

SECTION 3: THE SOCIO ECONOMIC ENVIRONMENT

3.2 THEME: HEALTH

OVERVIEW

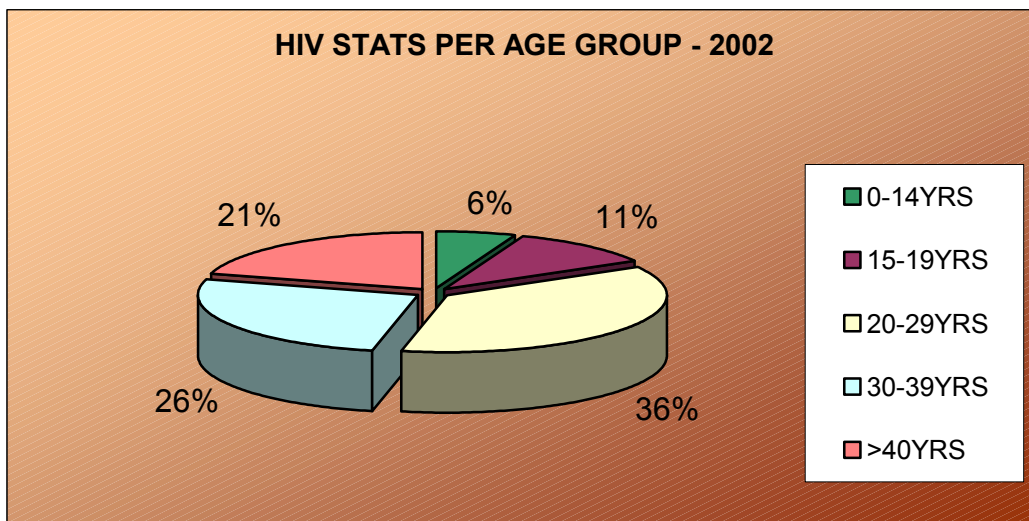


Figure 28: HIV stats per age group in the MCLM, 2002

Health remains an important component in the building of sustainable communities. If half of Mogale's population are subjected to health risks brought about by careless hygiene and/or lack of awareness, there will be no residents to sustain the city in the future. Mogale City is also not immune to the HIV/AIDS pandemic, and the high levels of unemployment and migration mean that statistics are indeed high for such a small municipality. Mogale will endeavour to sustain the home-based care centres already established to cater for those living with HIV/AIDS. This municipality, in partnership with national government and non-governmental organisation will establish an AIDS haven in Mogale. The possibility of opening a 24-hour clinic for the people of Mogale will also be explored (IDP, 2002). There is a definite correlation between health status and socio-economic conditions, specifically in developing countries. The involvement of sectors, like education, social development, water, roads, etc. are essential to ensure a healthy population (MCLM IDP: Health Sector Plan, 2002).

WHAT ARE THE PRESSURES?

- Air pollution from industries and dust pollution from mines and gravel roads cause severe respiratory diseases.
- Poor sanitation and water supply in informal settlements as well as overcrowding contribute to increased adverse health risks, both within and beyond the informal settlements.

- Air pollution, as a result of wood burning in informal settlements for cooking and heating, pose a significant risk to human health.
- Bilharzia is evident in the surface water in the MCLM.
- Food safety is not assured which is evident from the illegal food hawkers and abattoirs as well as the provision of unpasteurised milk. By-laws are inadequate and where regulations do exist, there is little support from public prosecutors in charging and convicting offenders.
- According to the MCLM IDP (2002), the HIV/AIDS pandemic in the MCLM causes long-term economic and social problems such as aids orphans and households managed by minors, unemployment and poverty.
- An integrated disaster management plan to address issues of overcrowding, unhygienic handling of food etc., which contribute to the spread of diseases, is necessary.
- Addressing past inequities and extending health care to previously disadvantaged communities is one of the major challenges. The MCLM is faced with the task of developing a unified health system, which is able to deliver efficient, high quality primary health care to all citizens of Mogale City (MCLM IDP: Health Sector Plan, 2002).
- Some companies still release noxious smells. The pollution in the air is affecting neighbouring business people. There is no meaningful action that can be taken, as action is dependant on listed processes governed by the National Government. The problem is that there is a divided mandate on obnoxious trade. An exacerbating factor of air pollution is improper ventilation, coupled with the use of substances, such as coal, paraffin, etc., which contributes to indoor air pollution. The respiratory problems that result from this are potentially fatal (MCLM IDP: Health Sector Plan, 2002).
- Illegal dumping results in erosion, land pollution and an unsightly environment. A root cause is ignorance of environmental implications. In some cases, medical waste is also disposed of improperly which can result in the spread of infections (MCLM IDP: Health Sector Plan, 2002).
- There is very low record of legal cases pertaining to environmental health offences, as the 15 environmental health officers are dependent on the Department of Justice to penalise offenders. However, the Department of Justice is also inundated with criminal cases, which render environmental offences insignificant in comparison (MCLM IDP: Health Sector Plan, 2002).
- Most informal settlements lack water and sanitation. This makes them vulnerable to cholera and typhoid fever (MCLM IDP: Health Sector Plan, 2002).
- Overcrowding, specifically in transit camps contributes to uncontrollable disease outbreaks of meningococcal meningitis (MCLM IDP: Health Sector Plan, 2002).
- The unhygienic handling of food and the use of banned food substances could result in food poisoning and even death (MCLM IDP: Health Sector Plan, 2002).
- The non-provision of seepage tunnels for dams in urban confines might result in the flooding of neighbouring houses and other structures during heavy rains (MCLM IDP: Health Sector Plan, 2002).
- Owing to human mobility and defaulters, the rate of Tuberculosis (TB) is still unsatisfactorily high. The challenge is to increase the TB conversion rate from 60% to 85%.

