News bites

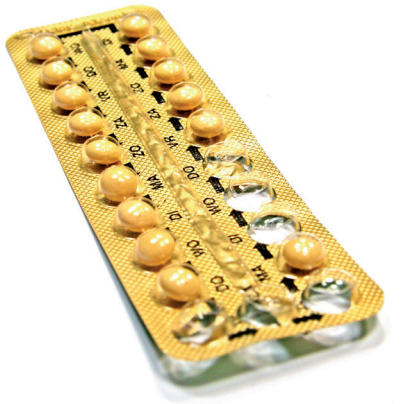
International

New Zealand to follow Oz on brand-free cigarette packs?

New Zealand plans to follow Australia's lead and remove all branding, including logos and colours, from tobacco products. However, authorities will wait until a challenge to Australia's plain-packaging law is resolved before implementing theirs. The proposed plain-packaging law will remove 'the last remaining vestige of glamour from these deadly products', said Tariana Turia, New Zealand's Associate Minister of Health. Under the new law, logos on tobacco products will be replaced with graphic warnings. Australia implemented the same law last year and is currently battling a case in the World Trade Organisation against several tobacco-growing countries. Last year tobacco companies lost a legal challenge opposing the law in Australia's highest court. The New Zealand government wants to minimise its legal exposure by waiting until the outcome of the Australian challenge, said Turia. Many countries mandate that packages display photos or text describing smoking's health effects, and some limit the size of the branding or ban certain slogans, but Australia's dual approach is the strictest globally.

USA programme ups contraceptive use by at-risk teens

Long after completing an 18-month programme designed to teach about contraception and healthy relationships, teenage girls at high risk for unwanted pregnancy were using contraceptives more often and maintaining other safer sexual practices, according to a new study. Researchers in Minnesota tested an approach to preventing teen pregnancies that is based on providing access to birth control methods and information as well as building girls' sense of connectedness to family and society. 'Our study shows that when we invest in young people through ongoing one-on-one relationships, through opportunities to lead and access to sex and health services, we really support the next generation of citizens,' said Renee Sieving, the study's lead author from the University of Minnesota in Minneapolis. According to the US Centers for Disease Control and Prevention, 31 out of every 1 000 teenage girls between 15 and 19 years old gave birth to a baby in 2011. That is a record low, but still the highest teen pregnancy rate in the developed world, Sieving and her colleagues point out in the journal *JAMA Pediatrics*. They add that black and Hispanic teens bear most of the burden of these teen pregnancies. For the new study, Sieving's team recruited 253 sexually active girls aged between 13 and 17 years from clinics in St Paul and Minneapolis, to be randomly placed in one of two groups. All would get standard care at the clinic, but half would also be enrolled in the researchers' 'Prime Time' youth development programme. At the study's outset, just over half of all the girls in both groups (around 56%) were using condoms on more than half of the occasions that they had sex. More than 40% said they used condoms less than half of the time.



Just 2% of girls in each group were also on some other type of birth control, such as the Pill. One group of 127 girls did not receive any special attention, other than the clinic's standard care and guidance. The other 126 girls were assigned to the new programme. Prime Time assigned each girl participating in that programme a case manager who taught about healthy relationships, contraceptive use and how to become more involved with school and family. The Prime Time teens also went through training to become leaders and teachers who could educate others about what they were learning. The programme took 18 months to complete, and the teens were then asked about their behaviours 6 months after the programme's end.

The researchers found that the girls who did not go through the programme ended up using a condom during sex less consistently than they had 2 years earlier. Girls who went through the programme, however, ended up doing about 50% better at using a condom every time they had sex than at the beginning of the study. The use of other contraceptives also increased in both groups, but more in the group who went through the Prime Time programme. The girls who went through the programme were also more likely to say they were close with their family, and were more confident in turning down unwanted sex. In addition, the Prime Time teens were also more likely to go to college or technical school, according to Sieving. 'The kids we're working with are often struggling at school – the kid in the back of the room you don't often hear from, and we give them tools,' Sieving said. 'You watch them move from "I don't really have anything that's of any use to anybody", to "Wow, I have stuff to contribute!" So it's really cool to see that shift in how they see themselves,' she added. Sieving said that compared to the approximately R80.9 billion that teen pregnancy cost US taxpayers in 2008, investing in this type of programme also makes financial sense. The Prime Time programme costs about R22 400 per teen, she said.

Africa

Somalia and Niger most vulnerable to conflict/disaster

Two African countries, Somalia and Niger, are among the top three at risk from being affected by the often devastating combination of natural disasters and conflicts, according to a report from the UK's Overseas Development Institute (ODI). In recent years, more than half of the people affected by natural disasters have lived in fragile and conflict-affected states, revealing a 'deadly interdependence' between conflict and disasters. A high disaster risk, high levels of poverty and high vulnerability to climate change leave Somalia, Afghanistan and Niger particularly exposed to situations where disasters and conflicts collide. Conflicts and disasters are expected to coincide more often in the coming years as a result of climate change, financial shocks, food price fluctuations and continued urbanisation. Experts are calling for a rethink of current spending on helping countries adapt. The ODI report *When Disasters and Conflicts Collide* cites four ways that natural disasters can exacerbate conflict, namely: (*i*) by deepening grievances in areas where people compete for scarce resources; (*ii*) creating economic opportunities for criminal activities; (*iii*) creating political opportunities for advancing political or military objectives; and (*iv*) by strengthening or weakening some groups in conflict over others. It goes on to outline how conflict increases vulnerability

to natural hazards, including forcing people to live in areas at high risk of natural hazards, undermining government or NGO efforts to mitigate, prepare for, or respond to hazards, and preventing the provision of adequate early-warning systems. ODI Research Officer Katie Harris says: 'Current spending on disaster prevention and risk reduction accounts for less than 4% of humanitarian aid and less than 1% of development assistance. Without a greater priority placed on preparing for the worst we're unlikely to see levels of vulnerability fall.'

