

SUB-PROGRAMME	NATIONAL DOH MEASURABLE OBJECTIVES FOR 2005-2008	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
STRATEGIC PLANNING	Monitor implementation of National and Provincial Strategic Plans (linked to the 10-point plan of the NHS)	Quarterly Reports	Quarterly reports produced in July and November 2005 and in January and April 2006	<p>4 Quarterly reports on the performance of the NDoH on its Strategic Plan were produced during 2005/06</p> <p>In addition, quarterly reports on the performance of Provincial DoHs on their Strategic Plans were produced during 2005/06</p>
	Strengthen the use of the Project Management Approach	No. of projects implemented in accordance with the project management approach	3 projects implemented	<p>Project plans for the Comprehensive Plan for HIV and AIDS Care, Management and Treatment and the TB Crisis management plan were developed jointly with the HIV and AIDS, STI and TB Control Cluster. The Electronic Document Management System (EDMS) was implemented in the offices of the Minister, Deputy Minister and the DG and DDGs</p>
	Strengthen and support health policy development	No. of analytical reports on proposed health policies and their possible impact	3 analytical reports (policy briefs) produced	1 policy brief was produced and distributed

## **SOCIAL HEALTH INSURANCE**

Cabinet approved the rationale for the Risk Equalisation Fund (REF), and the implementation of REF. A draft Bill that amends the Medical Schemes Act to give the Council for Medical Schemes the authority to implement the REF was finalised.

In terms of the implementation of the Uniform Patient Fee Schedule (UPFS), all medical aid schemes have in principle accepted the UPFS. However, the Department still receives reports that some medical schemes reject claims from the public health sector, thus delaying reimbursement.

Looking ahead, the Department will continue to provide support to provinces to draft, negotiate, and sign contracts with medical schemes, and also strengthen the billing systems in the public sector. The Department will address the need for a national framework on revenue retention.

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SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
SOCIAL HEALTH INSURANCE	Obtain Cabinet approval of SHI Policy	SHI policy approval	Obtain cabinet approval of policy on Risk Equalisation Fund (REF)  Begin testing the REF formula	SHI policy remains a standing item on the agenda of Cabinet. Cabinet has instructed both the Ministry of Health and Finance to agree on outstanding policy and technical matters  Cabinet approved the rationale behind the introduction of the REF system  The Council for Medical Schemes was mandated by the Minister to be the caretaker authority for the REF
	Ensure acceptance of UPFS by all users of public facilities	No. of funds accepting UPFS bills	All medical aid schemes accepting UPFS bills	All medical schemes have in principle accepted the UPFS as the billing mechanism
	Review the Medical Schemes Act to harmonise with the risk equalisation process	Report prepared for NHC	Report prepared for NHC in July 2005	The draft Bill on the amendment of the Medical Schemes Act to give the CMS the power to run the REF has been completed and submitted to Cabinet for consideration

## PURPOSE

The aim of this programme is to co-ordinate a range of strategic national health programmes through the development of policies, systems and monitoring; and manage and fund key programmes.

## PERFORMANCE AND SERVICE DELIVERY

### ACHIEVEMENTS

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

### MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCHW&N)

Some of the key strategies to achieve the health-related MDGs, such as the reduction of maternal mortality, infant mortality and under five mortality, are the focus of activities of the MCHW&N Cluster.

During 2005/06, the Department expanded the Integrated Management of Childhood Illness (IMCI) strategy to health sub districts, having attained a 100% saturation at district level in 2004/05. More than 60% of health care providers managing children in 136 of the 284 health sub-districts (48%) were trained in the IMCI strategy during 2005/06. Services for school-going children were also strengthened, with 72% of health districts providing Phase 1 of school health services. This was more than double the 30% target for 2005/06.

Close to 30% of health workers were trained in human genetics during 2005/06. Reporting on birth defects also increased from 350 000 births/year at the beginning of 2005/06, to 400 000 births/year by the end of the reporting period. This reflected progress towards the Departmental target of reporting of birth defects to 500 000 births per year.

