

National Department of Health Strategic Plan 2010/11-2012/13

Department of Health
Private Bag x 828
Pretoria
0001

Tel: 012-312 0000
Fax: 012- 312 4395

website: www.doh.gov.za



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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FOREWORD BY THE MINISTER OF HEALTH



South Africa faces a quadruple burden of diseases consisting of HIV and AIDS; communicable diseases; non-communicable diseases; and violence and injuries. The consequence of this is high levels of mortality and morbidity. In 2009, Statistics South Africa (STATSSA) estimated the life expectancy of South Africans to be 53,5 years for males and 57,2 years for females.

One of government's major goals in the Medium Term Strategic Framework (MTSF) for 2009–2014 is to improve the health profile of all South Africans. This Strategic Plan of the National Department of Health (DoH) for 2010/11-2012/13 ushers us into the second year of the implementation of the 10 Point Plan of the health sector for 2009-2014, which is aimed at creating a well functioning health system capable of producing improved health outcomes.

The 10 Point Plan consists of the following priorities:

- i. Provision of Strategic leadership and creation of a social compact for better health outcomes;
- ii. Implementation of National Health Insurance (NHI);
- iii. Improving the Quality of Health Services;
- iv. Overhauling the health care system and improve its management;
- v. Improving Human Resources Management, Planning and Development;
- vi. Revitalization of infrastructure;
- vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
- viii. Mass mobilisation for better health for the population;
- ix. Review of the Drug Policy; and
- x. Strengthening Research and Development.

In January 2010, Government adopted a new outcome-based approach to accelerate attainment of the objectives outlined in the MTSF 2009-2014. In keeping with this new approach, the health sector will devote particular attention to four key areas, namely: increasing life expectancy; combating HIV and AIDS; decreasing the burden of diseases from Tuberculosis and improving Health Systems Effectiveness. Focusing on these areas, the health sector must produce twenty (20) deliverables over the next five years. These are:

- i. Increased Life Expectancy at Birth;
- ii. Reduced Child Mortality;

- iii. Decreased Maternal Mortality Ratio;
- iv. Managing HIV Prevalence;
- v. Reduced HIV Incidence;
- vi. Expanded access to the PMTCT Programme;
- vii. Improved TB Case Finding;
- viii. Improved TB outcomes;
- ix. Improved access to Antiretroviral Treatment for HIV-TB co-infected patients;
- x. Decreased prevalence of Drug Resistant -TB;
- xi. Revitalisation of Primary Health Care;
- xii. Improved Physical Infra-structure for Healthcare Delivery;
- xiii. Improved Patient Care and Satisfaction;
- xiv. Accreditation of health facilities for quality;
- xv. Enhanced Operational Management of Health Facilities;
- xvi. Improved access to Human Resources for Health;
- xvii. Improved Health Care Financing;
- xviii. Strengthened Health Information Systems (HIS);
- xix. Improved health services for the Youth and
- xx. Expanded access to Home Based Care and Community Health Workers.

The 10 Point of the Health Sector for 2009-2014 incorporates the 20 priority areas of the outcome-based MTSF, as well as the Millennium Development Goals (MDGs). These linkages are reflected in detail in this document. Focused and systematic implementation of the 10 Point Plan must yield the results desired by all three sets of priorities.

Ambitious targets have been set for these priorities. It can no longer be business as usual. Planning, organisation, and delivery of health services delivery must reflect an added sense of urgency.

Successful implementation of the priorities outlined above necessitates that we revitalize the health system using the Primary Health Care (PHC) approach. At the advent of democracy in 1994, a great vision existed for the transformation of the health system in South Africa from one characterised by social and economic injustices, poverty, waste, inefficiency, and lack of control by communities and individuals over all aspects of their health, into a new health system based on the PHC approach and characterized inter alia by the principles of equity; quality, efficiency, integrated and comprehensive care, community involvement and intersectoral collaboration.

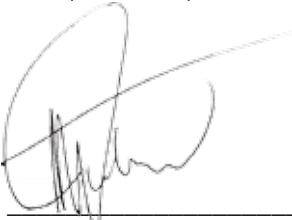
The White Paper for the Transformation of the Health System, released in 1997 accentuated the need to: decentralise management of health services; establish the District Health System to facilitate implementation of PHC; increase access to services for citizens; ensure the availability of good quality essential drugs in health facilities; strengthen disease prevention and health promotion in areas such as HIV and AIDS, and maternal, child and women's health; implement the Integrated Nutrition Programme to focus more on sustainable food security for the needy; and rationalise health financing through budget reprioritization. The health sector must return to this vision.

A new discourse on HIV and AIDS is being initiated. New policies and strategies will be implemented during 2010/11-2012/13 to combat the scourges of HIV and AIDS and Tuberculosis. All children less than 1 year of age who test positive for HIV will be initiated on treatment, irrespective of their CD4 count. Antiretroviral Treatment (ART) will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival and reduce the possibility of vertical transmission. ART will also be provided to people co-infected with TB and HIV at a CD4 count of 350 and less. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS. Most importantly, prevention must remain the mainstay of all efforts to combat HIV and AIDS. The delivery of HIV and AIDS and TB programmes will be integrated. This integration of services will also extend to the delivery of Antenatal Care and the Prevention of Mother to Child Transmission (PMTCT) of HIV.

The Ministry of Health will process through Parliament 3 pieces of legislation during 2010/11 and 2011/12. The National Health Amendment Bill will create space for the review of the powers and functions of both the National and Provincial Departments of Health; facilitate the establishment of an independent accreditation body for health facilities; and enable the review of the current position on the licensing of blood transfusion services. This Bill will be tabled before Parliament before September 2010. The Health Laws Amendment Bill will also be developed and tabled in Parliament in 2011. This Bill will cover all important amendments to all Acts administered by the National DoH, to ensure that existing legislation reflect the government's priorities, where they are found to be inconsistent with these. The Ministry of Health will also submit to Parliament the National Health Insurance Bill, which will create the legal framework for the implementation of National Health Insurance (NHI).

Through this legal framework, the governance of the national health system will be strengthened, to ensure that we have a single focus on a common set of goals, and that the system acts in unison at all levels.

Working collectively with the Deputy Minister and all 9 Provincial MECs for Health, I commit myself to provide the stewardship required to ensure the successful implementation of this Strategic Plan for 2010/11-2012/13.



DR. P. A. MOTSOLEDI, MP
MINISTER OF HEALTH
DATE: 25/02/2010

STATEMENT BY THE ACTING DIRECTOR-GENERAL



OVERVIEW OF PERFORMANCE IN 2009/10 AND PRIORITIES FOR 2010/11-2012/13

This Medium-Term Strategic Plan of the National Department of Health (DoH) sets out the planned performance of the Department during the period 2010/11-2012/13.

The National DoH remains firmly focused on the implementation of the 10 Point Plan for the health sector, which as the Minister has indicated, consists of the following priorities:

- i. Provision of Strategic leadership and creation of a social compact for better health outcomes;
- ii. Implementation of National Health Insurance (NHI);
- iii. Improving Quality of Health Services;
- iv. Overhauling the health care system and improve its management;
- v. Improving Human Resources Management, Planning and Development;
- vi. Revitalization of infrastructure;
- vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
- viii. Mass mobilisation for better health for the population;
- ix. Review of the Drug Policy; and
- x. Strengthening Research and Development.

The Department will also accelerate delivery on the four key areas expected from the health sector in the revised outcome-based Medium-Term Strategic Framework (MTSF) for 2009-2014 namely, increasing life expectancy; combating HIV and AIDS; decreasing the burden of diseases from Tuberculosis and improving Health Systems Effectiveness, and produce 20 outputs. These focal areas are consistent with the health related Millennium Development Goals (MDGs), which the United Nations (UN) expects nations of the world to attain by 2015.

A review of milestones attained in the execution of the 10 Point Plan during 2009/10, which was the first year of implementation, reflects that steady progress is being made in important areas.

Provision of Strategic Leadership and the Creation of a Social Compact for better Health Outcomes

The key thrust has been the governance of the national health system. The National Health Council, led by the Minister, has provided stewardship for health sector policy formulation. New policies were developed in several areas including HIV and AIDS – aimed at massively scaling up access to Antiretroviral Treatment (ART); integration of related health programmes; and placement of a moratorium of the acquisition of Information Communication Technology (ICT) until the finalisation of the ICT strategy. This will assist the health sector to channel its resources efficiently, based on an agreed strategy. In 2010/11, the Department will convene a National Consultative Health Forum, at which a social compact with South Africans about measures to improve health outcomes, including active community participation, will be adopted.

Introduction of the National Health Insurance (NHI)

A solid foundation is being laid for the introduction of National Health Insurance (NHI). A dedicated NHI technical support unit was also established within the Department to steer the implementation of NHI. A 27-member Ministerial Advisory Committee on NHI was established in terms of the National Health Act of 2003 in September 2009. NHI policy proposals were also presented to Cabinet. During 2010/11, NHI policy will be finalised and public consultations conducted. The proposed NHI legislation will be submitted to Cabinet and processed through Parliament.

Improving Quality of Health Services

Continuous efforts will be made to prepare health facilities for the implementation of National Health Insurance (NHI). This implies, amongst others, improving the quality of our health services, Health Information Systems and our Information and Communication Technology (ICT). A draft ICT strategy has been produced. The National Core Standards for health facilities, which were first produced in 2008, and used to assess 27 hospitals, were revised in 2009. These standards will be finalised in 2010/11, and used to audit 75% of health establishments by 2012/13. Quality improvement plans will be developed in 70% of all public sector facilities by 2012/13, focusing on improving six key areas namely: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes. A survey will also be commissioned in 2010/11 to assess waiting times in health facilities. By 2012/13, 90% of public sector hospitals will be conducting patient satisfaction surveys.

Overhauling the health care system and improving its management

The Department will over the next three years implement a two pronged approach to overhaul the health system. The first will entail refocusing the health system on primary health care. The second seeks to improve the functionality and management of the health system. The department will ensure that the health system is managed by appropriately trained and qualified managers. Initial focus will be on hospital Chief Executive Officers (CEOs), senior managers and district managers. Their skills and competencies will be assessed independently and where skills gaps are identified, appropriate training will be provided. Appropriate delegations will also be given to eligible managers. One of the Department's key objectives for 2010/11 is to improve budget and expenditure monitoring, and the provision of support to Provinces. A Financial Management Improvement Plan has been developed to improve audit outcomes in all Provinces and provide dedicated support to all Provinces. This is intended to enhance financial management and improve audit outcomes.

Improving Human Resources Planning, Development and Management

During 2009/10, an agreement was reached in the bargaining council about the implementation of Occupation Specific Dispensation (OSD) for medical doctors, dentists, pharmacists and Emergency Medical Services (EMS) personnel. During 2010/11-2012/13, the Department will do even more to

strengthen Human Resources (HR) Planning, Development and Management. The review of the current Framework for HR Planning will be completed, and a revised and updated HR Plan will be produced. This will be informed by the needs of the country, as well as our capacity to produce health professionals. The Department will also continue to support all Provinces to finalise and implement their HR Plans consistent with the National Plan. The policy framework on Community Health Workers will be finalised in 2010/11.

Revitalisation of infrastructure

The National DoH commenced with the development of a comprehensive National Infrastructure Plan, in conjunction with National Treasury. Key aspects of this process include: (i) a review of the available Hospital Revitalisation and Infrastructure Grant Plans to show the current financial backlog; (ii) collection and collation of information on the remaining facilities that are not part of these grants; (iii) assessment of the backlog of facilities that need major upgrades and minor repairs. A need also exists to improve the maintenance of health facilities. A strategy will be developed to meet the set maintenance target of 3-5% of the infrastructure budget.

During 2010/11 the department will focus on three areas of infrastructure revitalisation. These are: (i) accelerating the delivery of health infrastructure through Public Private Partnerships (PPPs) especially for the construction of the Tertiary Hospitals; (ii) Revitalising primary level facilities; and (iii) accelerating the delivery of Health Technology and Information Communication Technology (ICT) infrastructure.

Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases

Health programmes constitute the crux of service delivery to users of health services. Access to Antiretroviral Treatment (ART) was improved during 2009/10. By October 2009, a total of 939,722 patients had been initiated on ART, of which 83,454 were children. This compares favourably to October 2008, when only 630,775 patients had commenced with ART, of which 56,279 were children.

As the Minister has indicated, the health sector will over the next planning cycle introduce new policies and strategies to combat HIV and AIDS and TB. This is in line with the announcement made by the President of the Republic on World AIDS Day 01 December 2009.

Antiretroviral Treatment will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival. Access to Antiretroviral Treatment (ART) for people co-infected with TB and HIV will also be enhanced, with ART being initiated at a CD4 count of 350 or less. Through implementation of these policies, it is anticipated that between 400,000 and 550,000 new patients will be placed on treatment annually during 2010/11-2012/13. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS.

The provision of dual therapy to prevent mother to child transmission of HIV will also be strengthened. Primary prevention will also remain the mainstay of efforts to combat HIV and AIDS. Access to condoms at health facilities and non-clinical sites will be enhanced, and targeted behavior change strategies will be implemented. The South African National AIDS Council (SANAC) will continue to provide leadership over multisectoral interventions to provide care, support and treatment to people infected and affected by HIV and AIDS.

Mass mobilisation for better health for the population

The health sector will continue to ensure that children less than one year of age are fully vaccinated against Pneumococcal infection and Rotavirus. International evidence has shown this to be an effective intervention in ensuring child survival, together with other key strategies. The increased contribution

of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In South Africa, emerging evidence from empirical studies estimates that NCDs account for 11-13% of our BoD. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well co-ordinated intersectoral interventions to reduce intentional and unintentional injury.

Review of the Drug Policy

In terms of the drug supply and management system of the public health sector, the National DoH monitors ability of suppliers/tenderers to supply medicines. During 2009/10, a 12% stock out of the 45 Antiretroviral medicines (ARVs) on tender, measured in 9 provinces (405 items), and a 21.8% stock out of the 35 TB medicines on tender measured in 9 provinces (315 items) on tender were reported. Factors influencing drug stock outs included: financial constraints and insufficient budget allocation for pharmaceuticals at provincial level; suspension of accounts and suppliers not adhering to lead times. During 2009/10, the Department secured an additional R900 million from the national fiscus to support Provinces with the acquisition of ARVs, to ensure that patient care was not compromised. The Department will continue to support Provinces with accurate cost estimates for both ARVs and TB medicines.

Strengthening Research and Development

Two key objectives of the health sector for the next three years are to complete the South African Demographic and Health Survey (SADHS) 2010, as well as to initiate planning for the SADHS 2013. These national surveys which will provide reliable data on the health status of South Africans. Funding for this purpose has not been allocated from the national fiscus, and will be mobilised from other sources. The Department will also conduct the Annual National HIV and Syphilis Prevalence Surveys.

Conclusion

The health sector has started recording milestones towards the 10 Point Plan for 2009-2014. Key challenges remain, which were also outlined above, and which will be responded to in the interventions planned over the MTEF period. The Department's strategies for the planning and implementation cycle 2010/11-2012/13 are outlined in subsequent chapters of this Strategic Plan. Health and development are intricately linked. The goal of improving health outcomes and accelerating progress towards MDGs is not solely dependent on health sector interventions, but is equally determined by factors that lie outside the health sector, such as access to education, water and sanitation amongst others. Intersectoral action is required to accelerate progress towards achievement of the health-related MDGs.



DR. K.S. CHETTY
ACTING DIRECTOR-GENERAL
DATE: 24/02/2010

1

MISSION, VISION AND LEGISLATION

1.1 VISION

An accessible, caring and high quality health system

1.2. MISSION

To improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

1.3. HEALTH LEGISLATION

Legislation governing the functioning of the Department is outlined below, with a brief description of their provisions

1.3.1. LEGISLATION FALLING UNDER THE MINISTER'S PORTFOLIO

- **Constitution of the Republic of South Africa Act, 108 of 1996**
Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.
- **National Health Act, 61 of 2003**
Provides for a transformed national health system for the entire Republic
- **Medical Schemes Act, 131 of 1998**
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Medicines and Related Substances Act, 101 of 1965**
Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.
- **Mental Health Care Act, 17 of 2002**
Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with emphasis on human rights for mentally ill patients.
- **Choice on Termination of Pregnancy Act, 92 of 1996 as amended**
Provides a legal framework for termination of pregnancies based on choice under certain circumstances.
- **Sterilization Act, 44 of 1998**
Provides a legal framework for sterilizations, also for persons with mental health challenges.

- **SA Medical Research Council Act, 58 of 1991**
Provides for the establishment of the SA Medical Research Council and its role in relation to health research.
- **Tobacco Products Control Amendment Act, 63 of 2008**
Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products as well as sponsoring of events by the tobacco industry.
- **National Health Laboratory Service Act, 37 of 2000**
Provides for a statutory body that provides laboratory services to the public health sector.
- **Health Professions Act, 56 of 1974 as amended**
Provides for the regulation of health professions, in particular, medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Pharmacy Act, 53 of 1974 as amended**
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Nursing Act, of 2005**
Provides for the regulation of the nursing profession.
- **Allied Health Professions Act, 63 of 1982 as amended**
Provides for the regulation of health practitioners like chiropractors, homeopaths and others, and for the establishment of a council to regulate these professions.
- **Dental Technicians Act, 19 of 1979**
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Hazardous Substances Act, 15 of 1973**
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 as amended**
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular, setting quality and safety standards for the sale, manufacturing and importation thereof.
- **Occupational Diseases in Mines and Works Act, 78 of 1973**
Provides for medical examinations on persons suspected of having contracted occupational diseases especially in mines and for compensation in respect of those diseases.
- **Council for Medical Schemes Levy Act, 58 of 2000**
Provides for a legal framework for the Council to charge medical schemes certain fees.
- **Academic Health Centres Act, 86 of 1993**
Provides for the establishment, management and operation of academic health centres.
- **Human Tissue Act, 65 of 1983**
Provides for the administration of matters pertaining to human tissue.

1.3.2. OTHER LEGISLATION IN TERMS OF WHICH THE DEPARTMENT OPERATES

- **Public Service Act, Proclamation 103 of 1994**
Provides for the administration of the public in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- **Promotion of Administrative Justice Act, 3 of 2000**
Amplifies the constitutional provisions pertaining to Administrative law by codifying it.
- **Promotion of Access to Information Act, 2 of 2000**
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- **Labour Relations Act, 66 Of 1996**
Regulates the rights of workers, employers and trade unions
- **Compensation for Occupational injuries and Diseases Act, 130 of 1993**
Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, for death resulting from such injuries or disease.
- **Basic Conditions of Employment Act, 75 of 1997**
Provides for the minimum conditions of employment that employers must comply with in their workplaces.
- **Occupational Health and Safety Act, 85 of 1993**
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **The Division of Revenue Act, 7 of 2003**
Provides for the manner in which revenue generated may be disbursed.
- **Skills Development Act, 97 of 1998**
Provides for the measures that employers are required to take improve the levels of skill of employees in workplaces.
- **Preferential Procurement Policy Framework Act, 5 of 2000**
Provides for the implementation of the policy on preferential procurement pertaining to historically disadvantaged entrepreneurs.
- **Employment Equity Act, 55 of 1998**
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **State Information Technology Act, 88 of 1998**
Provides for the creation and administration of an institution responsible for the State's information technology system.
- **Child Care Act, 74 of 1983**
Provides for the protection of the rights and well being of children.
- **The Competition Act, 89 Of 1998**
Provides for the regulation of permissible competitive behaviour, regulation of mergers of companies and matters related thereto.

- **The Copyright Act, 98 of 1998**
Provides for the protection of intellectual property of a literary, artistic musical nature that is reduced to writing.
- **The Patents Act, 57 of 1978**
Provides for the protection of inventions including the gadgets and chemical processes.
- **The Merchandise Marks Act, 17 of 1941**
Provides for the covering and marking of merchandise, and incidental matters.
- **Trade Marks Act, 194 of 1993**
Provides for the registration of, certification and collective trademarks and matters incidental thereto.
- **Designs Act, 195 of 1993**
Provides for the registration of designs and matters incidental thereto.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- **State Liability Act, 20 of 1957**
Provides for the circumstances under which the State attracts legal liability.
- **Broad Based Black Economic Empowerment Act, 53 of 2003**
Provides for the promotion of black economic empowerment in the manner that the State awards contracts for services to be rendered, and incidental matters.
- **Unemployment Insurance Contributions Act, 4 of 2002**
Provides for the statutory deduction that employers are required to make from the salaries of employees.
- **Public Finance Management Act, 1 of 1999**
Provides for the administration of State funds by functionaries, their responsibilities and the incidental matters.
- **Protected Disclosures Act, 26 of 2000**
Provides for the protection of whistle-blowers in the fight against corruption.
- **Control of Access to Public Premises and Vehicles Act, 53 of 1985**
Provides for the regulation of individuals entering government premises, and incidental matters.
- **Conventional Penalties Act, 15 of 1962**
Provides for the enforceability of penal provisions in contracts.
- **Intergovernmental Fiscal Relations Act, 97 of 1997**
Provides for the manner of harmonisation of financial relations between the various spheres of government, and incidental matters.
- **Public Service Commission Act, 46 of 1997**
Provides for the amplification of the constitutional principles of accountability governance, and incidental matters.

2 SITUATION ANALYSIS

2.1. DEMOGRAPHIC PROFILE

Mid-year estimates released by Statistics South Africa (StatsSSA) reflect that South Africa estimated total population grew from 46,586,607 in 2004 to 49,320,500 in 2009. Table 1 and Figure 1 below reflect the distribution of the population across the 9 Provinces.

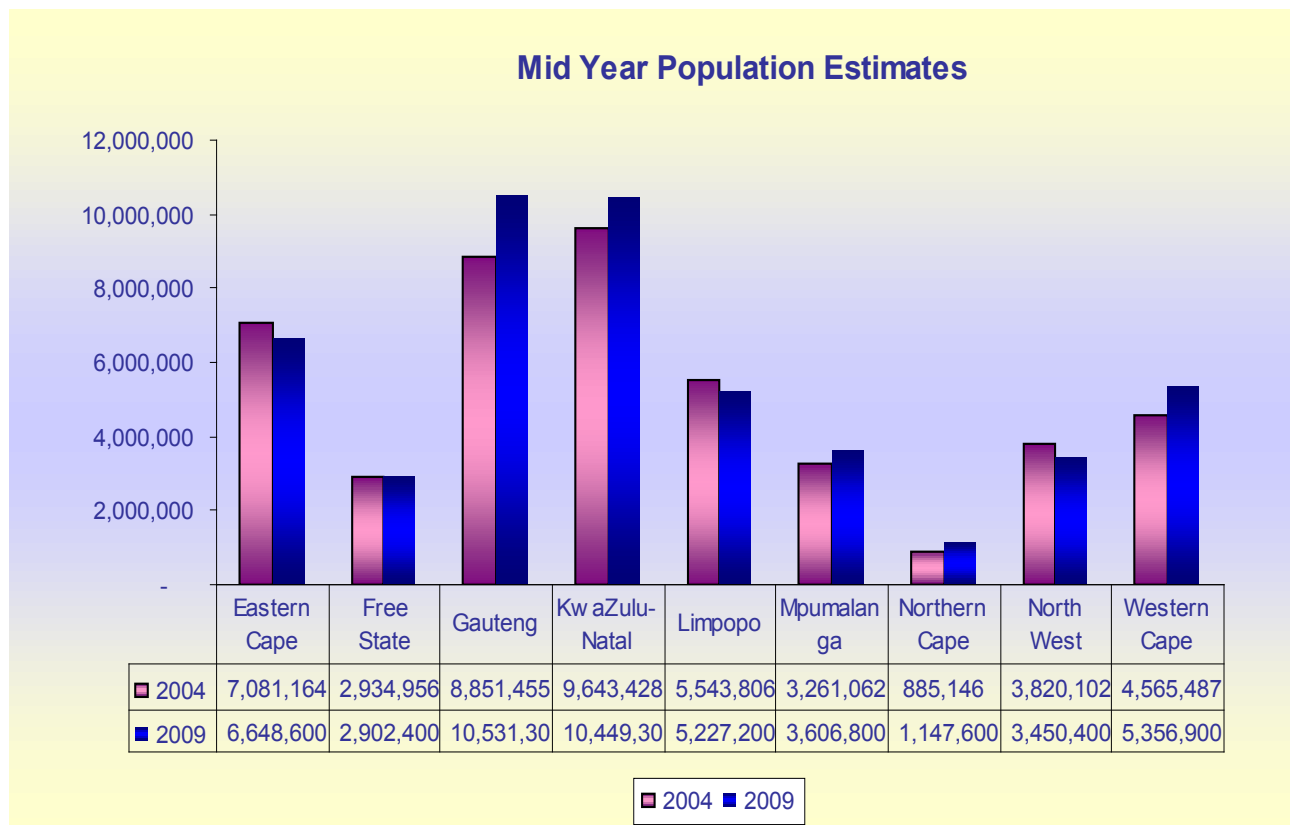
The lowest rates of population growth occurred in the North West (-9,7%) and Eastern Cape (-6,1%)

The Northern Cape experienced the highest rate of population growth of 29,7%, followed by Gauteng at 19,0% and the Western Cape Province at 17,3%.

Table 1: Mid-year populations Estimates 2004 and 2009

| PROVINCE | 2004 | 2009 | % CHANGE |
|---------------|------------|------------|----------|
| Eastern Cape | 7,081,164 | 6,648,600 | -6.1% |
| Free State | 2,934,956 | 2,902,400 | -1.1% |
| Gauteng | 8,851,455 | 10,531,300 | 19.0% |
| KwaZulu-Natal | 9,643,428 | 10,449,300 | 8.4% |
| Limpopo | 5,543,806 | 5,227,200 | -5.7% |
| Mpumalanga | 3,261,062 | 3,606,800 | 10.6% |
| North West | 3,820,102 | 3,450,400 | -9.7% |
| Northern Cape | 885,146 | 1,147,600 | 29.7% |
| Western Cape | 4,565,487 | 5,356,900 | 17.3% |
| Grand Total | 46,586,607 | 49,320,500 | 5.9% |

(Source: Statistics South Africa, mid-year population estimates, July 2009)

Figure 1: Mid-year populations Estimates 2004 and 2009

(Source: Statistics South Africa, mid-year population estimates, November 2009)

The key implications for planning are that access to health service must be expanded to ensure consistency with the population growth. This also has implications for resource allocations between Provinces, to consistently ensure equitable distribution.

