



Democratic Nursing Organisation of South Africa

Promoting health and wellness
Second South African Nurses' Conference 2013

The Democratic Nursing Organisation of South Africa (DENOSA) held its inaugural Central Executive Committee (CEC) meeting in August 2012 with the theme **'Nurses building a sustainable organisation to advance equity and access to quality care'**.



The CEC meeting was attended by DENOSA national, provincial, regional and learner movement leadership and was addressed by DENOSA President Dorothy Matebeni, Deputy Minister for Health Dr Gwen

Ramokgopa, COSATU General Secretary Zwelinzima Vavi and Acting Chief Nursing Officer Khanyisa Nevhutalo.

Intense deliberations focused on the following topics:

- Political landscape
- Organisational development
- Nursing education and practice
- DENOSA Professional Institute (DPI)
- Universal Health Coverage
- Safety and security in the workplace

Non-Communicable Disease Project: DENOSA IN PARTNERSHIP WITH ICN

The Non-Communicable Disease (NCD) Prevention and Wellness Project is an initiative of DENOSA and the International Council of Nurses (ICN).

The project has been made possible through generous funding by Pfizer, one of the largest pharmaceutical companies in southern Africa.

The government has recognised the serious need for non-communicable diseases to be registered as a development priority rather than a health concern. A health-only approach will not reverse the global mortality and burden caused by non-communicable diseases, therefore a holistic approach is needed which is inclusive of government and the community at large.



**For more information
contact DENOSA
Head Office on
+27 12 343 2315**

**or visit
www.denosa.org.za**



pictures: DENOSA successfully hosts its first Central Executive Committee meeting during 23-25 August 2012

Second South African Nurses' Conference

It is our right to care

Conference date: **16-18 October 2013** • Venue: **Durban International Convention Center**
Abstract submission deadline: **13 June 2013** • Registration fee: **ZAR2 500 or USD\$350**
Contact person: **Ms Peggy Motswatswa** • peggym@denosa.org.za • **+27 12 343 2315 ext. 252**

A GIFT TO MADIBA



- There are nearly 450 million children in Africa, and only four children's hospitals.
- This fact alone speaks to the dire need of our children.
- The Nelson Mandela Children's Hospital will be a specialised high-tech paediatric care hospital establishing a centre of excellence.
- It will be a specialist referral hospital catering for all children in Southern Africa that have complex health needs.

Sibongile Mkhabela, the CEO of the Nelson Mandela Children's Hospital Trust: "Capital funding will come entirely from donations and its operational expenditure will be funded by the South African Department of Health. The University of the Witwatersrand has provided the land on which the hospital will be built, and will lead the academic and research components of the hospital. One in five of our children have complex health conditions. This hospital will fill a huge gap in the country's health care system and complement other paediatric hospitals." Therefore, every contribution, however small, will make a huge difference to the building of the hospital, which is scheduled to open its doors on Mr Mandela's 96th birthday in 2014.

A dedicated children's hospital will be a credible demonstration of the commitment of African leaders to place the rights of children at the forefront. Nothing less would be enough.

- Nelson Mandela

To donate to the Nelson Mandela Children's Hospital
Go to www.nelsonmandelachildrenshospital.org
and give your gift to Madiba.

estimated 5.9% of the global burden of disease in 2008. The national suicide rate is 15.4 per 100,000 people (2008).

Health systems: The most recent Act relating to mental health in South Africa is the Mental Health Care Act (2002), noted to be one of the most progressive pieces of mental health legislation in the world. Mental health receives specific mention in general health policy. The officially approved mental health policy dates from 1997, and the mental health plan was revised in 2009.

Mental health services are provided via outpatient clinics, specialist hospitals, day treatment centres, psychiatric inpatient units and community residential facilities. The provision of these services varies widely between the provinces. People commonly turn to informal community services for mental health treatment alongside, or prior to, accessing formal psychiatric treatment. Traditional healers play an important cultural role and are more geographically accessible to many people. International concerns have been raised over the human rights of those suffering from mental illness, and the frequency of stigmatisation and isolation which they face, undermining the progressive nature of national legislation.

There are 6.9 mental health outpatient facilities per 100,000 people, of which fewer than one in 70 are reserved specifically for children and adolescents (2011). There are 0.2 day treatment facilities, 2.7 psychiatric beds in general hospitals, 0.1 psychiatric hospitals and 19.5 beds in psychiatric hospitals per 100,000 people (2011).

