

# Department of Health Annual Report 2004/05



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**The Honourable Minister, Manto Tshabalala-Msimang,**

It is my privilege to present to you the Annual Report of the Department of Health for the financial year 2004/05 in terms of Section 40(1)(d) of the Public Finance Management Act of 1999 (as amended).

**T.D. Mseleku**  
**Director-General**

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# 1 Foreword by the Minister



As reflected in the vision of the Department of Health, our major activities during 2004/05 focussed on improving access and quality of care provided in both the public and private health sectors. Whilst steady progress has been made in a number of areas, clearly many challenges continue to confront the health sector as a whole.

We need to continue to work together with our stakeholders to strengthen programmes aimed at disease prevention. In this regard we were able to mobilise large numbers of our people through our health promotion activities, including through the Vuka South Africa, Move for your Health campaign. Such programmes are necessary as we begin to tackle the lifestyle related health problems that are emerging. In addition, we have made further in-roads into healthy eating with our focus on nutrition.

With respect to improving the physical facilities in the public health sector, the hospital revitalisation programme has resulted in the building of four new hospitals during 2004/05. These are hospitals in Mpumalanga, the Northern Cape (two) and North West. My visits to these facilities during 2004/05, which I made with the MECs for health, further reinforced our view that improving the physical infrastructure is important both for the provision of quality health services to patients and to create an optimal environment for health personnel to function effectively.

As I stated in my Budget speech to the House of Assembly earlier this year, my Department and I are committed to ensuring that the health sector as a whole in South Africa provides the best possible service and that the distribution of resources is equitable. In this regard significant work was done during 2004/05 in drafting a Health Charter. The Charter will be finalised and implementation of the provisions of the Charter will commence during the 2005/06 financial year.

In January 2005 we welcomed the new Director-General, Mr Thami Mseleku to the Department. We wish Mr Mseleku well and we are sure that he will bring the necessary stability and focus to the Department's activities. I also wish to thank the Deputy Minister of Health, the MECs for Health and their staff, the Chairperson and members of the Portfolio Committee for Health as well as the Chairperson and members of the Select Committee on Social Services and the personnel in the National Department of Health for their support during 2004/05.

As stated earlier whilst we have achieved much during 2004/05 many challenges exist. We will confront these challenges with passion and vigour during 2005/06.

A handwritten signature in black ink, appearing to read 'M. Tshabalala-Msimang'.

**Dr Manto Tshabalala-Msimang, MP**  
Minister of Health

## 2 Introduction by the Director-General



### 2.1 Key Priorities of the Department of Health

The five-year (2004-2009) priorities of the Department were generated after a review of the successes and continuing challenges of the period 1999-2004. These priorities also focus on the health issues related to the achievement of the Millennium Development Goals and the provision of health services in a manner that restores dignity to those seeking care.

The priorities for the financial year included:

- 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, emergency medical services and the hospital service delivery system
- Strengthen support services
- Human resource planning, management and development
- Planning, budgeting and monitoring and evaluation
- Prepare and implement legislation
- Strengthen international relations

### 2.2 Highlights of achievements and key publications by the Department

As noted by the Minister in her foreword, I took office in January 2005. I wish to join the Minister in thanking the Deputy Directors-General for acting as Director-General during the year.

This Report reflects the work of a large collective of individuals in the national Department of Health and in provinces. As Health is a concurrent national and provincial function the activities of the national Department are undertaken in collaboration with colleagues in the provincial Departments of Health. This Report however, will focus exclusively on the activities of the National Department of Health.

As the Minister has indicated, the Department has achieved much during the 2004/05 financial year in line with its vision and mission. This overview will summarise the key achievements and challenges experienced during the financial year per budget programme. The objectives and activities listed in the Strategic Plan of 2004/05 cohere with the 5-year strategic priorities (the 10 Point Plan, 2004 - 2009) of the Department adopted by the Health MINMEC in May 2004.

In respect of budget programme one, administration, steady progress has been made in the area of health legislation. Eight of the 11 bills that we envisaged would be passed during the financial year have been passed. Delays in various parts of the system have resulted in a few draft bills not being finalised. A key achievement has been the passage and the proclamation of the National Health Act, which will replace the Health Act of 1977.