2.2. DISTRIBUTION OF HEALTH FACILITIES

Population growth between 2004-2009 appears to have outstripped the availability of health facilities. For instance, the country's population per clinic is 13,718, which is inconsistent with the WHO norm of 10,000 people per clinic. This is reflected in Table 2 below. However, this analysis cannot be conclusive without reviewing the utilization rate of public health facilities. By the end of 2008/09, the PHC utilization rate in the country was 2,5 visits per person. The usable bed occupancy rates of hospital were: 65,2% at District Hospitals; 77,1% at Regional Hospital; 71,5% at Tertiary Hospitals and 69,2% at Central Hospitals. Except for Regional Hospitals, these utilisation rates were inconsistent with national targets.

Table 2: Distribution of Public Health Facilities in South Africa, 2009

| SOUTH AFRICA | NUMBER OF FACILITIES (2009) | POPULATION PER HEALTH FACILITY |
|----------------------------------|-----------------------------|--------------------------------|
| Clinic | 3595 | 13,718 |
| Community Health Centre | 332 | 148,553 |
| District Hospital | 264 | 186,817 |
| National Central Hospital | 9 | 5,479,966 |
| Provincial Tertiary Hospital | 14 | 3,522,835 |
| Regional Hospital | 53 | 930,560 |
| Specialised Psychiatric Hospital | 25 | 1,972,788 |
| Specialised TB Hospital | 41 | 1,202,919 |
| Grand Total | 4, 333 | |

Sources: *Statistics South Africa (StatsSA), Statistical Release P0302, Mid-Year Population Estimates, 2009 & District Health Information System (DHIS).*

2.3 ECONOMIC PROFILE

South Africa is regarded as a middle income country with a Gross Domestic Product (GDP) of \$277 billion. As reflected in Table 3, South Africa's GDP per capita was ranked third highest amongst 10 selected countries, following Brazil and Botswana.

Table 3: Gross Domestic Product (GDP) of selected developing countries

| COUNTRY | GDP (\$) 2008 ¹ | GDP per capita (\$) 2008 ¹ | |
|--------------|----------------------------|---------------------------------------|----|
| Brazil | \$ 1.61 trillion | \$ 8,400 | 1 |
| Botswana | \$ 13 billion | \$ 6,808 | 2 |
| SA | \$ 277 billion | \$ 5,685 | 3 |
| Angola | \$ 83.4 billion | \$ 4,627 | 4 |
| Namibia | \$ 8.56 billion | \$ 4,051 | 5 |
| Swaziland | \$ 2.62 billion | \$ 2,242 | 6 |
| India | \$ 1.22 trillion | \$ 1,068 | 7 |
| Lesotho | \$ 1.62 billion | \$ 804 | 8 |
| Afghanistan | \$ 10.2 billion | \$ 500 ² | 9 |
| Sierra Leone | \$ 1.95 billion | \$ 351 | 10 |

1. Source: World Bank: Development Indicator (2008)

2. Source: CIA World Factbook (2009 estimates)

2.4. HEALTH PROFILE

As reflected in Table 4 below, South Africa's GDP per capita is ranked third highest amongst the ten selected countries. However, South Africa's health outcomes are not always commensurate with this ranking.

In 2008, South Africa's GDP per capita was five times higher than that of India. However, the average life expectancy in India was much higher (64 years) than that of South Africa (53,5 years for males and

57,2 for females).

Table 4: GDP and Health Outcomes of selected countries

| COUNTRY | GDP (\$) 2008 ¹ | | LIFE EXPECTANCY ² | | CMR 2007 ² | | MMR 2005 ² | |
|--------------|----------------------------|----|--------------------------------------|----|-----------------------|----|-----------------------|----|
| | | | | | | | | |
| Brazil | \$ 8,400 | 1 | 72 | 1 | 21.7 | 1 | 110 | 1 |
| Botswana | \$ 6,808 | 2 | 50 | 5 | 39.7 | 2 | 380 | 3 |
| SA | \$ 5,685 | 3 | 50 53.5 Males** 57.2 Females** | 4 | 59 | 3 | 400 | 5 |
| Angola | \$ 4,627 | 4 | 42 | 9 | 158 | 8 | 1400 | 8 |
| Namibia | \$ 4,051 | 5 | 53 | 3 | 68 | 4 | 210 | 2 |
| Swaziland | \$ 2,242 | 6 | 40 | 10 | 90.9 | 7 | 390 | 4 |
| India | \$ 1,068 | 7 | 64 | 2 | 71.8 | 5 | 450 | 6 |
| Lesotho | \$ 804 | 8 | 42 | 7 | 83.5 | 6 | 960 | 7 |
| Afghanistan | \$500 ² | 9 | 44 | 6 | 257 | 9 | 1800 | 9 |
| Sierra Leone | \$ 351 | 10 | 42 | 8 | 261.8 | 10 | 2100 | 10 |

1. Source: World Bank: Development Indicators

2. Source: Unicef Statistics: <http://www.unicef.org/infobycountry/index.html>

**Source: StatsSA: Mid year population estimates 2009

Three important reports from Ministerial Committees were submitted to the Minister of Health during 2009/10. These were: (i) the Saving Mothers 2005-2007: Fourth Report on Confidential Enquiries into Maternal Deaths in South Africa, produced by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD); (ii) the First Report of the Committee on Morbidity and Mortality in Children under 5 Years (CoMMiC) and (iii) the National Perinatal Morbidity and Mortality Committee Report 2008.

The Saving Mothers' Report stated at the outset that CEMD systems are not epidemiological surveys such as the Demographic and Health Surveys or Burden of Disease Estimates, and could not report an accurate Maternal Mortality Ratio (MMR) for the country or Province. The Report also expressed concern that estimates of MMR in South Africa from different data sources varied from 150 per 100 000 live births; to 181-382 per 100 000 live births; to 240-400 per 100 000 live births and to 578 per 100 000 live births.

The Saving Mothers' Report indicated that the five major causes of maternal death had remained the same during 2005-2007 and 2003-2005, and these were: non-pregnancy related infections – mainly AIDS (43.7%), complications of hypertension (15.7%), obstetric haemorrhage (antepartum and postpartum haemorrhage; 12.4%), pregnancy related sepsis (9.0%) and pre-existing maternal disease (6.0%).

The Saving Mothers' Report also stated that 38,4% of the 4,077 maternal deaths reviewed were avoidable within the health care system. Key administrative weaknesses identified included poor transport facilities, lack of health care facilities and lack of appropriately trained staff. Avoidable factors associated with health care providers included failure to follow standard protocols and poor problem recognition and initial assessment.

The recommendations of the CEMD focused on four main areas of: knowledge development; quality of care and coverage of reproductive health services, establishing norms and standards and community involvement.

The First Report of the Committee on Morbidity and Mortality in Children under 5 Years (CoMMiC) estimated over 60,000 South African children between the ages of one month and five years

die each year. This translated into an under-five mortality rate for South Africa of between 57.6 and 94.7 deaths per 1,000 live births and an infant mortality rate of between 42.5 and 59.1 deaths per 1,000 live births. The CoMMiC indicated that these rates were highest in the Eastern Cape, KwaZulu-Natal, and Free State and lowest in the Western Cape, Gauteng and Northern Cape Province.

According to the CoMMiC, the major causes of childhood deaths were diarrhoeal disease, lower respiratory tract infections and perinatal conditions with HIV and AIDS and malnutrition contributing as both primary and underlying causes of child mortality. The CoMMiC recommended that clinical care be improved by strengthening the existing child survival programmes adopted by the National DOH including the Community Health Worker (CHW) programme, the Integrated Nutrition Programme; Expanded Programme on Immunisation; Prevention of Mother to Child Transmission (PMTCT); Integrated Management of Childhood Illnesses (IMCI); Essential Drug List (EDL); and 10 steps for the management of severe malnutrition. It further recommended that primary health care be strengthened by adopting and implementing the Household and Community component of IMCI (IMCI HHCC); introduction and roll out of standardized management and referral guidelines for general practitioners. Emergency referral and treatment capacity in all health facilities and districts should be strengthened through training in triage, assessment and resuscitation of critically ill children, and the development of suitable transport systems for the movement of critically ill children into and within the health system.

The National Perinatal Morbidity and Mortality Committee Report 2008 analysed data on perinatal and neonatal deaths from the District Health Information System (DHIS) and the national Perinatal Problem Identification Programme (PPIP). A perinatal death is that which occurs from 28 weeks of gestation (conception) to 7 days of life. A neonatal death is a death that occurs within the first 28 days (four weeks) of life. The Committee found that the PPIP database reflected 659,809 births and 25,060 perinatal deaths from 2244 sites, for the period 1st January 2006 to the 31st December 2007, which translated to 39,5% of all births in health institutions recorded in the DHIS. These were births and deaths that were recorded at all levels of health facilities, including PHC facilities namely Clinics and Community Health Centres; as well as District; Regional and Tertiary Hospitals.

The Committee found that the majority of births (59%) had occurred at CHC and district hospitals, and that most perinatal deaths had also occurred at these districts. The Committee classified circumstances surrounding mortality into non avoidable factors; possible avoidable factors and probable avoidable factors. 40% of deaths due to labour complications were classified as "probably avoidable" if appropriate action had been taken. The Committee found that the majority of recorded deaths had occurred at district hospitals; that the proportion of probably avoidable mortality was highest at these hospitals, and that the quality of intrapartum care was poorest at these hospitals.

The National Perinatal Morbidity and Mortality Committee Report 2008 made various recommendations, starting with the quality and comprehensiveness of DHIS data. The Committee stated that the DHIS must be supported to continue collecting data in healthcare facilities conducting births, as well as in its endeavours to improve quality of data collected.

The Committee also provided a set of 10 recommendations covering:

- i. Clinical skills improvement (especially strengthening skills of interns; midwives; nurses);
- ii. improving staffing, equipment and facilities;
- iii. implementation of national maternal and neonatal guidelines;
- iv. training and education;
- v. transport and referral routes;
- vi. normalization of HIV infection as a chronic disease;
- vii. improving postnatal care;
- viii. appointment of regional clinicians to establish, run and monitor evaluate outreach programmes for maternal and neonatal health;
- ix. auditing, monitoring and evaluation and

x. constant health messages must be conveyed to all understand by all.

Another key finding of significance to the public is that the National Perinatal Morbidity and Mortality Committee found that babies of pregnant women aged 17 years or less, and of pregnant women aged 35 years or more, had significantly higher perinatal mortality rates than women between the ages of 20 and 34 years. The Committee recommended that contraceptive use be promoted amongst the former age groups.

HIV and AIDS have played a major role in increasing the mortality rates of mothers and children. Avoidable factors within the health system are also a major contributor. A significant proportion of children died due to malnutrition, severe malnutrition and diarrhoeal diseases, which accentuates the imperative to address determinants of health that lie outside the health sector.

It is evident from the recommendations of the three committees that radical action is required from the health sector to strengthen the quality of maternal and child care.

3. OTHER KEY HEALTH INDICATORS

Table 5 below reflects other key health status indicators of the South African population.

Table 5: Key Health Status Indicators

| INDICATOR | INDICATOR VALUE |
|--|---|
| Life Expectancy at Birth | • 53,5 years for males (StatsSSA, 2009) |
| | • 57,2 years for males (StatsSSA,2009) |
| Child Mortality | • 69 per 1,000 |
| Maternal Mortality Ratio | • 400-625 per 100,000 |
| HIV Prevalence (amongst 15-24 year old pregnant women) | • 21,7% |
| HIV Incidence | • 1,3% |
| Percentage of eligible HIV positive women initiated on ART | • 30% |
| TB cases notified | • 341, 165 |
| TB Cure Rate | • 64% |
| Percentage of TB patients with MDR-TB | • 2% |

Sources: Presidency (2010): Improving Government's Performance, Developing the MTSF into a set of key outcomes with measurable outputs and agreed interventions; Statistics South Africa, Statistical releases P0302, Mid-year Population Estimates 2009

Chapters 3 and 4 outline interventions that the health sector will implement in 2010/11-2012/13 to improve the profile of all South Africans.

3

HEALTH SECTOR STRATEGIC FRAMEWORK: THE 10 POINT PLAN

3.1. THE 10 POINT PLAN

The health sector has adopted a 10 Point Plan for 2009-2014, which consists of the following priorities:

- i. Provision of Strategic leadership and creation of a Social Compact for better health outcomes;
- ii. Implementation of a National Health Insurance Plan (NHI);
- iii. Improving Quality of Health Services;
- iv. Overhauling the health care system and improve its management;
- v. Improving Human Resources Planning, Development and Management;
- vi. Revitalization of physical infrastructure;
- vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
- viii. Mass mobilisation for better health for the population;
- ix. Review of the Drug Policy;
- x. Strengthening Research and Development

Table 6 below provides the key activities that will be undertaken for each of the priority areas of the 10 Point Plan:

TABLE 6: KEY PRIORITIES AND ACTIVITIES, 2009-2014

| PRIORITY | KEY ACTIVITIES |
|---|--|
| 1. Provision of Strategic leadership and creation of Social compact for better health outcomes | <ul style="list-style-type: none"> • Ensure unified action across the health sector in pursuit of common goals • Mobilize leadership structures of society and communities • Communicate to promote policy and buy in to support government programs • Review of policies to achieve goals • Impact assessment and program evaluation • Development and implementation of a social compact • Grassroots mobilization campaign |
| 2. Implementation of National Health Insurance (NHI) | <ul style="list-style-type: none"> • Finalisation of NHI policies and implementation plan • Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation |
| 3. Improving the Quality of Health Services | <ul style="list-style-type: none"> • Improve service delivery in all 52 districts, with a special ephasis on 18 priority districts • Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation • Consolidate and expand the implementation of the Health Facilities Improvement Plans • Establish a National Quality Management and Accreditation Body |

| PRIORITY | KEY ACTIVITIES |
|---|---|
| <p>4. Overhauling the health care system and improving its management</p> <p>4.1 Refocus the Health System on Primary Health Care (PHC)</p> <p>4.2 Improve the functionality and management of the Health System</p> | <ul style="list-style-type: none"> • Develop and implement a national model for the delivery of health services based on the PHC approach • Scale up community-based promotive and preventive health service, and massively expand immunisation programmes: antenatal care; postnatal care; nutrition and school health services • Assess the qualification, skills and competencies of Hospital CEOs; Hospital Senior Managers and District Managers • Training managers in leadership, management and governance • Decentralization of management • Development and implementation of an accountability framework for the public and private sectors • Establish a management and leadership academy for health managers |
| <p>5. Improved Human Resources Planning, Development and Management</p> | <ul style="list-style-type: none"> • Refinement of the HR plan for health • Re-opening of nursing schools and colleges • Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals • Focus on training of PHC personnel and mid-level health workers • Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG) • Manage the coherent integration and standardisation of all categories of Community Health Workers |
| <p>6. Revitalization of physical infrastructure</p> <p>6.1 Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)</p> <p>6.2 Revitalise Primary level facilities</p> <p>6.3 Accelerate the delivery of Health Technology and Information Communication Technology (ICT) Infrastructure</p> | <ul style="list-style-type: none"> • Establish Public Private Partnerships, particularly for the construction and refurbishment of Tertiary Hospitals • Accept 13 new projects annually for delivery through the revised Hospital Revitalisation Project • Implement refurbishment and preventative maintenance of all hospitals • Complete the Audit of PHC infrastructure and services • Accelerate the delivery of infrastructure for primary level facilities • Implement refurbishment and preventative maintenance of all hospitals • Finalise and implement the Health Technology Strategy • Finalise and implement the ICT Strategy for the Health Sector |
| <p>7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases</p> | <ul style="list-style-type: none"> • Implement new HIV and AIDS policies and strategies announced on World AIDS Day, 01 December 2009 • Urgently strengthen programs against TB, MDR-TB and XDR-TB • Implement new PMTCT Guidelines |

| PRIORITY | KEY ACTIVITIES |
|--|---|
| 8. Mass mobilisation for the better health for the population | <ul style="list-style-type: none"> • Intensify health promotion programs • Place more focus on Maternal, Child and Women's Health • Place more focus on the programs to attain the Millennium Development Goals (MDGs) • Place more focus on non-communicable diseases and patients' rights, quality and provide accountability |
| 9. Review of drug policy: | <ul style="list-style-type: none"> • Complete and submit proposals and a strategy, with the involvement of various stakeholders • Draft plans for the establishment of a State-owned drug manufacturing entity |
| 10. Strengthen Research and Development | <ul style="list-style-type: none"> • Commission research to accurately quantify Infant mortality • Commission research into the impact of social determinants of health and nutrition • Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines |

3.2. KEY OUTPUTS FROM THE OUTCOME-BASED MTSF 2009-2014

In keeping with the revised, outcome-based Medium Term Strategic Framework (MTSF) for 2009-2014, adopted by Cabinet in January 2010, the health sector will produce 20 key outputs and outcomes, which are outlined below:

- i. Increased Life Expectancy at Birth;
- ii. Reduced Child Mortality
- iii. Decreased Maternal Mortality Ratio;
- iv. Managing HIV Prevalence;
- v. Reduced HIV Incidence;
- vi. Expanded PMTCT Programme;
- vii. Improved TB Case Finding;
- viii. Improved TB outcomes;
- ix. Improved access to Antiretroviral Treatment for HIV-TB co-infected patients;
- x. Decreased prevalence of MDR-TB;
- xi. Revitalisation of Primary Health Care;
- xii. Improved Physical Infra-structure for Healthcare Delivery;
- xiii. Improved Patient Care and Satisfaction;
- xiv. Accreditation of health facilities for quality;
- xv. Enhanced Operational Management of Health Facilities;
- xvi. Improved access to Human Resources for Health;
- xvii. Improved Health Care Financing;
- xviii. Strengthened Health Information Systems (HIS);
- xix. Improved health services for the Youth
- xx. Expanded access to Home Based Care and Community Health Workers

These outcomes are consistent with the 10 Point Plan for 2010-2014

As reflected in Table 7, The 10 Point of the Health Sector for 2009-2014 incorporates the 20 priority areas of the outcome-based MTSF, as well as the Millennium Development Goals (MDGs). The 10 Point Plan remains the strategic framework of the health sector for producing the outcomes desired by all three sets of mandates. Other key interventions to improve health status include intersectoral collaboration with government departments responsible for key determinants of health such as education; water and sanitation and housing, as well as community participation.

Table 7: 10 Point Plan 2009-2014 and the outcome-based MTSF 2009-2014

| 10 POINT PLAN 2009-2014 | | DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014 |
|--|---|--|
| PRIORITIES | KEY ACTIVITIES | |
| 1. Provision of Strategic leadership and creation of Social compact for better health outcomes | <ul style="list-style-type: none"> • Ensure unified action across the health sector in pursuit of common goals • Mobilize leadership structures of society and communities • Communicate to promote policy and buy in to support government programs • Review of policies to achieve goals • Impact assessment and program evaluation • Development of a social compact • Grassroots mobilization campaign | <ul style="list-style-type: none"> • Revitalisation of the Primary Health Care approach • Enhanced Operational Management of Health Facilities |
| 2. Implementation of National Health Insurance (NHI) | <ul style="list-style-type: none"> • Finalisation of NHI policies and implementation plan • Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation • Finalise and implement an Information and Communication Technology (ICT) Strategy | <ul style="list-style-type: none"> • Improved Health Care Financing • Implementation of NHI • Strengthened Health Information Systems (HIS) |
| 3. Improving the Quality of Health Services | <ul style="list-style-type: none"> • Improve service delivery in all 52 districts, with a special emphasis on 18 priority districts • Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation • Consolidate and expand the implementation of the Health Facilities Improvement Plans • Establish a National Quality Management and Accreditation Body | <ul style="list-style-type: none"> • Improved Patient Care and Satisfaction • Accreditation of health facilities for quality |
| 4. Overhauling the health care system and improving its management | | |
| 4.1 Refocus the Health System on Primary Health Care (PHC) | <ul style="list-style-type: none"> • Develop and implement a national model for the delivery of health services based on the PHC approach • Scale up community-based promotive and preventive health service, and massively expand immunisation programmes: antenatal care post | <ul style="list-style-type: none"> • Revitalisation of the Primary Health Care approach • Enhanced Operational Management of Health Facilities |

| 10 POINT PLAN 2009-2014 | | DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014 |
|--|---|--|
| PRIORITIES | KEY ACTIVITIES | |
| <p>4.2 Improve the functionality and management of the Health System</p> | <ul style="list-style-type: none"> Assess the qualification, skills and competencies of Hospital CEOs; Hospital Senior Managers and District Managers Training managers in leadership, management and governance Decentralization of management Development and implementation of an accountability framework for the public and private sectors Establish a management and leadership academy for health managers | <ul style="list-style-type: none"> Revitalisation of the Primary Health Care approach Enhanced Operational Management of Health Facilities |
| <p>5. Improved Human Resources Planning, Development and Management</p> | <ul style="list-style-type: none"> Refinement of the HR plan for health Re-opening of nursing schools and colleges Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals Focus on training of PHC personnel and mid-level health workers Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG) Manage the coherent integration and standardisation of all categories of Community Health Workers | <ul style="list-style-type: none"> Improved access to Human Resources for Health |
| <p>6. Revitalization of physical infrastructure</p> | | <ul style="list-style-type: none"> Improved Physical Infrastructure for Healthcare Delivery |
| <p>6.1 Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)</p> | <ul style="list-style-type: none"> Establish Public Private Partnerships, particularly for the construction and refurbishment of Tertiary Hospitals Accept 13 new projects annually for delivery through the revised Hospital Revitalisation Project Implement refurbishment and preventative maintenance of all hospitals | |
| <p>6.2 Revitalise Primary level facilities</p> | <ul style="list-style-type: none"> Complete the Audit of PHC infrastructure and services Accelerate the delivery of infrastructure for primary level facilities Implement refurbishment and preventative maintenance of all hospitals | |
| <p>6.3 Accelerate the delivery of Health Technology and Information Communication Technology (ICT) Infrastructure</p> | <ul style="list-style-type: none"> Finalise and implement the Health Technology Strategy Finalise and implement the ICT Strategy for the Health Sector | |

| 10 POINT PLAN 2009-2014 | | DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014 |
|---|---|--|
| PRIORITIES | KEY ACTIVITIES | |
| 7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases | <ul style="list-style-type: none"> • Implement new HIV and AIDS policies and strategies announced on World AIDS Day, 01 December 2009 • Urgently strengthen programs against TB, MDR-TB and XDR-TB • Implement new PMTCT Guidelines | <ul style="list-style-type: none"> • Managing HIV Prevalence; • Reduced HIV Incidence; • Expanded PMTCT Programme; • Improved TB Case Finding; • Improved TB outcomes; • Improved access to Antiretroviral Treatment for HIV-TB co-infected patients; • Decreased prevalence of MDR-TB • Expanded access to Home Based Care and Community Health Workers |
| 8. Mass mobilisation for the better health for the population | <ul style="list-style-type: none"> • Place more focus on the programs to attain the Millennium Development Goals (MDGs) • Intensify health promotion programs • Place more focus on Maternal, Child and Women's Health • Place more focus on non-communicable diseases and patients' rights, quality and provide accountability | <ul style="list-style-type: none"> • Increased Life Expectancy at Birth • Reduced Child Mortality • Decreased Maternal Mortality Ratio • Improved health services for the Youth • Expanded access to Home Based Care and Community Health Workers |
| 9. Review of drug policy: | <ul style="list-style-type: none"> • Complete and submit proposals and a strategy, with the involvement of various stakeholders • Draft plans for the establishment of a State-owned drug manufacturing entity | <ul style="list-style-type: none"> • Improved Patient Care and Satisfaction • Accreditation of health facilities for quality • Enhanced Operational Management of Health Facilities |
| 10. Strengthen Research and Development | <ul style="list-style-type: none"> • Commission research to accurately quantify Infant mortality • Commission research into the impact of social determinants of health and nutrition • Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines | <ul style="list-style-type: none"> • Enhanced Operational Management of Health Facilities • Strengthened Health Information Systems (HIS) |

Table 8 below reflects the 2009 baselines and 2014/15 targets for the 20 outputs entailed in the outcome-based MTSF.

