
National Science and Technology Forum:
**Policies and Regulations for Dealing with Disease Outbreaks &
Epidemics in South Africa**

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National Department of Health: Communicable Diseases Cluster

25 February 2021

Presentation Outline

- 1. Coordination at National Level & MNORT, Provincial & Local levels**
- 2. National Health Act and NMC Regulations**
- 3. Policies at Global level (IHR 2005) & Regional level (SADC Protocol on Health)**
- 4. Integration and Collaboration**
- 5. Policy Decisions to Strengthen Service Delivery (Influenza Policy and Strategic Plan)**
- 6. Summary and Way Forward**



National Level Coordination and MNORT

Our World is changing as never before



Populations grow, age, and move

Diseases travel fast

Microbes adapt



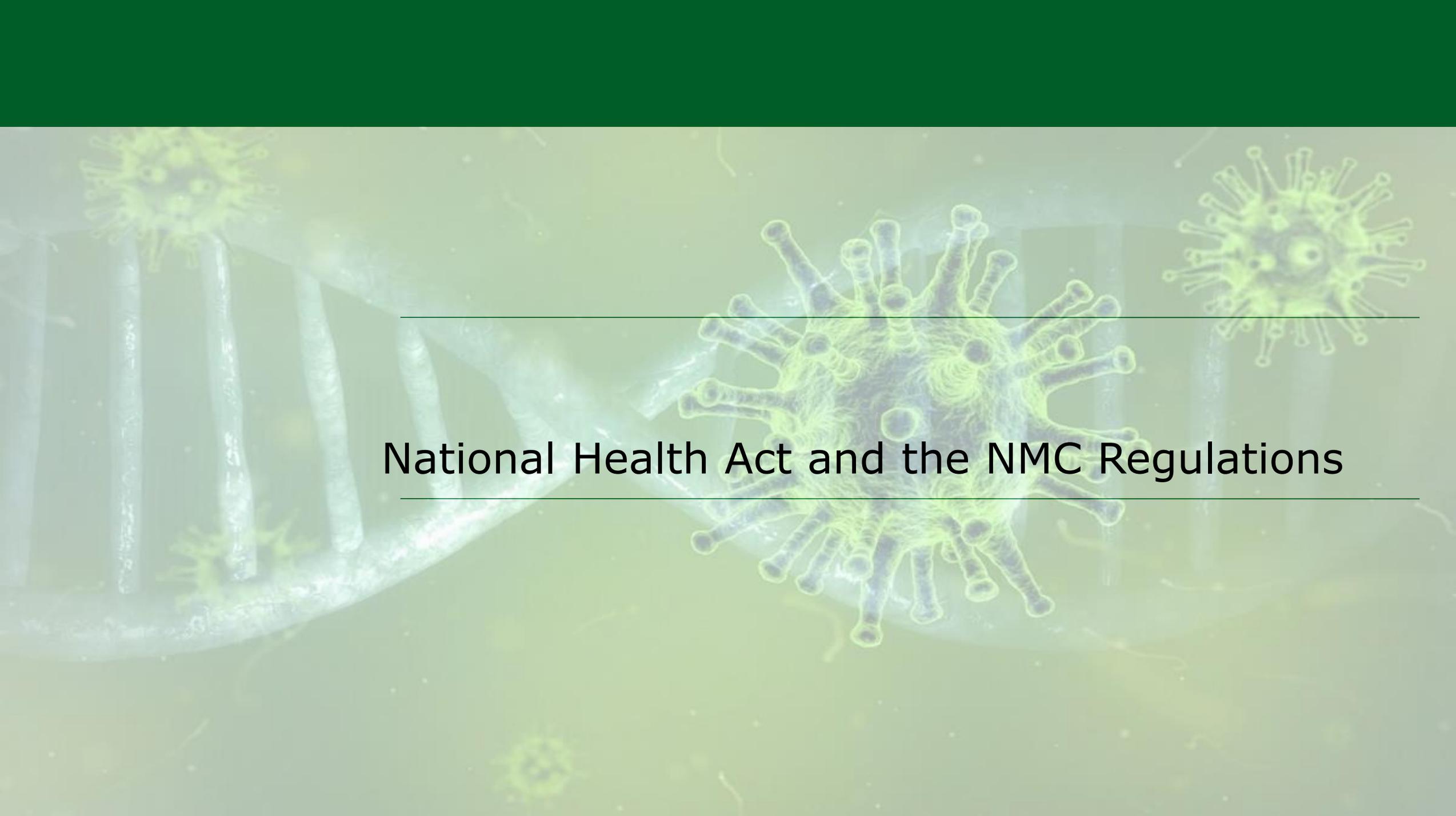
Chemical, radiation, food risks increase

