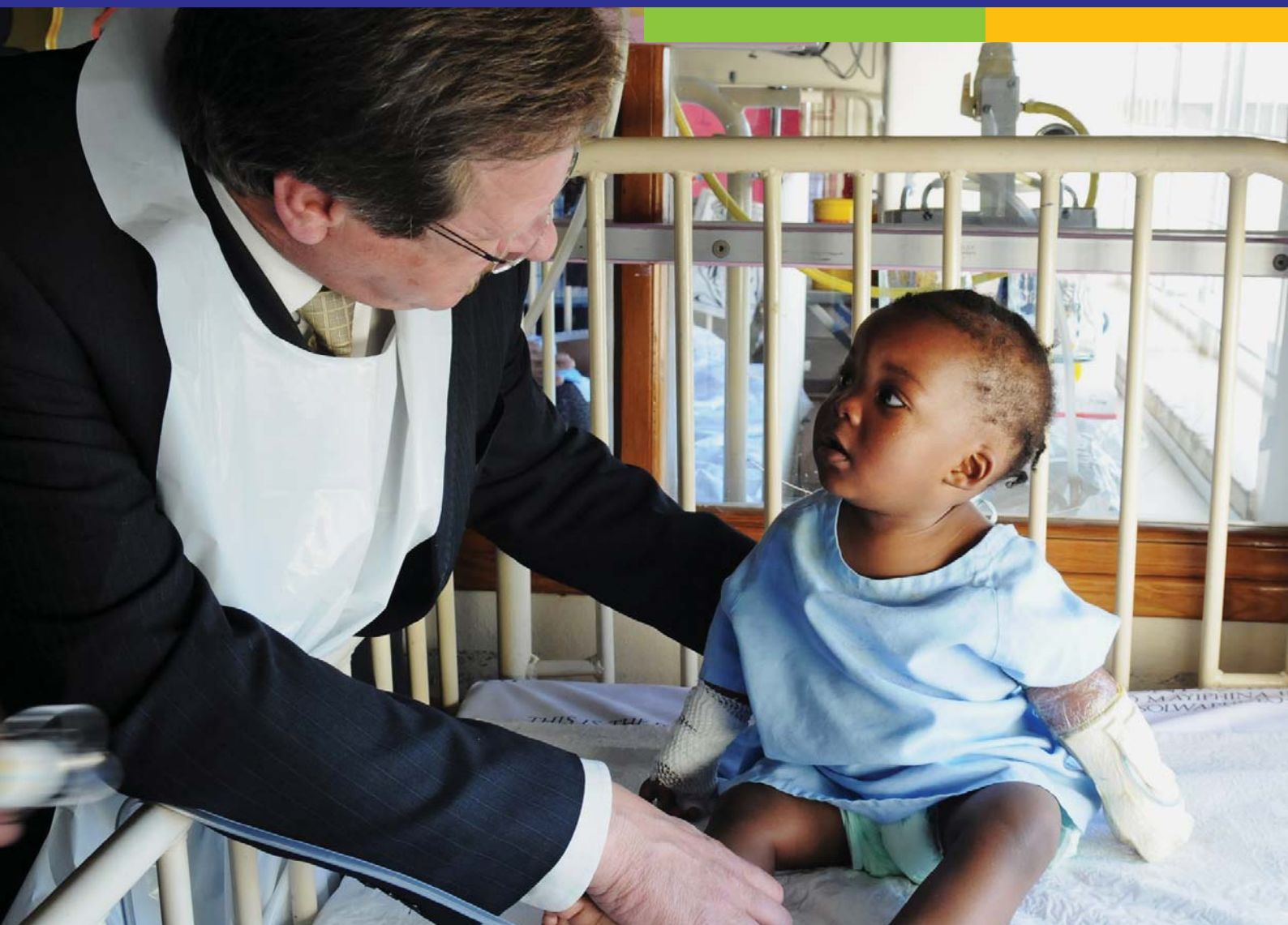
increasing wellness



increasing wellness

1. Strategic objective

The PGWC is committed to increasing the wellness of the people of the province. This will be achieved by addressing the factors that contribute to the burden of disease and by providing comprehensive quality health care services, from primary health care to highly specialised services.

