

Section 1

Performance Review

3. INFORMATION ON THE MINISTRY

3.1. Institutions reporting to the Executive Authority

The following institutions report to the Minister of Health:

- Council for Medical Schemes
- National Health Laboratory Services (including the National Institute of Communicable Diseases)
- South African Medical Research Council
- Medicines Control Council

3.3. Ministerial visits abroad

The table below reflects the official visits made abroad by the Minister of Health during the financial year.

| PERIOD | COUNTRY | REASON |
|-------------------------|--------------------------|--|
| 13 to 20 May 2005 | Switzerland | World Health Assembly |
| 25 to 27 May 2005 | Taiwan | Nurses International Conference |
| 1 to 3 June 2005 | United Kingdom | High Level Meeting on HIV and AIDS |
| 21 to 25 August 2005 | Mozambique | 55th Session of WHO/AFRO Regional Committee for Africa |
| 5 to 6 September 2005 | United Kingdom | Global Fund against AIDS TB and Malaria |
| 24 to 27 September 2005 | Tunisia | State Visit |
| 3 to 5 October 2005 | Bulgaria | ITEC Meeting |
| 12 to 16 November 2005 | China | State Visit |
| 4 to 5 January 2006 | India | Signing of SA-India Health Agreement |
| 9 to 10 January 2006 | United States of America | Global Steering Committee meeting |
| 6 to 7 March 2006 | DRC | UNAIDS- African Regional Consultative Meeting |
| 14 to 15 March 2006 | Switzerland | State Visit |
| 31 March 2006 | Russia | G8 Committee Meeting |

3.2. Bills submitted to the legislature during the financial year

The following draft bills were sent to Parliament in 2005/06: Health Professions Council of South Africa (HPCSA) Amendment Bill, the Nursing Bill, Sterilisation Amendment Bill, the Medical Research Council (MRC) Amendment Bill, and the Tobacco Products Control Amendment Bill.

4. VISION AND MISSION OF THE DEPARTMENT OF HEALTH

Vision

An accessible, caring and high quality health system.

Mission

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

5. LEGISLATIVE MANDATE

The legislative mandate of the Department derives from the Constitution and several pieces of legislation passed by Parliament. In terms of the Constitutional provisions the Department is guided by amongst others the following sections and Schedules:

- **Section 27(1)** “Everyone has the right to have access to – (a) health care services, including reproductive health care; ... (3) No one may be refused emergency medical treatment”;
- **Section 28 (1)** “Every child has the right to ... basic health care services...”; and
- **Schedule 4** which lists health services as a concurrent national and provincial legislative competence.

The health and general legislation that the Department strives to implement include:

- **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. 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 mental patients.
- **Choice on Termination of Pregnancy Act, 92 of 1996**
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 research, in particular, health research.
- **Tobacco Products Control Amendment Act, 12 of 1999**
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**
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**
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Nursing Act, 33 of 2005**
Repealed the Nursing Act, 1978 (Act No 50 of 1978) To regulate the nursing profession and matters related to the profession.
- **Allied Health Professions Act, 63 of 1982**
Provides for the regulation of health practitioners like chiropractors, homeopaths, etc 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**
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular, quality standards that must be complied with by manufacturers as well as their importation and exportation.
- **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.
- **International Health Regulations Act, 28 of 1974**
Provides for the adoption of resolutions adopted at the World Health Assembly.
- **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.
- **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 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 on 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 principle of accountable governance, and incidental matters.
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6. PROGRAMME PERFORMANCE BY BUDGET PROGRAMME

| APPROPRIATION | MAIN APPROPRIATION | ADJUSTED APPROPRIATION | ACTUAL AMOUNT SPENT | UNDER EXPENDITURE |
|--|--------------------|------------------------|---------------------|-------------------|
| National Department of Health Vote 16 | | R9 952 861 000 | R9 850 055 000 | R102 806 000 |

Responsible Minister: Minister of Health

Administering Department: Department of Health

Accounting Officer: Director-General of Health

6.1. AIM OF VOTE

The aim of the National Department of Health is to promote the health of all people in South Africa through a caring and effective national health system based on the primary health care approach.

6.2. PROGRAMMES

For the financial year 2005/06, the budget structure of the National Department of Health consisted of four budget programmes viz., Administration, Strategic Health Programmes, Health Service Delivery and Human Resources. The purpose of each programme and its measurable objectives are listed below. Major achievements of the Department are noted in the Director-General's report on highlights. In addition, more detailed achievements and key challenges are briefly described in the sections that follow.