The proportion of health facilities authorised to provide termination of pregnancy services which actually provided them during 2005/06, exceeded the set target of 45%.

The percentage of eligible people living with HIV and AIDS and other debilitating illnesses who received nutrition

supplements increased to 65% during 2005/06, which was beyond the anticipated figure of 50%.

About 40% of hospitals conducted morbidity and mortality meetings during 2005/06, 10% more than planned. Furthermore, guidelines for conducting these meetings were developed and distributed.

Several challenges around maternal and child health were experienced during 2005/06, and the Department will continue to address these during the next financial year. Progress towards the eradication of polio and measles in South Africa in 2005/06, was slower than anticipated. The country did not attain polio-free certification as planned and is unlikely to achieve this status until polio is eradicated in the region as a whole. Furthermore, the confirmed measles cases reported were beyond the expected incidence during 2005/06. This relates to the low immunisation coverage in some health districts and sub-districts which will be addressed through immunisation campaigns in the 2006/07 financial year.

Although 100% of PHC facilities had health providers trained to conduct pap smears, cervical cancer screening for 2005/06 was reported as 1.3%. This is unacceptably low and every effort will be made in the next financial year to significantly increase the rate of screening for cervical cancer.

Several policy guidelines were not published in 2005/06 as planned, including Guidelines for Infant and Young Child Feeding; Guidelines on maternal nutrition in the context of HIV and AIDS and Food-Based Dietary Guidelines. This was mostly due to delays in getting feedback from provinces. These guidelines will be presented to the National Health Council for ratification in 2006.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Improve immunisation coverage	% of districts with more than 90% full immunisation coverage	70%	Not Achieved. 23% of districts have more than 90% full immunisation coverage
	Achieve Polio Free Certification	Certified polio Free	Maintain polio free status	Achieved. South Africa met the WHO target of 80% for stool adequacy. The country also exceeded the WHO non-polio AFP detection rate of 1.0, by achieving a detection rate of 1.6
	Achieve Measles Elimination	% reduction – of measles cases	Reduce by 50% from the 721 cases reported in 2004	Not Achieved. 615 cases of measles were reported during 2005
	Reduce infant, child and youth morbidity and mortality	% of sub-districts that are saturated i.e. 60% of health care providers managing children within the district trained in IMCI	40%	48%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Reduce infant, child and youth morbidity and mortality	% of districts implementing the Youth and Adolescent Health Policy Guidelines (PGAYH)	10%	10% Furthermore, all provinces have been orientated on implementation of PGYAH. A total of 500 facilities (350 NAFCI and 150 YFS) implemented youth friendly services during 2005/06
	Decrease mortality and morbidity caused by genetic disorders and birth defects	% of health workers trained in human genetics	20%	29%
		Increase reporting of birth defects to 300 000 birth/year by 2004	500 000 birth / year	400 000 birth / year
		Improve health care services for school-going children	Percentage of health districts implementing Phase 1 of the School Health Policy (30%)	72%
	Improve women's health and reduced maternal and neonatal mortality and morbidity	Percentage cervical cancer screening coverage	10%	1.3%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)	
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Improve women's health and reduced maternal and neonatal mortality and morbidity	Institutions implementing recommendations from Saving Mothers Saving Babies reports	70%	48%	
		Institutions conducting morbidity and mortality meetings	30%	40% Guidelines for conducting morbidity and mortality meetings developed	
		Third report on Confidential Enquiries into Maternal Deaths in South Africa finalised		Report finalised and discussed by the NHC	
		Percentage of community health centres authorised to provide termination of pregnancy services	20%	20%	
		Percentage of primary health care facilities with providers trained on pap smear	30%	100%	
		Support implementation of Choice on Termination of Pregnancy (CToP)	% approved facilities providing CToP	50%	60%
		To provide nutritional support to eligible people living with TB, HIV and AIDS	Percentage (%) of eligible people living with TB, HIV and AIDS receiving nutritional support	50%	65%
		Ensure that all public health facilities are implementing the food service management policy	Percentage (%) of public health facilities implementing the food service management policy	40%	None, as the guidelines were only finalised in March 2006