Health security is at stake

Introduction



- The COVID-19 pandemic, demonstrates the importance of **prevention, preparedness and response** measures for the control of communicable diseases.
- Control is a vital function of the protection and promotion of public health, and it **requires an enabling legislative framework** for its implementation.
- In South Africa, the overarching coordination body for outbreak response is the **Multisectoral National Outbreak Response Team (MNORT)**. The MNORT is led by the NDoH with support from, NICD, WHO, CDC and other partners.
- As part of coordination there are several other departments involved such as **DALRRD, DoHA, DIRCO and DoT**.
- Coordination structures at national level are **cascaded to the provincial level** through the multi-sectoral, multi-disciplinary provincial outbreak response teams which are **in turn cascaded to district and sub-district levels**.
- **COVID-19 Response:**
 - Multiple sectors and partners are engaged in the COVID-19 preparedness and response framework for South Africa led by the National Department of Health.
 - Other government departments involved include: Cooperative Governance and Traditional Affairs (COGTA), Dept of Safety & Security, National Joint Operations Center (NATJOC) & National Disaster Management Centre (NDMC).
 - Key non-governmental partners include WHO, CHAI, US-CDC, Red Cross, and the private sector



National Health Act and the NMC Regulations

National Health Act & Regulations Relating to the Surveillance and Control of Notifiable Medical Conditions (NMC Regulations)



2 No. 26595 GOVERNMENT GAZETTE, 23 JULY 2004

Act No. 61, 2003 NATIONAL HEALTH ACT, 2003

*(English text signed by the President.)
(Assented to 18 July 2004.)*

ACT

To provide a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services; and to provide for matters connected therewith.

4 No. 41330 GOVERNMENT GAZETTE, 15 DECEMBER 2017

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

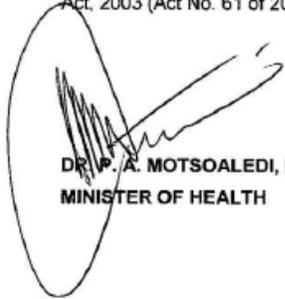
DEPARTMENT OF HEALTH

NO. 1434 15 DECEMBER 2017

NATIONAL HEALTH ACT, 2003 (ACT NO. 61 OF 2003)

REGULATIONS RELATING TO THE SURVEILLANCE AND THE CONTROL OF NOTIFIABLE MEDICAL CONDITIONS

The Minister of Health has, in terms of section 90(1) (j), (k) and (w) of the National Health Act, 2003 (Act No. 61 of 2003), made the regulations in the Schedule.