TABLE 8: HEALTH SECTOR OUTPUTS 2009-2014: INDICATORS; BASELINES AND OUTPUTS

| INDICATOR | BASELINE 2009 | TARGET 2014/15 |
|--|--|--|
| Life Expectancy at Birth | <ul style="list-style-type: none"> 53.9 years for males (StatsSSA, 2008) 57,2 years for females (StatsSSA, 2008) | <ul style="list-style-type: none"> 58-60 years |
| Child Mortality | <ul style="list-style-type: none"> 69 per 1,000 live births | <ul style="list-style-type: none"> 30-45 per 1,000 live births |
| Maternal Mortality Ratio | <ul style="list-style-type: none"> 400-625 per 100,000 live births | <ul style="list-style-type: none"> 100 per 100,00 live births |
| HIV Prevalence (amongst 15-24 year old pregnant women) | <ul style="list-style-type: none"> 21,7% | <ul style="list-style-type: none"> Not Applicable |
| HIV Incidence | <ul style="list-style-type: none"> 1,3% | <ul style="list-style-type: none"> 0,6% |
| Mother to child transmission rate of HIV | <ul style="list-style-type: none"> 10% | <ul style="list-style-type: none"> 0% - < 5% |
| Percentage of eligible HIV positive women initiated on ART | <ul style="list-style-type: none"> 37% | <ul style="list-style-type: none"> All eligible pregnant women to be initiated on ART at a CD4 count of <350 or WHO stage III or IV |
| TB cases notified | <ul style="list-style-type: none"> 341, 165 | <ul style="list-style-type: none"> 175,000 |
| TB Cure Rate | <ul style="list-style-type: none"> 64% | <ul style="list-style-type: none"> 85% |
| Percentage of HIV-TB co-infected patients who are on ART | <ul style="list-style-type: none"> 30% | <ul style="list-style-type: none"> 100% |
| PHC service delivery model completed | <ul style="list-style-type: none"> Strategy for accelerating progress towards health related MDGs through strengthening PHC developed | <ul style="list-style-type: none"> Health service delivery model based on the PHC approach developed |
| Percentage of health facilities accredited for quality | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> 25% of health facilities accredited annually |
| Patient Care and Satisfaction | <ul style="list-style-type: none"> 87,5% | <ul style="list-style-type: none"> 90% |
| Improved access to Human Resources for Health | <ul style="list-style-type: none"> Human Resources for Health (HRH) Plan produced | <ul style="list-style-type: none"> Revised HRH Plan produced, which reflects an appropriate balance between health professionals and administrative personnel; re-introduces key PHC workers such as Infection Control Officers; Environmental Health Practitioners. Monitor vacancy rates in the public sector on a quarterly basis |
| Improved Health Care Financing | <ul style="list-style-type: none"> Creation of national Health Insurance commenced | <ul style="list-style-type: none"> NHI policy finalised and implemented |
| Strengthened Health information systems (HIS); | <ul style="list-style-type: none"> Draft e-Health Strategy produced | <ul style="list-style-type: none"> Finalise e-Health Strategy finalised and implemented |
| | <ul style="list-style-type: none"> National Indicator Dataset (NIDS) revised | <ul style="list-style-type: none"> Finalise new NIDS |
| Improved health services for the Youth and | <ul style="list-style-type: none"> Strategy to improve health levels of the youth population segments developed | <ul style="list-style-type: none"> Strategy finalised 70% of PHC facilities implementing Youth Friendly Services by 2014/15 |

| INDICATOR | BASELINE 2009 | TARGET 2014/15 |
|---|---|--|
| Expanded access to Home Based Care and Community Health Workers | <ul style="list-style-type: none">• Draft policy on Community Health Workers produced | <ul style="list-style-type: none">• Strategy for Home and Community-based Care (HCBC) developed• Policy on Community Health Workers finalised |

4

OUTLINE OF THE IMPLEMENTATION OF THE TEN POINT PLAN

4.1. PRIORITY 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES

(a) Ensure unified action across the health sector in pursuit of common goals

The Ministry of Health will assert stewardship over the entire National Health System (NHS), both the public and private sectors. The National Health Amendment Bill will be produced during 2010/11, which will achieve three objectives namely: the review of the powers and functions of both the National and Provincial Departments of Health; facilitate the establishment of an independent accreditation body for health facilities; and enable the review of the current position on the licensing of blood transfusion services. This Bill will be tabled before Parliament by September 2010. The Health Laws Amendment Bill will also be developed and tabled in Parliament in 2011. The Bill will cover all important amendments to all Acts administered by the National DoH, to ensure that existing legislation reflect the government's priorities, where they are found to be inconsistent with these.

Key reforms are required to transform the current health system into well oiled machinery that produces the desired health outcomes. The first is a return to Primary Health Care (PHC) as a fundamental approach to the delivery of health services. The White Paper for the Transformation of the Health System in South Africa, released by the democratic government in April 1997, espoused the PHC approach implemented through the District Health System (DHS). The second reform is to chart a new discourse on HIV and AIDS, which reflects an added sense of urgency in dealing with this pandemic, through a coherent and sustained programme of response.

To ensure coherence in health sector planning, an integrated national health plan will be produced annually, which outlines strategies for the implementation of the 10 Point Plan across the three levels of the health system. The Annual National Health Plan (ANHP) has been produced annually since 2007, in terms of the National Health Act of 2003. The key challenge that lies ahead is to complete the ANHP prior to commencement of the budget cycle, to inform resource allocation to the health sector. The priorities entailed in the integrated national health plan must provide the basis for the budget bid to National Treasury.

The health sector must also produce long-term plans, with a planning horizon of 10 years or longer, and which are aligned to the 10-Point Plan for 2009-2014.

As the health sector revises its HR Plans for 2010-2012, there will be a return to prominence of frontline cadres of health workers such as Community Health Workers; Environmental Health Officers, Infection control nurses; and other categories of mid-level workers.

(b) Mobilise leadership structures of society and communities

To strengthen consultation with leadership structures of society and communities, a National Consultative Health Forum (NCHF) will be held during the course of 2010, at which a social compact with South Africans to improve health outcomes will be adopted. The NCHF will include representatives from

Public Health Sector; the Private Health Sector; other Government Departments; Academic institutions; Research institutions; Community-based Organisations (CBOs); Non-Government Organisations (NGOs); Organised labour; and Faith based Organisations; International Development Partners, amongst others. Beyond 2010, the NCHF will be convened every 12 months, in keeping with the National Health Act of 2003. Amongst other objectives, the NCHF will monitor the implementation of the social compact. Provincial DoHs will also convene Provincial Health Consultative Fora.

Leadership structures of society and communities will also be strengthened. Training will also be provided to hospital board members to create capacity and enabling environment for them to perform their duties.

(c) Communicate to promote policy and buy in to support government programs

The Communication Strategy of the Ministry of Health will be finalised and disseminated to all key stakeholders. These will outline the mechanisms for regular interaction with the health leadership.

Opportunities will be provided to communities to articulate compliments and concerns, as well as their recommendations for improving health service delivery. This process will also assist in reviving grassroots participation in health service delivery, which was pervasive at the advent of democracy in 1994, but which subsequently subsided over time.

(d) Review of policies to achieve goals

Through the National Health Council (NHC), which is the highest decision making structure in the National Health System, health policies will continuously be reviewed to assess their impact on health care delivery. NHC will steadfastly monitor the performance of the health system at all levels, and investigate deviations from nationally adopted policies and programmes, and act swiftly to address these.

(e) Impact assessment and programme evaluation

External reviews of the implementation of health sector policies, plans and programmes will be commissioned at periodic intervals, and undertaken by academic institutions and independent research organisations. This will generate useful findings to inform planning and implementation. Internally, the impact of policy implementation will be reviewed through regular analysis of data from the District Health Information System (DHIS). The South African Demographic and Health Survey (SADHS) will be completed in 2010, and the survey report released in 2011. The SADHS 2010 will provide an assessment of the health status of South Africans, and draw comparisons with the SADHS 2003. During the current term of office of government, the SADHS 2013 will also be undertaken.

(f) Develop a Social Compact and Grassroots mobilization campaigns

The Department will also strengthen its relations with all its stakeholders, including grassroots structures. A policy framework on Community Health Workers (CHWs), as well as guidelines for the implementation of Home and Community-based Care (HCBC) will be finalised by the end of 2010/11.

4.2. PRIORITY 2: IMPLEMENTATION OF NATIONAL HEALTH INSURANCE

(a) Finalisation of NHI Policies and implementation plans

The South African health system is characterized by a dichotomy between the public and private health sectors. This is a paradigm of inequity. In 2008/09, expenditure in the public sector, which

serves about 86% of the population (41,9 million uninsured people) was estimated at R84 589 billion. Expenditure in the private sector, which serves 14,9% insured South Africans (7,3million people) was R113 181 billion. This figure included R77, 7 billion which was expenditure from medical schemes; medical insurance and employer private contributions, and R35 468 billion from out-of-pocket expenditure. A solid foundation is being laid for the introduction of National Health Insurance (NHI). Extensive technical work on the NHI was conducted during 2009/10. The NHI policy document was presented to Cabinet.

During 2010/11, the Department will submit to Cabinet the proposed NHI legislation. Continuous efforts will be made to render public health facilities NHI-ready, amongst others, through improving the quality of our health services, Health Information Systems and our Information and Communication Technology (ICT).

(b) Implementation of Immediate implementation of steps to prepare for the introduction of the NHI (e.g. Budgeting, Initiation of the drafting of legislation)

Creation of the necessary institutional and organisational structures to start implementing NHI have commenced. A dedicated NHI technical support unit was also established within the Department to steer the implementation of NHI. A 27-member Ministerial Advisory Committee on NHI was established in terms of the National Health Act of 2003 in September 2009.

4.3. PRIORITY 3: IMPROVING THE QUALITY OF HEALTH SERVICES

(a) Strengthen service delivery in all districts starting with 18 Priority Districts

Programmes of support for the 18 priority health districts, as well as an implementation plan were produced. An analysis of the District Health Plans of the 18 priority districts reflected adverse performance on key coverage; health systems performance; as well as outcome indicators. Concerted effort will be devoted to providing systematic support in all 52 health districts to improve service delivery in all health districts, starting with the 18 priority districts.

(b) Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation

Several measures will be implemented to improve Quality of Care. A revised set of core standards was produced in 2009, building on the initial version produced in 2008 and used to assess the functioning of 27 hospitals. The revised core standards will be finalized in 2010/11, and implemented over the next 3 years. Health facilities will produce Quality Improvement Plans (QIPs) focusing on six priority areas: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes. Annual patient satisfaction surveys will also be conducted in public sector hospitals.

(c) Consolidate and expand the implementation of the Health Facilities Improvement Plans

The production of Health Facility Improvement Plans which commenced in 2008/09 will be sustained over the next three years.

(d) Establish a National Quality Management and Accreditation Body

The legislative framework for the establishment of the National Quality Management and Accreditation Body has been developed, and will be finalised in 2010/11. The National Health Act of 2003 will be amended to provide for an independent accreditation body.

About 25% of health facilities will be assessed annually, and accreditation will be granted to those that meet required quality standards.

4.4. PRIORITY 4: OVERHAULING THE HEALTH CARE SYSTEM AND IMPROVING ITS MANAGEMENT

(a) Refocusing the Health System on Primary Health Care

The Primary Health Care (PHC) approach is endorsed in key policy documents of the health sector as the strategic approach for ensuring an accessible, affordable, acceptable, equitable and efficient health system, with full community participation and intersectoral collaboration. However, uneven progress has been made with the implementation of PHC across the country.

An urgent need exists to revitalize PHC and to develop a model for the delivery of health services based on the PHC approach in South Africa. In 2009, the National DoH commissioned the development of a strategy for accelerating progress towards health related MDGs through strengthening PHC and DHS, which was produced. Key interventions to be implemented during 2010/11-2012/13 to revitalise PHC include: (i) producing a PHC-oriented service delivery model for South Africa; (ii) establishing PHC Teams in each District to improve access to health care; (iii) completing the audit of Primary Level Services and infrastructure (iv) establishing Governance structures for all health facilities; (v) improving the resource allocations for Primary Level health services; and (vi) finalising Provincial legislation governing the functioning of the District Health System.

To strengthen the decentralised management of health districts for local accountability, the health sector will ensure that District Management Teams (DMTs) are established in all 52 Districts, and that all Districts establish District Health Councils. Delegations for District Health Managers will also be finalised.

(b) Improving the functionality and management of the Health System

The health system will be overhauled to ensure that it is managed by appropriately trained and qualified managers. Initial focus will be on hospital Chief Executive Officers (CEOs); senior hospital managers and District Health Managers. The Development Bank of Southern Africa (DBSA) has been commissioned to assess their skills and competencies. Where skills gaps are identified, appropriate training will be provided. Appropriate delegations will also be given to eligible hospital managers.

In the last three years, more than 220 Hospital CEOs have enrolled in Hospital Management Training Programmes at the Universities of the Witwatersrand (WITS) and KwaZulu-Natal (KZN). These training programmes will be expanded to senior managers in all 400 hospitals in the next 3 years.

(c) Development of an accountability framework for the public and private sectors

The Department will collaborate with various stakeholders to develop an accountability framework for the health sector.

The Department will also enforce compliance of private and public establishments and agencies with national legislation and regulations. The National Core Standard for Quality will be applicable to both the public and private health sectors, and measures will be implemented to ensure compliance.

(d) Identify existing constitutional and legal provisions to unify the public health service; and draft proposals for legal reform

The National Health Amendment Bill will be produced to review the powers and functions of both the

National and Provincial Departments of Health. This legislation will be submitted to Cabinet in 2010. The National Department will also implement measures to reduce a proclivity towards 'federalism' in the public health sector and ensure that it functions coherently and in unison, as a single national health system envisaged in the National Health Act of 2003.

A process of organisational review and design will also be implemented, to ensure that structures of the public sector reflect the new mandate and priorities, particularly the 10 Point Plan for 2009-2014.

4.5. PRIORITY 5: IMPROVED HUMAN RESOURCES PLANNING, DEVELOPMENT AND MANAGEMENT

(a) Refinement of the Human Resources Plan for Health

A framework for the development of the revised National HRH Plan was produced in 2009. A Ministerial Committee or Working Group will be established during 2010 to guide the development of a new HRH Plan for South Africa. The revised HRH Plan to be produced by the end of 2010/11 will quantify the country's needs for health care workers, and specify training targets for the future.

(b) Re-opening of Nursing Schools and Colleges

The health sector will finalise the Audit of Nursing Schools and Colleges conducted in 2009, including costing of resources for recapitalisation. The sector will also strive to mobilise the resources required for recapitalising nursing schools and colleges for expanded production of nurses.

(c) Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals

The revised Human Resource Health Plan which will be produced during 2010/11 will also reflect comprehensive strategies for the recruitment and retention of health professionals; including urgent collaboration with countries that have excess of these professionals, as well as strategies to strengthening the training platform.

Following on the implementation of an Occupational Specific Dispensation (OSD) for nurses in the Public Service, an agreement was signed in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) on 7 August 2009 to give effect to the implementation of an OSD for medical doctors, dentists, medical and dental specialists, pharmacist assistants, pharmacists and emergency medical services personnel. A proposal for the establishment of an OSD for diagnostic, therapeutic and related allied health professionals was also tabled by the Employer in the PHSDSBC for implementation with effect from 1 July 2009 once an agreement has been reached with the labour unions.

A new policy for the recruitment and employment of foreign health professionals in view of various international recruitment protocols and SADC and AU agreements, and also to ensure that the employment of foreign health professionals do not prejudice health services in developing countries, was approved by the NHC in February 2010.

(d) Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG)

In 2009, a Health Sciences Review Committee established by the DoH and Department of Higher Education examined the utility of the Health Professions Training and Development Grant (HPTD) and

completed a series of investigations into the costs of maintaining current trends in the system, along with scenarios and costs of enrolment growth, using medicine as a tracer profession. Preliminary results of the study were released. Over the next planning cycle, a policy and funding mechanisms for the development of health professionals and delivery of tertiary hospital services will be presented to the National Health Council for adoption and implementation across Provinces.

(e) Manage the coherent integration and standardisation of all categories of Community Health Workers

A Draft Community Health Worker (CHW) Policy was produced in collaboration with National Departments of Social Development and Treasury. This policy will be finalized in 2010/11. Training curriculum and conditions of service of 60,000 CHWs should be standardized across the 9 Provinces during the next MTEF period.

4.6. PRIORITY 6: REVITALIZATION OF INFRASTRUCTURE

(a) Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)

The National DoH will accept 2 projects per province per year (18 projects) for inclusion in the Hospital Revitalisation Programme (HRP) programme. Thirteen of these will be implemented through the revised HRP and five through Public Private Partnerships (PPPs). The National Infrastructure Plan will be used as a database as it will contain data on the backlogs of primary to tertiary health facilities, to inform the funding needs.

(b) Revitalise Primary Level Facilities

The development of a National Infrastructure Plan started in 2009/10. This plan will be completed in 2010/11, and implemented to fast-track the delivery of new health facilities with emphasis on primary level facilities. This process will be informed by the outcomes of the audit of primary health care infrastructure and services.

(c) Accelerate the delivery of Health Technology and Information Communication Technology

The Department will develop and implement a National Health Technology Strategy. Improvement of health technology maintenance as a means to ensure safety will be prioritized. An audit of Essential Equipment will be completed in all 9 Provinces, and an Audit Report produced. Findings of this audit will inform the finalization of the National Health Technology Strategy.

An Information Communication Technology strategy will also be finalised and implemented.

(d) Urgent implementation of refurbishment and preventative maintenance of all health facilities

A process of data collection commenced in 2009/10 to determine the health facilities maintenance baseline. The aim is to achieve a 3-5% expenditure on preventative health facility maintenance. The health sector will also complete the audit of the capacity of Provinces to deliver infrastructure, with a view to further enhance capacity.

4.7. PRIORITY 7: ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS AND SEXUALLY TRANSMITTED INFECTIONS NATIONAL STRATEGIC PLAN AND THE INCREASED FOCUS ON TB AND OTHER COMMUNICABLE DISEASES

(a) Implementation of new HIV and AIDS and TB policies and strategies announced on World AIDS Day, 01 December 2009

HIV/AIDS and Tuberculosis continue to account for a significant burden of diseases in South Africa. WHO (2009) estimates that HIV and AIDS account for 41% of the Disability Adjusted Life Years (DALYs) in South Africa. The results of the National Antenatal HIV and Syphilis Survey for 2008 reflects a national HIV prevalence rate of 29,3%. While this figure reflects a stabilising epidemic, when viewed together with the 29,4% recorded in 2007, and the 29,1% prevalence recorded in 2006, the reality is that HIV prevalence in South Africa is still too high.

New policies and strategies will be implemented during 2010/11-2012/13 to combat the scourges of HIV and AIDS and Tuberculosis. All children less than 1 year of age who test positive for HIV will be initiated on treatment, irrespective of their CD4 count. Antiretroviral Treatment (ART) will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival. ART will also be provided to people co-infected with TB and HIV at a CD4 count of 350 or less. Pregnant women who do not qualify for full HAART will receive dual therapy for PMTCT from 14 weeks of pregnancy until post delivery. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS. Most importantly, HIV and AIDS and TB will be treated under one roof. The health sector with SANAC will lead a massive campaign to mobilise all South Africans to get tested for HIV and AIDS, and put in place measures to expand our response. This integration of services will also extend to the delivery of Antenatal Care and the Prevention of Mother to Child Transmission (PMTCT) of HIV.

In keeping with the National Strategic Plan for HIV and AIDS, and STIs, the health sector will strive to contribute to the efforts of SANAC to reduce the incidence of HIV by 50%, from 1,3% in 2008 to 0,6% in 2014/15. HIV prevalence will also be monitored, but no specific targets will be set given that the large numbers of patients on ARVs, prevalence will increase (due to people living longer). The key objective is to improve the quality of life and life expectancy of people living with AIDS.

The health sector will continue to implement the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT). By October 2009, 939, 722 patients were on ART treatment. Of these, 856,265 were adults and 83,454 were child patients. The health sector aims to place a total of between 400 000 and 550,000 South Africans living with AIDS on ART annually from 2010/11 to 2012/13. Most importantly, primary prevention will remain the mainstay of all efforts to combat HIV and AIDS.

(b) Urgently strengthen programs against TB, MDR-TB; XDR-TB and Malaria

The management of TB will be strengthened. A total of 3,000 health professionals will be trained annually in the management of TB. 2,500 non-health professionals (Community Care-Givers) will also be trained annually to support TB patients and to facilitate successful treatment completion.

In keeping with the outcome-based approach, the health sector will strive to achieve 5 key outcomes in TB management and control. These include: decreasing the number of TB from 341, 165 in 2008/09 to 175,000 in 2012/13; decreasing the TB defaulter rate from 7.9% in 2009 to $\leq 5\%$ in 2012/13; increasing the TB cure rate from 64% in 2007 to 80% in 2012/13; and decreasing the percentage of TB patients with MDR-TB.

The health sector will strive to reduce the incidence of local malaria transmission from 0.7 cases per 1000 population at risk in 2009 to 0.56 by 2012/13, by implementing diverse strategies such as ensuring optimal indoor spraying; definitive diagnosis of malaria cases; as well as effective malaria case management.

4.8. PRIORITY 8: MASS MOBILISATION FOR THE BETTER HEALTH FOR THE POPULATION

(a) Intensify Health Promotion Programmes

A draft National Integrated Health Promotion Strategy was produced in 2009, which aims to identify priorities for health promotion in the country, and to provide a mechanism for enhancing existing health promotion strategies and initiatives. Key elements of the strategy include creating supportive environments; developing personal skills on health promotion; building health public policies strengthening community participation securing infrastructure for health promotion; and mobilizing appropriate resources. The Health Promotion Strategy will be incorporated into all 9 Provincial Health Strategies, and implemented in all 52 Districts going forward.

The National Implementation Guidelines for promoting Healthy Lifestyles Programmes were also produced and disseminated. These guidelines identify 5 priority lifestyle programmes namely: tobacco control; physical activity, nutrition; preventing alcohol and substance abuse, and safer sexual practices. 52 districts across the country started implementing the guidelines.

(b) Strengthen programmes focusing on Maternal, Child and Women's Health

In keeping with the outcome-based approach, the set target is to reduce the Maternal Mortality Ratio from the estimated 400-625 per 100,000 in 2009 to 100 or less per 100,000 live births. Key interventions to achieve this include: (i) increasing access to health care facilities; (ii) increasing the percentage of pregnant women who book for antenatal care before 20 weeks gestation; (iii) increasing the percentage of mothers and babies who receive post-natal care within 3 days of delivery; (iv) increasing the percentage of maternity care facilities which review maternal and perinatal deaths and address identified deficiencies; and (v) enhancing the clinical skills of health workers and improve the use of clinical guidelines and protocols.

With regard to improving child health, the set target is to reduce child mortality from 69 per 1,000 in 2009 to 30-45 per 1,000 by 2014/15. Key interventions to achieve this include (i) increasing the percentage of infants requiring dual therapy for PMTCT who actually receive it; (ii) increasing the percentage of mothers and babies who receive post-natal care within 3 days of delivery; (iii) increasing the percentage of maternity care facilities which review maternal and perinatal deaths and address identified deficiencies; (iv) ensuring that 90% of children under 1 year of age are vaccinated with pneumococcal and rotavirus vaccines; (v) increasing the percentage of districts in which 90% of children are fully immunized at one year of age; (vi) increasing the proportion of Nurse Training institutions who teach the Integrated Management of Childhood Illnesses (IMCI); (vii) increasing the proportion schools which are visited by a School Health Nurse at least once a year; (viii) conducting health screening of learners in Grade 1 in Quintile schools for eyes, ears and teeth; (ix) and providing penicillin for prevention of rheumatic heart disease.

(c) Place more focus on the programs to attain the Millennium Development Goals (MDGs)

The health sector will continue with the implementation of the National Strategic Plan (NSP) for HIV and AIDS and Sexually Transmitted Infections (STIs) 2007-2011, which was adopted by the South African National AIDS Council (SANAC) in 2007, the NSP for Tuberculosis Management 2007-2011, also adopted in 2007. In addition the 5-year NSP for Maternal, Child and Women's Health (MCWH), will be finalised in 2009.

Successful implementation of these Strategic Plans three NSPs provide an important vehicle to steer the public health sector in South Africa towards attainment of the outcomes outlined above, namely reduction of childhood mortality by two-thirds by 2015, which is consistent with MDG4; reduction of maternal mortality by three-quarters (75%), which is consistent with MDG 5; as well as halting the

incidence of HIV and managing HIV prevalence, which is consistent with MDG 6.

A major challenge that faces the health sector is to increase life expectancy, from the 53,3 years males and 57,2 years for females in 2009/10 to 58-60 in 2014/15. To accelerate progress towards this goal, the health sector will implement diverse interventions including: (i) increasing the number of new patients initiated on Antiretroviral Therapy (ART); (ii) initiating people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD 4 count of 350 on ART (iii) strengthening the integrated TB Control Programme (iii) increasing the national average TB cure rate (iv) Implement co-ordinated intersectoral interventions to reduce intentional and unintentional injury (iv) Halting malaria transmission nationwide and prevent re-introduction of malaria in non-endemic areas (v) conducting ARV drug resistance baseline study; (vi) enhancing the implementation of the National Epidemic Preparedness and Response Plan in line with International Health Regulations.

(d) Place more focus on Non-Communicable Diseases

The increased contribution of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In South Africa, emerging evidence from empirical studies estimates that NCDs account for 11-13% of our BoD. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well co-ordinated intersectoral interventions to reduce intentional and unintentional injury.

To improve the management of Non-Communicable Diseases (NCDs), the Department will implement a long-term care model. The primary focus will be on hypertension and diabetes, but not to the exclusion of other NCDs. Particular focus will be placed on the implementation of the Diabetes Declaration and Strategy for Africa of 2006.

Co-ordinated intersectoral interventions will be implemented to reduce intentional and unintentional injury.

4.9. PRIORITY 9: REVIEW OF DRUG POLICY

The Review of the Drug Policy was completed in 2009/10. Over the next 3 years, the health sector aims to improve monitoring systems for drug supply and management, and ensure a zero stock out rate for essential medicines, including TB drugs and Anti-retroviral Treatment (ART).

4.10. PRIORITY 10: RESEARCH AND DEVELOPMENT

Two key objectives of the health sector for the next 3 years are to complete the South African Demographic and Health Survey (SADHS) 2010, as well as the SADHS 2013. These national surveys which will provide reliable data on the health status of South Africans. Infant and maternal mortality will be more accurately quantified. The Department will also conduct the Annual National HIV and Syphilis Prevalence Surveys.

The health sector will also commission research studies and surveys to generate key information for health planning, health service delivery and monitoring.

5

MEASURABLE OBJECTIVES, INDICATORS, TARGETS AND BUDGETS

5.1. INTRODUCTION TO THE DEPARTMENT'S BUDGET STRUCTURE

The organizational structure of the Department consists of 6 Branches and 6 corresponding budget programmes. These are: Administration; Strategic Health Programmes; Health Planning and Monitoring; Human Resources Development and Management; Health Service Delivery; and International Relations, Health Trade and Health Product Regulation.

Programme 1: Administration

Purpose: Administration provides overall management of the department and centralised support services.

Programme 2: Strategic Health Programmes

Purpose: Strategic Health Programmes coordinates, manages and funds strategic national health programmes and develops policies, systems, and norms and standards.

