

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|---|--|--|---|
| NON-COMMUNICABLE DISEASES (NCDS) | Prevention and management of priority NCDs (hypertension, diabetes, asthma, epilepsy and obesity) | Development of a generic strategy and tools for monitoring and evaluating implementation of guidelines | Generic strategy and M&E tool available to provinces by March 2006 | The focus changed in September 2005 to the development of a generic strategy for implementation of long-term care model |
| | Strengthen National Cancer Control Programme | Education of men on prostate and testicular cancer Develop IEC material for other cancers as identified in National Cancer Registry | IEC material developed by September 2005 IEC material developed by September 2005 | Completed Completed |
| | Expand the cataract surgery project | Number of operations per million population | 1 000/million population by December 2005 | 1 030/million |
| | Develop sustainable systems to ensure an adequate supply of safe blood for the patients of South Africa | Percentage (%) in crease in the supply of blood units per annum | Increase supply of blood units by 15% per annum (of current supply) | The blood services met the objective of supplying adequate amounts of safe blood and blood products to patients who required a blood transfusion as part of their therapy |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|--|---|--|---|
| NON-COMMUNICABLE DISEASES (NCDS) | Strengthen oversight over SANBTS | Develop non discriminatory risk model | Safe model fully implemented by September 2005 | Model was implemented in October 2005 |
| | Strengthen oversight over public entities: NHLS | Integration of KZN labs into NHLS | March 2006 | Did not materialise, but implementation plan for 2006/07 is in progress |
| | | Billing system allowing differentiation implemented | July 2005 | Completed and functional |
| | | BSL4 lab opened | December 2005 | Will be finalised in 2006. Department experienced difficulties in finding a Bio safety engineer |
| | Commission the TB reference laboratory | TB reference laboratory commissioned (i.e opened and functioning as property of NHLS) | March 2006 | Not completed because the lab plan has been expanded dramatically |

MENTAL HEALTH

Mental health care services were enhanced in various ways during the reporting period, in keeping with the provisions of the Mental Health Care Act of 2002.

In 60% of health districts, mental health and substance abuse services were integrated into the primary health care services (PHC). In each of the 53 health districts, one trauma site per district was established for survivors of violence. Furthermore, several provinces have begun to establish child and adolescent psychiatric services.

The development of infrastructure for psychiatric services is also improving. Four provinces (KwaZulu-Natal, Limpopo, Northern Cape and Western Cape) had one psychiatric hospital in the hospital revitalisation programme during 2005/06.

Looking ahead, the Department will support provinces to increase the number of appropriately trained mental health practitioners at PHC level and enhance the availability of psychotropic drugs in PHC facilities. The provision of child psychiatric forensic services will also be addressed.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|---------------|--|--|---------------------------|--|
| MENTAL HEALTH | Implementation of the Mental Health Act No. 17 of 2002 | % District with integrated mental health and substance abuse services into PHC | 40% | Provinces report integration to be above the 60% target |
| | | Number of provinces with at least one psychiatric hospital in revitalisation programme | One facility per province | Four provinces have one psychiatric hospital in the revitalisation programme |
| | | Number of trauma sites for victims of violence | One site in each district | All districts have at least one site |
| | | Number of provinces with a designated mental health plan | 9 provinces by March 2006 | All 9 provinces |
| | | Number of provinces with at least on child and adolescent psychiatric service | 9 provinces | 5 provinces |

HOSPITAL SERVICES

Hospital management was strengthened in various ways during the reporting period. In all nine provinces, authority was delegated to hospital managers. The Department is in the process of conducting a review of the written delegations that apply to hospital CEOs.

In keeping with the target for 2005/06, an additional 12% of hospitals in the country were included in the hospital revitalisation programme. The Department has also provided support to provinces in compiling monitoring reports and targets for all components of the revitalisation programme. The Department has also designed a revitalisation programme structure that would assist provinces to achieve full implementation of all components of the programme.

With the exception of the Western Cape and Free State, all the other seven provinces have integrated the National Emergency Medical Services (EMS) Information System into the National Health Information System, as agreed with the Department. The Western Cape Department has its own system in place, but has agreed to forward its data to the National Department. The Free State Department cited a lack of resources to implement the National EMS Information System.