DR. P. A. MOTSOALEDI, MP
MINISTER OF HEALTH

Legislative Framework:

National Health Act (Act 61 of 2003)



Section 3 (1) (c)	<p>Minister of Health has the responsibility to:</p> <ul style="list-style-type: none"> • within the limits of available resources, determine the policies and measures necessary to protect, promote and maintain the health of the population
Section 21, (1) (a)	<p>DG of health responsibility to:</p> <ul style="list-style-type: none"> • Ensure the implementation of national health policy in so far as it relates to the national Department
Section 21, (1) (b)	<p>DG of health responsibility to:</p> <ul style="list-style-type: none"> • Issue guidelines for the implementation of national health policy
Section 21, (2) (b)	<p>DG of health responsibility to:</p> <ul style="list-style-type: none"> • Issue, and promote adherence to, norms and standards on health matters (includes: Nutritional interventions & Environmental conditions that constitute health hazards)
Section 21, (2) (e)	<p>DG of health responsibility to:</p> <ul style="list-style-type: none"> • Coordinate health and medical services during national disasters
Section 21, (2) (k)	<p>DG of health responsibility to:</p> <ul style="list-style-type: none"> • Facilitate and promote the provision of health services for the management, prevention and control of communicable and non-communicable diseases
Section 23 (a) (ix)	<p>The National Health Council advises the Minister on:</p> <ul style="list-style-type: none"> • “epidemiological surveillance and monitoring of national and provincial trends with regard to major diseases and risk factors for diseases”.

- **Provincial and District health councils also have similar functions** on Communicable Disease Control Coordinators.
- This piece of legislation (**Section 23 (a) (ix))** requires provinces and health districts to compile **Strategic and Annual Performance Plans**, which should be made up of components that include Disaster Management plans.

National Health Act (2003) & Regulations



- A person's right to autonomy occasionally comes into conflict with the rights of the larger society - the most common circumstance is when an individual refuses to be examined or treated for a dangerous communicable disease.
- **The NMC Regulations published under the National Health Act** make provisions for mandatory medical examination, isolation and quarantine of carriers, contacts and sufferers of specified communicable diseases.
- This issue is also addressed by stating that health services should not be provided to users without their informed consent, unless **“failure to treat the user, or group of people which includes the user, will result in a serious risk to public health”**.
- The regulations do not go so far as to make treatment mandatory, but an infected person who **“willfully refuses treatment”** may be put into quarantine by order of the High Court. Similarly, the High Court may order carriers or susceptible contacts to be quarantined if they pose a threat to public health.
- The regulations also make it **mandatory for carriers, contacts and infected individuals to comply with instructions from health care providers** regarding “precautionary measures to prevent or restrict the spread of an infection”.

Notifiable Medical Conditions (NMC) Notification System



- Based on the National Health Act, Act 61 of 2003
 - states that specific **infectious diseases must be reported on specific Government forms on a daily/weekly** basis to the Local Authority (Local Municipality), and then to the next level for action
 - Any HCW who **sees & diagnoses a case or death from a NMC (in both the public and private health sectors) has the legal responsibility to notify** such a case or death immediately to the relevant Local Authority.
- Notification will assist health authorities to **speedily implement measures that will prevent spread of the disease & the unnecessary loss of human life**
- The notification system is based on **clinical notifications, therefore all suspected cases** must be immediately notified even before lab confirmation is received.
- The **Local Authority** shall investigate and do all it can to control any disease that is Notifiable and/or communicable.
- Should extra resources/expertise be required the provincial & national departments of health, will be available to assist

National Public Health Institution of South Africa (NAPHISA) Bill



NAPHISA Bill was developed for (amongst others):

- establishment of a **single national public entity to provide public health services to the country** that performs critical public health functions & that requires a high level of coordination across functions, such as surveillance and research;

IN ORDER TO—

- provide support, expertise & advice to government
- provide coordinated disease and injury surveillance, research, training and workforce development, monitoring and evaluation of services and interventions directed towards the major health problems
- provide training, conduct research and support interventions aimed at reducing the burden of communicable and non-communicable diseases and injuries & aimed at improving occupational health, and environmental health.

The background of the slide features a light green, semi-transparent overlay. On the left side, a portion of a DNA double helix is visible, rendered in a light blue-grey color. Scattered across the background are several spherical virus particles, each with a distinct outer shell and numerous protruding spikes or surface proteins, colored in a vibrant yellow-green. The overall aesthetic is clean and scientific.

