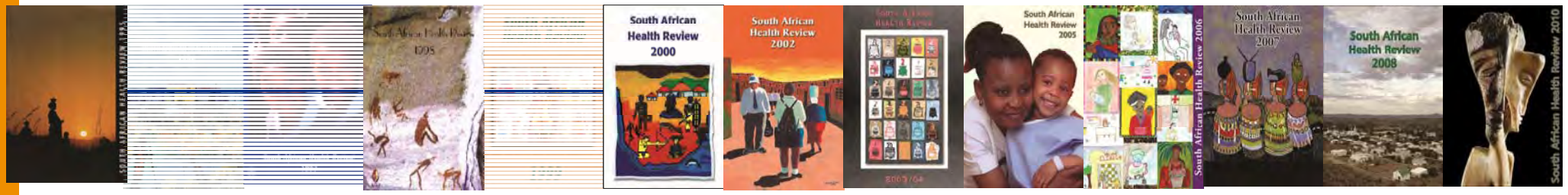

“There are not many countries in the world that have such a review done independently and annually for such a long time. When we are criticised for not being transparent, we need to hold up examples such as this as evidence of our democracy.”

Minister of Health, Barbara Hogan
Launch of the 2007 South African Health Review

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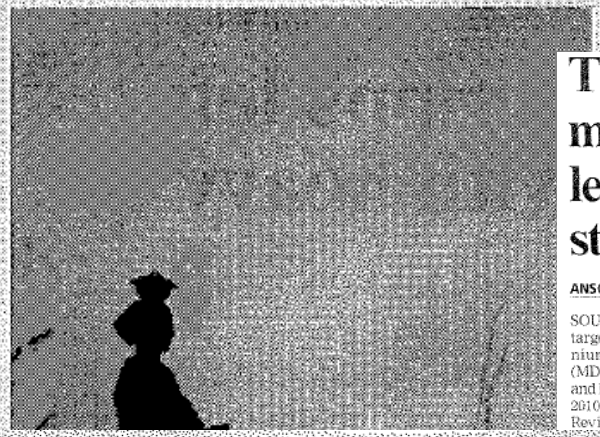
"The first of what is expected to become the standard annual reference work on the health sector" – The Star, *4 October 1995*

the Star
R1,50 incl VAT
WEDNESDAY OCTOBER 4 1995

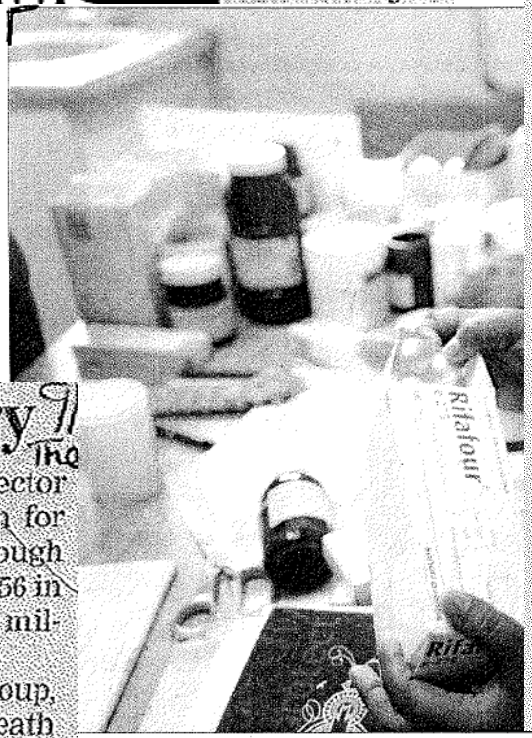


TB, HIV mortality levels still high

STAR 9/12/2010

ANSO THOM

SOUTH Africa remains below target on reaching the Millennium Development Goal (MDG) relating to tuberculosis and HIV/Aids, according to the 2010 South African Health Review.



C DISEASE: Sister Xoliswa Yoko sorts out TB medication at Khayelitsha Hospital in Cape Town. South Africa is battling to control the f the disease.

PICTURE: CINDY WAXA

enges faced were al and included caseloads in the face rdened health infra- extremely poor cure ome provinces, high high treatment inter- ates, high levels of TB-HIV co-infection, increased levels of multi-drug-resistant TB (MDR-TB) and the emergence of extensively drug resistant (XDR) TB.

Of the high-burden TB countries, South Africa has among the highest estimated costs for TB.

The SAHR revealed that of the 2 472 and 2 572 cases of MDR-TB diagnosed in KZN laboratories in 2005 and 2006 respectively, only 56 percent in 2005 and 28 percent in 2006 were treated in hospital.