The key indicators of wellness are:

- Life expectancy
- Maternal mortality
- Child mortality
- HIV incidence
- TB incidence
- Patient experience of the health service

The challenge for the public health service is to deliver excellent, value-for-money care that results in the prevention of disease, a successful return to health and wellness, or the successful management of illness.

The Western Cape Department of Health cannot be solely responsible for increasing wellness. Indeed, even collaborative action across all of government is not enough. What is needed is a whole-of-society approach that mobilises the resources, knowledge, creativity and concern of all role-players – including all three spheres of government, civil society, business and individual citizens.

2. Problem statement

Ill health has two components. The first concerns the "upstream causes" of ill health. These drive what is known as "the burden of disease". The second concerns the quality of care provided by the public health service and how efficiently it is provided; in other words, the quality, efficiency and effectiveness of the state's response to managing the burden of disease.

2.1 The burden of disease

Understanding the nature and causes of mortality and morbidity (the "burden of disease") underpins our strategy to increase wellness in the Western Cape.

The burden of disease in the Western Cape primarily consists of:

HIV/Aids

In 2008, HIV prevalence amongst 15–49-year-old antenatal women in the Western Cape was 16.1% (the national average was 29%.) There was a steady increase in prevalence between 1990 and 2008. There are significant variations in prevalence within the province.

Apart from mother-to-child transmission, the risk of acquiring HIV primarily involves unsafe sex. The more sexual partners a person has at any one time, the higher that person's chances are of being infected with HIV. Other contributing causes to HIV infection include poor levels of education, coercive sex and transactional sex. HIV spreads faster in communities with high levels of poverty, unemployment and overcrowding.

Tuberculosis

The biggest risk factor for tuberculosis is concurrent HIV infection. TB is described as a social disease as it is closely linked to poverty, unemployment and overcrowding.

The Western Cape's incidence of TB is 909 cases per 100 000. This gives the Western Cape the second highest incidence of TB in South Africa after KwaZulu-Natal. We are, however, making significant progress in addressing the epidemic through the implementation of the Enhanced TB Response Strategy. The programme achieved a new smear-positive TB cure rate of 79.4% last year – the highest TB cure rate in South Africa. The TB defaulter rate has decreased slowly over the past few years with the implementation of various interventions and now stands at 8.2%. More effort will be required to reach the national and global 2011 target of a defaulter rate of below 5%, and various partners, as well as the community-based services, are working towards achieving that goal. Reducing the defaulter rate not only reduces the size of the infectious pool in the community but prevents the generation of drug-resistant TB, which requires longer stays in hospital, is much more costly to treat, and has a very poor prognosis.

Injuries

The injury burden, which includes intentional injuries such as homicide and suicides, and unintentional injuries, such as road traffic injuries and fire-related injury, accounts for approximately 23.9% of the burden of disease in the province. In comparison to the rest of the world, violence is a particular problem in the Western Cape, where the injury-related mortality rate for men is ten times the global average, while for women it is seven times that average. Substance abuse, particularly alcohol abuse, is one of the most important drivers of the burden of disease in the Western Cape as it fuels both violence and road traffic injuries.

Non-communicable diseases

Non-communicable diseases consist mainly of cardiovascular diseases, cancers, respiratory diseases and diabetes. Diabetes mortality rates are very high in the Western Cape in comparison to developed countries.

Cardiovascular disease includes high blood pressure, heart attacks and strokes. The causes of cardiovascular disease, while partly genetic, are primarily environmental factors, specifically an unhealthy lifestyle. The most important risk factors are a lack of regular physical exercise, long-term use of tobacco products and the consumption of an unhealthy diet characterised by a high intake of fat, salt and sugar, and a low intake of fibre, fruit and vegetables. An unhealthy lifestyle may lead to obesity, hypertension and diabetes.

Compared with the rest of the country, non-communicable or chronic diseases account for a much larger proportion of deaths in the Western Cape (58%) than nationally (38%) and are the third leading cause of premature years of life lost in the province. The Western Cape has the highest prevalence of smoking of all provinces – 44.7% of men and 27% of women are smokers.

Mental illness

The abuse of substances, especially drugs such as tik, has reached epidemic proportions and makes the burden of mental ill health on the public health service much worse.