Objectives and measures

- Reduce infant, child and youth morbidity and mortality by improving immunisation coverage from 88 per cent in 2009/10 to 95 per cent by 2013; increasing the number of health districts with more than 95 per cent immunisation coverage from 38/52 (70 per cent) in 2009/10 to 48/52 (90 per cent) in 2009/10; ensuring that 85 per cent of primary health care facilities are saturated with health care providers trained in the Integrated Management of Childhood Illness 2012/13.
- Increase the tuberculosis cure rate from 64 per cent in 2008/09 to ≥ 80 per cent in 2012/13 by improving interventions for tuberculosis control and management and reducing the tuberculosis defaulter rate by 1 per cent annually, from 8.5 per cent in 2008/09 to 5.5 per cent (or less) in 2012/13.
- Decrease the malaria incidences per 1000 population at risk from 0,7 per cent in 2009/10 to 0,56% in 2012/13.

Programme 3: Health Planning and Monitoring

Purpose: Health Planning and Monitoring Programme plans and monitors health services and coordinate health research programmes.

Objectives and measures

- Improve information on population health and health services by doing the 2010 health and demographic survey.
- Monitor HIV and syphilis prevalence by doing the 2010 and 2011 national HIV survey and

publishing reports.

- Improve the quality of health services by developing and refining quality standards for the health sector; strengthening the national office of standards compliance and developing a national quality accreditation body by March 2012.
- Ensure a zero stock-out of antiretroviral medicines, tuberculosis medicines, malaria medicines, vaccines for immunisation, and medicines for the integrated management of childhood illness and chronic diseases by improving logistical systems by March 2012.
- Review drug policy especially on the procurement of medicines and the management of associated risks.

Programme 4: Human Resources Management and Development

Purpose: Human Resources Management and Development plans and co-ordinates human resources for the health sector

Objectives and measures

- Improve the human resource capacity in the health sector by: developing and publishing the revised national human resources for health plan by March 2012; strengthening human resource planning in all provinces by supporting the development of provincial human resource plans and training health professionals in new categories (mid-level workers) to support clinical service delivery during 2010/11.
- increase the number of student clinical associates in the training programme from 99 in 2009/10 to 180 in 2012/13.
- Increase access to Emergency Medical Services by increasing the number of colleges offering the ECT Programme from 8 in 2009/10 to 13 in 2010/11.
- Finalise the policy on community health workers by March 2010/11 to ensure coherent integration and standardisation of all categories of community health workers
- Recruit health professionals through specific agreements with countries that have an excess of these professionals.
- Finalise (in the Public Service Coordinating Bargaining Council) the implementation of the occupation specific dispensation for diagnostic, therapeutic and related allied health professionals in 2010.

Programme 5: Health Services

Purpose: The Health Services Programme supports health service delivery in provinces including in hospitals and districts; and strengthens emergency medical services and occupational health.

Objectives and measures

- Strengthen primary health care and identify needs and service gaps through an audit of primary health care services and infrastructure in all provinces by December 2010.
- Expand access to health infrastructure by developing a plan to add 18 hospitals to the hospital revitalisation project, to be delivered through public private partnerships.
- Improve the delivery of health services in the 18 priority districts by March 2012.

Programme 6: International Relations, Health Trade and Health Product Regulation

Purpose: International Relations, Health Trade and Health Product Regulation coordinates bilateral and multilateral international health relations including donor support, regulation of procurement of medicines and pharmaceutical supplies, and regulation and oversight of trade in health products.

- Strengthen co-operation on health matters with SADC countries by developing, implementing and monitoring bilateral and multilateral agreements with Tunisia, Congo Brazzaville; Mozambique, Zambia, Mali, Ethiopia, Cameroon, Zimbabwe, Burundi and Rwanda, including agreements on the recruitment of health workers from other countries and the exchange of technical capacity in fields such as health technology management and surveillance systems.
- Accelerate the registration of medicines every 5 years by implementing an electronic document management system for medicine registration by March 2011.
- Improve the regulation of medicines and health products by appointing a Ministerial Task Team in 2010 to assist with establishing the new South African Health Products Regulatory Authority; and developing legislation to support the establishment of the authority

EXPENDITURE TRENDS

| PROGRAMME | AUDITED OUTCOME | | | ADJUSTED APPRO-PRIORITATION | REVISED ESTIMATE | MEDIUM-TERM EXPENDITURE ESTIMATES | | |
|---|---------------------------------------|-----------------|-----------------|-----------------------------|------------------|-----------------------------------|-----------------|-----------------|
| | 2006/07 | 2007/08 | 2008/09 | | | 2009/10 | 2010/11 | 2011/12 |
| R' MILLION | | | | | | | | |
| Administration | 175.6 | 213.6 | 241.0 | 260.4 | 260.4 | 264.8 | 299.9 | 330.9 |
| Strategic Health Programmes | 2 658.8 | 3 096.3 | 4 129.5 | 5 791.3 | 5 791.3 | 7 294.9 | 8 774.4 | 10 147.6 |
| Health Planning and Monitoring | 301.3 | 309.1 | 342.1 | 396.4 | 396.4 | 406.9 | 426.1 | 454.2 |
| Health Human Resources Management and Development | 1 576.0 | 1 613.6 | 1 705.3 | 1 799.0 | 1 799.0 | 1 897.1 | 2 011.7 | 2 111.8 |
| Health Services | 6 566.7 | 7 465.8 | 8 949.9 | 10 086.1 | 10 086.1 | 11 528.8 | 12 083.5 | 12 681.7 |
| International Relations, Health Trade and Health Product Regulation | 59.7 | 64.3 | 96.6 | 90.2 | 90.2 | 104.5 | 112.4 | 118.5 |
| TOTAL | 11338.0 | 12 762.7 | 15 464.5 | 18 423.5 | 18 423.5 | 21 497.0 | 23 707.9 | 25 844.7 |
| | CHANGE TO 2009 BUDGET ESTIMATE | | | 1 365.4 | 1 365.4 | 1 883.0 | 2 845.1 | 3 944.3 |

Highlights of Expenditure Trends

For the 2010/11 MTEF period, the Department received additional allocations of R1.9 billion for 2010/11, R2.8 billion for 2011/12 and R3.9 billion for 2012/13, for spending on the following policy priorities, including transfers to public entities:

- HIV and AIDS conditional grant (R1.7 billion, R2.8 billion and R3.9 billion) to expand treatment, and to commence treatment for patients of specified subgroups (tuberculosis, antenatal and new born) at CD4 levels less than 350

- Hospital revitalisation conditional grant (R140 million for the Mitchell's Plain Hospital)
- Office of Standards Compliance (R2 million, R8 million and R18 million) for the hospital quality assurance programme to increase functioning and number of hospitals audited
- Establishment of a provincial finance and budget support unit (R2 million, R4 million and R6 million) to build up internal capacity to monitor and support provinces
- Stabilising personnel expenditure (R22 million, R24 million and R30 million)
- Addressing backlogs in forensic chemistry laboratories (R2 million, R3 million and R5 million)
- Developing a new hospital reimbursement mechanism linked with case mix (R1 million per annum over the MTEF period)
- Improving the conditions of service for employees in the department, including the National Health Laboratory Service and South African Medical Research Council.

PROGRAMME 1: ADMINISTRATION

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Administration Programme.

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICA-TORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---------------------------|---|--|--|---|--|--|--|--|--|
| STRATEGIC PLANNING | Provision of Strategic Leadership and creation of a Social Compact for better health outcomes | Support the development, implementation, monitoring and reporting on integrated health sector plans, which focus on National Health Systems (NHS) priorities (the 10 Point Plan) | Unified focus of the health sector on implementing, monitoring and reporting on NHS Priorities | Annual National Health Plan (ANHP) of the National Health System produced, focusing on NHS priorities | Annual National Health Plan produced each year of the planning cycle | Annual National Health Plan 2009/10 produced | Annual National Health Plan 2010/11 produced by the end of June 2010 | Annual National Health Plan 2011/12 produced by the end of June 2011 | Annual National Health Plan 2012/13 produced by the end of June 2012 |
| | | | Enhanced quality and alignment of Provincial Strategic Plans and Annual Performance Plans (APPs) with NHS Priorities | 9 Provincial APPs analysed and written feedback provided | 9 Provincial APPs analysed and written feedback provided | 9 Provincial APPs and Strategic Plans analysed | Written comments provided to all 9 provinces on the APPs for 2011/12 to 2013/14 in September 2010 and January 2011 | Written comments provided to all 9 provinces on the APPs for 2012/13 to 2014/15 in September 2011 and September 2012 | Written comments provided to all 9 provinces on the APPs for 2013/14 to 2015/16 in September 2012 and January 2013 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--------------------|---|---|--|---|---|------------------------------|---|---|---|
| STRATEGIC PLANNING | Provision of Strategic Leadership and creation of a Social Compact for better health outcomes | Support the development, implementation, and monitoring of long-term plans of the health sector | Long term plans of the Health Sector produced to inform medium term and short-term planning | 1 National and 9 Provincial STPs produced based on NHS priorities (10 Point Plan) | No of STPs produced | 9 Draft STPs produced | 1 National and 9 Provincial STPs finalised and aligned to the 10 Point Plan | National and Provincial STPs inform the development of APPs | National and Provincial STPs inform the development of APPs |
| | | Strengthen health planning in the 18 Priority Districts | Quality of the District Health Plans (DHPs) of the 18 Priority Districts and alignment with NHS priorities improved | DHPs of 18 Priority Districts reviewed annually and feedback | No of DHPs of 18 Priority Districts Health reviewed and written feedback provided | 18 DHPs | 18 DHPs | 18 DHPs | 18 DHPs |
| | Track the performance of Health System consistently and systematically | Enhanced performance of the Health System in keeping with Strategic Plans and APPs | 4 quarterly progress reports produced annually reflecting the performance of the National DoH on its Medium-Term Strategic Plans | No of progress reports produced annually | 4 quarterly reports produced | 4 quarterly reports produced | 4 quarterly reports | 4 quarterly reports | 4 quarterly reports |
| | | Strengthen the use of the project management approach in the health system | Projects managed according to the project management processes as described in the Project Management Body of Knowledge (PMIBOK) | 12 projects implemented in accordance with a project management approach by 2012/13 | No of projects implemented in accordance with a project management approach | 4 Projects | 8 projects | 10 projects | 12 projects |
| | | | 4 quarterly reports produced annually on the implementation of projects by the National and Provincial Departments of Health | No of consolidated reports on the implementation of projects | 4 quarterly reports | 4 quarterly reports | 4 quarterly reports | 4 quarterly reports | |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|--|--|--|---|--|---|---|---|
| <p>FINANCIAL SERVICES AND DEPUTY CFO</p> | <p>Overhauling the Health Care System and Improving its Management</p> | <p>Implement a turn around strategy for improving audit outcomes and reducing the concerns raised by the Auditor General</p> | <p>Improved financial management and budget control, in compliance with the Public Finance Management Act of 1999; Treasury Regulations and related Prescripts</p> | <p>National DoH obtaining an Unqualified Audit Opinion from the Auditor-General during 2010/11-2012/13</p> | <p>Audit opinion of the Auditor General: National DoH</p> | <p>Qualified</p> | <p>Unqualified</p> | <p>Unqualified</p> | <p>Unqualified</p> |
| | | | | <p>Financial Management Improvement Plan finalised and implemented in all Provinces</p> | <p>Project Plan accepted by the Technical Advisory Committee (TAC) of the National Health Council (NHC)</p> | <p>Project Plan accepted by the TAC of the NHC in October 2009</p> | <p>Financial Management Improvement Plan implemented in all 9 Provinces</p> | <p>Financial Management Improvement Plan implemented in all 9 Provinces</p> | <p>Financial Management Improvement Plan implemented in all 9 Provinces</p> |
| | | | | <p>All 9 Provincial DoHs obtaining an Unqualified Audit Opinion from the Auditor-General by March 2013</p> | <p>Audit opinion of the Auditor General: Provincial DoHs</p> | <p>1/9 Provincial DoHs with Unqualified Audit Opinions</p> | <p>4 Provincial DoHs with Unqualified Audit Opinions</p> | <p>6 Provincial DoHs with Unqualified Audit Opinions</p> | <p>9 Provincial DoHs with Unqualified Audit Opinions</p> |

| SUB-PRO-GRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---------------------------------------|--|---|--|---|---|---|---|--|----------------|
| LEGAL SERVICES AND LITIGATION CLUSTER | Provision of Strategic leadership and creation of social impact for better health outcomes | Prepare the National Health Amendment Bill for submission to Cabinet and Parliament | The Bill will facilitate the: (i) Creation of an independent accreditation body for health facilities (ii) Review of the current position on the licensing of blood transfusion services (iii) Review of the powers and functions of both the National and Provincial Departments | National Health Amendment Bill tabled in Parliament by September 2010 | National Health Amendment Bill passed by Parliament | National Health Act of 2003 promulgated | National Health Amendment Bill submitted to Cabinet for approval in April 2010 National Health Amendment Bill tabled in Parliament in September 2010 | | |
| | Overhauling the Health Care System and Improving its Management | Prepare the Health Laws Amendment Bill for submission to Cabinet and Parliament | The Bill will cover all important amendments to all Acts administered by the National Department of Health. The amendments will ensure that the existing Acts reflect the Government's priorities, where they are found to be inconsistent with these priorities | Health Laws Amendment Bill introduced in Parliament in 2011 | Health Laws Amendment Bill passed by Parliament | | Health Laws Amendment Bill submitted to Cabinet for approval in September 2010 | Health Laws Amendment Bill tabled in Parliament 2011 | |
| | Provision of Strategic leadership and creation of social impact for better health outcomes | Prepare the Health Laws Amendment Bill for submission to Cabinet and Parliament | The Bill will cover all important amendments to all Acts administered by the National Department of Health. The amendments will ensure that the existing Acts reflect the Government's priorities, where they are found to be inconsistent with these priorities | Health Laws Amendment Bill introduced in Parliament in 2011 | Health Laws Amendment Bill passed by Parliament | | Health Laws Amendment Bill submitted to Cabinet for approval in September 2010 | Health Laws Amendment Bill tabled in Parliament 2011 | |
| | Overhauling the Health Care System and Improving its Management | Prepare the Health Laws Amendment Bill for submission to Cabinet and Parliament | The Bill will cover all important amendments to all Acts administered by the National Department of Health. The amendments will ensure that the existing Acts reflect the Government's priorities, where they are found to be inconsistent with these priorities | Health Laws Amendment Bill introduced in Parliament in 2011 | Health Laws Amendment Bill passed by Parliament | | Health Laws Amendment Bill submitted to Cabinet for approval in September 2010 | Health Laws Amendment Bill tabled in Parliament 2011 | |

| SUB-PRO-GRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|---|--|---|---|------------------|--|--|----------------|
| LEGAL SERVICES AND LITIGATION CLUSTER | National Health Insurance (NHI) System introduced | Prepare the National Health Insurance Bill for submission to Cabinet and Parliament | The Bill will create a legal framework for National Health Insurance (NHI) | National Health Insurance Bill introduced in Parliament in 2011 | National Health Insurance Bill passed by Parliament | | National Health Insurance Bill submitted to Cabinet for approval in September 2010 | National Health Insurance Bill tabled in Parliament 2011 | |

| SUB-PROGRAMME | NHS PRIORITIES: (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|----------------------|--|--|--|--|--|---|---|--|--|
| COMMUNICATION | Provision of Strategic leadership and creation of social impact for better health outcomes | Develop a Communication Policy for the Health Sector, aligned to the 10 Point Plan for 2009-2014 Develop a Five-year Communication Strategy for the health sector, aligned to the 10 Point Plan for 2009-2014 | Effective communication practices implemented by all Health Communicators in Public Health Effective communication practices implemented by all Health Communicators in Public Health | Communication Policy approved by the National Health Council and disseminated by March 2011 Five-year Communication Strategy approved by the National Health Council and disseminated by March 2011 | Approved Communication Policy available Approved Five-year Communication Strategy available | None Draft Five-year Communication Strategy produced | Communication Policy approved National Health Council and published Five-year Communication Strategy approved by the National Health Council and published | Communication Policy implemented in all 9 Provinces Five-year Communication Strategy implemented in all 9 Provinces | Communication Policy evaluated and report produced Report on the review of the implementation of the Five-year Communication Strategy |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|--|--|--|--|---|---|---|---|---|
| NATIONAL DOH HUMAN RESOURCES MANAGEMENT | Overhauling the health system and improving its management | Review and redesign the organisational structure of the National DOH to enhance its capacity to implement the 10 Point Plan for 2009 - 2014 and the outcome-based MTSF | Enhanced capacity of the National DOH to deliver on the priorities of the 10 Point Plan for 2009 - 2014 and the outcome-based MTSF | Revised organisational structure of the National DOH completed by the end of 2010/11 | Approved revised organisational structure of the National DOH available | Organisational structure last reviewed in 2008/09 | Revised organisational structure approved by the Minister and implemented by the department | Revised organisational structure aligned to the budget structure of the department implemented, and capacity to deliver on the 10 Point Plan enhanced | Revised organisational structure aligned to the budget structure of the department implemented, and capacity to deliver on the 10 Point Plan enhanced |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11- 2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICA- TORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|---|---|--|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) SERVICES | Overhaul the Health System and improve its management | Improve the provision of Network services to NDOH by upgrading the current Network Operating System (NOS); replacing obsolete NOS and obsolete hardware and upgrading the Novell Linux platform | Improved network services and accessibility to NDOH users | 90% network uptime and accessibility achieved annually | Percentage availability of NDOH Network | 90% network availability | 90% network availability | 90% network availability | 90% network availability |
| | | Establish a stable and sustainable network connectivity | Improved connectivity to the transversal system. | 90% Transversal System availability achieved annually (Dependent on SITA & LOGIK support). | Percentage availability of transversal systems | 80% Transversal System availability | 90% Transversal System availability | 90% Transversal System availability | 90% Transversal System availability |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---------------------------|---|--|---|---|---|---|---|---|---|
| GENDER FOCAL POINT | Provision of Strategic leadership and creation of Social compact for better health outcomes | Conduct a gender audit for the National Department of Health to contribute towards Support all provinces in implementing the gender audit to contribute towards promoting women empowerment and gender equality | Gender responsive policies and programmes within the National DoH Gender responsive policies and programmes implementing the public health sector. | 4 Gender Audit Reports produced annually All 9 Provinces producing 4 quarterly Gender Audit Reports by 2012/13 | Number of Audit Reports produced Number of Provinces producing Quality Audit Reports | 4 Quarterly Audit reports 1 out of 9 provinces | 4 Quarterly Audit reports Annual Gender Audit Reports produced by 9 Provinces. | 4 Quarterly Audit reports 5 Provinces producing 4 Quarterly Gender Audit Reports | 4 Quarterly Audit reports 9 Provinces producing 4 Quarterly Gender Audit Reports |

EXPENDITURE ESTIMATES

TABLE: ADMINISTRATION

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------|-----------------|--------------|--------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Minister 1 | | | | 1.7 | | | 2.0 |
| | 0.9 | 1.0 | 1.1 | | 1.8 | 1.9 | |
| Deputy Minister 1 | | | | 1.4 | | | 1.7 |
| | 0.7 | 0.3 | 0.6 | | 1.5 | 1.6 | |
| Management | | | | 25.9 | | | 36.6 |
| | 16.4 | 19.7 | 22.9 | | 28.9 | 33.6 | |
| Corporate Services | | | | 184.9 | | | 231.8 |
| | 123.8 | 154.5 | 174.9 | | 181.0 | 207.5 | |
| Office Accommodation | | | | 46.5 | | | 58.8 |
| | 33.8 | 38.2 | 41.6 | | 51.6 | 55.3 | |
| Total | 175.6 | 213.6 | 241.0 | 260.4 | 264.8 | 299.9 | 330.9 |
| Change to 2009 Budget estimate | | | | 23.8 | 4.7 | 19.0 | 35.2 |

1. From 2008/09, the current payments relating to the total remuneration package of political office bearers are shown, before this, only salary and car allowance are included.

Administrative and other subprogramme expenditure may in addition include payments for capital assets as well as transfers and subsidies.

Economic classification

| | 171.3 | 206.1 | 218.5 | 252.0 | 257.7 | 291.8 | 322.4 |
|---|-------|-------|-------|-------|-------|-------|-------|
| Current payments | | | | | | | |
| Compensation of employees | 67.9 | 75.6 | 86.7 | 98.1 | 111.7 | 126.7 | 151.7 |
| Goods and services | 103.4 | 130.6 | 131.8 | 153.9 | 146.0 | 165.2 | 170.7 |
| <i>of which:</i> | | | | | | | |
| <i>Administrative fees</i> | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 |
| <i>Advertising</i> | 8.7 | 11.3 | 7.2 | 18.5 | 8.0 | 9.0 | 9.3 |
| <i>Assets less than the capitalisation threshold</i> | 0.9 | 0.7 | 0.5 | 2.2 | 0.6 | 0.7 | 0.7 |
| <i>Audit cost: External</i> | 5.8 | 5.4 | 12.7 | 7.0 | 14.0 | 15.9 | 16.4 |
| <i>Bursaries: Employees</i> | 0.5 | 0.5 | 0.5 | 0.9 | 0.6 | 0.7 | 0.7 |
| <i>Catering: Departmental activities</i> | 1.4 | 1.0 | 1.0 | 1.4 | 1.1 | 1.2 | 1.3 |
| <i>Communication</i> | 9.8 | 9.4 | 8.6 | 6.7 | 9.5 | 10.8 | 11.1 |
| <i>Computer services</i> | 2.4 | 8.0 | 4.8 | 5.2 | 5.3 | 6.0 | 6.2 |
| <i>Consultants and professional service: Business and advisory services</i> | 2.8 | 6.8 | 2.8 | 7.0 | 3.1 | 3.5 | 3.6 |
| <i>Consultants and professional service: Laboratory service</i> | – | 0.0 | – | – | – | – | – |
| <i>Consultants and professional service: Legal costs</i> | 3.6 | 5.8 | 7.2 | 7.6 | 8.0 | 9.0 | 9.3 |
| <i>Contractors</i> | 1.8 | 1.5 | 3.3 | 5.4 | 3.6 | 4.1 | 4.2 |
| <i>Agency and support / outsourced services</i> | – | – | 0.9 | 1.1 | 1.0 | 1.1 | 1.2 |
| <i>Entertainment</i> | 0.0 | 0.1 | 0.1 | 0.3 | 0.1 | 0.1 | 0.1 |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|--------------|--------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| <i>Inventory: Other consumables</i> | 0.3 | 0.2 | 0.4 | 0.7 | 0.5 | 0.5 | 0.5 |
| <i>Inventory: Stationery and printing</i> | 6.6 | 5.5 | 7.0 | 8.0 | 7.8 | 8.8 | 9.1 |
| <i>Lease payments</i> | 34.2 | 39.2 | 42.5 | 47.8 | 47.1 | 53.2 | 55.0 |
| <i>Property payments</i> | 1.0 | 0.2 | – | – | – | – | – |
| <i>Transport provided: Departmental activity</i> | 0.1 | 0.0 | – | 0.0 | – | – | – |
| <i>Travel and subsistence</i> | 18.5 | 29.1 | 28.5 | 24.0 | 31.6 | 35.7 | 36.9 |
| <i>Training and development</i> | 0.7 | 0.9 | 1.9 | 5.5 | 2.1 | 2.4 | 2.5 |
| <i>Operating expenditure</i> | 1.7 | 2.0 | 1.4 | 2.2 | 1.5 | 1.7 | 1.8 |
| <i>Venues and facilities</i> | 2.0 | 2.3 | 0.3 | 1.9 | 0.4 | 0.4 | 0.4 |
| Transfers and subsidies | 0.4 | 0.4 | 0.4 | 0.3 | 0.4 | 0.4 | 0.4 |
| Provinces and municipalities | 0.1 | – | – | – | – | – | – |
| Departmental agencies and accounts | 0.2 | 0.3 | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 |
| Households | 0.1 | 0.2 | 0.1 | – | – | – | – |
| Payments for capital assets | 3.9 | 7.0 | 22.0 | 8.1 | 6.8 | 7.7 | 8.0 |
| Buildings and other fixed structures | 0.3 | – | – | – | – | – | – |
| Machinery and equipment | 2.7 | 7.0 | 22.0 | 8.1 | 6.8 | 7.7 | 8.0 |
| Software and other intangible assets | 0.9 | 0.0 | – | – | – | – | – |
| Payments for financial assets | 0.1 | 0.0 | 0.1 | – | – | – | – |
| Total | 175.6 | 213.6 | 241.0 | 260.4 | 264.8 | 299.9 | 330.9 |

Details of selected transfers and subsidies

| | | | | | | | |
|--|------------|------------|------------|------------|------------|------------|------------|
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | 0.1 | – | – | – | – | – | – |
| Regional services council levies | 0.1 | – | – | – | – | – | – |
| Departmental agencies and accounts | | | | | | | |
| Departmental agencies (non-business entities) | | | | | | | |
| Current | 0.2 | 0.3 | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 |
| Service Sector Education and Training Authority | 0.2 | 0.3 | 0.3 | 0.3 | 0.4 | 0.4 | 0.4 |
| Households | | | | | | | |
| Social benefits | | | | | | | |
| Current | 0.1 | 0.2 | 0.1 | – | – | – | – |
| Leave gratuity | 0.1 | 0.2 | 0.0 | – | – | – | – |
| Leave gratuity | – | – | 0.0 | – | – | – | – |

PROGRAMMES 2. STRATEGIC HEALTH PROGRAMMES

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from Strategic Health Programmes.

