

South Africa

Population (in millions) (2011)	50.5
Country classification (2012)	Upper–middle-income
Gross national income per capita (PPP int \$) (2011)	\$10 710
Total health expenditure as % of GDP (2010)	8.94%
Per capita total health expenditure (PPP int \$) (2010)	\$934.95
Per capita government health expenditure (PPP int \$) (2010)	\$412.34
Life expectancy at birth (in years) (2009)	54
Human Development Index (2011)	0.619
Median age (in years) (2010)	25
Total fertility rate per woman (2010)	2.5

The Government of South Africa reports as follows.

National coordination

There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are seven full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society group to develop and implement its viral hepatitis prevention and control programme: the South African National Blood Service.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C, and for chronic hepatitis C.

There are standard case definitions for hepatitis. It is not known whether deaths, including from hepatitis, are reported to a central registry. The percentage of hepatitis cases reported as “undifferentiated” or “unclassified” hepatitis is not known.

It is not known whether liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally.

It is not known whether the government publishes hepatitis disease reports.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but not for hepatitis E.

It is not known whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is a national policy for hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 50%–80% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is no national policy that specifically targets mother-to-child transmission of hepatitis B.

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. It is not known whether single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training and postgraduate training.

There are national clinical guidelines for the management of viral hepatitis, which include recommendations for cases with HIV coinfection.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge at public health-care facilities for people who do not have medical aid. Hepatitis B and hepatitis C tests are compulsory for health-care workers and sources of exposure following incidents of occupational exposure.

Publicly funded treatment is not available for hepatitis B, but is available for hepatitis C. Information was not provided on who is eligible for such treatment for hepatitis C. The amount spent by the government on publicly funded treatment for hepatitis C is not known.

The following drug for treating hepatitis B is on the national essential medicines list or subsidized by the government: hepatitis B immune globulin. The following drugs for treating hepatitis C are on the national essential medicines list or subsidized by the government: pegylated interferon and ribavirin.

The Government of South Africa welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).