Childhood illnesses

Childhood illnesses include malnutrition, diarrhoeal diseases, respiratory illnesses and perinatal/neonatal conditions. Acutely ill children often present with co-morbidity that involves multiple conditions. This makes their illness more severe and they often have to be admitted to hospitals.

Diarrhoeal disease is a seasonal phenomenon which peaks between February and May each year. It creates enormous pressure on the health services. The critical causative "upstream" factor is a lack of clean water and sanitation in informal settlements.

2.2 Quality of health care

While the Western Cape Department of Health prides itself on being one of the better performing departments in the country, the health services operate under immense pressure on a daily basis. Symptoms of this include the high bed occupancies in our hospitals, the frequent need to divert ambulances between hospitals, an inability to secure intensive care beds for critically ill patients on time, the long waiting times at our clinics and the long waiting lists for surgical procedures.

While the Department continues to strive for efficiencies on a daily basis, commits to operating within its budget allocation and delivers a service in line with the legal auditable requirements, the need to expand and strengthen the health service platform with the increasing burden described above must be recognised.

Given this, the key challenges faced by the Department of Health are:

- Quality of care
- Measuring health outcomes and structuring the service effectively to address them
- Limited funding
- Cost control
- The need for additional infrastructure
- The recruitment, development and retention of health care workers
- The need for improved information management systems to support strategy and operations
- The need to acquire modern technology (medical equipment and ICT systems) to achieve strategic objectives

3. Plan to achieve outcomes

3.1 Healthcare 2020

The Department of Health provides a comprehensive package of health services, including the promotion of health, prevention of disease, curative care and rehabilitation, and training and education, delivered across all levels of care. In order to deliver on its mandate, the Department will develop a compelling vision for 2020 and an effective strategy to deliver on that vision by 1 August 2011.

The following key elements of the strategy to deliver on Healthcare 2020 have been identified:

- **Patient-centredness:** The quality of care, with a focus on patient experience, will lie at the heart of Healthcare 2020. This means that excellence in the clinical quality of care and the need for superior patient experience must inform every effort and endeavour of the public health sector in the Western Cape.
- **A move towards an outcomes-based approach:** The department will gear itself to focus on improving the health outcomes of patients and the broader population. This will include improving life expectancy and reducing maternal and child mortality. Targets will be guided by the Millennium Development Goals. A strong culture and system of monitoring and evaluation will be embedded at all levels of the organisation to ensure we deliver on these targets.
- **The retention of a primary health care philosophy:** The PHC philosophy means providing a comprehensive service that includes preventive, promotive, curative and rehabilitative care. The primary care services are points of first contact for the patient. These services are supported and strengthened by all levels of care including acute and specialised referral hospitals and an efficient patient transport service.
- **Strengthening the district health services model:** The DHS model gives a district manager and his or her team responsibility for achieving the health outcomes targeted for a specific geographical area. All health services (public and private) provided within the area are coordinated by the district health management team. The district manager is accountable and also plays a stewardship role in securing and accessing the support of other levels of the service.

  The Department has begun to take early steps in this direction over the recent years. Health is delivered within well defined subdistrict and district boundaries in the province. PHC services and provincially aided district hospitals in the rural districts have been provincialised. This means that all public sector health services in the rural districts are provided by a single authority – the provincial government. District management structures and offices have been created. This consolidation will result in better coordination and improved efficiencies. The district model must be further strengthened to ensure the health outcomes necessary for delivery on Healthcare 2020.

- **Building strategic partnerships:** Neither the Western Cape Department of Health nor the government as a whole can achieve increased wellness working alone. It is therefore essential that the provincial government seeks out and builds creative partnerships with actors in the private sector, in civil society, in other spheres of government and internationally. This approach is also consistent with the government's vision of an open opportunity society for all in the Western Cape.