PROGRAMME 1: ADMINISTRATION

Purpose:

Administration conducts the overall management of the department. Activities include policy-making by the offices of the Minister, Deputy Minister and Director-General, and the provision of centralised support services. The Corporate Services sub-programme includes transversal functions such as corporate finance, human resources, logistical services, office support, IT, internal audit, and legal services.

PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

Purpose:

The overall purpose of this programme is to co-ordinate a range of strategic national health policies and systems and through monitoring programme through the development of policy, and manage and fund key programmes. Four sub-programmes previously in this programme (District Health Systems, Health Monitoring and Evaluation, Mental Health and Substance Abuse and Medical Schemes) have been shifted to Programme 3: Health Service Delivery programme. Communicable Diseases is a new sub-programme.

Strategic Health Programmes had the following five sub-programmes to focus on during 2005/06:

- **Maternal, Child and Women's Health and Nutrition** formulates and monitors policies, guidelines, norms and standards for maternal, child and youth and women's health and nutrition.
- **Medicines Regulatory Affairs** supports the Medicines Control Council, and ensures that medicines meet approved specifications and standards.
- **HIV and AIDS** develops policy and administers the national HIV and AIDS and STI programmes, including co-ordinating the integrated plan for HIV and Aids and the conditional grant.
- **Pharmaceutical Policy and Planning** regulates and co-ordinates the procurement of pharmaceutical supplies to ensure that essential drugs are affordable

and available, promotes rational drug use by consumers and healthcare workers, and administers legislation on food safety and related matters.

- **Communicable Diseases** is responsible for the control of infectious diseases, including tuberculosis, and several occupational health functions, including the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases.

MEASURABLE OBJECTIVES OF PROGRAMME 2

- To continuously strengthen policies and programmes for: infectious diseases including HIV and AIDS prevention, care and support, sexually transmitted diseases and tuberculosis; child health; reproductive and women's health; occupational health; and nutrition.
- To ensure that all medicines used are safe and affordable, and that essential medicines are available at all times in the public health sector.

PROGRAMME 3: HEALTH SERVICE DELIVERY

Purpose:

The main purpose of Programme 3 - Health Service Delivery is to support the delivery of services, primarily in the provincial and local spheres of government. The programme has been significantly restructured. It has received several sub-programmes previously in *Programme 2: Strategic Health Programmes (Health Information, Research and Evaluation, Primary Health Care, District Health and Development)* and has two new sub-programmes (*Health Economics and Non-Communicable Diseases*). The latter includes the previous Mental Health and Substance Abuse subprogramme from *Programme 2*. The *Medical Schemes* sub-programme is now included in Health Economics. The Human Resources subprogramme has shifted to *Programme 4: Human Resources Planning, Development and Management*

For 2005/06 six sub-programmes were part of Budget Programme 3. These were:

- *Non-Communicable Diseases* establishes guidelines on the prevention, management and treatment of a range of chronic diseases, disability, the diseases of older people and oral health. The subprogramme is also responsible for: transferring mortuaries from the South African Police Service to provincial health departments; developing a national forensic pathology service; rationalising blood transfusion services; and liaising with the National Health Laboratory Service, including the National Institute of Communicable Diseases and the National Centre for Occupational Diseases.
- *Hospital Services* deals with policy on the provision and management of hospital services, health technology, and emergency medical services. It is also responsible for the large conditional grants for hospital services.
- *Health Economics* is a new subprogramme dealing with health economics research, medical schemes, social health insurance and PPPs.
- *Health Information, Research and Evaluation* deals with the development and maintenance of a national information system, and commissions and co-ordinates research. The subprogramme does disease surveillance and epidemiological analysis, and monitors and evaluates health programmes. It develops norms, standards and other mechanisms for improving the quality of healthcare services, and provides oversight of the activities of the Medical Research Council.
- *Primary Health Care, District Health and Development* promotes and co-ordinates the development of the district health system, monitors the implementation of primary healthcare and activities related to the integrated sustainable rural development programme and the urban renewal programme. It also includes health promotion and environmental health.
- *Office of Standards Compliance* deals with quality assurance, licensing and the certificates of need required in terms of the new National Health Act (2003) when licensing health facilities. Radiation control is also located in this budget programme.