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Ensure that provinces submit nationally approved INP business plans, including budget, planning and monitoring	Number of provinces that submit nationally approved INP business plans	9/9 Business Plans approved by April 2005 (100%)	All 9 Provincial Business Plans approved in April 2005 (100%)
	Finalise Food-based Dietary Guidelines (FBDG)	Guidelines approved by Minister	Approved by July 2005	Guidelines finalised April 2005 and awaiting National Health Council (NHC) approval
	Ensure that health facilities with maternity beds are declared as BFHI	Number of Health facilities with maternity beds assessed as Baby-friendly (BFHI)	35%	37,1%
	Develop policy guidelines for infant and young child feeding	Guidelines approved by Minister	Approved by September 2005	Policy guidelines yet to be finalised with inputs from provinces and submitted for approval
	Develop guidelines on maternal nutrition in the context of HIV and AIDS	Guidelines approved by Minister	Approved by December 2005	Policy guidelines to be finalised with inputs from provinces and submitted for approval

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Ensure the establishment of a system whereby all districts/clinics receive adequate RtHCs	Percentage of health districts/clinics that received adequate RtHCs	100%	100%
	Ensure that Environmental Health Professionals are trained on Food Fortification monitoring programme	Percentage of Environmental Health Professionals trained on Food Fortification monitoring programme	100%	99.4%
	Ensure that children 0-60 months and post-partum mothers receiving Vitamin A supplementation	Percentage of children 0-60 months and post-partum mothers receiving Vitamin A supplementation	6-12 months: 80% 13-60 months: 25% Post partum mothers: 50%	6-12 months: 73% 13-60 months: 14% Post partum mothers: 26%
	Ensure that all Nodal Sites receive delivering of services on the INP focus areas	Number of Nodal Sites delivering services on the INP focus areas	21/21 (100%)	21/21 (100%)

## MEDICINES REGULATORY AFFAIRS

During 2005/06, the Department streamlined the registration process of generic products and developed Standardised Package Inserts (SPIs) for all chemical entities.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
MEDICINES REGULATORY AFFAIRS	Improved mechanisms for the safety of medicines  Change safety to Registration	% of compliance with target for registration	80%	80%

## HIV AND AIDS, STIs AND TUBERCULOSIS

Almost 90% of health facilities offered Prevention of Mother to Child Transmission (PMTCT) services during 2005/06. This exceeded expectations, as the target for 2005/06 was 80%. Furthermore, close to 90% of public health facilities offered Voluntary Counselling Testing (VCT) services. A VCT policy was developed, which will strengthen the provision of these services. A new funding agreement between the Department, the Development Bank of Southern Africa (DBSA) and KfW (German Bank) was signed for the expansion of the project.

With all 53 health districts having established at least one accredited service point for the Comprehensive Plan for the HIV and AIDS Care, Management and Treatment (CCMT) in 2004/05, the Department focused on establishing these services at health sub-district level during 2005/06. Service points for the CCMT were established in more than 60% of the health sub-districts. In addition, home and community-based care programmes were established in all 53 health districts in 2005/06.

The South African National AIDS Council (SANAC) has served as an important platform for partnerships against AIDS. In 2005/06, the Council met twice, where decisions were taken to review the Council and to mobilise resources for expanded partnerships against AIDS. The

People Living with HIV and AIDS and Disability Sectors held workshops aimed at capacity building and co-ordination of sector responses.

In its capacity as the Country Coordinating Mechanism for the Global Fund to Fight AIDS, TB and Malaria, SANAC secured approximately R200 million towards the fight against HIV and AIDS in KwaZulu-Natal where Government, NGOs, academia and the private sector will work together to implement programmes aimed at capacity building, prevention and treatment of HIV and AIDS.