South Africa

Budget speech shows NHI going slower than expected

New policy initiatives such as the NHI would only be affordable if South Africa succeeded in driving growth towards 5% a year and government revenue doubled in the next 20 years, Minister of Finance, Pravin Gordhan, told parliament in his February budget speech. Gordhan said that if growth continued along the present trajectory, substantial spending commitments would require reductions in other areas of spending and adjustment to tax policies. This would set the scene for some heated political battles over the division of the tax base. Responding to the budget speech, Mark Arnold, Principal Officer of Resolution Health Medical Scheme, said it was 'not so much what was said, but what wasn't said'. The lack of detail suggested that there was much work to be done on the practical implementation of the NHI process. There was also much to be done 'in figuring out exactly how it will be funded'.

The National Treasury is working with the Department of Health to examine the funding arrangements and system reforms required for NHI. A discussion paper inviting public comment on various options will be published later this year. George Roper, CEO of Agility Africa, said NHI obviously remained a priority, 'but is competing against a range of other spending requirements. If it does not deliver, even in the early stages of implementation, it runs the risk of losing its allocation to other programmes.' NHI pilot projects began last year, and were allocated a R150 million conditional grant for the fiscal year 2012 - 2013. Only 14% of the budget had been spent by last month, far short of the 83% benchmark used by the Treasury. Each of the 10 pilot districts was allocated R11.5 million, and 7 central hospitals in these districts received R5 million each. 'When it comes to implementation, most ambitious plans do need refinement,' said Arnold. The budget speech showed there had also been a realisation that health infrastructure as well as medical and nurse training capacity first needed improvement if an NHI was to be successful. Last year a total of 1 967 health facilities and 49 nursing colleges were in different stages of planning, construction and refurbishment.

Cheap healthcare for domestic workers

Domestic workers will now be able to access nationwide private healthcare – at a cost of R170 per month to the employer. DomestiCare, a new healthcare scheme, was launched in February by the CareCross Health Group. Employers will be able to provide their helpers with occupational and private primary healthcare, which includes GP consultations, medicines, X-rays and blood tests. However, it will not include chronic medicine or hospitalisation.

Dr Reinder Nauta, managing director at CareCross Health, said: 'In addition to immediate benefits of providing primary medical care to low-wage earners, there are long-term benefits for the economy. Keeping the country's workforce healthy could dramatically reduce absenteeism and employee turnover, increase employee loyalty, improve productivity and increase employer satisfaction.'

News of the scheme was, however, met with skepticism by the SA Domestic Services and Allied Workers Union, which believes effective change in the system will not happen until the ministry of health devised a healthcare plan for domestic workers. 'Four years ago Old Mutual developed and launched a domestic pension fund at the Union Buildings, and then-deputy president Phumzile Mlambo-Ngcuka appealed to all employers to show their workers they cared and reward them by taking out this policy,' the union's provincial secretary, Myrtle Witbooi, said. But things had not gone as planned. 'Two years later, only 300 employers responded, prompting Old Mutual to stop this fund as they were losing out. This fund was out of the hard work of many progressive women's organisations but it was not compulsory … it depended on the kindness of the employers.'

'This is exactly what this new plan (DomestiCare) is all about, and it will never reach a million domestic workers. We need a plan from our Health Department that will include all workers,' she said. Last year, the Department of Labour said it would conduct a feasibility study on the establishment of a provident fund for domestic and farm workers by next month, but it has yet to be finalised. Finance Minister Pravin Gordhan also mentioned the fund in last year's budget speech. When asked about the progress of the fund, the department's spokesman, Page Boikanyo, said: 'The department is currently engaging stakeholders in the sector, and once the consultation process has been finalised, a report with recommendations will be forwarded to the minister. The structure of the fund will only be discussed once the full investigation has been completed.'

Doctors' overtime claims to be audited

The Gauteng Health Department said on 24 February this year that it would call in the SA Revenue Service (SARS) to audit overtime claims submitted by doctors in some hospitals. Spokesman Simon Zwane said his department had detected 'gross irregularities' in the overtime claims submitted by doctors from Sebokeng, Kopanong, Pholosong, Far East Rand, Tambo Memorial and Natalspruit hospitals. He said the rules were that overtime had to be authorised in advance and clear reasons be given for allowing it.

Zwane said measures were in place to assist patients at Sebokeng and Kopanong hospitals, where doctors apparently refused to work extra hours beyond their stipulated overtime. Patients requiring emergency help would be transferred to other hospitals and the department was also recruiting more doctors for the affected hospitals. The issue of Gauteng doctors' overtime payments hit the headlines several times in February. Earlier, the Gauteng department announced that six of its doctors were facing disciplinary hearings for allegedly abusing the overtime system. At the beginning of February, doctors at several hospitals in Ekurhuleni and at the Chris Hani Baragwanath Hospital in Soweto threatened to stop working overtime because the department still owed them money for extra time worked.

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