Progress with the implementation of the EMS Strategic Framework has been slower than anticipated. Looking ahead, the Department will strengthen the implementation of this Framework and the development of disaster management strategies.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|---------------------------|---|--|----------------|----------------------------|
| HOSPITAL SERVICES AND EMS | Authority delegated to hospital managers | No. of provinces with hospital management delegated effectively | 9 | 9 |
| | Effective hospital revitalisation programme extended to 81 hospitals by 2007/08 | Percentage of hospitals accepted onto the revitalisation programme | 12% (46) | 12% (46) |
| | Effective hospital revitalisation programme extended to 81 hospitals by 2007/08 | Percentage of revitalisation hospitals implementing hospital management and health technology audit components | 100% | 100% |
| | Improved effectiveness of Emergency Medical Services (EMS) | Number of provincial business cases approved by National DoH for the National EMS Strategic Framework | 9 | 0 |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|---------------------------|--|---|----------------|--|
| HOSPITAL SERVICES AND EMS | Improved effectiveness of Emergency Medical Services (EMS) | Number of provinces with business plans for ambulance service improvement have been approved and implemented | 9 | 0 |
| | | No. of provinces in which the National EMS Information System has been integrated into the National Health Information System | 9 | 9 |
| | Strengthen the development of disaster management strategies | Number of province adopting and implementing a nationally agreed disaster management policy | 9 | No province has adopted the national policy; the policy is only partially completed. |

HEALTH ECONOMICS

During 2005/06, the Department supported provinces to complete business plans for various conditional grants ahead of the 2006/07 planning cycle, and to more accurately quantify their needs.

The Department also secured funding for provinces to start implementing the first phase of the Modernisation of Tertiary Services (MTS) Plan, by acquiring radiology equipment. However, some provinces were more successful than others in accessing the MTS funding from their respective treasuries as the funds were channelled through the equitable share.

The Department also reviewed the National Tertiary Services Grant (NTSG), drawing from provincial data on the of tertiary services. The Department produced a report on the NTSG, which was shared with the Standing Committee on Finance and National Treasury.

Progress with hospital costing studies and a review of public health expenditure was slower than anticipated, but will be fast-tracked in the next financial year.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|------------------|---|---|----------------------|--|
| HEALTH ECONOMICS | Budget preparation | Bids for 10X10 and joint NHC prepared | June and August 2005 | A comprehensive bid document was prepared – highlighting funding requests of the health sector |
| | Consolidation of Conditional Grants | Input and request on conditional grants collated | June 2005 | Quarterly data received from provinces and the Annual report on the National Tertiary Services Grant was completed |
| | Prepare budgets for Comprehensive Plan for HIV and AIDS | Budgets prepared for each financial year | June 2005 | The provincial Comprehensive HIV and AIDS business plans were finalised in September 2005 |
| | Conduct Benefit-Incidence Study | Report on the benefit-incidence Study | July 2007 | Department has commenced with the tendering process and potential service providers were identified |
| | Implement the Modernisation of Tertiary Services Plan | NTS and HPTD conditional grants integrated | July 2005 | The provincial MTS Implementation plans have been developed |
| | Conduct Provincial Health Expenditure reviews | Financial expenditure data analysed | November 2005 | Input on the provincial health expenditure could not be analysed pending the development of the provincial health expenditure review tool. This process is currently in progress |
| | | Liaise with STATSSA on health inflation and link with GIS mapping on facilities | May 2005 | Work on developing a GIS database and mapping all health care facilities is in progress |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|------------------|---|---|----------------|--|
| HEALTH ECONOMICS | Conduct Provincial Health Expenditure reviews | National Tertiary Services Grant monitored and reports prepared | August 2006 | Annual Report on National Tertiary Services Grant was completed and forwarded to Standing Committee on Finance and National Treasury |
| | Conduct hospital costing studies | Reports produced | May 2005 | Department had commenced with the tendering process and potential service providers were identified |
| | Review public health expenditure | National Health Accounts conducted and report produced | December 2005 | The tendering process is in progress and the potential service providers have been identified |

HEALTH MONITORING AND EVALUATION

Progress was made towards strengthening the vital registration system during the reporting period. Three provinces, Gauteng, North West and Mpumalanga, established Provincial Vital Registration (PVR) Committees during 2005/06. KwaZulu-Natal and Western Cape Provinces have had PVR Committees since 1998. Support is being provided to the other four provinces to establish PVR committees.