**Global: International Health Regulations (IHR 2005) &
Regional: SADC Protocol on Health**

International Health Regulations (IHR 2005)

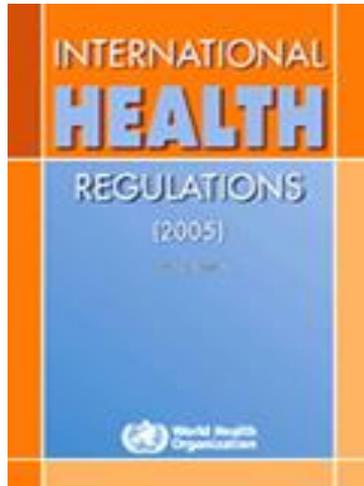


- The International Health Regulations (2005), or IHR (2005), represents a binding international legal agreement involving 196 countries across the globe, including all the Member States of WHO.
- Their aim is to help the international community **prevent and respond** to acute public health risks that have the potential to cross borders and threaten people worldwide.
- The purpose and scope of the IHR (2005) is **to prevent, protect against, control and provide a public health response** to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.
- South Africa as a WHO Member State, has **obligations** under the IHR 2005

What does the IHR call for?



Came into force on 15 June 2007



Global Health Security is the Goal

Ensuring maximum public health security
while minimizing interference with
international transport and trade

- Strengthened national capacity for surveillance and control, including in travel and transport
- Prevention, alert and response to international public health emergencies
- Global partnership and international collaboration
- Rights, obligations and procedures, and progress monitoring



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Why must countries implement the IHR



To detect and contain public health threats faster, to contribute to global public health security, and to enjoy the benefits of being a respected partner.

Countries receive:

- WHO assistance in building core capacities
- WHO's guidance during outbreak investigation, risk assessment, and response
- WHO's advice and logistical support
- Information gathered by WHO about public health risks worldwide
- Assistance to mobilize resources



Public Health Event of International Concern (PHEIC)



- A PHEIC is defined in the IHR (2005) as,
*“an extraordinary event which is determined to constitute a **public health risk to other States through the international spread of disease** and to potentially require a coordinated international response”.*
- This definition implies a situation that is:
 - serious, sudden, unusual or unexpected;
 - carries implications for public health beyond the affected State’s national border; and
 - may require immediate international action.

SADC Protocol on Health



- With a high level of poverty in Southern Africa, **communicable diseases are a serious concern for social and human development** in the region.
- The SADC region accounts for:
 - one-third of all people living with **HIV & AIDS** worldwide;
 - 8 SADC Member States are among those countries with the **highest rates of TB**; and
 - 75% of the SADC population is at **risk of contracting malaria**
- This trio of diseases is a major threat to sustainable development in the region.
- As a result, a number of **protocols, declarations, plans, and programmes** have been developed to combat communicable diseases, including:
 - *The Declaration on HIV and AIDs,*
 - *The Draft Declaration on Tuberculosis in the Mining Sector,*
 - *SADC HIV and AIDS Strategic Plan,*
 - *SADC Strategic Framework for Control of Tuberculosis in the SADC Region,*
 - *SADC Malaria Strategic Framework, SADC Malaria Elimination Framework*

SADC Protocol on Health (2)



- Regional annual reports on HIV & AIDS, TB, and malaria all contribute to systems designed to monitor progress on combating these communicable diseases - Overseeing all of these declarations and strategic frameworks, is the **Protocol on Health**, est. in 1999.
- Article 9 of the Protocol on Health addresses communicable disease control, while Articles 10, 11, and 12 specifically concern HIV & AIDS, malaria, and TB.
- The Protocol on Health advocates that Member States harmonize their policies for disease definition, notification, & management.
- Member States agree to cooperate in establishing reference laboratories and sharing information on diseases & epidemics, insofar as this information contributes to the reduction, elimination, & eradication of communicable diseases.