Measurable objectives:

- To co-ordinate and support the development of a sustainable network of hospitals – completely upgrading or replacing 46 hospitals over the MTEF– to provide appropriate health care.
- To decrease intentional and non-intentional injuries.
- To increase the rate of cataract surgeries.
- To eliminate the backlog in assistive devices.
- To support the development of affordable health services, and coherent service provision and financing in the private health sector.
- To monitor and evaluate health trends, through relevant research and epidemiological surveillance, to ensure that national health policies and programmatic interventions have their desired impact.

PROGRAMME 4: HUMAN RESOURCES

The Human Resources Planning, Development and Management sub-programme was included as a separate programme in the budget for the first time in 2005/06, as the Department aimed to strengthen its focus on human resources planning and management.

Purpose:

The Department supports the planning, development and management of human resources for health at both the national and provincial spheres of government.

There are three subprogrammes:

- **Human Resources** is responsible for developing human resources policies, norms and standards, and for the efficient management of the employees of the National Department of Health.
- **Bargaining Council and Employee Relations** provides the resources and expertise for bargaining in the National Public Health and Welfare Sectoral Bargaining Council.
- **International Health Liaison** liaises with the international health community, manages participation in international organisations, co-ordinates regional health co-operation with members of the Southern African

Development Community (SADC), and identifies and co-ordinates donor and foreign assistance resources. The SADC programme has been incorporated into this sub-programme.

Measurable objectives:

- To develop human resource policies, norms and standards, and for ensuring the efficient management of the employees of the National Department of Health.
- To provide the resources and expertise for bargaining in the National Public Health and Welfare Sectoral Bargaining Council.

6.3. OVERVIEW OF THE SERVICE DELIVERY ENVIRONMENT

With medical aid coverage stagnating at 7 million or 15% of the population, the public health sector has remained the key provider of health care services for the majority of South Africans.

Access to Primary Health Care (PHC) increased from 67, 021, 961 visits in 1998/99 to 101 758 377 in 2005/06. During the period covered by this report utilisation rates for PHC services increased nationally from 2.1 visits per person per year in 2004 to 2.2 in 2005.

The burden of disease from TB continued to increase in 2005/06, as it was the case in 2004/05. The Eastern Cape, KwaZulu-Natal, Gauteng and Western Cape were the most affected provinces. With respect to the burden of disease from HIV, the prevalence rate as reflected in the 2005 antenatal survey shows no statistically significant difference from the 2004 rates and suggest that the prevalence rates are stabilising.

6.4. OVERVIEW OF THE ORGANISATIONAL ENVIRONMENT FOR 2005/06

The management and leadership of the Department was stable during the reporting period. The appointment of the Director-General and an additional Deputy Director-General for Human Resources, to work alongside the DDGs for Strategic Health Programmes and Health Service Delivery, strengthened management.

Looking ahead, the Department will continuously ensure that its organisational structure is adequate and appropriate to deliver on its mandate.

6.5. STRATEGIC OVERVIEW AND KEY POLICY DEVELOPMENTS

During 2005/06, the Department's objectives focussed on the implementation of the 10 strategic priorities for the National Health System (NHS) for 2004-2009, adopted by the National Health Council in 2004.

These priorities were:

- Improve governance and management of the NHS.
- Promote healthy lifestyles.
- Contribute towards human dignity by improving quality of care.
- Improve management of communicable diseases and non-communicable illnesses.
- Strengthen primary health care, EMS and hospital service delivery systems.
- Strengthen support services.
- Human resource planning, development and management.
- Planning, budgeting and monitoring and evaluation.
- Prepare and implement legislation.
- Strengthen international relations.

The Department enhanced its focus on health promotion during 2005/06. Healthy lifestyle campaigns were conducted in diverse settings across all sectors of society, including rural villages, urban townships, and in Parliament. A more robust set of programmes around non-communicable diseases and specifically around such issues as proper nutrition, hypertension and diabetes were developed and implemented.

7. DEPARTMENTAL REVENUE AND EXPENDITURE

7.1 COLLECTION OF DEPARTMENTAL REVENUE

The Department collected revenue to the value of R59 924 000.00. The greater part of the revenue

originated from fees payable on registration of medicines (97%). The balance consisted of interest recovered and other minor items.