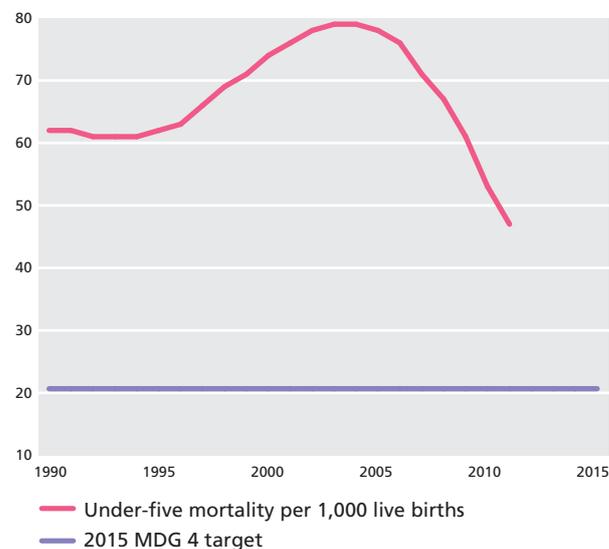
Health

Child and maternal health: Infant mortality in South Africa was 35 deaths per 1,000 live births in 2011, with an under-five mortality rate of 47 deaths per 1,000 live births. As shown in Graph 1, under-five mortality increased from around 60 deaths to 80 per 1,000 live births from the early 1990s to the 2000s. The decline in under-five mortality in the period 2004–10 has resulted in the lowest infant mortality rate in 20 years of 47 per 1,000 live births. While this decline is encouraging, under-five mortality rate is not yet in line with the country's target of 21 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). The greatest single cause of death for children below the age of five years is HIV/AIDS, which accounted for 28% of death in the under-fives. Other contributory causes were prematurity (16%), pneumonia (11%) and birth asphyxia (8%). In the period 2007–11 South Africa had a reported maternal mortality ratio of 400 deaths per 100,000 live births (this figure was estimated at 300 deaths per 100,000 by UN agencies/World Bank in 2010).

Burden of disease: Communicable diseases along with maternal, perinatal and nutritional conditions in South Africa accounted for an estimated 67% of all mortality in 2008. The prevalence of HIV in South Africa, as a percentage of population aged 15–49 years, stood at 17% in 2011. HIV prevalence in South Africa remained high and virtually unchanged in the period 2004–11. In 2010 there were 3,875 reported cases of malaria in the country. The number of confirmed cases of malaria fell slightly between 2001 and 2011. The number of deaths from malaria has seen an overall decrease since 2000; however, this decline is not consistent and the number of deaths increased in the period 2007–10. Since 1990, there has been a significant increase in estimated incidence of tuberculosis (TB) and estimated mortality (when mortality data excludes cases

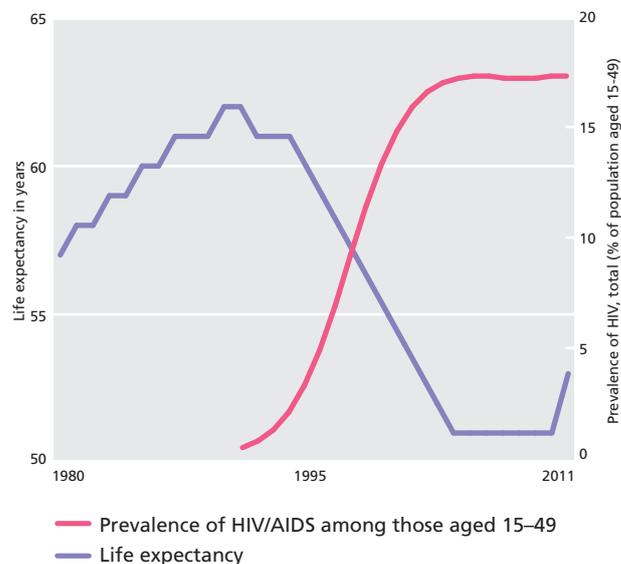
GRAPH 1

Under-five mortality



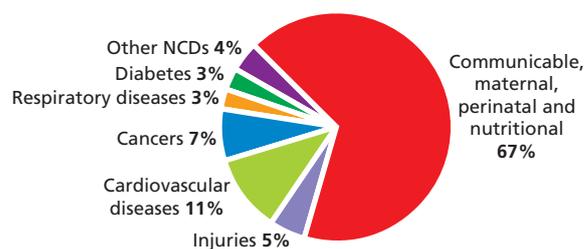
GRAPH 2

Life expectancy and HIV/AIDS



GRAPH 3

Mortality by cause of death (% of all deaths), 2008





Cedar Healthcare

exceptional customer satisfaction

Cedar Healthcare is an importer and distributor of medical consumables, radiology and other hospital equipment to the private and public sectors in South Africa and other African countries.

The Company was founded by and is owned and managed by entrepreneur Mpumi Mhlontlo. Mrs Mhlontlo has experience in business finance, marketing and logistics. Her wide experience enables Cedar Healthcare to adequately attend to the varying medical supply needs of her clients.

Cedar Healthcare continues to be awarded various contracts in the healthcare industry, thus resulting in a conscientious strengthening of its brand equity and service offerings.