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Africa CDC & African Union

- Africa CDC in collaboration with AU **support preparedness & response**– COVID-19 support include:
 - Assessing country readiness using WHO COVID-19 checklist
 - Developing preparedness and response plan
 - Laboratory diagnostics
 - Activation of RRT
 - Conducting simulation exercises
 - Coordinating mechanism with other countries and bodies e.g. WHO AFRO, WHO EMRO, Nigeria CDC etc.
 - Collaborates with organisations such as NICD - South Africa on COVID-19 Clinical Care: conducted sub-regional training for Member States



Integration and Collaboration

Burden of Zoonotic Diseases (1)

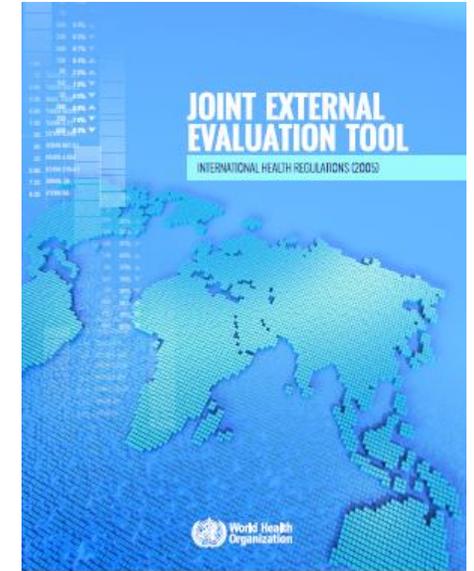


- World Bank Report (2018) highlighted the burden of **zoonotic diseases** as accounting for >1 billion cases & a million deaths annually. In addition, the **economic costs of emerging & pandemic diseases are considerable**.
- In Africa, & around the world endemic diseases contribute to persistent disease & economic burden through impacts on health and livelihoods, as well as on agricultural production & ecosystems. The **occurrence & impact of known and novel disease outbreaks are likely to increase with changes in land use, agricultural practices, climate and weather, travel and trade; and urbanization**.
- Zoonoses and other health threats at the human - animal - ecosystem interface (HAEI) pose **ongoing and increasing risks to public health - African countries seem to be facing a disproportionate level of these risks**.
- Health threats at this interface include those **existing and emerging pathogens transmitted through contact with animals, food, water, and contaminated environments**. Examples include:
 - Avian influenza, Bovine TB, brucellosis, Middle East respiratory syndrome corona-virus, Rabies, Rift Valley fever, antimicrobial resistance as well as COVID-19.

Burden of Zoonotic Diseases (2)



- A WHO Review Committee, following the 2009 pandemic, concluded that the **world is ill-prepared to respond to a severe influenza pandemic or to any similar public health emergency.**
 - Therefore, WHO launched the Joint External Evaluation (JEE) in 2016 for countries to systematically evaluate their preparedness and response capacities and to address the gaps.
 - **Majority of the countries in Africa have completed the JEE and are in the process of drafting national action plans.**
-
- WHO member states have obligations, in terms of the IHR(2005), for having systems in place for identifying and assessing potential public health threats, including zoonoses. However, **these threats cannot be addressed by one sector alone.**



The One Health Approach



The complexity of interactions along the interface requires **strong & consistent collaboration** among the sectors responsible for human health, animal health, & the environment.

One Health Forum

- Recognising this fact, the Department of Health in South Africa facilitated the establishment of the One Health Forum in 2015, which include members from the NICD, DALRRD, DEFF, Universities and all provinces.
- The goal of the One Health Forum is to strengthen collaboration and coordination between public health, animal health and environmental sectors for prevention and control of zoonotic diseases, as well as to meet the IHR obligations.

One Health Steering Committee

- Steering Committee was established comprising of key members from the One Health Forum & serves to **guide the activities of the One Health Forum.**
- Steering Committee & the One Health Forum are **co-chaired by the NICD and the Onderstepoort Veterinary Institute.**
- South Africa is in the process of drafting a **One Health Framework**, which when complete will guide the activities of stakeholders involved in One Health - this will entail not only **shared responsibility but shared benefits** as well.