Effective delivery of health services requires proper planning, budgeting, monitoring and evaluation. Several activities by the National Department were undertaken during 2004/05 to strengthen integrated planning and reporting.

The National Department of Health has a responsibility to communicate effectively with a range of stakeholders. Health issues are rarely out of the media for understandable reasons. The media therefore is a potential ally in communicating with the South African community and key stakeholders. During the 2004/05 financial year the Department strengthened its ability to communicate both internally, within the system and externally.

A range of publications were produced and distributed both in electronic and hard copy formats during the financial year. These include: The Strategic Priorities for the National Health System, 2004-2009; The Strategic Plan of the Department for 2004/05-2006/07; the Annual Report for 2003/04; the Fourth (4th) Confidential Inquiries into Maternal Deaths; the South African Demographic Health Survey (SADHS) 2003; Race against Malaria Report; and Report on the Health Summit 2004.

The core business of the Department of Health is to promote health, prevent ill-health, treat those who are acutely and chronically ill and provide rehabilitation services. With regard to child health, the Department extended the implementation of the Integrated Management of Childhood Illnesses Strategy (IMCI) to all 53 health districts during 2004/05. This included both training trainers and increasing the percentage of health workers who manage children who are trained in the IMCI strategy. In addition, the Integrated Nutrition Programme, which includes youth nutrition, was also extended to all 53 health districts. School health services have also been extended with 30% of provinces with 100% of districts providing phase 1 services by the end of the financial year.

With respect to women's and maternal health the number of public health facilities that provided termination of pregnancy services increased and the 4th Confidential Inquiry into Maternal Death report was produced.

The implementation of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment reached the target of at least one service point in each of the 53 health districts. By the end of the financial year 139 facilities were accredited to provide a range of services. The number of home and community based programmes also improved with at least two Home and Community Based (HBC) programmes linked to each service point.

The Department continued with its HIV prevention efforts. These efforts, which are part of the overall prevention programmes of the Department are a cornerstone of the challenge to decrease the burden of disease. Efforts to increase condom use were sustained with the Department providing over 300 million male condoms per year free of charge. In addition, the number of facilities providing Voluntary Counselling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) services also increased substantially during the year.

Despite efforts to strengthen the TB control programme the burden of disease from TB continues to rise. Efforts to counter this increase focussed on improving the Directly Observed Treatment – Short Course (DOTS) programme as well as integration of the HIV and TB programmes.

Many of our patients with chronic illnesses have limited resources to ensure proper nutrition. The Department has responded to this challenge by providing nutrition supplements in a targeted manner.

For a range of reasons the country is experiencing an epidemiological transition. This means that our disease profile includes both communicable and non-communicable diseases. The latter include many diseases of lifestyle such as obesity, hypertension and diabetes as well as cancers. Health workers are being trained and guidelines provided to assist them to treat these diseases. However, the key challenge is to ensure that the message of eating wholesome foods and physical activity is spread to all communities.

Besides prevention activities, the inputs required to operate a health service also needs to be strengthened. In line with this the district health system, which is the vehicle for the provision of primary health care, was strengthened during 2004/05. Key to this was the need to clearly define the roles of provinces and municipalities and ensure that where needed functional integration was achieved so that patients experienced no barriers to access to primary health care. In addition, efforts to strengthen the public hospital sector continued and four new hospitals were completed during the financial year. Whilst provinces did purchase many more ambulances during the financial year our efforts to decrease response time of the EMS service nationally was less than successful due to resource constraints.

As is well known, health is a labour intensive service. This implies the need for large numbers of health professionals, who are properly trained and highly motivated to provide a quality service. Whilst most health professionals are indeed well trained and motivated some are not. The challenge for the health system therefore is to ensure more targeted recruitment, especially to under-served areas as well as a more robust retention strategy. Much work was done on developing a Human Resource Framework during the 2004/05 financial year and it is hoped that during 2005/06 further steps will be taken to secure the workforce needed to provide a quality health service.

I am happy to report that much progress has been made to improve the accessibility and quality of care in the health sector in line with our vision and mission. However, it is equally clear that many challenges continue to face the health system. With the guidance from the Minister, the Deputy Minister and the MECs and with the support of the officials of the National and Provincial Departments of Health and our stakeholders, I am convinced that we will be able to make significant progress towards attaining our vision.



**Mr Thami Mseleku**  
**Director-General: Health**