

Introduction by the Director-General



This Annual Report for 2005/06, of the National Department of Health, accounts for its performance against the objectives and targets set in the Strategic Plan for 2005/06-2007/08, as well as its utilisation of the resources allocated to it from the national fiscus, as well as its use of funds from other sources.

The Strategic Priorities for the National Health System 2004-2009 adopted by the National Health Council (NHC) in 2004, provided the basis for the activities that were prioritised in the Strategic Plan for 2005/06 and will therefore be reported on in this Annual Report.

An objective assessment of the performance of the Department during 2005/06 reveals numerous achievements against the planned activities. Recorded achievements include several areas where targets were exceeded. Similarly, unattained targets and constraints that impeded progress are presented frankly and candidly, and systematic interventions to address these are outlined.

HIGHLIGHTS OF THE DEPARTMENT'S ACHIEVEMENTS DURING 2005/06

The Governance and management of the National Health System (NHS) was improved in various ways during the reporting period. Communication with provinces was strengthened, with the revival of the Provincial Communicator's Forum and the establishment of the

Stakeholder Communicator's Forum. More than 20 Ministerial Izimbizo were held across the country, to provide communities with an opportunity to engage with the Department on their expectations and experiences of health service delivery. In addition, communication was enhanced by the production of a number of publications during the year.

Healthy lifestyles were also promoted through a range of interventions and events. A further 18 Ministerial Izimbizo were held to promote healthy lifestyles. Izimbizo were also held with farm workers, community health care givers, and people with disabilities. About 120 000 community members participated in the Ministerial Izimbizo during 2005/06.

Diverse measures were implemented to strengthen Quality of Care (QoC), thereby contributing to enhancing the dignity of our communities. A national hospital improvement plan was launched and the National Infection Control Policy was finalised. The Users' Guide for PHC services was translated into additional official languages.

The quality of life of elderly South Africans was also improved, with a total of 1 030 people regaining their sight after undergoing cataract surgery during the year. This exceeded the target of 1 000 cataract operations for 2005/06 that we had set at the beginning of the year.

Great strides were made towards strengthening the management of communicable diseases and non-communicable illnesses.

The Integrated Management of Childhood Illnesses (IMCI) strategy was expanded to cover additional sub-districts. The use of this strategy focuses on improving child health. In addition, more than 70% of districts provided Phase 1 of school health services, in accordance with national policy.

The Department continued to implement the Plan for the Comprehensive Management of HIV and AIDS during 2005/06, with more than 60% of sub-districts providing services in terms of the Plan. More public health facilities

provided Voluntary Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) services, than in 2004/05. Enhanced nutritional support was provided to people living with HIV and AIDS and other debilitating conditions and home-based care programmes were expanded nation wide.

The National HIV and Syphilis Antenatal Sero-prevalence Survey for 2004 was completed. The results reflected that the prevalence of HIV in South Africa is stabilising.

The Department's accelerated service delivery to former mine-workers resulted in an increased number of benefit medical examinations for mine workers being conducted. About 24 000 applications for compensation from ex-miners were processed against a target of 20 000.

Some challenges were experienced in the eradication of some communicable conditions, such as polio and measles. It was our goal to have totally eradicated these by the end of 2005/06, but a few districts in some provinces still reported confirmed cases of measles and the WHO-led certification process for polio free status could not be completed. Tuberculosis also continued to pose a challenge to the country, the region and the continent. In our effort to strengthen TB control and in line with WHO/AFRO resolutions, a TB Crisis Plan was developed and launched in March 2006.

Primary Health Care (PHC), Emergency Medical Services (EMS) and Hospital Services were also strengthened during 2005/06. An additional 12% of new hospitals were accepted onto the revitalisation programme as planned. All nine provinces included at least one psychiatric hospital in the revitalisation programme.