3.2 Immediate action

The Department of Health will not stop improving its service while developing a 2020 vision and strategy. The immediate strategic goals are to:

- Manage the burden of disease (which includes improving quality of care)
- Ensure a sustainable income for the public health service
- Develop and maintain a capacitated workforce
- Ensure strategic management capacity
- Provide and maintain appropriate health technology and infrastructure

Key service delivery priorities include:

- Focusing on quality of care initiatives
- Commissioning the Khayelitsha District Hospital, scheduled for completion in January 2012
- Commissioning the Mitchells Plain District Hospital, scheduled for completion in October 2012
- Implementing a saving-mothers-and-children plan
- Implementing the integrated TB/HIV plan contained in the provincial HCT strategy
- Rolling out key community-based prevention strategies with relevant stakeholders
- Strengthening general specialist service and training

3.3 Premier's summit on reducing the burden of disease

During the course of 2011 the Premier will host a summit on reducing the burden of disease. The purpose of the summit will be (1) to review the latest available data on the burden of disease, (2) to review the overall response to the burden of disease by all levels of government and by role-players outside of government in the private sector and civil society, and (3) to identify an action agenda for implementation designed to advance the collective effort of all role-players to reduce the burden of disease.

3.4 Decreasing the incidence of infectious diseases (HIV and TB)

In order to address the greatest contributor to the burden of disease in the Western Cape, the government has endorsed a provincial HIV counselling and testing plan. It contains the following targets for 2010/11 (to be adjusted annually):

- Test 1.2 million people for HIV.
- Provide anti-retroviral therapy (ART) to 31 000 new clients.
- Keep 96 000 HIV patients in care.
- Screen 1.1 million patients for TB.
- Distribute 122 million male condoms and 1 million female condoms.

These steps will be supplemented by ongoing campaigns to encourage the practice of safe sex and provide information about TB.

The HCT campaign uses the same opportunity to screen for diabetes and high blood pressure. This is a partnership between all role-players, including the private sector, and requires the mobilisation of communities.

The socio-economic contributory factors – like poverty, unemployment, housing and education – that underlie TB, HIV and many other diseases are addressed through other provincial government strategic objectives.

3.5 Decreasing the incidence of injury

There are two primary drivers of the burden injury places on the health system: road accidents and violence relating to substance abuse, especially the abuse of alcohol.

To address these, two main strategies are being developed and implemented: first, a strategy to increase road safety with the aim of halving fatalities caused by road accidents; second, a strategy to reduce the incidence and harmful effects of substance abuse, including alcohol abuse.

3.6 Decreasing the incidence of non-communicable diseases

The primary cause of non-communicable diseases is unhealthy lifestyles, and in particular, (1) the excessive

consumption of salt, unhealthy fats and sugar, (2) a lack of adequate exercise and (3) the long-term use of tobacco products.

In order to impact on lifestyles, a task team appointed by the Premier and including role-players from outside of government will investigate the creation of a Western Cape healthy lifestyles campaign, drawing on successful and well-documented examples of such campaigns elsewhere in the world.

3.7 Decreasing the incidence of childhood illness

The underlying driver of childhood illness and mortality is poverty and its consequences: unhealthy environments, inadequate access to quality health care and low levels of female education, particularly in respect of childhood health needs.

To address these, the PGWC will target both the environment and the health care response to the problem. Interventions include:

- An integrated human settlements strategy (Strategic Objective 6) designed to maximise the number of citizens with access to basic services, in particular clean water, sanitation, refuse removal and electricity

  A key element of this strategy is the shift of resources from building top structures to providing properly serviced sites. The target is to provide a total of 143 000 new housing opportunities (all of which include access to sufficient basic services) between 2010 and 2015.
- The accelerated rollout of the Department of Health's immunisation programme
- The accelerated rollout of the Department of Health's programme to prevent the transmission of HIV from mothers to their children
- On-going implementation of the Department of Health's strategy to prevent deaths caused by diarrhoeal dehydration

4. Targets

	BASELINE ESTIMATE	TARGET 2014
Maternal mortality ratio [MMR]		
Western Cape	98/ 100 000 live births : 2004	90/ 100 000 live births
South Africa	140–160/ 100 000 live births	100 or less/ 100 000 live births
Child mortality rate [under 5 years old mortality]		
Western Cape	38.8/ 1 000 live births [2007]	30 per 1 000 live births
South Africa	69 deaths per 1 000 live births	45 deaths or less per 1 000 live births
TB cure rate		
Western Cape	79.4% in 2009/10	80% is the target for 2012/13
South Africa	65%	85%
HIV and AIDS: Decrease the HIV prevalence in the age group 15–24 years to 8% in 2015		
Western Cape	15% in 2004	8%