7.2. DEPARTMENTAL EXPENDITURE FOR 2005/06

The Department's budget amounted to R9 952 861 000 of which R135 908 000 was allocated to Programme 1: Administration, R1 810 136 000 to Programme 2: Strategic Health Programmes, R7 950 595 000 to Programme 3: Health Service Delivery and R56 222 000 to Programme 4: Human Resources.

The actual expenditure is R9 850 055 000, which represents a 99% expenditure of the budget allocated.

7.2.1. Programme 1: Administration

The programme shows an under expenditure of R 7 million (5.15%) against a budget of R136 million.

7.2.2. Programme 2: Strategic Health Programmes

The programme shows an under expenditure of R 61 million (3.3%). Three clusters in particular were responsible for this under-expenditure. These were: Maternal, Child and Women's Health; HIV and AIDS and TB; and Pharmaceutical Policy and Planning.

The Cluster, **Maternal, Child and Women's Health** under spent their budget of R148 million by R4.5 million (3.04%). This was due to the fact that four guidelines for the treatment of certain conditions could not be printed before the end of the financial year.

The **HIV and AIDS and TB Cluster** under spent their budget of R1,557 million by R 45 million (3.0%), this can be traced to -

- (a) A saving against the budget to procure condoms due to the strength of the Rand, which reduced the unit cost of condoms; and
- (b) under spending due to the fact that insufficient space was available to store condoms, which in turn lead to the fact that less condoms, were procured than was budgeted for.

The Cluster **Pharmaceutical Policy and Planning** under spent their budget of R30 million by R9.2 million (29.9%) due to the fact that the revised Essential Drug List could not be printed before the end of the financial year.

7.2.3. Programme 3: Health Service Delivery

The programme shows an under expenditure of R 11 million (0.14%) due to under expenditure in the clusters Non Communicable Diseases (R 6.3 million or 3.1%), Hospital Services (R 2.5 million) and District Health and Development of R3 million or 1.7%).

The **Cluster Non Communicable Diseases** showed an under expenditure of R 6.3 million against a budget of R 201 million as a result of the slow delivery of sophisticated imported equipment for the Forensic Laboratories.

The **Cluster Hospital Services** under spent their personnel budget due to the late filling of posts.

The **Cluster District Health and Development** under spent their budget by R3 million against a budget of R18.1 million due to the fact that staff vacancies were not filled timeously.

7.2.4 Programme 4: Human Resources

The **Bargaining Council and Employment Relations Cluster** under spent its budget by R2.7 million (46.9%). This was due to the fact that funded posts were vacant for the greater part of the financial year.

The **International Health Liaison Cluster** showed an under expenditure mostly due to the strength of the Rand during the course of the financial year.

Conditional Grants:

All conditional Grant funding provided in the budget were transferred to provinces during the year. In summary, the Department of Health spent or transferred 89% of its total budget for 2005/06.

7.3. TRANSFER PAYMENTS TO TRADING ENTITIES AND PUBLIC ENTITIES

The National Department of Health has one trading entity, i.e. the Compensation Commissioner for Occupational Diseases and four public entities, as listed below:

- **National Health Laboratory Services (NHLS):** The purpose of this public entity is to provide the public health sector with affordable diagnostic laboratory services.
- **South African Medical Research Council (MRC):** The purpose of this public entity is to provide a national medical research services to the South African Health Sector.
- **Council for Medical Schemes (CMS):** The purpose of this public entity is to coordinate and regulate the medical scheme industry in the country.
- **South African National AIDS Council Trust (SANACT):** The purpose of this public entity is to promote the activities of SANAC in the fight against HIV and AIDS.

The four public entities received transfer payments from the National Department of Health as follows:

| | 2004/05 | 2005/06 |
|--------|---------------|---------------|
| NHLS | R 73 183 000 | R 60 538 000 |
| MRC | R 167 892 000 | R 179 304 000 |
| CMS | R 2 800 000 | R 4 803 000 |
| SANACT | Nil | Nil |

7.4. CONDITIONAL GRANTS AND EARMARKED FUNDS

About 89% of the budget of the National Department of Health consists of transfer payments to third parties. These can be classified as follows –

Conditional Grants - The transfers of the major conditional grants to provinces to fund specific functions are as follows:

| | |
|--|-----------------|
| (a) National Tertiary Services Grant | R 4 709 386 000 |
| (b) Health Professions Training and Development Grant | R1 520 180 000 |
| (c) Hospital Revitalization | R 1 105 427 000 |
| (d) Comprehensive HIV and AIDS Plan | R 1 150 108 000 |
| (e) Integrated Nutrition Programme | R 123 392 000 |
| (f) Hospital Management and Quality Improvement programmes | R 150 342 000 |
| (g) Forensic Pathology services | R 93 606 000 |

These funds flow to provincial health departments from where spending takes place on items as contained in pre-approved business plans.