- There is a lack of 24-hour services, as proposed by the Primary Health Care approach. A core reason is the shortage of staff and infrastructure to deliver 24-hour services. Another constraint is the immense cost for capital development.
- Some of the clinics are inaccessible because clinics close at 16h00. This means that clients have to travel long distances to receive treatment, assuming they have funds for transport, and assuming that they get there in time.
- Saturday clinics have been closed down in Hekpoort and Magaliesburg because the transportation system to the clinics is limited. One root cause is that rural areas are frequently not prioritised in terms of service provision.
- The cost of illegal burials, as a result of AIDS, is high. The community does not appear to be practicing safe sex. There is also a tendency for people to undertake the pre-test counselling for HIV/AIDS and not go through with the actual test.

WHAT IS THE STATE?

- The MCLM serves a population of approximately 223 658 people.
- The prevalence of TB is still high (MCLM IDP: Health Sector Plan, 2002).
- Good health service infrastructure, including comprehensive primary health care, exists in the MCLM.
- There are a number of instances where occupational health and safety management are inadequate, due to the limited powers within the MCLM to take remedial action.
- Public emergency services collapsed and there are affordability problems with the private emergency services.
- One primary health care clinic per 10 000 people as per the WHO standard does not exist and the current rate is one primary health care clinic for approximately 15 000 people.
- Coliform bacteria levels in milk/water are over the allowed limits.
- No information is currently available on the infant mortality rate or health care expenditure per area.
- There is occurrence of Bilharzia in surface water.
- No information is currently available on the number of people affected by waterborne diseases per year (bilharzias, cholera, malaria).
- 11 clinics, 4 satellite clinics, and 3 mobile health clinics are established in the Mogale area providing health care jointly with Provincial Health. These clinics are in Central Krugersdorp, Krugersdorp West, Muldersdrif, Noordheuwel, Munsieville, Rietvallei, Kagiso 1, 2 and Ext 12, Magaliesburg and Hekpoort (also refer to Map 28).
- Additional clinics are planned for Tarlton and Rietvallei 2 and 3.
- 92 employees in the Community Services (Sub-directorate Health) provide health and environmental health services.⁶
- No 24-hour services are available.⁶

WHAT IS THE RESPONSE?

- Health policies have been developed to ensure the transformation of health care (MCLM IDP: Health Sector Plan, 2002).
- The new health policies promote a strategic approach based on the philosophy of Primary Health Care and the District Health System, which is in accordance with the health objectives set out by the Reconstruction and Development Programme and in line with internationally accepted health policy principles defined in the Alma Ata Declaration (Department of Health, 1997) (MCLM IDP: Health Sector Plan, 2002).
- The White Paper for the Transformation of the Health System in South Africa, 1997.
- At present, HIV/AIDS counselling and testing occurs in the clinics. There is also a voluntary counselling and a testing site at Leratong hospital (MCLM IDP: Health Sector Plan, 2002).
- The MCLM developed a number of strategic objectives and a sector involvement strategy as part of their Integrated Health Sector Plan for Mogale City to address the pressures.

WHAT ARE SOME OF OUR INDICATORS?

1. *(%) Coliform bacteria levels in milk/water going over the levels allowed*
2. *(%) Population affected by water pollution*
3. *(%) Population affected by air pollution*
4. *(%) Infant mortality rate*
5. *(%) Health care expenditure per area*
6. *(%) Population with access to safe and accessible drinking water*
7. *(%) Population served with safe and adequate sanitation*
8. *Meningococcal meningitis statistics*
9. *Tuberculosis statistics*
10. *HIV/AIDS statistics*
11. *Occurrence of Bilharzia in surface water*
12. *Number of Primary Health Care (PHC) facilities per 10 000 population (family planning)⁵*
13. *Number of visits per person per year⁵*
14. *Number of environmental health complaints⁵*
15. *Number of people affected by waterborne diseases per year (bilharzias, cholera, malaria)*
16. *Number of health clinics established⁶*
17. *All existing clinics equipped⁶*
18. *Number of jobs created⁶*
19. *Number of people from employment equity target groups employed in the three highest levels of management⁶*
20. *Number of 24hr Community Health Centres established⁶*
21. *Vertical Programmes on AIDS, TB and other communicable diseases established⁶*
22. *HIV/AIDS Haven established⁶*

⁵ National Key Performance Indicators for Local Government, DPLG, April 2001

⁶ Indicators according to the Mogale City Local Municipality Integrated Development Plan - 2002-2006, June 2002

23. *Advocacy and Educational Programmes in place*⁶

24. *Number of home-based care centres established*⁶

WHAT CAN YOU DO?

- Practice safe sex and have you tested for HIV.
- Stop smoking.
- Prevent pollution to your environment such as dumping in open space areas, rivers and wetlands.
- Use water from safe supply networks.



⁶ Indicators according to the Mogale City Local Municipality Integrated Development Plan - 2002-2006, June 2002