The remaining patients died while awaiting admission, were lost in follow-up missions or remained infectious in the community.

Despite all the challenges, TB control in South Africa had improved somewhat in the past 10 years, but not enough, according to the review.

The country had failed to achieve targets set by the World Health Assembly, and this had led to a realisation that the programme needed to be overhauled. – Health-e News Service

One in three children died hungry

AT LEAST a third of South African children who died in 2007 were severely malnourished and a further 30 percent were underweight for their age while, on average, more than half were known or suspected to be HIV-infected.

Child mortality is a crude reflection of the health status of children and is credited as a surrogate marker for the quality of care in a health service.

In the public health sector there is one paediatrician for every 40 180 children, though this ratio ranges from 1:9 856 in the Western Cape to 1:1.1 million in Mpumalanga.

In the under-five age group, the top three causes of death are intestinal infections, influenza and pneumonia, and neonatal cardiovascular and respiratory disorders. – Health-e News Service

High maternal death rate 'can be reduced'

LUNGI LANGA

SOUTH Africa's high maternal mortality rate is mostly attributable to preventable causes, according to the 2010 South African Health Review (SAHR).

A report using data from the Community Survey of 2007 (from StatsSA) found that 625 mothers died for every 100 000 live births.

625 mothers out of 100 000 die during childbirth

In addition, the National Committee on Confidential Enquiries into Maternal Deaths found that 3 959 cases of maternal deaths were reported between 2005 and 2007.

This was a 20.1 percent increase from their previous report. This is a far cry from the Millennium Development Goal to reduce maternal mortality by 75 percent by 2015.

Non-pregnancy-related infection was the leading cause of death, amounting to 43.7 percent. More than a third (33.7 percent) of the deaths were associated with hypertension, obstetric haemorrhage and pregnancy-related sepsis.

The SAHR authors explained that the high rates of direct obstetric causes of death in HIV-positive women could be attributed to the level and quality of care given to them by healthcare workers.

Part of this was the perception that there was no more that could be done to help these women.

The SAHR said that preventing maternal mortality rested on the proper functioning of the entire healthcare system.

This included primary healthcare clinics providing effective antenatal care and tertiary hospitals with sufficient intensive care unit beds. – Health-e News Service

South African Health Review

- August 1994 – how to document progress and challenges
- Reputable resource
  - Produced by a neutral organisation
  - Solid, valid and reputable information
  - Provide both the numbers and the stories
  - Barometer

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South African Health Review

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South African Health Review

- Established as an authoritative commentary on public health issues in SA
- Widely used by government, academics, donors and media
- Indicators chapter – mainstay of the Review highly regarded
- Impetus for similar products

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South African Health Review

- Rigorous production process
- Editorial Advisory Committee
- Internal and external peer review process
- Any SAHR consists of over 20 authors and roughly 30 peer reviewers
- Emphasis on quality and integrity

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South African Health Review

- Dissemination
  - Launched towards latter part of the year
  - Attended by senior NDoH staff and stakeholders in the health field
  - Briefings national, district and facility level
  - Plain language booklets
- Avenues for co-operation
  - Input into content for future editions
  - Serving on the Editorial Advisory Board
  - Technical notes, communiqués and briefings

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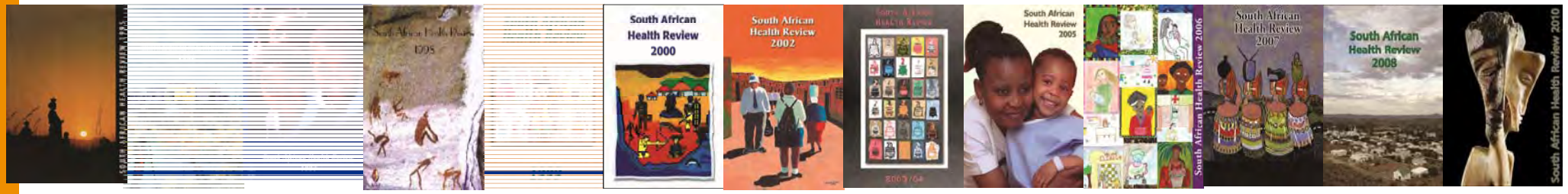

"Strengthening public health means we need to inspire, we need to explain, we need to communicate. We need to create commitment to change and spelling out the health challenges powerfully and imaginatively helps to create that impetus."

Sir Liam Donaldson
Chief Medical Officer, National Health Service

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THANK YOU

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