Non Governmental Organisations (NGO's) – These range from national NGO's that are active in the field of health and provincial NGOs recommended for funding by provinces. More details of the NGOs that were funded can be found in the Annual Financial Statements.

8. PROGRAMME PERFORMANCE

As already indicated, during the financial year 2005/06, the activities of the Department of Health were organised around four budget programmes, namely:

Programme 1: Administration

Programme 2: Strategic Health Programmes

Programme 3: Health Service Delivery

Programme 4: Human Resources

programme one: administration

PURPOSE

The aim of this programme is to provide management and leadership to the Department, and provide strategic planning legislative and communication services and centralised administrative support.

PERFORMANCE AND SERVICE DELIVERY

ACHIEVEMENTS

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme.

LEGAL SERVICES

Significant progress was made during 2005/06 with the drafting of five pieces of draft legislation, including the Health Professions Council of South Africa (HPCSA) Amendment Bill, the Nursing Bill, Sterilisation Bill, the Medical Research Council (MRC) Amendment Bill, and the Tobacco Products Control Amendment Bill.

The HPCSA Amendment Bill was approved by Cabinet for tabling in Parliament by September 2005, and was subsequently tabled in May 2006, shortly after the end of the financial year. The Nursing Act was passed by Parliament in 2005, and subsequently signed into law by the President. Amendments to the Sterilisation Act and the MRC Act were finalised in May and July 2005 respectively. The Tobacco Products Control Amendment Bill was submitted to State Law Advisors for certification during 2005/06 and should be tabled in the next financial year.

The development of the regulations in terms of the National Health Act, as well as umbrella legislation to govern Statutory Professional Health Councils continued during 2005/06, though these were not finalised. The finalisation of the Amendments to the Medicines and Related Substances Act and the Pharmacy Amendment Bill has taken slightly longer than originally anticipated.

| SUB-PROGRAMME | MEASURABLE OBJECTIVE | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE |
|---------------|--|---|---|--|
| LEGAL UNIT | Develop regulations of the National Health Act | Draft legislation finalised for tabling/publication | Regulations of the NHA finalised in March 2006 | Work on regulations with input from policy units is still ongoing |
| | Amendments to the Tobacco Products Control Act | | Amendments to the Tobacco Products Control Act finalised in April 2005 | Tobacco Products Control Amendment Bill has been submitted to State Law Advisors for certification and should be tabled in 2006 |
| | Amendments to the Sterilization Act | | Amendments to the Sterilization Act finalised in May 2005 | Amendments finalised |
| | Amendments to the International Health Regulation Act | | Policy unit advised that these amendments were not necessary | |
| | Amendments to the Medicines and Related Substances Act | | Amendments to the Medicines and Related Substances Act finalised in November 2006 | Ministerial Task Team has been appointed to draft policy recommendations. Once adopted the necessary legislation will be drafted |
| | Amendment to the Medical Research Councils (MRC) Act | | Amendment to the Medical Research Councils (MRC) Act finalised in July 2005 | Amendments to be finalised in 2006 so that Bill can go to Cabinet for approval |
| | Amendment to the Allied Health Professions Act | | Amendment Bill to be tabled in Parliament by the end of 2006 | Work on the Bill is proceeding |

| SUB-PROGRAMME | MEASURABLE OBJECTIVE | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE |
|---------------|---|---|--|--|
| LEGAL UNIT | Umbrella legislation to govern Statutory Professionals Health Councils | Draft legislation finalised for tabling/publication | Ongoing pending finalisation of current amendments to legislation governing health professionals | Ongoing pending finalisation of current amendments to legislation governing health professionals |
| | Transformation of Statutory Councils and legislation: HPCSA Amendment Bill approved by Cabinet for tabling in Parliament | | HPCSA Amendment Bill approved by Cabinet for tabling in Parliament by September 2005 | Bill tabled in May 2006 |
| | Nursing Act passed | | Nursing Act passed in 2005 | Bill tabled in 2006 and passed by Parliament. |
| | Pharmacy Amendments Bill passed | | Pharmacy Amendments Bill passed in November 2005 | Work has commenced on amendments recommended by the Pharmacy Council |

COMMUNICATION

Communication with provinces was strengthened in various ways during 2005/06. The Provincial Communicators Forum was revived and 22 Ministerial Izimbizo were held with communities in six provinces, the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape and the Western Cape. At these Izimbizo, communities engaged directly with the Ministry and articulated both their compliments and complaints to the Department about service provision.