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-----------------------------------|---|--|---|---|---|--|--|---|---|
| MATERNAL CHILD AND WOMEN'S HEALTH | Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases | Accelerate the provision of Cotrimoxazole prophylaxis to HIV exposed infants | Improved access to Cotrimoxazole to reduce infant and child morbidity and mortality due to HIV and AIDS | 70% of HIV exposed infants initiated on Cotrimoxazole prophylaxis from 6 weeks by 2012/13 | % HIV exposed infants initiated on Cotrimoxazole prophylaxis from 6 weeks | 50% | 60% | 70% | 80% |
| | | Implement PMTCT treatment guidelines | Reduction in maternal, infant and under 5 morbidity and mortality due to HIV and AIDS | 100% of pregnant women tested for HIV in all Maternal Care Facilities (Hospitals, CHC, PHC services) by 2012/13 | % pregnant women who are tested for HIV | 95% | 100% | 100% | 100% |
| | | Increase routine immunisation coverage for children under 1 year of age | Protection of children against vaccine preventable diseases | 90% of children <1 year of age fully immunised by 2012/13 | Percentage of fully immunised for children <1 year | 88% | 90% | ≥90% | ≥95% |
| | Mass mobilization for the better health for the population | Increase coverage of targeted children immunized with new vaccines | Protection of children against vaccine preventable diseases | Over 80% of targeted children immunized with new vaccines (PCV & RV) by 2012/13 | % targeted children immunised with the new vaccines | 40% | 60% | 75% | ≥80% |
| | | Conduct a national measles immunisation campaign in all 9 Provinces | Protection of children against measles | Measles campaign conducted in all 9 Provinces by end May 2010 | Measles campaign conducted in 9 Provinces | 91% measles coverage achieved in 2008/09 | Measles campaign conducted in all 9 Provinces end of May | Annual immunisation campaigns against polio; measles; rotavirus; and pneumonia conducted in all 9 Provinces | Annual immunisation campaigns against polio; measles; rotavirus; and pneumonia conducted in all 9 Provinces |
| | | Increase the proportion of mothers and babies reviewed within 6 days postnatally | Improved quality of postnatal care | 80% of mothers and babies reviewed within 6 days postnatally by 2012/13 | % mothers and babies reviewed within 6 days postnatally (Post discharge from health facilities) | 20% | 40% | 60% | 80% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-----------------------------------|--|---|--|---|--|---------------------------|------------------|----------------|----------------|
| MATERNAL CHILD AND WOMEN'S HEALTH | Mass mobilization for the better health for the population | Increase the proportion of maternity facilities conducting perinatal review meetings | Reduction in maternal, infant and under 5 morbidity and mortality | 100% of maternity facilities conducting monthly maternal and perinatal morbidity & mortality meetings | % of maternity facilities conducting perinatal review meetings by 2012/13 | 53% | 100% | 100% | 100% |
| | | Increase the proportion of primary level health facilities providing BANC | Improved quality of Antenatal Care (ANC) Services provided in primary level health care facilities | Basic Antenatal Care (BANC) implemented in 95% of primary level health care by 2012/13 | % of primary level health facilities providing BANC | 42% | 60% | 70% | 95% |
| | | Increase access to HAART for HIV positive pregnant women | Reduced mortality in HIV positive women | 100% of eligible HIV pregnant women placed on HAART by 2012/13 | % of pregnant women on HAART | 37% | 70% | 85% | 100% |
| | | Improve early diagnosis of HIV-exposed infants diagnosed early using DBS-PCR | Reduced mortality in HIV positive babies | 80% of HIV-exposed infants diagnosed early using DBS-PCR | % of HIV-exposed infants diagnosed early using DBS-PCR | 70% | 73% | 75% | 80% |
| | | Increase the proportion of primary level facilities in which health care providers are skilled in managing childhood illness | Reduced infant and child morbidity and mortality | 85% of primary level care facilities with IMCI trained health care providers by 2012/13 | Percentage of primary level care facilities with IMCI health care providers managing children | 70% | 75% | 80% | 85% |
| | | Improve access to quality care for women and children, by increasing the proportion of primary level care facilities with health care providers trained in Emergency Obstetric Care (EmOC) and CEmOC Comprehensive Emergency Obstetric Care (CEmOC) | Reduced infant and child morbidity and mortality | 70% of primary level care facilities with health care providers trained in EmOC and CEmOC | Percentage of primary level care facilities with health care providers trained in and EmOC and CEmOC | Baseline to be determined | 25% | 40% | 70% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 | |
|-----------------------------------|--|---|--|--|---|---------------------------------------|---|----------------|----------------|--|
| MATERNAL CHILD AND WOMEN'S HEALTH | Mass mobilization for the better health for the population | Facilitate implementation of Household and Community Component (HHCC) of the Integrated Management of Childhood Illnesses (IMCI) in all districts by March 2012 | Increased community and household involvement in securing and promoting the health of children | Household and Community Component of IMCI (HHCC) implemented in 52 of districts by 2011/12 | Number of districts where the HHCC services are provided | 31 | 36 | 42 | 52 | |
| | | Implementation of school health services in health sub-districts | Improved health care for school going children | 200 sub-districts implementing school health services by 2012/13 | Number of sub-districts implementing School Health Services | 60/232 | 100/232 | 150/232 | 200/232 | |
| | | Improve monitoring of prevention, diagnosis and management of birth defects | Improved diagnosis and management of birth defects by health care providers | 52 Districts with trained Human Genetics (HG) care Providers by 2012/13 | % districts with trained HG care providers | 33/52 | 40/52 | 45/52 | 52/52 | |
| | | Increase access to any Choice of Termination of Pregnancy (CTOP) services | Improved access for women to Choice of Termination of Pregnancy (CTOP) services | TOP implemented in 70% designated health care facilities by 2012/13 | % designated health facilities who provide TOP services | 30% | 40% | 50% | 70% | |
| | | Accelerate the implementation of Youth and Adolescent friendly Health services, (YFS) in all PHC facilities | Increase % of PHC facilities implementing YFS | 70% of PHC facilities implementing YFS by 2012/13 | % of PHC facilities implementing YFS | 41% | 50% | 65% | 70% | |
| | | Finalise Youth Health Strategy | Improved health status of young South Africans | Youth Health Strategy finalised by March 2011 | Youth strategy available | Draft Youth Strategy produced in 2009 | Youth Health Strategy finalised by March 2011 | | | |

| SUB-PRO-GRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | MEASURABLE OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET (2011/12) | TARGET (2012/13) |
|-----------------|---|--|--|--|---------------------------------------|--|---------------------------|---------------------------|-----------------------------|
| HIV & AIDS& STI | Accelerated implementation of HIV and AIDS strategic plan | Providing quality and appropriate package of treatment care and support to 80% of HIV positive people and their families | Improve access to ART treatment for adults | 1,450 million new adult patients initiated on ART by 2012/13 | New Adults initiated on ART (> 15yrs) | 380 000 new adults | 400 000 new adults | 500 000 new adults | 550 000 |
| | | | Improve access to ART treatment for children | 130 000 children | New children (0 to < 15yrs) | 38 000 new children | 40 000 new children | 45 000 New children | 45 000 New children |
| | | Development of the standardise peer education training programme | Introduce customised curricula to promote STI, PMTCT, HCT and consistent correct of condom usage | 10 400 peer educators trained in reproductive health issues and HIV by 2012/13 | Curriculum developed | Revise current guidelines to meet new requirements | Train 2000 peer educators | Train 3600 peer educators | Train 4, 800 peer educators |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | MEASURABLE OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET (2011/12) | TARGET (2012/13) |
|------------------|---|---|---|---|---|--|------------------|-------------------|------------------|
| HIV & AIDS & STI | Accelerated implementation of HIV and AIDS strategic plan | Provide CPT to co infected patients | Reduce morbidity and mortality due to HIV associated TB | 95% of TB/HIV co infected patients started on CPT by 2012/13 | % of TB/HIV co infected patients who start CPT | 71% | 80% | 90% | 95% |
| | | Provide IPT to people living with HIV (PLWHIV) | Prevention of progression of latent TB infection to active TB | 30% of eligible PLWHIV started on IPT by 2012/13 | % of TB/HIV co infected patients who start IPT | 10% | 40% | 60% | 80% |
| | | Preventing HIV in TB patients | Reduce prevalence of HIV in TB patients | 100% of TB patients counseled and tested for HIV by 2012/13 | % of TB patients tested for HIV | 73% | 90% | 100% | 100% |
| | | Facilitate the expansion of Step Down Care (SDC) facilities in District Hospitals from 93 in 2009 to 117 by 2012/13 | Improved quality of care for sub-acute patients | 117 SDC facilities established in districts by 2012/13 | No of SDC facilities in districts | 93 | 98 | 113 | 117 |
| | | Improve access to quality male and female condoms | Reduction in incidence of HIV and STIs | 1 billion male condoms distributed annually 22.5 million female condoms distributed during 2010/11-2012/13 | No of male condoms distributed No of female condom distributed | 365m as end Nov 2009 3m as end Nov 2009 | 1 billion 6m | 1 billion 7.5m | 1 billion 9m |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|----------------------------------|---|--|---|---|--|--------------------------------------|---|--|--|
| HIV & AIDS & STIs | Accelerated implementation of HIV and AIDS strategic plan | Facilitate the payment of nationally determined stipend to 47 937 community care givers by 2012 (as determined by framework) | Strengthening of community-based PHC services | 47 937 community care givers receiving stipends by March 2012 | Number of community care givers receiving stipends | 27 000 | 36 106 | 47 937 | 47 937 |
| | | Review and Finalise HCBC policy and guidelines to ensure access to comprehensive care by 2010/11 | Improved delivery of HCBC services | Final policy framework for HCBC and guidelines available by 2010/11 | Revised policy and guidelines approved and implemented | Draft policy and guidelines produced | Approved policy and guidelines implemented in all 9 Provinces | Approved policy and guidelines implemented in all 52 Districts | Approved policy and guidelines implemented in all 52 Districts |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUS | INDICATORS | BASELINE 2009/10 | TARGET 2010/11 | TARGET 2011/12 | TARGET 2012/13 |
|------------------------------|--|---|--|---|--|-------------------------------|--|--|----------------------|
| COMMUNICABLE DISEASE CONTROL | Provision of strategic leadership and creation of a social compact for better health outcome | Implement malaria elimination strategy | Reduction in malaria cases in endemic provinces | key strategies for malaria elimination effectively implemented | Malaria incidence per 1000 population at risk | 0.71 | 0.66 | 0.61 | 0.56 |
| | | Improve management of communicable diseases | Scale up communicable disease epidemic preparedness and response in line with the International Health Regulations | Development and implementation of IHR action plan for preparedness and response | IHR Action Plan in place | No action plan | 50% of the plan implemented (policy & guidelines on priority conditions developed) | 100% of the action plan implemented (Outbreak Response Teams established at all levels; training and capacity building conducted; and surveillance and data management systems in place) | Action Plan reviewed |
| | | | | Implementation of the Communicable Disease Control Strategic Plan for the 2010 Soccer World Cup | % implementation of the strategic plan for the World Cup | Draft strategic plan produced | 100% implemented during the World Cup | Action Plan reviewed | |

| SUB-PROGRAMME: | NHS PRIORITIES (10 POINT PLAN 2009-2014) | NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATOR | BASELINE | TARGET (2010-2011) | TARGET (2011-2012) | TARGET (2012-2013) |
|--|--|--|---|--|--|----------------------|----------------------|----------------------|----------------------|
| TUBERCULOSIS CONTROL AND MANAGEMENT | Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; Improving the quality of health services | Strengthen the implementation of the DOTS Strategy | Reduced number of new PTB cases | Decrease in number of new TB cases reported from 320,026 in 2009 to 150,000 in 2012/13 | Number of new TB cases reported | 320,026 ¹ | 405,512 ² | 290,256 ² | 175,000 ² |
| | | | Improved treatment outcomes | More than 80% of TB patients cured by 2012/13 | Cure rate | 64% ³ | 70% | 75% | ≥80% |
| | | | | Less than 5% of TB patients defaulting from treatment by 2012/13 | Default rate | 7.9% | 7% | 6% | 5% |
| | | | | More than 90% of patients successfully completing treatment by 2012/13 | Percentage of patients successfully completing their treatment | 75% ³ | 80% | 85% | 90% |
| | | | Improved implementation of TB & Drug Resistant TB guidelines by health facilities | 100% of health facilities appropriately implementing TB guidelines by 2011/12 | Percentage of PTB patients diagnosed with smear & culture ⁴ | 76% ⁵ | 90% | 100% | 100% |
| | Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; Improving the quality of health services | Strengthen the implementation of the DOTS Strategy | Improved implementation of TB & Drug Resistant TB guidelines by health facilities | 20/20 (100%) of health facilities appropriately implementing DR-TB guidelines by 2011/12 | Number of DR-TB facilities diagnosing & putting DR-TB patients on appropriate treatment regimen ⁶ | 5 ⁷ | 15 | 20 | 20 |

(Footnotes)

1. Case finding in 2008

2. It is expected that new cases will increase in the first instance (due to vigorous contact tracing), before they start dropping 2 years later

3. Treatment outcomes for 2007

4. Bacteriological coverage is used as a proxy measure for implementation of guidelines

5. Based on Q1 & Q2 QRS

6. Treatment regimen is used as a proxy measure for implementation of guidelines

7. Based on clinical audits conducted in 2008/8

| SUB-PROGRAMME: | NHS PRIORITIES (10 POINT PLAN 2009-2014) | NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATOR | BASELINE | TARGET (2010-2011) | TARGET (2011-2012) | TARGET (2012-2013) |
|-------------------------------------|---|--|--|---|--|--|--------------------|--------------------|--------------------|
| TUBERCULOSIS CONTROL AND MANAGEMENT | Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases Improved human resources planning, development and management | Increase the number of health professional and non-professional (CHW) workers trained annually | Improved availability of community-based TB care | 150 recruited treated TB patients serving as ambassadors for TB by 2012/13 | Number of treated TB patients serving as ambassadors for TB ⁸ | 5 ⁹ | 80 | 120 | 150 |
| | | | Improved laboratory services | 90% of health facilities with a Turn-around-time (TAT) of no more than 48 hours by 2012/13 | Percentage of health facilities with TAT of no more than 48 hours | 60% | 75% | 85% | 90% |
| | | | Improved TB management and support skills amongst professional & non-health professional workers trained | 3,500 health professionals trained annually | Number of health professionals trained in TB management control | 3,127 ¹⁰ | 3,500 | 3,500 | 3,500 |
| | | | | 2,500 non-professional (CHWs) workers trained annually | Number of non-professional workers trained | 1,905 ¹⁰ | 2,500 | 2,500 | 2,500 |
| | | Increase the number of district & sub-district TB coordinators | Enhanced capacity for DOTS implementation | 52 district TB coordinators employed by 2010/11 232 sub-district TB coordinators employed by 2012/13 | Number of district TB coordinators employed Number of sub-district TB coordinators employed | 47 ¹¹ 77 ¹¹ | 52 | 52 | 52 232 |

8 A proxy measure

9 Those formally appointed by the Minister

10 Based on Q1 & Q2 QRS

11 From questionnaires completed by provincial TB managers

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATOR | BASELINE | TARGET (2010-2011) | TARGET (2011-2012) | TARGET (2012-2013) |
|-------------------------------------|---|---|--|--|--|-------------------|--------------------|--------------------|--------------------|
| TUBERCULOSIS CONTROL AND MANAGEMENT | Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; | Implement best-practice model of collaboration on TB & HIV at PHC level | Improved management of TB & HIV co-infected patients | 90% of Co-infected patients started on ARVs by 2012/13 | Percentage of TB & HIV co-infected patients with CD 4 less than and equal to 350 started on ARVs | 30% ¹² | 70% | 80% | 90% |
| | Improving the quality of health services | Initiate all eligible MDR & XDR patients on ARVs | Reduced morbidity & mortality among MDR & XDR patients | 100% of MDR & XDR patients started on ARVs annually | Percentage of HIV positive MDR patients started on ARVs | 55% ¹³ | 100% | 100% | 100% |
| | | | | | Percentage of HIV positive XDR patients started on ARVs | 84% ¹³ | 100% | 100% | 100% |

12. This is a new policy. Data on this revised indicator was previously not collected

13 Based on average of Q1 & Q2 2009/10 financial year

EXPENDITURE ESTIMATES

TABLE: STRATEGIC HEALTH PROGRAMMES

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|---|-----------------|----------------|----------------|------------------------|----------------------------------|----------------|-----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Maternal, Child and Women's Health | 19.3 | 20.0 | 23.5 | 46.5 | 57.3 | 50.0 | 31.1 |
| HIV and Aids and STIs | 1 953.3 | 2 385.1 | 359.8 | 4 877.7 | 6 489.3 | 7 935.8 | 9 303.4 |
| Communicable Diseases | 5.8 | 5.3 | 8.1 | 208.9 | 12.1 | 14.0 | 14.5 |
| Non-Communicable Diseases | 669.2 | 676.7 | 727.0 | 636.2 | 706.0 | 749.3 | 784.8 |
| TB Control and Management | 11.2 | 9.2 | 11.1 | 21.9 | 30.2 | 25.3 | 13.8 |
| Total | 2 658.8 | 3 096.3 | 4 129.5 | 5 791.3 | 7 294.9 | 8 774.4 | 10 147.6 |
| Change to 2009 Budget estimate | | | | 1 098.9 | 1 707.7 | 2 793.9 | 3 874.4 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| R million | | | | | | | |
| Economic classification | | | | | | | |
| Current payments | 291.5 | 300.5 | 405.5 | 570.6 | 441.3 | 449.3 | 447.9 |
| Compensation of employees | 55.9 | 63.2 | 70.2 | 78.5 | 89.5 | 96.1 | 95.7 |
| Goods and services | 235.7 | 237.3 | 335.4 | 492.1 | 351.8 | 353.2 | 352.2 |
| <i>of which:</i> | | | | | | | |
| <i>Administrative fees</i> | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| <i>Advertising</i> | 30.1 | 11.2 | 6.6 | 19.4 | 7.1 | 7.1 | 7.1 |
| <i>Assets less than the capitalisation threshold</i> | 0.6 | 0.7 | 0.7 | 4.0 | 0.7 | 0.7 | 0.7 |
| <i>Bursaries: Employees</i> | – | – | – | 0.1 | – | – | – |
| <i>Catering: Departmental activities</i> | 1.0 | 0.7 | 1.5 | 1.2 | 1.5 | 1.5 | 1.5 |
| <i>Communication</i> | 3.1 | 2.0 | 1.3 | 1.7 | 1.4 | 1.4 | 1.4 |
| <i>Computer services</i> | 0.0 | 1.4 | 4.3 | 0.8 | 4.6 | 4.6 | 4.6 |
| <i>Consultants and professional service: Business and advisory services</i> | 6.8 | 93.1 | 104.0 | 97.8 | 105.6 | 110.7 | 110.7 |
| <i>Consultants and professional service: Laboratory service</i> | 0.5 | 0.1 | – | 0.2 | – | – | – |
| <i>Consultants and professional service: Legal costs</i> | – | – | – | 0.2 | – | – | – |
| <i>Contractors</i> | 6.5 | 2.8 | 21.4 | 11.0 | 22.8 | 22.8 | 22.8 |
| <i>Agency and support / outsourced services</i> | – | – | 0.8 | 9.0 | 0.8 | 0.8 | 0.8 |
| <i>Entertainment</i> | 0.0 | 0.0 | 0.0 | 0.2 | 0.1 | 0.1 | 0.1 |
| <i>Inventory: Fuel, oil and gas</i> | – | 0.0 | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 |
| <i>Inventory: Materials and supplies</i> | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 |
| <i>Inventory: Medical supplies</i> | 133.5 | 80.8 | 103.8 | 266.4 | 110.5 | 110.5 | 109.6 |
| <i>Property payments</i> | 0.5 | 0.5 | – | – | – | – | – |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------------|-----------------|----------------|----------------|------------------------|----------------------------------|----------------|-----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| <i>Transport provided:</i> | | | | | | | |
| <i>Departmental activity</i> | 0.0 | 0.0 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 |
| <i>Travel and subsistence</i> | 21.3 | 24.8 | 33.3 | 32.0 | 35.4 | 31.6 | 31.5 |
| <i>Training and development</i> | 1.2 | 0.8 | 21.4 | 4.5 | 22.7 | 22.7 | 22.7 |
| <i>Operating expenditure</i> | 16.8 | 2.6 | 24.4 | 17.7 | 26.0 | 26.0 | 26.0 |
| <i>Venues and facilities</i> | 6.4 | 9.0 | 1.3 | 4.1 | 1.4 | 1.4 | 1.4 |
| Transfers and subsidies | 2 350.3 | 2 783.7 | 3 709.1 | 5 209.7 | 6 837.3 | 8 307.8 | 9 681.5 |
| Provinces and municipalities | 2 | 2 | 3 | 4 928.1 | 6 | 8 | 9 384.5 |
| Departmental agencies and accounts | 177.9 | 558.0 | 479.9 | 76.5 | 568.7 | 023.3 | 84.6 |
| Universities and technikons | 54.9 | 72.1 | 70.6 | 1.0 | 77.7 | 82.2 | 1.2 |
| Non-profit institutions | – | 0.4 | 0.7 | 202.2 | 1.1 | 1.1 | 211.2 |
| Households | 117.3 | 153.1 | 157.6 | 2.0 | 189.8 | 201.2 | – |
| | 0.2 | 0.2 | 0.3 | | – | – | |
| Payments for capital assets | 16.8 | 12.1 | 14.8 | 10.9 | 16.3 | 17.3 | 18.2 |
| Machinery and equipment | 15.5 | 11.9 | 14.8 | 10.9 | 16.3 | 17.3 | 18.2 |
| Software and other intangible assets | 1.3 | 0.2 | – | – | – | – | – |
| Payments for financial assets | 0.2 | – | 0.0 | – | – | – | – |
| Total | 2 658.8 | 3 096.3 | 4 129.5 | 5 791.3 | 7 294.9 | 8 774.4 | 10 147.6 |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|---|-----------------|----------------|----------------|------------------------|----------------------------------|----------------|----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Details of selected transfers and subsidies | | | | | | | |
| Provinces and municipalities | | | | | | | |
| Provinces | | | | | | | |
| Provincial Revenue Funds | | | | | | | |
| Current | 1 942.7 | 2 259.5 | 3 479.9 | 4 928.1 | 6 568.7 | 8 023.3 | 9 384.5 |
| Comprehensive HIV and Aids grant | 1 616.2 | 2 006.2 | 2 885.4 | 4 376.2 | 6 011.8 | 7 433.0 | 8 764.6 |
| Forensic pathology services grant | 326.5 | 253.2 | 594.5 | 501.9 | 557.0 | 590.4 | 619.9 |
| Disaster Management: Cholera | – | – | – | 50.0 | – | – | – |
| Capital | 235.2 | 298.6 | – | – | – | – | – |
| Forensic pathology services grant | 235.2 | 298.6 | – | – | – | – | – |
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | 0.0 | – | – | – | – | – | – |
| Regional Services Council levies | 0.0 | – | – | – | – | – | – |
| Departmental agencies and accounts | | | | | | | |
| Departmental agencies (non-business entities) | | | | | | | |
| Current | 54.9 | 72.1 | 70.6 | 76.5 | 77.7 | 82.2 | 84.6 |
| Human Sciences Research Council | 5.6 | 3.0 | 0.4 | – | – | – | – |
| National Health Laboratory Services | 49.3 | 69.1 | 70.2 | 76.5 | 77.7 | 82.2 | 84.6 |
| National Health Laboratory Services (Cancer register) | – | – | – | – | – | – | – |
| Universities and technikons | | | | | | | |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|--------------|--------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Current | – | 0.4 | 0.7 | 1.0 | 1.1 | 1.1 | 1.2 |
| MEDUNSA | – | 0.4 | 0.5 | 0.5 | 0.5 | 0.6 | 0.6 |
| University of Cape Town | – | – | 0.2 | 0.5 | 0.5 | 0.6 | 0.6 |
| University of Limpopo | – | – | – | – | – | – | – |
| Non-profit institutions | | | | | | | |
| Current | 117.3 | 153.1 | 157.6 | 202.2 | 189.8 | 201.2 | 211.2 |
| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Council for the Blind | 0.5 | 0.5 | 0.5 | 0.6 | 0.6 | 0.6 | 0.7 |
| HIV and Aids: Non-governmental organisation | 52.3 | 53.6 | 58.1 | 61.4 | 65.1 | 69.0 | 72.5 |
| Life Line | 14.0 | 15.0 | 16.0 | 11.6 | 12.2 | 13.0 | 13.6 |
| loveLife | 35.0 | 40.0 | 55.0 | 94.0 | 77.4 | 82.0 | 86.1 |
| Mental Health: Non-Governmental Organisations | – | – | – | 0.1 | 0.1 | 0.2 | 0.2 |
| Soul City | 11.1 | 17.0 | 14.0 | 16.0 | 17.0 | 18.0 | 18.9 |
| South African Aids Vaccine Initiative | – | 23.0 | 10.0 | 13.0 | 11.7 | 12.4 | 13.0 |
| South African Community Epidemiology Network on Drug Use | 0.2 | 0.2 | 0.2 | 0.5 | 0.4 | 0.4 | 0.4 |
| South African Federation for Mental Health | 0.2 | 0.2 | 0.2 | 0.2 | 0.3 | 0.3 | 0.3 |
| Tuberculosis: Non-governmental organisations | 3.1 | 2.9 | 3.5 | 3.7 | 3.9 | 4.1 | 4.3 |
| Maternal, Child and Women's Health: NGO | 0.9 | 0.6 | – | 1.1 | 1.1 | 1.2 | 1.3 |
| Households | | | | | | | |
| Social benefits | | | | | | | |
| Current | – | – | 0.1 | – | – | – | – |
| Leave gratuity | – | – | 0.0 | – | – | – | – |
| Leave gratuity | – | – | 0.1 | – | – | – | – |
| | – | – | – | – | – | – | – |

PROGRAMME 3. HEALTH PLANNING AND MONITORING

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Health Planning and Monitoring Branch.