The background of the slide features a microscopic view of biological structures. On the left, a portion of a DNA double helix is visible, rendered in a light blue and white color. Scattered throughout the scene are several spherical virus particles, each with a distinct outer shell and numerous protruding spikes or surface proteins. The overall color palette is dominated by light blues, greys, and whites, set against a dark, almost black background.

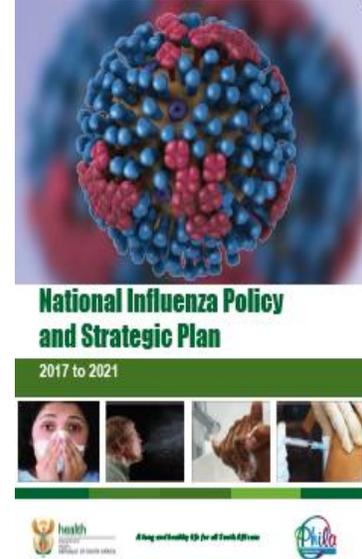
**Policy Decisions to Strengthen Service Delivery
(Practical Issues e.g. Development and Implementation of
the Influenza Policy and Strategic Plan)**

Policy decisions that impact Service Delivery



The National Influenza Policy and Strategic Plan

- In South Africa, influenza causes approx. 10 000 deaths & 40 000 hospitalisations annually:
 - Highest rate of hospitalisation & death seen in >65 years, HIV infected individuals & children <5 yrs.
 - Pregnant women represent an important risk group for influenza-associated mortality.
 - Among women of childbearing age, majority of estimated seasonal influenza-associated deaths occurred in HIV infected individuals.
 - Studies suggest that patients with TB may have an increased risk of influenza associated death.
 - Hospitalised patients co-infected with TB are 5 times more likely to die than those without TB.
- In response NDOH developed **The National Influenza Policy and Strategic Plan** – promotes annual vaccination against influenza, which is the best strategy for preventing disease and severe complications
 - However, the other measures such as health education, basic hygiene, cough etiquette, social distancing when ill & IPC are important preventative measures that are also emphasized.
- Development & Implementation of the Policy requires an integrated approach **involving several clusters and experts** (Non-communicable Diseases - Chronic Diseases and Geriatrics, HIV, TB, Mother & Child health, NICD, WHO, US-CDC, etc.)