In terms of TB management, more than 90% of health districts across the country implemented high quality DOTS programmes in 2005/06. Best practices in TB management were also illustrated by provinces such as Limpopo, where the TB cure rate increased from 53.6% in 2003 to 67.8% in 2004.

However, other TB performance indicators proved more difficult to improve. Nationally, a TB cure rate of 48% was recorded, notably lower than the target of 65% for 2005/06. Smear conversion rates, treatment interruption rates and the performance of laboratory services were all lower than the targets set by the Department. Slightly more than 50% of health districts reported turn around times for TB specimen of 48 hours or less, against the 2005/06 target of 80%.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
HIV AND AIDS, AND STIs	Ensure implementation of DOTS strategy in all districts and improve the quality of DOTS	Percentage of health districts with high quality DOTS programmes	100%	94.3%
	Assist districts to develop supervision and monitoring systems for community DOTS	Percentage of new smear positive tuberculosis cases cured at first attempt	65%	50.8%
	Assist districts to develop supervision and monitoring systems for community DOTS	Smear conversion rate (sputum test change from positive to negative)	70%	62.8%
	Support each province to develop a plan to reduce treatment interruption	Percentage (%) of new smear positive TB cases defaulted treatment (defaulter rate)	10%	10.2%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
HIV AND AIDS, AND STIs	Improved interventions to deal with the HIV and Aids epidemic	Proportion of districts with turn around time of 48 hours or less	80%	55.2% <i>(This proportion reflects specimens within 48hrs and not districts, as that is not available)</i> Need to align with target
		Percentage of public health facilities offering voluntary counselling and testing	100%	88%
		Number of male condoms distributed	425 million	413 243 000
		Number of female condoms distributed	3,5 million	2 015 000
		Percentage of health facilities that offer PMTCT	80%	87%
	Improved interventions to deal with the HIV and Aids epidemic	Percentage (%) sub-districts with at least one accredited service point for the Comprehensive Plan	40%	63%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
HIV AND AIDS, AND STIs	Increase access to home/community based care provided by Community Health Workers (CHWs)	Percentage (%) of districts with home/community based care programmes	50%	100%
	Establish palliative care centres for people with terminal and debilitating conditions	Percentage (%) of districts with palliative care centres	20%	10%
	Increase involvement of people living with HIV and AIDS	Percentage (%) of districts with PLHA focused programmes	30%	50%
	Train Health Care Workers on Anti-retroviral Therapy in accredited service points	% of health care workers trained on ART in accredited service points	60%	87%

## PHARMACEUTICAL POLICY AND PLANNING

During 2005/06, the Department made significant strides towards ensuring the availability of safe and affordable medicines to all South Africans.

The Department ensured that the percentage of stock outs of medicines in the Essential Drug List (EDL) was kept at 0% during 2005/06. In addition, there were no stock outs of anti-retroviral at accredited Comprehensive HIV and AIDS Management and Treatment Plan sites.

About 70% of pharmacies and dispensers that applied for licenses during 2005/06 and met all requirements, were licensed. However, no inspection of licensed dispensers was conducted during the reporting period. The inspection process was hampered by the lack of capacity on the part of the Department, and the inability to attract personnel due to poor remuneration packages.

A revised dispensing fee was published for public comment on 10th March 2006. Pricing regulations were also reviewed and published for public comment.

During the reporting period, the Department improved compliance with targets for the registration of medicines. Looking ahead, the Department will strengthen its own capacity to conduct in-house reviews.

With regard to strengthening health technology, a Quality Assurance Program for medical devices was developed. In addition, risk management and infection control strategies developed and implemented.

However, the regulations of the National Health Act of 2003 pertaining to health technology have not been finalised as anticipated. In addition, health technology governance structures were not established. This was mostly due to staff shortages in the Department.