| SUB-PRO-GRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASE-LINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|--|---|---|--|---|---|---|---|
| HEALTH INFORMATION EVALUATION AND RE-SEARCH | Accelerate the implementation of the HIV and AIDS and STIs National Strategic Plan 2007-2011 and increase focus on TB and other communicable disease | Prepare and submit South Africa's Report to the United Nations General Assembly Session (UNGASS) on HIV and AIDS | South Africa's progress towards combating HIV and AIDS documented | 2010-2011 UNGASS report prepared and submitted by March 2013 | UNGASS report submitted timely | 2007-2008 UNGASS country report submitted to the United Nations | 2008-2009 UNGASS country report submitted in 2010 | Consultation, data collation and data analysis for the 2010-2011 UNGASS Report completed | South Africa's 2010-2011 UNGASS Report submitted |
| | | Conduct annual national antenatal HIV and Syphilis prevalence survey | Annual National HIV and Syphilis prevalence estimates and trends available, at national, provincial and district levels, disaggregated for age and genotype | Annual National HIV prevalence estimates and trends published annually | Annual National HIV prevalence and Syphilis prevalence estimates and trends report published in 2009 | Annual National HIV prevalence estimates and trends published | 2008 National HIV and Syphilis prevalence estimates and trends report published in 2009 | 2010 national HIV and Syphilis prevalence estimates and trends report published by March 2011 | 2011 national HIV and Syphilis prevalence estimates and trends report published by March 2012 |
| | | Finalise and publish the DOH HIV and AIDS notification strategy | Functional HIV and AIDS notification system in place | HIV and AIDS notification strategy approved by 2010/11, and database on AIDS morbidity and mortality clinical outcomes established by 2011/12 | HIV and AIDS notification strategy produced | Draft HIV and AIDS notification strategy produced | HIV and AIDS notification strategy approved and implemented | Database on AIDS morbidity and mortality clinical outcomes established | Database on AIDS morbidity and mortality clinical outcomes established |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|---|--|--|--|--|--|--|---|
| HEALTH INFORMATION AND RESEARCH | Strengthen Research and Development | Conduct the South Africa Demographic Health Survey (SADHS) | Reliable empirical data on the health status of South Africans produced | Third SADHS completed and report produced by September 2011 | Conduct SADHS by 2011 | Data collection tools for the Third SADHS completed | Data collection and analysis for the Third SADHS completed by March 2011 | Third SADHS Report produced by September 2011 | Results of the Third SADHS incorporated into National and Provincial Health Plans |
| | | Establish an integrated national cancer registry | Annual report on the epidemiology of cancer in South Africa published | Annual epidemiology of cancer in South Africa produced by March 2011/12 | Annual report on the epidemiology of cancer in South Africa produced by March 2011 | Cancer Registry Regulation Gazetted for public comment | Mechanism established to coordinate and integrate all existing cancer registries in SA | Annual epidemiology of cancer in SA compiled | Annual epidemiology of cancer in SA published |
| | Support and monitor the functioning National Health Research Ethics Council (NHREC) | Commission diverse research projects in collaboration with the Department of Science and Technology (DST); Human Science Research Council (HSRC); Health System Trust (HST) and academic institutions | Improved collaborative research between government departments and academic institutions | Work plans and Annual Reports of the NHREC and NHRC produced | New NHREC and new NHRC appointed according to NHA and fully functional | NHREC and NHRC Workplans and Annual Reports produced | NHREC and NHRC Workplans and Annual Reports produced | NHREC and NHRC Workplans and Annual Reports produced | NHREC and NHRC Workplans and Annual Reports produced |
| | | | Improved collaborative research between government departments and academic institutions | Data produced on: Social Determinants of Health and Nutrition by 2011/12, and on Indigenous Knowledge Systems and Traditional Medicines; and Audit of research skills in academic by 2012/13 | Reports on the Social determinants of Health and Nutrition and Indigenous Knowledge Systems and Traditional Medicines produced | None | Report on the Social determinants of Health and Nutrition produced by March 2012 in collaboration with research institutions | Report on Indigenous Knowledge Systems and Traditional Medicines produced by March 2013 collaboration with research institutions | |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|---|--|--|--|--|--|---|---|
| HEALTH INFORMATION EVALUATION AND RESEARCH | Strengthen Research and Development | Establish the Disease Control Hub that will enable the synthesis and analysis of existing and collected information from numerous data systems that currently operate separately. | Comprehensive health information from diverse sources available in a single, integrated hub | Disease Control Hub registered as Public Entity in 2010/11, and Business Plans of the Hub are produced as from 2011/12 | Disease Control Hub established and registered as a Public Entity | Business Plan for Establishment of the Disease Hub produced | Governance Boards, Technical Advisory Forum and Public Entity established Disease Control Hub established and registered as a Public Entity | Annual Business Plans and Annual Reports of the Disease Control Hub produced | Annual Business Plans and Annual Reports of the Disease Control Hub produced |
| | | Conduct DHIS data quality assessment jointly with Statistics South Africa (StatsSA) | Improved quality of data | Data quality assessment conducted in 42 Districts by March 2013 | Report on the data quality assessment produced annually | Project implementation plan developed and Data Quality Assessment tools designed | Report on list of indicators meeting SASQAF criteria in 18 districts produced | Report on list of indicators meeting SASQAF criteria in 30 districts produced | Report on list of indicators meeting SASQAF criteria in 42 districts produced |
| | | Commission National, provincial and district level estimates burden of disease | Reliable empirical data on the Burden of Diseases (BoD) in South Africa produced | National Conceptual Framework and methodology produced by 2011 Estimates of BoD conducted | Final Burden of Disease Report produced | Burden of Disease Survey conducted by Walter Sisulu University and independent consultants | Appointment of a National Study Group and National Conceptual Framework and methodology for BoD | Estimates of burden of disease conducted | Estimates of burden of disease completed and final report produced |
| | | Monitor and oversight the conduct of clinical trials and related activities | Improved monitoring and oversight over the conduct of clinical trials and related activities | Mandatory registration of all prospective clinical trials and accessible publicly | Availability of published reports on the number of clinical trials conducted bi annually | Report on the number of clinical trials conducted published bi annually | Report published on a number of clinical trials conducted published bi annually | Report on the number of clinical trials conducted published bi annually | Report the number of clinical trials conducted published bi annually |

| SUB PROGRAMME | 10 POINT PLAN PRIORITIES 2009-2014 | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRA-MME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET (2011/12) | TARGET (2012/13) | |
|--|--|--|---|---|--|--|---|---|--|--|
| HEALTH INFORMATION EVALUATION AND RESEARCH | Implementation of National Health Insurance (NHI). | e-Enablement of Healthcare | Telemedicine support of rural healthcare | Expanded Telemedicine sites | Number of functional Telemedicine sites | 86 Telemedicine sites | Telemedicine Strategy revised All 86 telemedicine sites fully functional | 3 additional telemedicine sites established in Gauteng and 1 in KwaZulu-Natal | 90 telemedicines fully functional | |
| | | | Web access to National data sets | 50 additional hospitals using Patient Administration and Billing (PAAB) system by 2012/13 | Number of hospitals with PAAB system | 2 provinces using PAAB | Two versions of PAAB consolidated and rollout strategy developed | 20 additional hospitals using PAAB | 50 additional hospitals using PAAB | |
| | | | Improved Health and Management information | Health facilities in 36 districts implementing the Primary Health Care Information System (PHISC) | Number of facilities implementing the PHISC | One province using PHISC | PHISC consolidated and rollout strategy developed | PHISC implemented in 36 PHC facilities in 18 districts | PHISC implemented in 36 PHC facilities in 18 districts | PHISC implemented in 36 PHC facilities in 36 districts |
| | | | Improved Health and Management information | eHealth Agency establishment by 2010/11 | eHealth Agency established with the requisite staff and capacities | eHealth Agency conceptualised in 2009 | eHealth Agency structure established and staff recruited | eHealth Agency personnel trained in diverse programmes | eHealth Agency optimized | eHealth Agency optimized |
| HEALTH INFORMATION EVALUATION AND RESEARCH | e-Enablement of Healthcare | Improved Health and Management information | Improved Health and Management information | ICT standards implemented in all 9 provinces by 2011/12 | Approved ICT Standards available | None | ICT standards developed and approved by March 2011 | ICT standards implemented in all 9 provinces | ICT standards implemented in all 9 provinces | |
| | | | Support the development of an Information Hub | ICD-10 coding standards implemented in all public and private | ICD-10 Unit Standards implemented by March 2012 | ICD-10 Unit standards registered with SAQA | Implementation of the registered unit standards | Monitoring of the ICD-10 Curriculum implementation | Evaluation of the ICD-10 Curriculum implementation | Information Hub fully functional |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--------------------------------|---|--|---|--|--|------------------|---|--|--|
| OFFICE OF STANDARDS COMPLIANCE | Implementation of National Health Insurance | Establish Ministerial Committee for Quality | Improved accountability for quality health care | Ministerial Advisory Committee for quality established and functional by March 2012 | Ministerial Advisory Committee established | None | Ministerial Committee established | Ministerial Advisory Committee provides oversight on quality assurance | Ministerial Advisory Committee provides oversight on quality assurance |
| | | Provide the legislative framework for the establishment of an independent accreditation body | Improved Accountability for providing quality health care | National Health Act (NHA) amended in 2010/11 to provide for the establishment of an independent accreditation body | NHA of 2003 amended | None | National Health Act amended Regulations published for public comment | Regulations promulgated Independent Accreditation Body established | Accreditation body fully functional |
| | | Conduct an audit of all health establishments to determine if they meet Core Standards | Eligible health establishments accredited as Core Standards | 75% of all health establishments audited by 2012/13 | Percentage of health establishments audited annually | None | 20% of 4,333 health establishments audited | 40% of 4,333 health establishments audited | 75% of 4,333 health establishments audited |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--------------------------------|---|--|---|--|---|-----------------------|--|---|---|
| OFFICE OF STANDARDS COMPLIANCE | Implementation of National Health Insurance | Conduct accreditation of health establishments (Public and Private) | Eligible health establishments accredited as meeting Core Standards | 65% of all health establishments (Public and Private) accredited by 2012/13 | Percentage of health establishments (Public and Private) accredited | None | 10% of 4,500 health establishments audited | 30% (1,800) of 4,500 health establishment audited | 65% of health establishments audited |
| | | Develop National Core Standards for Non - Health establishments and EMRS | Common vision for expected performance in key areas | National Core Standards for Non-Health establishments and EMRS approved by 2011/12 | National Core Standards for Non - Health establishments and EMRS | None | National Core Standards for Non - Health establishments and EMRS drafted | National Core Standards for Non - Health establishments and EMRS approved | National Core Standards for Non - Health establishments and EMRS disseminated |
| | | | | Support for implementation of National Core Standards for health establishments in South Africa in 80% of 4 333 public sector facilities by 2013 | Percentage of facilities supported for National Core Standards | 54 facilities (pilot) | 20% of 4 333 public health facilities established supported | 40% of 4 333 public health facilities established supported | 80% of all health establishments supported |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---------------------------------------|---|---|--|---|--|---|---|---|----------------------|
| OFFICE OF STANDARDS COMPLIANCE | Improving Quality of Health Services | Implement a national adverse event reporting and response system | Improved quality of care, patient safety and reliability across the health system | 75% of 400 hospitals reporting on and responding to adverse events by March 2013 | Percentage of public hospitals reporting on and responding to adverse events | None | 35% of 400 hospitals | 50% of 400 hospitals | 75% of 400 hospitals |
| | Facilitate the development and implementation of Quality Improvement Plans (QIPs) covering patient safety, infection prevention and control, waiting times, positive and caring attitudes, cleanliness, and availability of medicines | Improved quality of care, patient safety and reliability across the health system | QIPs implemented in 70% of 4 333 of public health facilities by March 2013 | Percentage of public health facilities with QIPs being implemented | 27 hospitals | 50% of 4, 333 facilities | 60% of 4, 333 facilities | 70% of 4, 353 facilities | |
| | Establish and manage a national customer care programme | Improved satisfaction and trust in the health system | National system to monitor waiting times at key areas in public facilities established 75% of complaints resolved within 25 by 2012/13 | Average waiting time per key area Percentage of complaints resolved within 25 days | No baseline 25% | National survey to establish baseline and targets commissioned 40% | 25% of establishments meeting targets for waiting times 60% | 50% of establishments meeting targets for waiting times 75% | |
| | | | National Ombuds Office established to investigate, analyse and report on complaints 90% of public sector hospitals conducting at least one satisfaction survey per annum by 2012/13 | National Ombuds Office established Percentage of public sector hospitals conducting at least one satisfaction survey per annum | None | Ombuds Office established 30% of 400 public sector hospitals | Ombuds Office functional and produces annual business plans 60% of 400 public sector hospitals | Ombuds Office functional and produces annual business plans 90% of 400 public sector hospitals | |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---------------------------------------|---|---|---|---|--|--|--|---|---|
| HEALTH FINANCIAL PLANNING & ECONOMICS | Introduce National Health Insurance (NHI) System | The establishment of a National Health Insurance Fund | An equitably financed health system that promotes the progressive realisation of the right to health care for all | A National Insurance Fund Established by 2012/13 | A National Insurance Fund Established | Comprehensive costing work for the National Health Insurance conducted | Detailed implementation plan for the introduction of the a National Insurance System developed | Establishment of structures and institutions of the national, provincial and district health insurance fund | Implementation of the NHI system including population registration and pilot testing exercise |
| | | Investigate and develop and alternative reimbursement structures for use in the implementation of the NHI. | Availability of a Grouper for reporting and reimbursement purposes acceptable to all stakeholders | DRG Algorithm for South Africa developed and tested by 2012/13 | DRG Algorithm suitable for use as a reporting tool and for the reimbursement of hospitals produced | None | Options for the DRG Algorithm for South Africa investigated by March 2011 | DRG Algorithm for the South African market developed | DRG Algorithm for the South African market tested in parallel to the current RPL based fees. |
| | Provide strategic leadership and create a social compact for better health outcomes | Publish a Reference Price Lists for all healthcare providers in the private health-care sector .annually within the regulated timelines | Improved regulation of private health sector prices through benchmarking of tariffs | Reference Price List for medical devices published annually | Reference Price Lists that guide prices for medical services | Publish RPL 2010 | Publish RPL 2011 | Publish RPL 2012 | Publish RPL 2013 |
| | | Implement a turn around strategy for improving the management of the tertiary services | Improved management and accountability for the National Tertiary Service Grant (NTSG) | Business Plan for improving the management of the NTSG accepted by NDoH and National Treasury by January 2011, and implemented in Provinces | Draft customized business plan | None | Business Plan finalised by January 2011 and accepted by NDoH and Treasury | Business plan implemented in all 9 Provinces | Report on the Review of the Implementation of the Business Plan |
| | | | | NTSG is rescheduled in the Division of Revenue Act (DORA) | Grant Schedule of NTSG as per the DORA | NTSG is a schedule 4 grant | NTSG is rescheduled to Schedule 5 grant | Assessment and review of performance under schedule 5 | Assessment and review of performance under schedule 5 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|--|---|---|---|---|--|--|--|
| HEALTH FINANCIAL PLANNING & ECONOMICS | Overhauling the health care system and improving its management | Develop a sustainable revenue model which includes tariffs, collection and debt management | Effective revenue management Increase in revenue to augment Provincial Budgets | 9 Provinces comply with a National Revenue Model by 2012/13 | Number of Provinces that comply with a National Revenue Model | National Revenue Model not developed PFMA National Treasury Regulations and Public Audit Act in place | National Revenue Model developed Revenue model implemented in 3 Provinces | Revenue model implemented in 7 Provinces | Revenue model implemented in 9 Provinces |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|---|--|------------------------------------|--|------------------|------------------|----------------|----------------|
| PHARMACEUTICAL PLANNING AND MANAGEMENT | Accelerate implementation of the HIV and AIDS and Sexually Transmitted Infections and increase focus on TB | Management of procurement and distribution of medicines and medical related items on contract (Drug Supply Management). | Availability of an efficient procurement system for essential medicines. | Adequate stock levels of medicines | Reported % stock outs out of total number of Antiretroviral medicines on tender (45) measured in 9 provinces (405) | 12% | ≤ 5% | 0% | 0% |
| | Review of Drug Policy Improving the quality of health services Mass mobilization for better health for the population | | | | Reported % stock-outs out of total number of TB medicines on tender (35) measured in 9 provinces (315) | 21.8% | ≤ 5% | 0% | 0% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|---|---|---|--|---|------------------|------------------|----------------|----------------|
| PHARMACEUTICAL PLANNING AND MANAGEMENT | Improve the quality of health services | Review of Standard Treatment Guidelines and | Rational selection and use of essential medicines | Review of Hospital Level STG/EML for Paediatrics completed by 2011/12 | % of book reviewed | 30% | 80% | 100% | |
| | | Review the Essential Medicines Lists | Improved availability of Essential Medicines for Primary level facilities and Hospitals | Hospital Level STG/EML for Adults completed by 2011/12 | % of book reviewed | 30% | 80% | 100% | |
| | | | | 90% of Tertiary and quaternary EML list compiled by 2012/13 | % of drugs reviewed out of a total number of motivations received | 0% | 75% | 90% | 90% |
| Improving the quality of health services. | Licensing of pharmaceuticals in terms of the Pharmacy Act, 1974 | | Access to safe and effective medicines | 60% of PHC STG/EML 5th edition reviewed by 2012/13 | % of book reviewed | 0% | 0% | 10% | 60% |
| | | | | 80% of pharmacy premises licensed by 2012/13 | Percentage of pharmacy license applications finalized out of total number of applications that meet requirements for licensing received in a quarter, (Compliant with legislation) | 69% | 80% | 80% | 80% |
| | Licensing of Public & Private Sector authorised prescribers to dispense medicines in terms of Section 22C of the Medicines and Related Substances Act, 1965 | | Access to safe and effective medicines | 90% of eligible Authorised prescribers licensed to dispense by 2012/13 | Percentage of dispensing licence applications finalized out of total number of applications that meet requirements for licensing received in a quarter. (Compliant to legislation). | 82% | 90% | 90% | 90% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|--|--|--|---|------------------|---------------------------|--|--|
| PHARMACEUTICAL PLANNING AND MANAGEMENT | Improving the quality of health services. | Inspection in terms of legislation of the premises of licensed authorised prescribers to determine compliance to legislation | Access to safe and effective medicines | 15% of premises of licensed dispensing authorised prescribers inspected by 2012/13 | Percentage of premises of licensed dispensers inspected | 0% | 5% | 10%. | 15% |
| | Mass mobilization for better health for the population | Institutionalization of African Traditional Medicine (ATM) into the national Health Care System | Policy of ATM | Policy on ATM produced and translated into 10 languages by 2012/13 | Signed Policy on ATM | Policy on ATM | Publication of ATM Policy | Translation of the Policy into 5 languages | Translation of the policy into other 5 languages |

EXPENDITURE ESTIMATES

TABLE: HEALTH PLANNING AND MONITORING

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|--------------|--------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Health Information Research and Evaluation | 233.4 | 251.4 | 266.4 | 278.1 | 304.0 | 321.0 | 335.5 |
| Financial Planning and Health Economics | 27.6 | 16.0 | 24.4 | 62.4 | 36.4 | 24.4 | 25.3 |
| Pharmaceutical Policy and Planning | 11.9 | 14.4 | 13.9 | 14.9 | 15.5 | 17.0 | 17.6 |
| Office of Standards Compliance | 28.4 | 27.3 | 37.4 | 41.1 | 51.0 | 63.8 | 75.8 |
| Total | 301.3 | 309.1 | 342.1 | 396.4 | 406.9 | 426.1 | 454.2 |
| Change to 2009 Budget estimate | | | | 39.4 | 24.1 | 28.0 | 36.1 |

| Economic classification | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|-------------|-------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Current payments | 68.7 | 78.3 | 94.8 | 105.5 | 126.0 | 130.7 | 145.1 |
| Compensation of employees | 38.5 | 43.2 | 50.0 | 56.2 | 64.6 | 71.5 | 80.3 |
| Goods and services | 30.2 | 35.0 | 44.7 | 49.4 | 61.4 | 59.3 | 64.9 |
| of which: | | | | | | | |
| Administrative fees | 0.0 | 0.0 | 0.1 | 0.2 | 0.2 | 0.2 | 0.3 |
| Advertising | 1.3 | 1.3 | 1.4 | 0.9 | 1.1 | 1.1 | 1.3 |
| Assets less than the capitalisation threshold | 0.6 | 0.5 | 0.7 | 1.2 | 1.5 | 1.5 | 1.8 |
| Bursaries: Employees | — | — | — | 0.1 | 0.1 | 0.1 | 0.1 |
| Catering: Departmental activities | 0.2 | 0.2 | 0.4 | 0.5 | 0.7 | 0.7 | 0.8 |
| Communication | 0.8 | 0.8 | 0.9 | 1.6 | 2.1 | 2.1 | 2.4 |
| Computer services | 0.4 | 2.8 | 1.8 | 4.1 | 5.2 | 5.2 | 6.1 |
| Consultants and professional service: Business and advisory services | 8.7 | 13.0 | 8.4 | 10.6 | 12.6 | 12.4 | 9.0 |
| Consultants and professional service: Laboratory service | — | 0.0 | — | — | — | — | — |
| Consultants and professional service: Legal costs | — | 0.0 | 1.0 | 0.1 | 0.1 | 0.1 | 0.1 |
| Contractors | 1.6 | 0.1 | 1.6 | 0.8 | 1.0 | 1.0 | 1.2 |
| Agency and support / outsourced services | — | — | 4.5 | 7.3 | 9.2 | 7.3 | 8.8 |
| Entertainment | 0.0 | 0.0 | 0.0 | 0.2 | 0.3 | 0.3 | 0.3 |
| Inventory: Materials and supplies | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 |
| Inventory: Medical supplies | 0.1 | 0.1 | — | 0.0 | 0.1 | 0.1 | 0.1 |
| Inventory: Other consumables | 0.0 | 0.0 | 0.0 | 0.1 | 0.2 | 0.2 | 0.2 |
| Inventory: Stationery and printing | 3.4 | 2.5 | 2.4 | 3.7 | 4.7 | 4.7 | 5.6 |
| Lease payments | 0.3 | 0.3 | 0.5 | 0.7 | 0.8 | 0.8 | 1.0 |
| Transport provided: Departmental activity | 0.0 | 0.0 | — | — | — | — | — |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------------|-----------------|--------------|--------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Venues and facilities | 0.4 | 1.1 | 0.3 | 1.6 | 2.0 | 2.0 | 2.3 |
| Transfers and subsidies | 230.0 | 229.6 | 245.3 | 288.2 | 277.8 | 292.1 | 305.6 |
| Provinces and municipalities | 0.0 | – | – | 30.0 | – | – | – |
| Departmental agencies and accounts | 227.5 | 226.9 | 242.7 | 255.4 | 274.9 | 289.0 | 302.4 |
| Non-profit institutions | 2.4 | 2.5 | 2.6 | 2.8 | 2.9 | 3.1 | 3.3 |
| Households | 0.1 | 0.2 | 0.0 | – | – | – | – |
| Payments for capital assets | 2.6 | 1.2 | 2.0 | 2.8 | 3.1 | 3.3 | 3.4 |
| Machinery and equipment | 2.6 | 1.2 | 2.0 | 2.8 | 3.1 | 3.3 | 3.4 |
| Software and other intangible assets | 0.0 | 0.0 | – | – | – | – | – |
| Payments for financial assets | 0.0 | 0.0 | 0.1 | – | – | – | – |
| Total | 301.3 | 309.1 | 342.1 | 396.4 | 406.9 | 426.1 | 454.2 |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|---|-----------------|---------|---------|------------------------|----------------------------------|---------|---------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Details of selected transfers and subsidies | | | | | | | |
| Provinces and municipalities | | | | | | | |
| Provinces | | | | | | | |
| Provincial Revenue Funds | | | | | | | |
| Current | – | – | – | 30.0 | – | – | – |
| 2010 World Cup Health Preparation Strategy Grant | – | – | – | 30.0 | – | – | – |
| Capital | – | – | – | – | – | – | – |
| | – | – | – | – | – | – | – |
| | – | – | – | – | – | – | – |
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | 0.0 | – | – | – | – | – | – |
| Regional Services Council levies | 0.0 | – | – | – | – | – | – |
| Departmental agencies and accounts | | | | | | | |
| Departmental agencies (non-business entities) | | | | | | | |
| Current | 227.5 | 226.9 | 242.7 | 255.4 | 274.9 | 289.0 | 302.4 |
| Council for Medical Schemes | 15.0 | 3.3 | 6.2 | 3.9 | 4.0 | 4.2 | 4.3 |
| Medical Research Council | 212.1 | 223.3 | 236.1 | 251.1 | 270.5 | 284.4 | 297.6 |
| National Health Laboratory Services (cancer register) | 0.3 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.5 |
| Non-profit institutions | | | | | | | |
| Current | 2.4 | 2.5 | 2.6 | 2.8 | 2.9 | 3.1 | 3.3 |
| | – | – | – | – | – | – | – |
| Health Systems Trust | 2.4 | 2.5 | 2.6 | 2.8 | 2.9 | 3.1 | 3.3 |

PROGRAMME 4: HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Human Resources Management and Development Programme.