Cedar Healthcare also offers equipment maintenance services to clients for the medical equipment we supply, ensuring peace of mind for clients and their stakeholders. The use of our state-of-the art infrastructure and technology ensures that all queries are logged and attended to promptly and jobs completed timeously. Our

“ We engage in consistent market research, implementation of the latest technological developments at all levels, and continuous communication with our customers, to ensure client satisfaction and high quality standards.

technicians are highly skilled and qualified, and are provided with consistent training in order to ensure the highest calibre of service.

Cedar Healthcare regards its employees as the nucleus of the company and fosters principles of leadership, empowerment, individual accountability and teamwork. The team at Cedar Healthcare works very closely with our customers to source customer-focused products, reducing costs while increasing clinical efficiencies.

Our goals are to provide exceptional customer satisfaction, through inspired, motivated and empowered employees.

Blades and Devices

CATHETER AND TUBES

Gloves

Syringes and Needles

BANDAGES AND

DRESSINGS

HOSPITAL LAUNDRY

Drapes

Central Venous Catheterisation (CVC) Set

Medical Equipment

MEDICAL INSTRUMENTS

Medical furniture

EQUIPMENT AND INSTALLATION

Gynaecology

Theatre Wear

wound closure and care

Theatre Pack and Tray

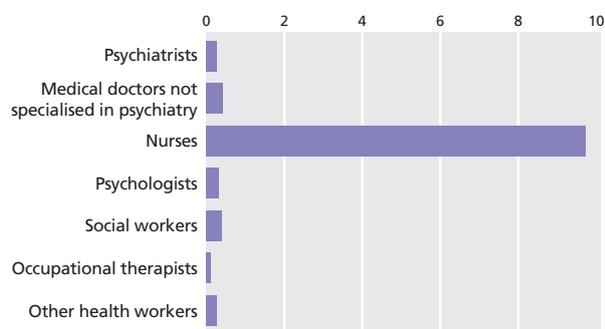
Respiratory Products

Industrial Wear

www.cedarpointmedical.com

GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



co-morbid with HIV) from the disease. In 2009 there were a reported 10,520 cases of cholera, 5,857 reported cases of measles and 2,975 reported cases of rubella.

Non-communicable diseases (NCDs) in South Africa accounted for an estimated 28% of all mortality in 2008. The most prevalent NCDs in South Africa are cardiovascular diseases, which accounted for 11% of total deaths across all age groups in 2008. Cancers, non-communicable variants of respiratory diseases and diabetes contributed 7%, 3% and 3% to total mortality respectively (2008).

Health systems: South Africa's public spending on health was 3% of GDP in 2010, equivalent to US\$649 per capita. In the most recent survey conducted between 1997 and 2010 there were 77 doctors and 408 nurses and midwives per 100,000 people. Additionally, 91% of births are attended by qualified health staff (2007–12), and 78% of one-year-olds are immunised with one dose of measles (2011). In 2010 91% of the country's population was using an improved drinking water source and 79% had access to adequate sanitation facilities. The most recent survey, conducted in the period 2000–11, reports that South Africa has 28 pharmaceutical personnel per 100,000 people.

South Africa has approximately 400 public and private hospitals and people living in urban areas have better access to expert healthcare. South Africa has an established pharmaceutical industry with operations spanning all stages of industry: manufacturing, wholesaling and retail. All the major global pharmaceutical names have offices in the country which act as a central base for many of their operations in the rest of the Southern African region.

Progress towards the 2015 health MDGs: South Africa is currently working towards achieving the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, South Africa should reduce under-five deaths per 1,000 live births to 21, and increase measles immunisation to 100% by 2015. In 2011, under-five mortality stood at 47 deaths per 1,000 live births, and measles immunisation at 78%. If the current rate of decline continues, with some improvements South Africa could achieve the under-five mortality target. There is significant progress to be made in terms of measles immunisation.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to South Africa, the maternal mortality ratio should fall to 63 cases per 100,000 live births. In the period 2007–11 South Africa had a reported maternal mortality ratio of 400 deaths per 100,000 live births (this figure was estimated at 300 deaths per 100,000 by UN agencies/World Bank in 2010). Based on the data reported by the country, it can be seen that this target is far from being achieved. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 91%, so this target may be achieved by 2015.

MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. South Africa's prevalence of HIV was 17% in 2011 (in the 15–49 age group). This figure is very high and there has been no discernible reduction in HIV prevalence since 1990. There also has been a significant increase in estimated TB incidence and mortality since 1990 (when mortality data excludes cases co-morbid with HIV). Numbers of deaths from malaria increased in the period 2007–11. Accordingly, significant progress in these areas is required if the country is to achieve MDG 6, and it is unlikely to do so by 2015.

For definitions, sources and explanations on the Millennium Development Goals see page 355.

Further information

Ministry of Health: www.doh.gov.za

Commonwealth Health Online:
www.commonwealthhealth.org/health/africa/south_africa