Summary and Way Forward

Summary



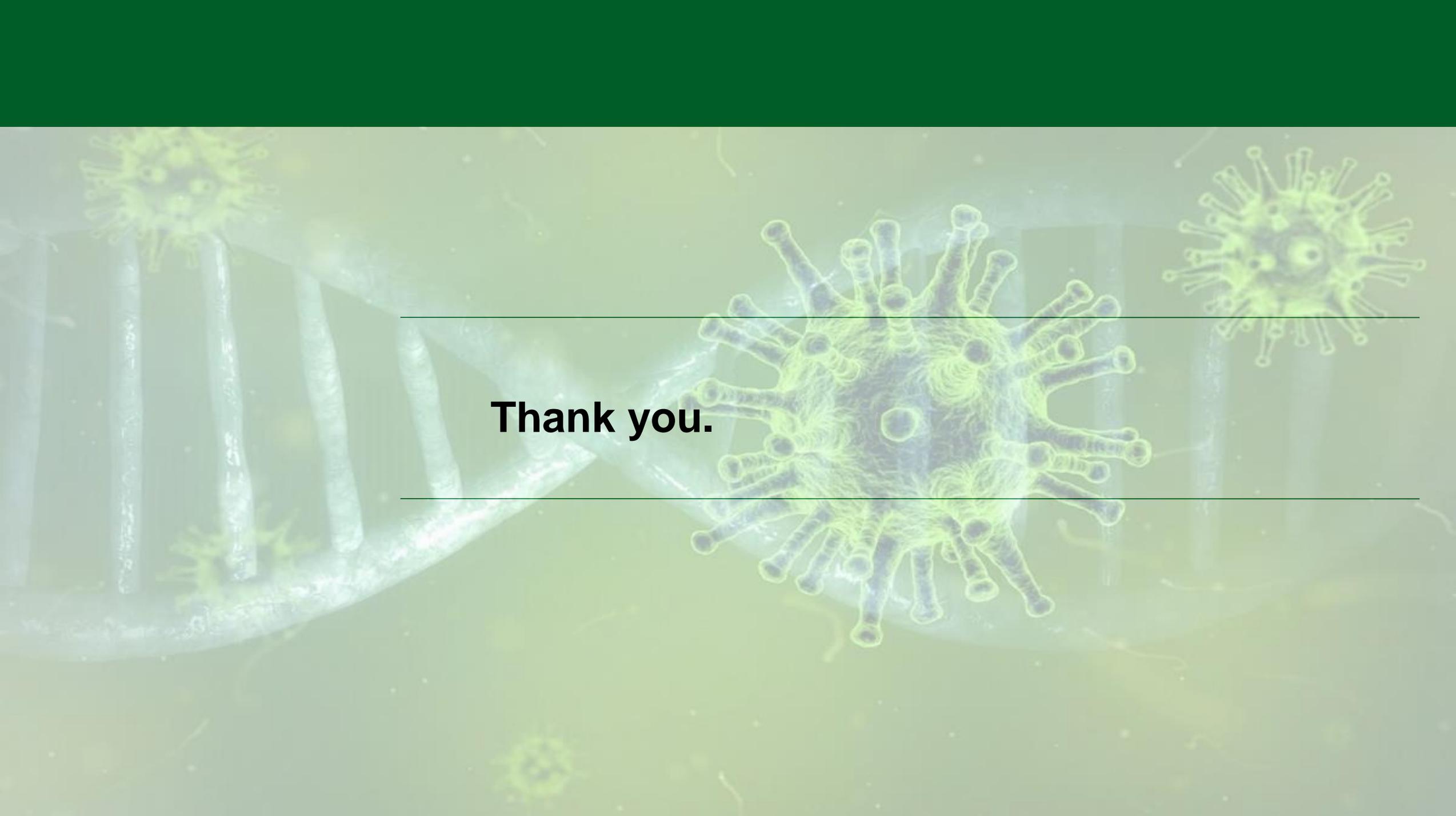
Legislative mandate of the Department of Health is derived from:

- The Constitution, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament & guided by Sections 9, 12 and 27 of the Constitution.
- National Development Plan 2030 (NDP 2030)
- The 2030 Sustainable Development Goals (SDGs) - Target 3.3 states that “By 2030, end epidemics of AIDS, TB, Malaria and neglected tropical diseases and combat hepatitis, waterborne diseases & other communicable diseases.”
- International Health Regulations
- WHA Resolutions on communicable diseases
- WHO strategies and guidelines

Way Forward / Conclusion



- Need to **strengthen health systems to be resilient & prepared** to face existing & future disease threats.
- The various sectors, such as **public health, animal health, plant and environmental health and researchers**, need to join forces to support One Health approaches to effectively detect, respond to, and prevent public health events including outbreaks of zoonoses & foodborne diseases & to combat antimicrobial resistance.
- Encourage **collaboration and sharing of resources**, epidemiological data and laboratory information across sectors and national boundaries.
- WHO, the FAO & the OIE are commended in their efforts to promote **multi-sectoral responses to food safety hazards, risks from zoonoses, & other public health threats at the human-animal-ecosystem interface** – however, much needed support and guidance on how to reduce these risks are required.
- Need to conduct regular **M&E** of policy implementation activities, including **Risk assessments**
- Strengthen the **One Health Approach** nationally, regionally and globally.



Thank you.