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|--|--|--|---|---|---|---|---|
| HUMAN RESOURCES POLICY PLANNING AND RESEARCH | Improved Human Resources Planning, Development and Management | Coordinate the review of the national HRH plan and ensure alignment with the 10 Point Plan | Revise National HRH Plan produced and implemented by March 2011 | Review of National planning framework | Revised National HRH plan produced and implemented | Framework for the review of the HRH Plan developed | Revised National HRH plan drafted by 2010 | Implementation of National HRH plan monitored and reported annually | Implementation of National HRH plan monitored and reported annually |
| | | Increase enrolment of Chief Executive Officers (CEO) into Hospital Management Training Programme annually. | Improved management of hospitals | 240/400 CEOs enrolled in the Hospital Management Training Programme by 2012/13 | Number of hospital managers enrolled for a hospital management training programme | 140/400 | 150/400 | 200/400 | 240/400 |
| | Improved Human Resources Planning, Development and Management | Commission audit of public and private nursing colleges and schools in the country | Comprehensive review of production of nursing personnel in the country | Comprehensive audit reports on production of nursing personnel in the country produced by 2010/11 and business plans for the revitalization of public sector colleges developed by 2011/12 | Audit reports finalized | Audit of nursing colleges commenced in October 2009 | Business plans developed for the revitalization of public sector nursing colleges. Resources. | First phase of revitalization of nursing colleges implemented | Second phase of revitalization of nursing colleges implemented |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|---|---|---|--|---|--|---|---|---|
| HUMAN RESOURCES POLICY PLANNING AND RESEARCH | Improved Human Resources Planning, Development and Management | Establish a Management and Leadership Academy for Health Managers | Enhanced management and leadership skills among health managers | Management and Leadership Academy accredited by the Council for Higher Education (CHE) and South Africa Qualifications Authority (SAQA) in 2011/12, and first intake of students enrolled in 2012/13 | Management and Leadership Academy established and students enrolled | Management and Leadership Academy conceptualised | Feasibility Study for the Management and Leadership Academy completed by March 2011 Business Plan for the Management and Leadership Academy produced and costed by March 2011, and used to mobilize resource | Bench-marking exercise completed and report produced Training standards developed Curricula developed for different training levels Accreditation for Management and Leadership Academy obtained from CHE and SAQA by March 2012 | First intake of students into the Management and Leadership Academy by February 2013 Commencement of management training and capacity development by February 2013 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|---|---|--|---|---|--|-----------------------|-----------------------|
| HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT | Improved Human Resources Planning, Development and Management | Strengthen human resource capacity in district hospitals | Improved clinical skills mix in support of family physicians | 180 Clinical Associates enrolled within the degree programme by 2012/13 | Number of clinical associates enrolled within the degree programme | 99 | 125 | 125 | 180 |
| | | Strengthen human resource capacity for the delivery of emergency care services | Increase access to Emergency Medical Services | Increase production of Emergency Care Technicians ECT's in provincial colleges | Number of colleges offering the ECT programme | 8 | 5 additional colleges | 6 additional colleges | 7 additional colleges |
| | | Finalise and implementation of Occupation Specific Dispensation (OSD) for Therapeutic, Diagnostic and Allied health professionals | Improved recruitment and retention of Therapeutic Diagnostic and Allied health professionals in the public sector | Agreement reached by 2010/11 in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) about implementation of OSD for Therapeutic, Diagnostic and Allied health professionals | OSD Agreement for diagnostic, therapeutic and related allied health professionals signed in the PHSDSBC | OSD Agreement tabled by government in the PHSDSBC in October 2009 | OSD Agreement signed by government and organised labour, and implemented by March 2011 | | |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASE-LINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|---|--|--|---|---|--|--|--|--|
| SECTOR LABOUR RELATIONS AND PLANNING | Improved Human Resources Planning, Development and Management | Manage disputes between organised labour and the employer in the Public Health and Social Development Sectoral Bargaining Council (PHDSDB) | Improved management of disputes between organised labour and the Public Health and Social Development Sector | Improved proportion of mutual interest disputes between organized labour and employer at the PHDSBC managed and finalised | Percentage of mutual interest disputes lodged at the PHDSBC managed and finalised | 75% | 75% by March 2011 | 75% by March 2012 | 75% by March 2013 |
| | Improved Human Resources Planning, Development and Management | Manage disputes between organised labour and the employer in the Public Health and Social Development Sectoral Bargaining Council (PHDSDB) | Labour peace and improved relations between organized and the employer | Six (6) collective agreements concluded for implementation in the PHS-DSBC by March 2012/13 Progress reports produced on implementation of collective agreements concluded at PHDSBC and PSCBC | Number of collective agreements tabled for negotiation over 3 years Number of progress reports produced on implementation of collective agreements concluded at PHDSBC and PSCBC | Two collective agreements tabled for negotiation | Two collective agreements tabled for negotiation | Two collective agreements tabled for negotiation | Two collective agreements tabled for negotiation |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|--|---|--|---|--|---|---|---|
| SECTOR LABOUR RELATIONS AND PLANNING | Improve Human Resources Planning, Development and Management | Manage disputes between organised labour and the employer in the Public Health and Social Development Sectoral Bargaining Council (PHSDSB) | Collective bargaining initiatives at national and provincial level improved | Collective agreements concluded at the PHSDSB reviewed, assessed for efficacy and amended over a period of 3 years | Twelve PHSDSB-BC collective agreements reviewed and their efficacy assessed for amendment | Four collective agreements reviewed, their efficacy assessed for amendment | Four PHSDSB collective agreements reviewed, their efficacy assessed for amendment | Four PHSDSB collective agreements reviewed, their efficacy assessed for amendment | Four PHSDSB collective agreements reviewed, their efficacy assessed for amendment |

EXPENDITURE ESTIMATES

TABLE: HEALTH HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

| Subprogramme | Audited outcome | | | Adjusted appropriation 2009/10 | Medium-term expenditure estimate | | |
|---|-----------------|----------------|----------------|-----------------------------------|----------------------------------|----------------|----------------|
| | 2006/07 | 2007/08 | 2008/09 | | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Human Resources Policy, Research and Planning | 3.3 | 3.9 | 7.5 | 19.8 | 8.9 | 9.6 | 10.0 |
| Sector Labour Relations and Planning | 1.9 | 2.0 | 2.9 | 6.0 | 3.5 | 3.8 | 4.0 |
| Human Resources Development and Management | 1 570.7 | 1 607.7 | 1 695.0 | 1 773.1 | 1 884.7 | 1 998.2 | 2 097.8 |
| Total | 1 576.0 | 1 613.6 | 1 705.3 | 1 799.0 | 1 897.1 | 2 011.7 | 2 111.8 |
| Change to 2009 Budget estimate | | | | 12.8 | 2.9 | 3.9 | 3.6 |

| Economic classification | Audited outcome | | | Adjusted appropriation 2009/10 | Medium-term expenditure estimate | | |
|--|-----------------|----------------|----------------|-----------------------------------|----------------------------------|----------------|----------------|
| | 2006/07 | 2007/08 | 2008/09 | | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Current payments | 13.5 | 17.2 | 26.1 | 38.5 | 31.1 | 33.8 | 35.1 |
| Compensation of employees | 8.9 | 11.9 | 13.8 | 17.0 | 17.2 | 17.8 | 18.7 |
| Goods and services | 4.6 | 5.3 | 12.3 | 21.4 | 13.9 | 16.0 | 16.3 |
| <i>of which:</i> | | | | | | | |
| Administrative fees | – | (0.0) | – | 0.0 | – | – | – |
| Advertising | – | – | – | 1.0 | – | – | 0.7 |
| Assets less than the capitalisation threshold | 0.2 | 0.2 | 0.5 | 0.8 | 0.5 | 0.7 | 0.1 |
| Catering: Departmental | 0.3 | 0.1 | 0.1 | 0.7 | 0.1 | 0.1 | 0.2 |
| activities | 0.2 | 0.2 | 0.1 | 0.4 | 0.2 | 0.2 | 0.1 |
| Communication | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 7.5 |
| Computer services | 0.1 | 0.0 | 6.2 | 11.0 | 6.0 | 7.1 | 0.1 |
| Consultants and professional service: Business and advisory services | 0.8 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.7 |
| Contractors | – | – | – | 0.0 | 0.6 | 0.7 | 0.0 |
| Agency and support / outsourced services | 0.1 | 0.1 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 |
| Entertainment | – | – | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| Inventory: Materials and supplies | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | – |
| Inventory: Other consumables | – | – | 0.0 | 0.1 | – | – | – |
| Inventory: Stationery and printing | – | – | 0.0 | 1.2 | – | – | 0.7 |
| Lease payments | 0.5 | 1.4 | 0.5 | 0.5 | 0.6 | 0.7 | 0.3 |
| Transport provided: Departmental activity | 0.2 | 0.3 | 0.2 | – | 0.3 | 0.3 | – |
| Travel and subsistence | 0.0 | 0.0 | – | 4.0 | – | – | 3.1 |
| Training and development | 1.6 | 2.0 | 3.0 | – | 3.4 | 3.5 | 0.2 |
| Operating expenditure | 0.3 | 0.2 | 0.1 | 0.4 | 0.1 | 0.1 | 1.0 |
| Venues and facilities | 0.2 | 0.2 | 0.7 | 1.1 | 0.8 | 0.9 | 1.5 |
| | 0.1 | 0.2 | 0.1 | – | 1.2 | 1.4 | – |
| Transfers and subsidies | 1 520.2 | 1 596.2 | 1 679.1 | 1 759.8 | 1 865.4 | 1 977.3 | 2 076.2 |
| Provinces and municipalities | 1 520.2 | 1 596.2 | 1 679.1 | 1 759.8 | 1 865.4 | 1 977.3 | 2 076.2 |
| Households | 0.0 | 0.0 | 0.0 | – | – | – | – |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------------|-----------------|----------------|----------------|------------------------|----------------------------------|----------------|----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Payments for capital assets | 42.3 | 0.2 | 0.2 | 0.7 | 0.5 | 0.6 | 0.6 |
| Machinery and equipment | 0.5 | 0.2 | 0.2 | 0.7 | 0.5 | 0.6 | 0.6 |
| Software and other intangible assets | 41.8 | - | - | - | - | - | - |
| Payments for financial assets | 0.0 | 0.0 | - | - | - | - | - |
| Total | 1 576.0 | 1 613.6 | 1 705.3 | 1 799.0 | 1 897.1 | 2 011.7 | 2 111.8 |

Details of selected transfers and subsidies

| | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Provinces and municipalities | | | | | | | |
| Provinces | | | | | | | |
| Provincial Revenue Funds | | | | | | | |
| Current | 1 520.2 | 1 596.2 | 1 679.1 | 1 759.8 | 1 865.4 | 1 977.3 | 2 076.2 |
| Health professions training and development grant | 1 520.2 | 1 596.2 | 1 679.1 | 1 759.8 | 1 865.4 | 1 977.3 | 2 076.2 |
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | 0.0 | - | - | - | - | - | - |
| Regional Services Council levies | 0.0 | - | - | - | - | - | - |

PROGRAMME 5: HEALTH SERVICE DELIVERY

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Health Service Delivery Programme.

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--------------------------|---|--|---------------------|---|--|-------------------------------|--------------------------------------|--|--|
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Revised PHC package | New revised PHC package produced by 2012/13 | PHC package revised | PHC Package of 2000 available | Review of PHC Package commissioned | Revised PHC Package developed | Revised PHC Package implemented in all 9 provinces |
| | | | | Establish multidisciplinary PHC teams in the districts | PHC teams established in 9 Provinces by 2012/13 | PHC team strategy developed | Nil | PHC team strategy produced and approved by the National Health Council | PHC teams established in 9 Provinces |
| DISTRICT HEALTH SERVICES | | Implement appropriately decentralised and accountable operational management model | Conduct PHC audit | PHC model developed by 2010/11 | PHC service delivery model developed | Nil | PHC service delivery model developed | Revised PHC model available | Revised PHC model implemented |
| | | | | Improved utilization of the PHC services by the communities | Increased proportion of patients utilising PHC services. | PHC utilization rate | 2.4 visits per person per capita | 6 | 3 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET (2011/12) | TARGET (2012/13) |
|--------------------------|---|--|---|--|--|-----------------------|-----------------------|------------------|------------------|
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Improved decentralized management of health districts for local accountability. | 52 functional Districts annually | No of Districts with full complement of DMT | 31 | 52 | 52 | 52 |
| | | | | 52 DHP's received annually | No of Districts with District Health Plans (DHP's) received from provinces | 25 | 52 | 52 | 52 |
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Improved management of health districts | 52 District Management Teams with delegations in Finance, HR, SCM | No of DMT's with written delegations | 36 | 52 | 52 | 52 |
| | | | | 52 District Management Teams trained by 2012/13 | No of Districts where Management Teams are trained in district management programmes | 10 | 20 | 35 | 52 |
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Trained District Management Teams | PPHC provincialised in all 9 provinces by 2012/13 | Number of Provinces where PPHC services has been provincialised. | 4 | 7 | 9 | 9 |
| | | | | Strategy on 18 priority Districts implemented and expanded to 52 districts | No of quarterly performance reports received from districts | 18 priority districts | 18 priority districts | 52 | 52 |
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Improved community participation in the governance of health Districts | 52 District Health Councils established in 2011/12 | No of District Health Councils established and functional. | 43 | 52 | 52 | 52 |
| | | | | 52 Trained of Districts Health Council annually | No of district health councils trained | None | 52 | 52 | 52 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--------------------------|---|--|---|---|--|------------------|------------------|----------------|----------------|
| DISTRICT HEALTH SERVICES | Overhaul the health system and improve its management | Implement appropriately decentralised and accountable operational management model | Improved community participation in the governance of PHC facilities. | Establishment of PHC facilities committees | No of Districts with PHC Facilities where Committees are established and functional. | 11 | 52 | 52 | 52 |
| | | | | Training of PHC facilities committees | No of districts where committees have been trained | 11 | 52 | 52 | 52 |
| | | | Improved supervision and management of PHC facilities. | Facilities visited and supervised in line with the manual | % of PHC facilities visited by a supervisor once a month | 70% | 80% | 100% | 100% |
| | | | Improved expenditure PHC services per capita. | Increased funding of PHC services. | PHC per capita expenditure per district. | R300 | R350 | R380 | R400 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-------------------|---|--|---|---|---|--|--|--|--|
| HOSPITAL SERVICES | Implement comprehensive revitalisation of physical infrastructure | Accelerate revitalisation of health facilities | Improving Hospital Services through functional and designed improved infrastructure | 4 additional hospitals included in the Hospital Revitalisation Programme (HRP) annually | Number of health facilities accepted in the program per financial year | 54 hospitals are currently funded from the HRP | 18 additional hospitals to be accepted (5 tertiary hospitals constructed or refurbished through PPPs: one tertiary hospital in the Eastern Cape, Dr George Mukhari Hospital and Chris Hani Baragwanath Hospital in Gauteng, King George VIII Hospital in KwaZulu-Natal, and Limpopo Academic Hospital and 13 from the Hospital Revitalisation Project) | 18 additional hospitals to be accepted (5 hospitals through PPP and 13 from the Hospital Revitalisation Project) | 18 additional hospitals to be accepted (5 hospitals through PPP and 13 from the Hospital Revitalisation Project) |
| | | Determine infrastructure area and cost norms for health facilities based on approved National Policies | Improving Hospital Services through functional, well designed improved infrastructure | Availability of an NHC approved Area and Cost Norms policy document by 2010/11 | NHC approved Area and Cost norms policy document | Nil | Draft Cost Norms policy document submitted to NHC for approval, (based on NHC approved Norms Policy document.) | Area and Cost norms implemented in 5 provinces | Area and Cost norms implemented in 9 provinces |
| | | Determine infrastructure standards for health facilities based on approved National Policies | Improving Hospital Services through functional, well designed improved infrastructure | Availability of preventative maintenance plans per province by 2010/11 | Provinces target 3-5% of Health operational budget for preventative maintenance by 2013 | Nil | Implementation on preventive maintenance developed by provinces based on set target of 3-5% | Implementation Plans for preventative maintenance monitored based on set target of 3-5% | Implementation Plans for preventative maintenance monitored based on set target of 3-5% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-------------------|--|---|---|---|--|------------------|---|---|--|
| HOSPITAL SERVICES | Revitalisation of physical infrastructure | Strengthen Health infrastructure delivery capacity in provinces | Improve delivery of infrastructure and health facilities maintenance | Availability of approved infrastructure delivery model which is implemented in 9 Provinces by 2012/13 | Number of health department implementing Infrastructure Delivery Model | Nil | Develop, approved and pilot the Infrastructure Delivery Model in 3 provinces health departments | 5 provinces are implementing the improved Infrastructure Delivery Model | 9 provinces are implementing the improved Infrastructure Delivery Model. |
| | | Develop & implement disaster management policy | Effective management of disasters | Availability of a National Disaster management policy implemented in 9 Provinces by 2012/13 | Number of provinces implementing disaster management policy | Nil | 3 | 7 | 9 |
| | Implement Hospital Emergency Preparedness Plan | Improved hospital emergency preparedness | 45% of hospitals implementing hospital emergency preparedness by 2012/13 | % of hospitals implementing hospital emergency preparedness | Nil | 15% | 40% | 45% | |
| | Development and implementation of a National Information Management system | Improved quality of data management systems | 9 Provinces implementing a standardized (uniform) data management system by 2012/13 | No of Provinces implementing a standardized [uniform] data management system | Nil | 4 | 8 | 9 | |
| | Provide strategic and technical support to emergency services | Effective and efficient emergency medical services | Improved quality of emergency medical services | No of Provinces complying with Emergency medical services Norms and standards | Nil | 4 | 8 | 9 | |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVE | OUTCOMES | PROGRAM OUTPUT | INDICATORS | BASELINE | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-------------------|---|---|--|--|---|--|--|---|---|
| HOSPITAL SERVICES | Overhauling the healthcare system and improving its management Introduction of NHI | Development of the Health Technology (HT) Planning System | Equitable access to & distribution of HT | HT Planning Strategy and Standards developed by 2011/12 and HT Tools produced by 2012/13 | Planning standards and relevant tools % provinces complying with the standards | Nil | HT Planning structures established at District, Provincial and National levels of the health system Essential Health Technology Packages (EHTP) updated | National HT Planning Strategy and Standards developed and implemented | Comprehensive HT Plans, Standards and Planning Tools (EHTP, Essential Equipment List) |
| | | Development of a National HT Acquisition system | Containment of spiralling HT cost | Restructured HT Acquisition System in place by 2012/13 | Restructured HT Acquisition System in place | No coherent national HT Acquisition system | HT Value Chain Analysis (including pricing and/or cost drivers, supply and demand) completed and report produced | Strategic sourcing and national tendering mechanism implemented | HT Acquisition System (esp Pricing) Restructured Implementation of "knowledgeable buyer" concept |
| | | Develop a National HT Management System | Improved HT Safety and Efficacy | 100% of Hospitals complying with Good Management Practice (GMtP) Standards by 2012/13 | % of hospitals complying to the standards | No GMtP standards enforced | GMtP Standards developed by March 2011 | 50% of Hospitals (193/386) complying with GMtP Standards | 100% of Hospitals (386/386) complying with GMtP Standards |
| | | Establishment of a National Health Technology Assessment (HTA) System | Evidence-based introduction of new HT in the health system | National HT Assessment Agency established by 2011/12 and HTA assessment institutionalised in 5/9 Provinces | Number of provinces that have institutionalized HTA | Nil | HTA Strategy approved by the National Health Council | National HT Assessment Agency established | HTA assessment institutionalised in 5/9 Provinces |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-------------------|---|--|---|--|--|------------------|--|--|---|
| HOSPITAL SERVICES | Improve the quality of health services | To support the implementation of Hospital Improvement Plan | Improved performance and effective quality of care | Availability of Hospital Improvement Plan project reports. | % of hospitals implementing the Hospital Improvement Plan. | Nil | 20% of the hospitals implementing the Hospital Improvement Plan. | 50% of the hospitals implementing the Hospital Improvement Plan. | 100% of hospitals implementing the plan |
| | | Improve the capacity of Hospital Board members through the development of a National training manual | Improved community participation in Public Sector matters | 100% of hospital boards trained by 2012/13 | Percentage of hospital boards trained. | 10% | 80% | 95% | 100% |
| | Overhaul the health system and improve its management | Improved service delivery in Public hospitals. | Availability of frameworks for delegations of authorities to CEO's. | Percentage of CEO's who have signed delegation of authorities. | 6/9 Provinces have assigned delegation to hospital CEOs | 100% | 100% | 100% | 100% |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|--|---|---|---|------------------|------------------|----------------|----------------|
| ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION | Provision of strategic leadership and creation of a social compact for better health outcomes | Strengthen Environmental and Municipal Health Services | Well functioning Environmental and Municipal Health Services | 100% of District and Metro Municipalities rendering Municipal Health Services | Number of District and Metro Municipalities rendering Municipal Health Services | 20 % | 100 % | 100 % | 100 % |
| | Provision of strategic leadership and creation of a social compact for better health outcomes | Strengthen Port Health Management | Implementation International Health Regulations at Ports of Entries | 9 Provinces complying with the International Health Regulations by 2010/11 | Number of Provinces implementing the International Health Regulations | 3 | 9 | 9 | 9 |
| | Provision of strategic leadership and creation of a social compact for better health outcomes | Implementation of NEMA | Well supported and guided implementation of NEMA | 9 Provinces implementing the NEMA by 2010/11 | Number of Provinces implementing the NEMA | Nil | 9 | 9 | 9 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|---|--|---|---|---|--|---|---|---|
| ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION | Improved Human Resources Management | Strengthen Human resource capacity | Allocation of Community Service Environmental Health Practitioners (EHPs) to Provinces and Municipalities | 45 Municipalities accepting Community Service Environmental Health Practitioners ((EHPs) by 2012/13 | Number of municipalities accepting community service Environmental Health Practitioners | 5/6 Metropolitan Municipalities accepting Community Service EHPs | 27 (Metropolitan and District Municipalities) | 36 (Metropolitan and District Municipalities) | 45 (Metropolitan and District Municipalities) |
| | Mass mobilization for better health for all | Support districts and in the implementation of the Health promotion Strategy with (special focus on the 5 pillars of the Healthy lifestyles programme) | Improved health awareness and enhance health literacy | All 52 districts implementing healthy lifestyle programmes | No of districts implementing the 5 pillars of the healthy lifestyles programme | None | 52 districts | 52 districts | 52 districts |

| SUB-PRO-GRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|--|--|--|---|--|---|---|---|---|---|
| ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION | Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases | Improve quality of care of HIV exposed infants younger than six months by increasing the proportion of primary care level facilities with health care providers trained in infant and Young Child Feeding in the context of HIV and AIDS | Reduced infant mortality due HIV and AIDS | 70% of primary care level facilities with infant and Young Child Feeding trained health care provider by 2012/13 | Percentage of primary care level facilities with health care providers trained on Infant and Young Child Feeding in the context of HIV and AIDS | 55% | 60% | 65% | 70% |
| | Mass mobilization for better health for the population | Increase routine coverage of Vitamin A supplementation among children 12-59 months | Reduced infant morbidity and mortality | 80% of children 12-59 months receiving 2 doses of Vitamin A | % coverage of Vitamin A supplementation in children aged 12 – 59 months | 50% of children 12-59 months receiving 2 doses of Vitamin A | 60% of children 12-59 months receiving 2 doses of Vitamin A | 70% of children 12-59 months receiving 2 doses of Vitamin A | 80% of children 12-59 months receiving 2 doses of Vitamin A |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|------------------------------|--|--|---|---|---|------------------|------------------|----------------|----------------|
| OCCUPATIONAL HEALTH SERVICES | Improve quality of health services | Increase numbers of ex-mine workers who undergo Benefit Medical Examination (BMEs) | Improved access to BMEs for ex-mine workers | 28 000 number of ex-mine workers undergo benefit medical examination (BME) by 2012/13 | Number of ex-mine workers who undergo BMEs | 20 000 | 23 000 | 26 000 | 28 000 |
| | | Expand Comprehensive Occupational Health Units (OHU) in District Hospitals | Improved access to Occupational Health Services | Comprehensive Occupational Health Units (OHU) established in 150 district hospitals | Number of district hospitals with comprehensive OHU | 50/264 | 70/264 | 100/264 | 150/264 |

EXPENDITURE ESTIMATES

TABLE: HEALTH SERVICES

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|----------------|----------------|------------------------|----------------------------------|-----------------|-----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| District Health Services | 6.7 | 7.9 | 11.7 | 30.3 | | | 27.4 |
| Environmental Health Promotion and Nutrition | 18.2 | 18.7 | 26.6 | 19.0 | 34.7 | 30.3 | 23.2 |
| Occupational Health | 20.3 | 24.9 | 27.3 | 30.5 | 20.2 | 22.5 | 36.6 |
| Hospitals and Health Facilities Management | 6 | 7 | 8 | 10 006.3 | 32.5 11 | 35.2 11 | 12 594.6 |
| Total | 6 566.7 | 7 465.8 | 8 949.9 | 10 086.1 | 11 528.8 | 12 083.5 | 12 681.7 |
| Change to 2009 Budget estimate | | | | 187.2 | 139.8 | 1.7 | (4.1) |