As planned, 61% of telemedicine sites became functional during 2005/06. In addition 60 new health channel sites were established.

Although the implementation of an Electronic Health Record for SA (eHR.ZA) progressed slower than anticipated, a Request for Information (RFI) was published and evaluated during 2005/06.

During 2005/06, the Department consistently monitored and reported on key health indicators. Two publications entitled Key Health Statistics 2005 and Health Indicator Update on Health Finance, were produced. The Department also worked with Statistics South Africa to develop South Africa's Country Report on the Health-related Millennium Development Goals, and produced the 2005 report to the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS.

Support was provided to all nine provinces to monitor the implementation of the Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) Programme. All provinces submitted monthly returns during 2005/06. About 370 provincial officials, including information officers, data capturers and programme managers were trained in the monitoring of the CCMT Programme.

The Department conducted its annual antenatal survey in October 2005 and produced the survey report. The Department also produced a report on estimates of the number of people infected with HIV.

Looking ahead, the Department will address challenges such as the use of paper-based systems to monitor the

CCMT, the lack of standard patient forms in some provinces, reluctance to use nationally designed patient forms and delays in advertising and recruitment of data capturers by the provinces.

With regard to the implementation of the Electronic Integrated Disease Surveillance System and its interface with other surveillance systems, the Department developed an interim solution during 2005/06. The interface between the electronic TB Register and the interim solution is being finalised to facilitate the direct export of the TB data from the ETR.net to the Notifications System. Immunisation data will also be directly exported from the DHIS database to the Notifications System.

During the reporting period, the Department also developed regulations for the establishment of National Health Research Ethics Council (NHREC). A call for nominations for potential members of the NHREC was advertised, and nominations received. The Department also produced regulations for the formation of the National Health Research Council (NHRC), requested applications for appointment to the NHRC.

The Department was encouraged by the interest shown by health systems researchers and health professionals to serve on both the NHREC and NHRC.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|--|--|---|---|
| HEALTH MONITORING AND EVALUATION | Set standards for health information systems | Implementation of the ICD-10 code in all public and private sector | Adoption of an electronic health record in all public and private sector facilities | 425 health workers trained on ICD-10 Coding in 9 provinces 10 ICD-10 booklets distributed per province RFI for electronic health record published and evaluated |
| | Strengthen the vital registration system, with a focus on birth and death registration | Revision of both birth and death forms to improve accuracy of data | Revised birth and death forms available by March 2006 | Not achieved |
| | Strengthen support to health services in remote rural areas by providing tele-medicine | Percentage (%) of functional telemedicine sites | 60% | 61% Functional sites (i.e. 68 of the 111 sites as per Telemedicine strategy) |
| | | Completion of the Mpumalanga tele-learning site | Mpumalanga learning centre fully functional by March 2006 | 90% complete |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|---|---|----------------|---|
| HEALTH MONITORING AND EVALUATION | Coordinate, support and conduct research and monitoring and evaluating activities | Health Indicator Update and Key Health Statistics Update | Quarterly | A Key Health Statistics 2005 booklet and a Health Indicator Update on health finance were produced Two health indicator updates on TB and malaria; and Maternal health were produced |
| | Coordinate, support and conduct research and monitoring and evaluating activities | No. of provinces supported to monitor the implementation of the Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) Plan | 9 provinces | All 9 provinces submitted monthly returns |
| | Coordinate, support and conduct research and monitoring and evaluating activities | Report on the ante-natal survey (HIV) published annually | April 2006 | The ante-natal survey report has been completed |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|--|---|---|--|
| HEALTH MONITORING AND EVALUATION | Strengthen expanded second generation HIV Surveillance | Report on the National Behavioural Surveillance Study Published every 2 years | Conduct 2nd National Behavioural Surveillance Survey interface with YRBS by July 2005 | A review of all behavioural surveillance studies in S.A is underway. This will inform the way forward with the Behavioural Surveillance Survey (BSS) |
| | Strengthen expanded second generation HIV Surveillance | Report on Incidence testing every 2 years | 2 ND report on incidence testing and Incidence testing for 2004 survey completed by October 2005 | The incidence work is on hold internationally, as the current methodology for deriving estimates is deemed to be unreliable |
| | Strengthen Integrated Disease Surveillance Systems | Electronic Integrated Disease Surveillance System disease notification system implemented | Interface with other surveillance systems established by March 2006 | An interim solution has been developed and training is underway in the provinces |
| | Strengthen Integrated Disease Surveillance Systems | Regulations on Notifiable medical conditions published | Publish Regulations by March 2006 | Regulations finalised, but not published |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|---|--|--|--|
| HEALTH MONITORING AND EVALUATION | Strengthen systems for the management and co-ordination of research and research ethics | Functional National Health Research Ethics Council (NHREC) established | Regulations Published by March 2006 | Regulations finalised, but not published |
| | | Functional National Health Research Committee (NHRC) established | Regulation Published by March 2006 | Regulations finalised, but not published |
| | | Electronic Health Research database established and updated annually | Publish the database electronically by December 2005 | Excel Database compiled in March 2005. In-house intranet research database established in September 2005 |
| | | Policy on research co-ordination in the Department of Health | Implement research co-ordination in the DoH according to regulations by March 2006 | Policy framework has also been sent to provincial health research committees for comment |