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SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
PHARMACEUTICAL POLICY AND PLANNING	Develop Essential Drugs Lists and Standard Treatment Guidelines	Revision of Adult EDL and align to procurement	95%	96%
		Revision of Paediatric EDL and align to procurement	100%	99%
		Percentage (%) of stock outs (1 week) of medicines on the EDL	0%	0%
	Improve pharmaceutical procurement, management and use	Survey on utilisation of hospital level, adults and paediatric STG/EDL	100%	97%
		Report on utilisation of hospital level, adults and paediatric STG/EDL	100%	95%
		Advocacy workshops on monitoring and evaluation of EDP survey implementation held	2	0
	Strengthen capacity building for in-house reviews	Percentage (%) of reviews done in-house, without outsourcing	15%	10%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
PHARMACEUTICAL PROGRAMMES AND PLANNING	Monitor the procurement and supply of all antiretroviral for the Comprehensive HIV and AIDS Management and Treatment Plan	Percentage (%) of stock-outs of medicines at all accredited facilities	0%	0%
	Implement system to licensing and inspections	Percentage (%) of pharmacies licences issued against applications received	100%	70%
		Percentage (%) of dispensers licensed against completed applications received	100%	70%
	Strengthen pharmaceutical management information system	Computerised inventory management and management information system implemented	40%	40%
	Establishment of a database of single exit prices of medicines in the private sector	Fully functioning of a robust, web-based medicine pricing and database	10%	50%
	Review of dispensing fee	Appropriate dispensing fee published and accepted by industry	50%	100%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
PHARMACEUTICAL AGRICULTURAL EVALUATIONS	Explore the possibility of setting a maximum fee for logistics	Appropriate logistics fee published and accepted by industry	10%	50%
	Review of current pricing regulations	A set of regulations accepted by all the relevant stakeholders in the pharmaceutical industry	50%	50%
HEALTH TECHNOLOGY POLICY	Establish Health Technology	National Health Technology Management Committee endorsed in regulations	March 2006	Not achieved
	Governance structures	Health Technology (HT) Assessment approved by NHC	March 2006	Not finalised as yet
	Ensure safety of Medical devices	Quality Assurance Program for medical devices developed	November 2005	Completed
	Implement infection control program for Health Technology	Risk Management and infection Control strategies developed and implemented	December 2005	Completed
FOOD CONTROL	Publish Health Technology Regulations	Health Technology regulations published	December 2005	In the process of finalisation
	Implement Health Technology Audit	Health Technology Audit conducted in 10% of hospitals in provinces	March 2006	Not achieved
	Implement new integrated national food control system	New national food control system implemented	Comprehensive Policy document Developed December 2005	Task Team established in February 2006 and working on the production of comprehensive policy document

## **NON-PERSONAL HEALTH SERVICES: OCCUPATIONAL HEALTH POLICY AND PROGRAMME DEVELOPMENT**

A draft National Occupational Health Safety (OHS) Policy document for South Africa was completed during 2005/06. The draft policy together with a draft National OHS Bill are being consulted across the relevant government departments before being forwarded to Cabinet.

With regard to the implementation of SADC Occupational Health Programmes, a Memorandum of Understanding was signed with Mozambique on the sharing of expertise around OHS. A project to train medical officers on the ILO radiograph classification was approved, but the Department experienced difficulties in identifying a service provider to provide the training.

Fewer institutions than anticipated provided occupational health services during 2005/06, mainly due to the lack of trained personnel. Looking ahead, the Department in conjunction with provinces will address the need for trained occupational practitioners from both the medical and nursing professions. About 148 nurses were trained to conduct benefit medical examinations of ex-mine workers and in taking quality spirometry (i.e., lung function tests).

Fewer members of SMMEs in metropolitan areas benefited from occupational health services than was anticipated during 2005/06.

Notable achievements were recorded in the provision of health care services to ex-miners. As can be seen from the table below, all the targets for 2005/06 were exceeded.

More than 24 000 applications from ex mine workers were processed, against a target of 23 000 for 2005/06. The certification of applications by the Certification Committee also exceeded expectation. More hospitals than anticipated demonstrated the capacity to perform benefit medical examinations. In summary, the Department accelerated service delivery to ex-mine workers during 2005/06.