Planning processes at district level were strengthened, with 90% of health districts producing District Health Plans for 2006/07, based on District Health Planning Guidelines developed by the National Department. Access to Primary Health Care (PHC) as measured by headcounts increased from 67 021 961 visits in 1998 to 113 105 628 in 2005. Utilisation rates for PHC services increased nationally from 2.1 visits per person per year in 2004 to 2.5 in 2005 and with respect to improvements in the quality of PHC

services, a PHC supervisory rate of 60% was attained during 2005/06.

Seven provinces have integrated the National Emergency Medical Services (EMS) Information System into the National Health Information System. Further progress with the strengthening of the EMS will be in the 2006/07 financial year.

Selected Health Care Support Services were also strengthened during 2005/06. Forensic services including laboratories and mortuaries were transferred to Provincial Departments of Health in April 2006, as planned – with planning having taken place during the report period. The South African National Blood Transfusion Services (SANBS) developed and implemented a non-discriminatory risk assessment model, and also succeeded in supplying adequate amounts of safe blood and blood products for patients throughout the country. Looking ahead, the Department will need to address the integration of public health laboratories in KwaZulu-Natal into the National Health Laboratory Service (NHLS) as required by the National Health Act.

Significant progress was made towards the provision of safe, affordable and good quality medicines. None of our health facilities experienced stock-outs of drugs on the Essential Drug List (EDL). As planned, an appropriate dispensing fee for medicine was published for comment by stakeholders. Medicine pricing regulations were also reviewed. The Department also improved the turnaround time for the registration of new medicines.

In an effort to link rural health facilities and their tertiary level urban counterparts, the number of telemedicine sites was increased during 2005/06. In addition, to strengthen information, education and communication, new health channel sites were established which broadcast health messages. Although revised birth and death forms were not available by the end of the reporting period, provinces succeeded in establishing Provincial Vital Registration Committees.

With regard to strengthening Human Resources, the highlight of 2005/06 was the finalisation with significant consultation of the National Human Resource (HR) Plan.

This was launched on the 6 April 2006, which was designated as the International Day for Human Resources for Health by the World Health Organisation. The Department also developed a community care giver policy as well as draft regulations for Community Care Givers. More than 11 000 health workers were trained to implement the Comprehensive Plan for HIV and AIDS, against the target of 6 233. Looking ahead, the Department will continue to support provinces to develop their own HR Plans.

Key milestones were also reached in strengthening planning, budgeting, monitoring and evaluation. The culture of planning was strengthened, with the majority of provinces producing draft Annual Performance Plans and Service Transformation Plans (STPs) for 2007/08, ahead of the commencement of the budget cycle. The National Department worked closely with provinces in the drafting of these plans. An increase in the use of the project management approaches and techniques was observed, especially in relation to conditional grants.

Key Cabinet decisions were also obtained around Social Health Insurance (SHI), including approval for the implementation of the Risk Equalization Fund (REF).

Five pieces of legislation were processed/passed during 2005/06 namely, the Health Professions Council of South Africa (HPCSA) Amendment Bill, the Nursing Act, the Sterilisation Act, the Medical Research Council (MRC) Act, and the Tobacco Products Control Amendment Act. Looking ahead, the Department will fast-track the drafting of the regulations necessary to implement the National Health Act of 2003.

International health relations were strengthened during 2005/06, with an increasing number of bi-lateral, trilateral and multilateral agreements signed and implemented by the Department and its international partners.

Much more was achieved in 2005/06 than is highlighted in this succinct overview. A full account of the Department's performance and challenges encountered during 2005/06 is presented in the following sections of this Annual Report.

My own assessment is that the Department is well on course towards accomplishing the Strategic Priorities for the National Health System 2004-2009, and all of its other mandates.

In conclusion I wish to place on record my thanks to the Minister of Health for her leadership and guidance, as well as the support of the Deputy Minister, the MECs, my colleagues the Heads of Health in the provinces as well as the management and staff of the National Department of Health. Without the support and dedication of all, our achievements would not have been possible.



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