QUALITY OF CARE

During the reporting period, the Department strengthened its efforts to improve the quality of hospital care, focusing initially on hospitals that form part of the hospital revitalisation project but broadening its focus to all hospitals in January 2006. A wide range of quality mechanisms was prescribed and is being implemented. A final draft of the National Infection Prevention and Control Policy was produced. Accompanying infection control strategies as well as guidelines were also developed.

The Department also continued to translate its Users' Guide for PHC services into additional official languages, to assist users of health services to better understand the nature and quality of services they can expect. The guide is now available in English, Afrikaans, IsiXhosa, IsiZulu and Setswana.

Significant progress was also made with the development of District Hospital service norms and standards, though the target date for completion is November 2006.

Although the completed Regional Hospital service norms and standards are only due for completion in November 2007, the Department made progress in this activity in 2005/06. An external service provider was appointed, who also began verifying the proposed package.

The establishment of a National Clearing house for clinical guidelines in South Africa was not completed as planned, due to inadequate participation by key stakeholders.

The development of a Quality Assurance Training framework approved by the South African Qualifications Authority (SAQA) has not progressed as planned. The formation of relevant Standards Generating Bodies has proved formidable, but will be fast-tracked in the next financial year.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|---------------------------------------|--|----------------|---|
| HEALTH MONITORING AND EVALUATION | Strategies to improve Quality of Care | Percentage of revitalisation hospitals per province implementing proposed/ prescribed quality mechanisms | 75% | 70% |
| | | Set up a National Clearing house for clinical guidelines in South Africa | March 2006 | A national clearing house for clinical guidelines has not yet been established |
| | | Develop National Infection Control Policy | December 2005 | A National Infection Prevention and Control Policy has been prepared. An accompanying Strategy as well as Guidelines has been developed |

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|----------------------------------|--|---|----------------|---|
| HEALTH MONITORING AND EVALUATION | Strategies to improve Quality of Care | Percentage (%) increase in the number of complaints received through the system, from the current baseline of ± 300 complaints per year | 10% | The number of complaints received by the national Department of Health remained more or less the same as the previous year. |
| | Develop SAQA approved Quality Assurance Training Framework | Quality Assurance Training Framework approved by SAQA | March 2006 | A Quality Assurance Training framework has not yet been approved by SAQA Constituting the relevant Standards Generating Bodies has been difficult, thus causing delays |
| | Monitor clinical quality in revitalisation hospitals | No. of revitalisation hospitals conducting at least one or more clinical audits as required by the Division of Revenue Act (DoRA) | 27 | 27 |
| | | Percentage (%) increase in the number of public sector hospitals conducting clinical audits as required by the Division of Revenue Act (DoRA) | 10% | 15% |

DISTRICTS AND DEVELOPMENT

During 2005/06, the Department continued to support provinces to deliver PHC services through the District Health System (DHS).