A range of publications was also produced to inform the public about services delivered by the Department. These included the Health Overview 2006, which outlined the achievements, challenges and future plans of health services across the country.

The Department also adopted a new Corporate Identity, which was registered with the Government Communication and Information Services (GCIS).

| SUB-PROGRAMME | MEASURABLE OBJECTIVE | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|---|--|---|---|--|
| COMMUNICATION | Develop structures for effective communication planning and implementation | Stakeholder communicators forum established and 2 meetings held every year | First meeting held in May and second meeting in November 2005 | Forum established, first meeting of scheduled for 26 July 2006 |
| | Supporting broader government communication activities | Revival of Provincial Communicators Forum meeting Imbizo events and follow-up on issues raised | Four meetings for the year to be held in the provinces 27 Ministerial Izimbizo conducted (3 visits per province per year) | Four meetings held in NW, KZN, FS and WC during the financial year 20 Ministerial Izimbizo were held as follows: 12 in KZN, 2 in Limpopo, 1 in NC, 2 in EC, 2 in MP, 1 in WC Furthermore, 18 Izimbizo were held to promote healthy lifestyles. Separate Izimbizo were held for farm workers, Community Care Givers, people with disabilities and members of the general public |
| Implementation of Corporate Identity (CI) | Registration of CI with GCIS | Registration with GCIS finalised in April 2005 | New CI implemented on all Departmental stationery | |

STRATEGIC PLANNING

Notable achievements were recorded in 2005/06 in the quest to strengthen planning in Provincial Departments of Health (DoHs). For the first time in many years, eight of the nine Provincial Departments of Health completed their Service Transformation Plans (STPs) ahead of the budget discussions for the 2007/08 budget cycle. The development of these STPs was informed by a planning tool known as the Integrated Health Planning Framework (IHPF), which facilitates long range planning by quantifying health sector needs over a 10-year period.

Furthermore, in November 2005, feedback was provided to all provinces on their Annual Performance Plans for 2006/07-2008/09 (formerly known as Strategic Plans), as well as Annual Reports for 2004/05. A booklet on the achievements, challenges and future plans of health services across the country was also developed by the Department, drawing from the 2004/05 Annual Reports of both the National and Provincial Departments of Health

Project management was strengthened in the Department during 2005/06. A state of the art electronic document management system was also implemented to improve document management, including the tracking of submissions to and from top management to further strengthen the efficiency of decision-making and feedback.

| SUB-PROGRAMME | NATIONAL DOH MEASURABLE OBJECTIVES FOR 2005-2008 | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|--------------------|--|---|---|---|
| STRATEGIC PLANNING | Implement an integrated strategic planning framework | Integrated Health Planning Framework (IHPF) applied to support national and provincial strategic plans | IHPF utilised to develop NDoH and provincial plans in February 2006 | Most provinces (8/9) used the IHPF to develop their Annual Performance Plans (APPs) and Service Transformation Plan (STPs) for 2007/08. The Western Cape used its own model, but also conducted comparisons of outputs from its own model with that of the IHPF |
| | | Provincial Strategic Plans (PSPs) analysed and comments provided (PSP are now termed Annual Performance Plan) | Comments on PSPs provided in April and July 2005 | All Provincial APP's were analysed and feedback was provided to provinces in November 2005 The first ever Annual National Health Plan (ANHP) was produced, in terms of National Health Act of 2003 |
| | | Provincial Annual Reports analysed and trends compiled | Report on Provincial Annual Reports compiled in November 2005 | All Provincial Annual Reports for 2004/05 were analysed and feedback provided to Provincial DoHs A publication entitled "Health Overview 2006" was also produced, drawing from the National and Provincial Annual Reports 2004/05 |