## **COMMUNICABLE DISEASE CONTROL**

Efforts to combat malaria were strengthened during the reporting period. The findings and recommendations of the Roll Back Malaria Survey were shared with the malaria affected provinces. Workshops for health promoters were conducted in four provinces, focusing on communicable diseases.

An Influenza pandemic preparedness plan was also finalised and forwarded to Cabinet for approval.

Looking ahead, the Department will assist provinces to finalise indicators required to strengthen monitoring and evaluation of communicable diseases.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
NON-PERSONAL HEALTH SERVICES: OCCUPATIONAL HEALTH POLICY AND PROGRAMME DEVELOPMENT	Strengthen and expand Occupational Health Services	Inter-departmental strategy for OH service co-ordination in South Africa developed	Policy framework for OHS in South Africa approved by Cabinet by March 2006	Draft National OHS Policy document for SA completed, and currently being discussed with relevant departments
		Percentage of public health institutions in each province providing occupational health services	50%	25% of public hospitals in each province
		Safety risk assessment tool developed	March 2006	Safety risk assessment tool not yet developed
	Develop and implement a comprehensive service to the informal sector (SMMEs) in the metropolitan areas	Percentage of the informal sector covered by Occupational Health Services in each metropolitan area	5%	1% of the informal sector covered by occupational services in each metropolitan area
	Implement SADC Occupational Health Priorities	Number of SADC priority occupational health programmes implemented	1	Memorandum of Understanding signed with Mozambique

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET (05/06)	ACTUAL PERFORMANCE (05/06)
COMMUNICABLE DISEASE CONTROL	Improve provision of medical services for ex-miners	<p>Number of applications from ex- mine workers processed</p> <p>Number of applications certified by Certification Committee</p> <p>Number of hospitals (out of 400 hospitals) with capacity to perform benefit medical examination</p>	<p>23 000</p> <p>20 000</p> <p>70</p>	<p>24 854</p> <p>22 000</p> <p>187</p>
	Strengthen malaria control	Number of malaria affected provinces implementing the recommendations from the Roll Back Malaria Survey	All malaria affected provinces (KZN, LP, MP) with implementation plans	Findings and recommendations of the survey were shared with the provinces
	Scale up epidemic preparedness and response	Implementation of EPR policy guidelines by provinces	Policy guidelines finalised in 9 provinces	EPR guidelines finalised are already being used by provinces as working document

## programme three: health service delivery

### PURPOSE

To support the delivery of services, primarily in the provincial and local spheres of Government.

### MEASURABLE OBJECTIVES OF PROGRAMME 3

- To co-ordinate and support the development of a sustainable network of hospitals – completely upgrading or replacing 46 hospitals over the MTEF– to provide quality 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.

### PERFORMANCE AND SERVICE DELIVERY

#### ACHIEVEMENTS

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

#### NON-COMMUNICABLE DISEASES (NCD)

Health care delivery to senior citizens of South Africa, was strengthened during the reporting period. Significant progress was made with sight restoration, as a total of 1 030 cataract surgeries were performed during 2005/06, which exceeded the target set by the Department. Information Education and Communication material for a diversity of cancers identified in the National Cancer Registry were developed and disseminated to provinces.

Significant progress was also made during the reporting period with the strengthening of health care support services. The South African National Blood Transfusion Services (SANBTS) succeeded in supplying adequate

amounts of safe blood and blood products to patients across the country, and maintained the required annual increase. The supply of safe blood and blood products to district hospitals will be further strengthened, as per the recommendations of the Confidential Inquiries into Maternal Deaths.

The SANBTS developed a non-discriminatory risk model and begun implementing it in October 2005 after interventions by the Department of Health. In addition, a billing system for laboratory services which allows for differentiation, was completed and implemented.

Looking ahead, the Department will continue to address the issue of the integration of KwaZulu-Natal laboratories into the National Health Laboratory System (NHLS), as required by the National Health Act. Opening of a Bio-Safety Laboratory Level 4, was slightly delayed, and will take place in late 2006.