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.

The PHC service package was delivered in 90% of sub-districts during 2005/06. The Department will conduct a systematic and comprehensive audit of PHC in the next planning period to ascertain what parts of the package are proving difficult to provide and the reasons for this.

Access to Primary Health Care (PHC) as measured by headcounts increased from 67 021 961 visits in 1998/99 to 101, 758, 377 in 2005/06. Rates for PHC services increased nationally from 2.1 visits per person per year in 2004 to 2.2 in 2005 and with respect to improvements in the quality of PHC services, a PHC supervisory rate of 60% was attained during 2005/06.

The function split between personal PHC and Municipal Health Services (non-personal services, largely environmental health services) in terms of the National Health Act of 2003, has contributed significantly towards creating certainty in terms of the responsibility of provinces and municipalities. All 53 health districts developed plans for the transfers and secondment of staff from municipalities to provinces. The provincialisation of personal PHC in all non-metro municipalities has commenced.

The *Healthy Lifestyles* programme was implemented across the country during 2005/06. Health lifestyles campaigns were conducted in collaboration with 24 non-governmental organisations. Approximately 120 000 community members were addressed by the Minister on various healthy lifestyle issues. Other activities of the programme included: celebration of National Health Awareness Days, health screening activities at events, the establishment of Food Garden Projects, Move For Health National workshops, education on chronic diseases, tobacco, nutrition and alcohol and Road Safety; and the provision of IEC materials through

various media.

The Healthy Environments for Children Initiative also gained momentum during 2005/06. A national awareness campaign on the Prevention of Lead poisoning amongst children was conducted in December 2006. Discussions with stakeholders were conducted focusing on strategies to regulate the paint industry.

The implementation of the Tobacco Products Control Act was strengthened in 2005/06. The number of public complaints received by the Department regarding non-compliance on a monthly basis declined in 2005/06, compared to 2004/05. School-based smoking cessation programmes were implemented in schools in KwaZulu-Natal and the Western Cape during 2005/06. The MRC Health Promotion Unit trained 24 educators from 12 pilot schools in KwaZulu-Natal and the Western Cape in tobacco control.

However, the implementation of the *Health Care Waste Strategy* progressed slower than anticipated. This was due to the fact the strategy had to be reviewed to incorporate the different provincial strategies and inputs from the Department of Environmental Affairs and Tourism (DEAT).

Through the *Partnerships for the Delivery of PHC including HIV and AIDS Programme* (PDPHCP), the Department strengthened its collaboration with NGOs during 2005/06. The PDPHCP operated in 16 districts located in five provinces, namely Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo and Western Cape.

By the end of 2005/06, the Department had funded 325 NGOs to provide community based health services, with most of them providing home based care as their main service to communities. These NGOs provided care to more than 40 000 people living with diverse debilitating conditions.

The PDPHCP has empowered communities and NGOs working in the health sector by focusing on three key areas: provision of skills to all NGOs in the rural nodes by using accredited service providers; reduction of unemployment by ensuring that NGO workers are provided with stipends; and ensuring accountability by requiring NGOs to include community members in their administration structures.

| SUB-PROGRAMME | MEASURABLE OBJECTIVES | INDICATOR | TARGET (05/06) | ACTUAL PERFORMANCE (05/06) |
|---------------------------|--|--|----------------|--|
| DISTRICTS AND DEVELOPMENT | Develop functional health districts in SA, with special reference to Rural and Urban Nodes | Percentage of health districts with district plans using the PSP DHIS module | 60% | 90% |
| | | % health districts reporting quarterly using the PSP DHIS module | 60% | 0% |
| | | Data timeliness rate for clinics and CHCs | 80% | 80% |
| | Strengthen PHC programme development and implementation | % of health sub-districts delivering the full PHC service package | 90% | 90% |
| | Strengthen PHC programme development and implementation | % of sub-districts providing home based care (HBC) | 50% | 16 Districts of the 5 provinces implementing PDPHC Programme are fully providing HBC |