Economic classification

| Current payments | 51.7 | 63.1 | 75.8 | 93.6 | 103.1 | 104.9 | 104.2 |
|--|----------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|
| Compensation of employees | 29.9 | 32.2 | 35.9 | 39.7 | 43.9 | 46.2 | 48.6 |
| Goods and services | 21.8 | 30.9 | 39.9 | 54.0 | 59.2 | 58.7 | 55.7 |
| of which: | | | | | | | |
| Administrative fees | 0.0 | 0.1 | 0.0 | 0.2 | 0.2 | 0.2 | 0.2 |
| Advertising | 4.7 | 6.4 | 0.7 | 1.9 | 2.1 | 2.2 | 2.4 |
| Assets less than the capitalisation threshold | 0.4 | 0.3 | 0.6 | 1.2 | 1.4 | 1.4 | 1.5 |
| Audit cost: External | 0.5 | 0.7 | 0.6 | 0.8 | 0.9 | 0.9 | 1.0 |
| Bursaries: Employees | – | – | – | 0.0 | 0.0 | 0.0 | 0.0 |
| Catering: Departmental activities | 0.3 | 0.3 | 0.3 | 0.8 | 0.9 | 1.0 | 1.0 |
| Communication | 1.4 | 1.3 | 1.5 | 1.6 | 1.8 | 1.9 | 2.0 |
| Computer services | 0.0 | 0.1 | 0.4 | 2.2 | 2.4 | 2.5 | 2.7 |
| Consultants and professional service: Business and advisory services | 1.9 | 4.9 | 3.9 | 19.8 | 21.5 | 18.8 | 13.7 |
| Consultants and professional service: Laboratory service | 0.7 | 0.9 | – | – | – | – | – |
| Consultants and professional service: Legal costs | – | – | – | 0.1 | 0.1 | 0.1 | 0.1 |
| Contractors | 0.2 | 0.2 | 3.6 | 1.6 | 1.7 | 1.8 | 1.9 |
| Agency and support / outsourced services | – | – | 0.5 | 1.6 | – | – | 2.0 |
| Entertainment | – | – | – | 0.1 | 1.8 | 1.9 | 0.1 |
| Inventory: Fuel, oil and gas | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 |
| Inventory: Materials and supplies | – | – | – | 0.1 | 0.0 | 0.0 | 0.1 |
| Inventory: Medical supplies | 0.0 | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 |
| Inventory: Other consumables | 0.1 | 0.1 | 0.0 | 0.7 | 0.1 | 0.1 | 0.9 |
| Inventory: Stationery and printing | 0.0 | 0.0 | 0.3 | 3.2 | 0.8 | 0.8 | 4.0 |
| Lease payments | 0.7 | 0.7 | 2.0 | 0.4 | 3.6 | 3.8 | 0.5 |
| Property payments | 0.2 | 0.2 | 0.4 | – | 0.5 | 0.5 | – |
| Transport provided: | 0.0 | 0.0 | – | – | – | – | – |
| Departmental activity | 0.0 | 0.1 | – | – | – | – | – |
| Travel and subsistence | – | – | – | 13.3 | – | – | 16.3 |
| Training and development | 7.3 | 8.3 | 13.5 | 0.1 | 14.7 | 15.5 | 0.1 |
| Operating expenditure | 1.0 | 0.3 | 0.2 | 2.3 | 0.1 | 0.1 | 2.9 |
| Venues and facilities | 1.2 | 3.9 | 8.7 | 1.7 | 2.6 | 2.7 | 2.1 |
| | 1.0 | 2.0 | 2.7 | – | 1.9 | 2.0 | – |
| Transfers and subsidies | 6 509.3 | 7 401.6 | 8 872.2 | 9 989.4 | 11 422.4 | 11 975.1 | 12 573.9 |
| Provinces and municipalities | 6 | 7 | 8 | 9 | 11 | 11 | 12 569.7 |
| Departmental agencies and accounts | 508.5 | 398.5 | 869.7 | 984.6 3.7 | 418.7 | 971.2 | 2.9 |
| | 0.1 | 2.6 | 2.4 | – | 2.6 | 2.8 | – |

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------------|-----------------|----------------|----------------|------------------------|----------------------------------|-----------------|-----------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Non-profit institutions | 0.4 | 0.5 | – | 1.1 | 1.1 | 1.2 | 1.3 |
| Households | 0.3 | 0.0 | 0.1 | – | – | – | – |
| Payments for capital assets | 2.4 | 1.0 | 1.9 | 3.1 | 3.2 | 3.4 | 3.6 |
| Machinery and equipment | 1.5 | 1.0 | 1.9 | 3.1 | – | – | 3.6 |
| Software and other intangible assets | 1.0 | 0.0 | – | – | 3.2 | 3.4 | – |
| Payments for financial assets | 3.2 | 0.0 | – | – | – | – | – |
| Total | 6 566.7 | 7 465.8 | 8 949.9 | 10 086.1 | 11 528.8 | 12 083.5 | 12 681.7 |

Details of selected transfers and subsidies

| | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Provinces and municipalities | | | | | | | |
| Provinces | | | | | | | |
| Provincial Revenue Funds | | | | | | | |
| Current | 4 981.1 | 5 321.2 | 6 134.1 | 6 614.4 | 7 398.0 | 7 798.9 | 8 188.8 |
| Hospital management and quality improvement grant | – | – | – | – | – | – | – |
| National tertiary services grant | 4 981.1 | 5 321.2 | 6 134.1 | 6 614.4 | 7 398.0 | 7 798.9 | 8 188.8 |
| Capital | 1 527.3 | 2 077.3 | 2 735.6 | 3 370.2 | 4 020.7 | 4 172.3 | 4 380.9 |
| Hospital revitalisation grant | 1 527.3 | 2 077.3 | 2 735.6 | 3 370.2 | 4 020.7 | 4 172.3 | 4 380.9 |
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | 0.0 | – | – | – | – | – | – |
| Regional Service Council Levies | 0.0 | – | – | – | – | – | – |
| Departmental agencies and accounts | | | | | | | |
| Social security funds | | | | | | | |
| Current | – | 2.6 | 2.4 | 3.7 | 2.6 | 2.8 | 2.9 |
| Compensation Commissioner | – | 2.6 | 2.4 | 3.7 | 2.6 | 2.8 | 2.9 |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|------------|------------|------------------------|----------------------------------|------------|------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Departmental agencies and accounts | | | | | | | |
| Departmental agencies (non-business entities) | | | | | | | |
| Current | 0.1 | – | 0.0 | – | – | – | – |
| Donation | 0.1 | – | 0.0 | – | – | – | – |
| Non-profit institutions | | | | | | | |
| Current | 0.4 | 0.5 | – | 1.1 | 1.1 | 1.2 | 1.3 |
| Health Promotion: NGO | – | – | – | 1.0 | – | – | 1.2 |
| Environmental Health: NGO | 0.4 | 0.5 | – | 0.1 | 1.0 | 1.1 | 0.1 |
| | – | – | – | – | 0.1 | 0.1 | – |
| Households | | | | | | | |
| Social benefits | | | | | | | |
| Current | 0.3 | 0.0 | 0.0 | – | – | – | – |
| Leave Gratuity | – | – | – | – | – | – | – |
| Poverty Relief | – | – | 0.0 | – | – | – | – |
| Leave Gratuity | 0.3 | 0.0 | – | – | – | – | – |

PROGRAMMES 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the International Relations, Health Trade and Health Product Regulation Programme.

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PRO-GRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|------------------------|---|--|---|--|---|------------------|------------------|----------------|----------------|
| MULTILATERAL RELATIONS | Improved human resources planning, development and management | Contribute towards post-conflict reconstruction & development | Improved provision of health services in underserved areas. | 45 Cuban health professionals recruited to work in Rwanda and Sierra Leone under the Trilateral Arrangements by 2013 | Number of Cuban health professionals recruited to work in Rwanda and Sierra Leone under the Trilateral Arrangements | 28 | 10 | 15 | 20 |
| | | Strengthening bilateral relations with Africa and South-South countries. | Improved provision of health services in underserved areas. | 80 SA students recruited and retained in the SA-Cuba programme per year. | Number of SA students recruited and retained in the SA-Cuba programme | | 80 | 80 | 80 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|------------------------|---|--|---|--|---|------------------|------------------|----------------|----------------|
| MULTILATERAL RELATIONS | Improving quality of health services and accelerates implementation of the HIV/AIDS strategic plan and the increased focus on TB and other communicable diseases. | Strengthening bilateral relations and SADC integration agenda | Reduction in communicable & non-communicable diseases along cross border areas. | 4 Cross border initiatives (HIV, malaria, surveillance and TB) to manage communicable diseases along border areas facilitated by 2013. | Number of cross border initiatives facilitated to manage communicable diseases along border areas. | 1 | 2 | 3 | 4 |
| | Provision of strategic leadership and creation of a social compact for better health outcomes | Contribute towards post-conflict reconstruction & development. | Increased knowledge and skills on strengthening health services in consolidating reconstruction of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi. | 5 Technical assistance programmes (e.g. hospital infrastructure, health technology, quality assurance, hospital management, telemedicine) facilitated for the reconstruction & development of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi by 2013. | Number of Technical assistance programmes facilitated for the reconstruction & development of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi | Nil | 3 | 4 | 5 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|------------------------|--|---|---|---|---|------------------|------------------|----------------|----------------|
| MULTILATERAL RELATIONS | Accelerates implementation of the HIV & AIDS strategic plan and the increased focus on TB and other communicable diseases. | Strengthening multilateral relations (IBSA & SADC) | Improvement of health services within the developing world. | 8 initiatives facilitated to share knowledge and best practices on strengthening health systems (e.g. research on production of vaccines & microbicides) facilitated by 2013. | Number of initiatives facilitated to strengthen health systems. | 5 | 6 | 7 | 8 |
| | Mass Mobilization for better health for the population | Facilitate the implementation of the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA)- Towards meeting the MDG 5. | The African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA) launched and related activities implemented in South Africa. | 3 structured interventions coordinated in line with the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA)- | Number of reports on structured interventions essential for the promotion of the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA) | Nil | 2 | 3 | 4 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|-------------------------------|---|--|--|--|---|------------------|------------------|----------------|----------------|
| MULTILATERAL RELATIONS | Overhauling of Health Services Improving Human Resources Planning Development and Management Mass Mobilization for better health for the population Strengthening research and development | Mobilized ODA resources (technical and financial assistance) for the implementation of the 10 Point Plan | Improved health services delivery; strengthened health promotion programmes; enhanced research capacity and improved relations with United Nations agencies and Development Partners(DP) | 10 agreements with international partners signed to mobilize support for the 10 Point Plan for 2009 - 2014 | Number of agreements signed and implemented | 4 | 7 | 10 | 10 |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11-2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009 | TARGET (2010/11) | TARGET (2011/12) | TARGET (2012/13) |
|---|---|---|--|---|---|---|---|---|---|
| PHARMACEUTICAL AND RELATED PRODUCT REGULATION AND MANAGEMENT | <p>Improving the quality of Health Services</p> <p>Review of Drug Policy</p> | <p>Improve the registration of medicines and implement a shorter time to market for medicine, by reducing the backlog on medicine registrations, build in house capacity, training and aggressive recruitment of evaluators, clinical trials management, and performing inspections</p> | <p>Timely access to medicines</p> | <p>Registration timelines of 12 months for NCE and 6 months for Generics achieved by 2012/13</p> | <p>Registration timelines for NCE and Generics</p> | <p>Registration timelines of 36 months for NCE and 24 months for Generics</p> | <p>Registration timelines of 24 months for NCE and 18 months for Generics achieved</p> <p>Backlog of safety updates eliminated</p> | <p>Registration timelines of 12 months for NCE and 9 months for Generics achieved</p> | <p>Registration timelines of 12 months for NCE and 6 months for Generics achieved</p> |
| | <p>Overhaul the health system and improve its management</p> | <p>Implementation of Electronic Document Management System (EDMS) as an improved tracking system for medicine applications</p> | <p>Migration from a system of manual submission of all medicine applications to an electronic system</p> | <p>EDMS live and fully operational by 2011/12, and the regulation of complementary medicines implemented by 2012/13</p> | <p>EDMS live and fully operational</p> | <p>EDMS developed</p> | <p>EDMS piloted & EDMS goes live</p> | <p>Fully operational EDMS</p> | <p>Implement regulation of complementary medicines on to EDMS</p> |
| | <p>Overhaul the health system and improve its management</p> <p>Review of drug policy</p> | <p>Establish the Pharmaceutical and Related Product Regulation and Management Authority</p> | <p>Improved oversight over the registration of Pharmaceutical and Related Product</p> | <p>Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister by 2012/13</p> | <p>Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister</p> | <p>Ministerial Task Team appointed to assist with the establishment of the Pharmaceutical and Related Product Regulation and Management Authority</p> | <p>Legislation developed to support the establishment of the Pharmaceutical and Related Product Regulation and Management Authority</p> | <p>Legislation finalised</p> | <p>Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister</p> |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11- 2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|--|---|--|---|--|---|---|--|
| FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION | Improve quality of health services | Strengthening food control risk man- agement measures related to develop- ment/ publication/ implementation of relevant national legislation, based on international stan- dards adopted by the FAO/WHO Codex Alimentarius, where applicable | Prevention of food safety and diet re- lated illnesses, harmonization of the Depart- ment's legisla- tion with FAO/ WHO Codex Alimentarius standards and improved im- plementation of food con- trol measures at provincial and municipal levels | Nutrient profiling model finalized and implemented to evaluate health claims on foodstuffs and listing of non-essential foodstuffs by 2011/12 | Nutrient pro- filing model available and implemented to evaluate health claims and non essential foodstuffs for listing in regula- tions | University of North West tasked by industry to develop nutri- ent profiling model - work in progress | Nutrient profiling model available and tested for final implementa- tion | Nutrient profile model implemented to evaluate health claims/ non-essential foodstuffs | Evaluation of health claims/non- essential foodstuffs completed |
| | | Strengthening food control risk man- agement measures related to develop- ment/ publication/ implementation of relevant national legislation, based on international stan- dards adopted by the FAO/WHO Codex Alimentarius, where applicable | Prevention of food safety and diet re- lated illnesses, harmonization of the Depart- ment's legisla- tion with FAO/ WHO Codex Alimentarius standards and improved im- plementation of food con- trol measures at provincial and municipal levels | Participation in 12 Codex activities and inclusion of FAO/ WHO Codex Alimen- tarius standards in Department's food legislation, (where applicable) annually | Number of Codex related activities aimed at adoption of standards par- ticipated in and inclusion thereof in Department's legislation | 12 Codex re- lated activities participated in and inclusion of standards in 4 sets of leg- islation of the Department | 12 Codex related activities par- ticipated in and inclusion of stan- dards in 4 sets of legislation of the Department | 12 Codex re- lated activities participated in and inclusion of standards in 4 sets of legislation of the Depart- ment | 12 Codex related ac- tivities par- ticipated in and inclusion of standards in 4 sets of legislation of the Depart- ment |

| SUB-PROGRAMME | NHS PRIORITIES (10 POINT PLAN 2009-2014) | OBJECTIVES FOR 2010/11- 2012/13 | EXPECTED OUTCOMES | PROGRAMME OUTPUTS | INDICATORS | BASELINE 2009/10 | TARGET (2010/11) | TARGET 2011/12 | TARGET 2012/13 |
|---|--|---|--|---|---|---|---|---|--|
| FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION | Improve quality of health services | Strengthening food control risk management measures related to development/ publication/ implementation of relevant na- tional legislation, based on inter- national stan- dards adopted by the FAO/WHO Codex Alimen- tarius, where applicable | Prevention of food safety and diet related ill- nesses, harmo- nization of the Department's legislation with FAO/WHO Codex Alimen- tarius standards and improved implementation of food control measures at provincial and municipal levels | Regulations related to health claims on foodstuffs developed and finalised | Final regula- tions on health claims pub- lished | Development of draft regula- tions still to commence, awaits finaliza- tion of nutrient profiling model | Drafting of health claims/ listing of non-essential foodstuffs regulations for publica- tion for pub- lic comment | Processes comments, prepare and publish final regulations | Imple- ment new regula- tions. icro evaluation/ approval of health claims/ listing of non essential food- stuffs |

EXPENDITURE ESTIMATES

TABLE : INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

| Subprogramme | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|-------------|-------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| R million | | | | | | | |
| Multilateral Relations | | | | 45.1 | | | |
| | 31.4 | 36.7 | 61.5 | | 50.7 | 57.1 | 58.6 |
| Food Control and Non-medical Health Product Regulation | | | | 6.5 | | | |
| Pharmaceutical and Related Product Regulation and Management | 3.5 | 4.3 | 6.4 | 38.7 | 7.2 | 7.8 | 8.1 |
| | 24.8 | 23.3 | 28.7 | | 46.6 | 47.4 | 51.7 |
| Total | 59.7 | 64.3 | 96.6 | 90.2 | 104.5 | 112.4 | 118.5 |
| Change to 2009 Budget estimate | | | | 3.3 | 3.7 | (1.4) | (0.9) |

Economic classification

| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|---|-------------|-------------|-------------|-------------|--------------|--------------|--------------|
| Current payments | 58.3 | 63.8 | 96.1 | 89.4 | 103.7 | 111.5 | 117.6 |
| Compensation of employees | | | | 39.6 | | | |
| Goods and services | 30.7 | 32.6 | 35.9 | 49.8 | 42.8 | 45.1 | 47.4 |
| <i>of which:</i> | 27.6 | 31.2 | 60.2 | | 61.0 | 66.4 | 70.3 |
| <i>Administrative fees</i> | | | | 0.5 | | | |
| <i>Advertising</i> | 0.0 | 0.0 | 0.5 | 1.0 | 0.6 | 0.6 | 0.6 |
| <i>Assets less than the capitalisation threshold</i> | 0.3 | 0.3 | 0.8 | 1.9 | 1.2 | 1.2 | 1.3 |
| <i>Catering: Departmental</i> | 0.6 | 0.3 | 0.2 | 1.0 | 2.4 | 2.4 | 2.6 |
| <i>activities</i> | 0.3 | 0.3 | 0.2 | 1.1 | 1.3 | 1.3 | 1.4 |
| <i>Communication</i> | 0.5 | 0.4 | 0.4 | 7.5 | 1.3 | 1.4 | 1.5 |
| <i>Computer services</i> | – | 0.0 | 0.3 | 1.8 | 9.3 | 12.8 | 12.1 |
| <i>Consultants and professional service: Business and advisory services</i> | 0.3 | 0.1 | 5.5 | 0.1 | 2.2 | 2.3 | 2.5 |
| <i>Consultants and professional service: Legal costs</i> | – | 0.0 | – | 0.1 | – | – | – |
| <i>Contractors</i> | 0.3 | 0.1 | 2.3 | 0.1 | 0.2 | 0.2 | 0.2 |
| <i>Agency and support / outsourced services</i> | – | – | 0.0 | 0.8 | 0.1 | 0.1 | 0.1 |
| <i>Entertainment</i> | 0.0 | 0.0 | 0.0 | 0.3 | – | – | – |
| <i>Inventory: Materials and supplies</i> | 0.0 | 0.0 | 0.0 | 0.0 | – | – | – |
| <i>Inventory: Medical supplies</i> | 0.0 | – | – | – | – | – | – |
| <i>Inventory: Other consumables</i> | – | 0.0 | 0.0 | 0.0 | – | – | – |
| <i>Inventory: Stationery and printing</i> | – | 0.0 | 0.0 | 2.1 | 0.0 | 0.0 | 0.0 |
| <i>Lease payments</i> | 1.1 | 1.0 | 1.1 | 1.5 | 2.5 | 2.6 | 2.8 |
| <i>Transport provided:</i> | 1.0 | 2.0 | 2.5 | – | 1.9 | 1.9 | 2.1 |
| <i>Departmental activity</i> | 0.0 | 0.0 | – | – | – | – | – |
| <i>Travel and subsistence</i> | – | – | – | 18.4 | – | – | – |
| <i>Training and development</i> | 13.5 | 15.5 | 30.1 | – | 22.0 | 23.3 | 25.3 |
| <i>Operating expenditure</i> | 0.4 | 0.3 | – | – | – | – | – |
| <i>Venues and facilities</i> | 5.4 | 10.1 | 14.7 | 11.5 | 14.3 | 14.6 | 15.8 |
| | 3.7 | 0.7 | 1.7 | 0.3 | 1.7 | 1.8 | 1.9 |
| Transfers and subsidies | 0.1 | 0.1 | 0.1 | – | – | – | – |
| Provinces and municipalities | 0.0 | – | – | – | – | – | – |
| Households | 0.1 | 0.1 | 0.1 | – | – | – | – |
| Payment of capital assets | 1.3 | 0.4 | 0.4 | 0.9 | 0.8 | 0.8 | 0.9 |

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--------------------------------------|-----------------|-------------|-------------|------------------------|----------------------------------|--------------|--------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Machinery and equipment | 1.3 | 0.4 | 0.4 | 0.9 | 0.8 | 0.8 | 0.9 |
| Software and other intangible assets | - | 0.0 | - | - | - | - | - |
| Payments for financial assets | 0.0 | - | - | - | - | - | - |
| Total | 59.7 | 64.3 | 96.6 | 90.2 | 104.5 | 112.4 | 118.5 |

Table 17.10 International Relations, Health Trade and Health Product Regulation

| R million | Audited outcome | | | Adjusted appropriation | Medium-term expenditure estimate | | |
|--|-----------------|---------|---------|------------------------|----------------------------------|---------|---------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
| Details of selected transfers and subsidies | | | | | | | |
| Provinces and municipalities | | | | | | | |
| Municipalities | | | | | | | |
| Municipal bank accounts | | | | | | | |
| Current | | - | - | - | - | - | - |
| Regional Service Council Levies | 0.0 | - | - | - | - | - | - |
| Households | | | | | | | |
| Social benefits | | | | | | | |
| Current | - | - | 0.1 | - | - | - | - |
| Leave Gratuities | - | - | 0.1 | - | - | - | - |

6 CONCLUSION

Conclusion

The foregoing chapters have presented the priorities, objectives and targets that the department will be pursuing during the period 2010/11-2012/13, aligned to the 10 Point Plan of the health sector and the outcome-based MTSF for 2009-2014. Many more activities will be implemented during this period than are reflected in the Department's Strategic Plan.

The implementation of this plan will be consistently monitored, and quarterly as well as Annual Reports will be produced.

ANNEXURE 1: SERVICE DELIVERY IMPROVEMENT PROGRAMME FOR 2010/11-2012/13

The Department is committed to ensuring effective and efficient service delivery.

To achieve this, the Department has identified the following areas for service delivery improvement:

- Ensure that all members of the Senior Management Service sign Performance Agreements annually;
- Ensure that the Performance Management and Development System (PMDS) is used to improve service delivery;
- Ensure that the Department's Human Resources Plan is developed to provide strategies to recruit and retain skills in the Department;
- Ensure that all clients are provided with caring services;
- Ensure that all stakeholders are consulted on matters of mutual interest.

The Department will also ensure that all Parliamentary Questions are responded to timeously.

ANNEXURE 2: INFORMATION COMMUNICATION TECHNOLOGY (ICT) PLAN FOR 2010-11/12/13

FINANCIAL YEAR 2010/11

| OBJECTIVES | ACTIVIITES |
|---|---|
| a. Complete move to Civitas Building by end of March 2010 | <ul style="list-style-type: none"> ▪ Configuration, Implementation and Commissioning of the new network infrastructure. ▪ Incorporate Voice over IP in the new building. ▪ Installation, Configuration and Commissioning of the Uninterrupted Power Supply (UPS) per floor per cabinet. ▪ Telkom installation of fixed data lines. ▪ Connection of Desktops to the network switch in cabinets. |
| b. Upgrade Novell and Network environment. | <ul style="list-style-type: none"> ▪ Rollout of the new Novell Operating System (Linux platform). ▪ Upgrade Novell to Clustering environment. ▪ Upgrade Web Access ▪ Implement Quality of Service on the network. ▪ Upgrade IT Security. |
| c. Upgrade the Internet Services | <ul style="list-style-type: none"> • Implement Internet capacity and services. • Intensify the maintenance and support SLA with the ISP to improve the service. |
| d. Provide IT training (In-House). | <ul style="list-style-type: none"> ▪ Provide introductory courses to computers. ▪ Provide groupWise training. |

FINANCIAL YEAR 2011/12

| | |
|--|---|
| a. Complete move to Civitas Building (Phase II) | <ul style="list-style-type: none"> ▪ Incorporate remote sites to new network. ▪ Develop Project Plan to incorporate remote sites into Voice over IP. ▪ Database system consolidation. |
| b. Maintenance of the NDOH network infrastructure | <ul style="list-style-type: none"> ▪ Maintain Novell servers. ▪ Update Anti-virus system. ▪ Maintain Transversal systems. ▪ Maintain the firewall. ▪ Update IT security environment. |
| c. Development and implementation of the Network Operation Centre (NOC). | <ul style="list-style-type: none"> ▪ Upgrade the pro-active network monitoring system. ▪ Develop a Central IT support Centre. |
| c. Provide IT training (In-House). | <ul style="list-style-type: none"> ▪ Provide introductory courses to computers. ▪ Provide groupWise training. |

FINANCIAL YEAR 2012/13

| | |
|---|--|
| a. Maintenance of the NDOH network infrastructure | <ul style="list-style-type: none">▪ Implement Voice over IP in remote sites.▪ Maintain Novell servers.▪ Update Anti-virus system.▪ Maintain Transversal systems.▪ Maintain the firewall▪ Update IT security environment |
| b. Maintenance of the Network Operation Centre (NOC) | <ul style="list-style-type: none">▪ Maintain a pro-active network monitoring system▪ Maintain a Central IT Support Centre. |
| c. Provide IT training (In-House). | <ul style="list-style-type: none">▪ Provide Novell training▪ Provide groupWise training. |

ANNEXURE 3: NATIONAL DEPARTMENT OF HEALTH CAPITAL ASSETS ACQUISITION PLAN FOR 2010/11 – 2012/13

Building and fixed assets

1. The Department is in the final stage to renovate the laboratories as part of the process the equipment in the laboratories have also been replaced by state of the art equipment.
2. The Forensic Chemistries Laboratory in Johannesburg: The upgrading project is 60% completed and should be finalized in the 2010/2011 financial year.
3. The Civitas Building in Pretoria is being renovated for occupation by the National Department of Health, however, the funding for this project is provided under the budget of the Department of Works. The completion of the project is estimated to be completed by March 2010 and the Department will start to occupy the building during April 2010.
4. The 2010/11 budget provides for the day-to-day maintenance of the Civitas building.

Machinery and equipment

The Department has budgeted R30,715 million for the 2010/11 financial year which is allocated as follows

1. Programme 1 : Administration

This programme has budgeted R 6,787 million for 2010/11 for the normal replacements of equipment.

2. Programme 2: Strategic Health Programmes

This programme has budgeted R 16,323 million for 2010/11 of this an amount of R4, 523 million is for the normal replacements of equipment and R11,800 million is for the specialised laboratory equipment.

3. Programme 3: Health Planning and Monitoring

This programme has budgeted R 3,067 million for 2010/11 for the normal replacements of equipment.

4. Programme 4: Human Resources Management and Development

This programme has budgeted R527 000 for 2010/11 for the normal replacements of equipment.

5. Programme 5: Health Services

This programme has budgeted R3,235 million for 2010/11 for the normal replacements of equipment.

6. Programme 6: International Relations Health Trade and Health Product Regulation

This programme has budgeted R 776 000 for 2010/11 for the normal replacements of equipment.

