



Quality of Care

Improving the quality of health care remains a key priority for the Department. During 2004/05, the Department developed user-friendly norms and standards for PHC services to assist users of health services to better understand the nature and quality of services they can expect (and demand) from health providers.

The English version of the user-friendly norms and standards was launched in November 2004 and the publication was subsequently translated into Setswana and Afrikaans.

Ten (10) priority areas for training were identified for a SAQA accredited quality assurance course to be delivered by the University of the Western Cape. SAQA accreditation will be sought for the UWC course.



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Quality of Care	Implement strategies to improve Quality of Care	Develop the national complaints centre into a national call centre	Due for completion in 2006	Voice recording installed Specifications for linking with provinces compiled
		User-friendly service norms and standards for public consumption developed for various levels of care	Nov 05 (PHC)	English version for PHC developed and launched in Nov 04
	Implement strategies to improve quality of care	Develop a SAQA accredited course on QA to be delivered by UWC winter school	June 05	10 priority areas for training identified
		Develop standards for Regional hospitals	June 05	-

Improving access to safe and affordable drugs

During 2004/05, the Department continued to strengthen the provision of safe and affordable drugs to users of both the public and private health services. The standard treatment guidelines and Essential Drug List (EDL) books for PHC were reviewed during 2004/05. The review of

hospital level adult and paediatric EDL was 70% towards completion by the end of the financial year.

In compliance with the new Pharmacy Act, all new private sector pharmacies that applied for licenses were granted licenses during 2004/05. The licensing of public sector pharmacies has lagged behind and will have to be accelerated during 2005/06.

Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Pharmaceutical Policy and Planning, including food control	Strategies to improve pharmaceutical procurement, management and use	Review Hospital Level Paeds Book	Dec 05	70%
		Review Hospital Level Adult Book	Mar 06	70%
		Pilot survey on utilisation of Hospital Level EDL Books	Mar 06	Not available
		Percent of new pharmacies licensed	100%	100%
		Percent of public sector pharmacies licensed	50%	0%
	Develop and implement strategies to strengthen food control	Develop and issue norms and standards on food safety	March 2005	8 regulations submitted to the legal service unit 12 regulations/draft regulations published in the Government Gazette
		Foodstuffs Amendment Bill signed into law	Foodstuffs Amendment Bill passed by Parliament by end of 2004	Bill with State Law Advisors



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Medicines Regulatory Affairs	Improved mechanisms for safety of medicines	% compliance with target for registration	80%	<p>Review of expedited (Fast Track) applications must be completed within 9 months in terms of Regulation 5 (7). Current performance is that there is at least 75% compliance</p> <p>The process for evaluation of applications for Fast Track is under review to involve the EDL committee</p> <p>Since the re-engineering of the registration process, the evaluation of applications for registration of medicines relating to the requirements for quality has resulted in a 80% compliance. In respect of the evaluation of safety and efficacy compliance only relates to about 50%</p> <p>The internal team of evaluators for quality has been increased by two technical officers and training is underway to enable staff to evaluate at least 70% of applications for generic medicines</p> <p>A few technical areas of expertise, ie Evaluation of Active Pharmaceutical Ingredients, Evaluation of Radiopharmaceutical Medicines and Validation of Testing Methods and Manufacturing Procedures, where capacity is currently lacking, are being addressed through the use of available expertise within Council and the Expert Committees</p>
	Membership of the International Pharmaceutical Inspection Scheme & inspection	Member	Inspection	<p>DoH has applied for membership, and is awaiting the International Pharmaceutical Inspection Scheme & inspection is now in the hands of PIC/S to come and conduct an inspection, and to evaluate our quality systems in order to make recommendation to the PIC/S Secretariat to give us membership or not</p> <p>DoH has not been inspected and therefore can not have obtained membership There has been no indication of an inspection date NDoH will be participating in the PIC/S annual meeting in September 2005 and will most likely be informed of the planned inspection dates</p>



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Medicines Regulatory Affairs	Centre for excellence for GMP and quality systems for SADC and NEPAD developed	Member	Status achieved if inspection passed	MRA has developed structures to be the centre of excellence and is in the process of training inspectors and develop its own system



PROGRAMME 3: HEALTH SERVICE DELIVERY

Purpose

The purpose of programme 3 is to support the delivery of services, primarily in the provincial and local spheres of Government.



Measurable objectives:

The objectives of this programme are:

- To co-ordinate and support the development of a sustainable network of hospitals – completely upgrading or replacing 27 hospitals over the MTEF– to provide appropriate health care.
- To develop and assist provinces to implement a comprehensive national health human resources plan that will ensure an equitable distribution of health professionals.
- To decrease intentional and non-intentional injuries.
- To increase the rate of cataract surgeries.
- To eliminate the backlog in assistive devices.

The performance of the Programmes is reflected overleaf.

Disease Prevention and Control

To strengthen rapid responses to epidemics, personnel in all nine provinces were trained on epidemic preparedness and response during 2004/05.

Implementation of the roll back malaria strategy was strengthened during 2004/05. Coverage with indoor residual house spraying for the 2004/05 season increased to 83%. All three malaria-endemic provinces, KwaZulu-Natal, Limpopo and Mpumalanga are now using the more effective artesunate-based combination therapy for malaria. The reduction in the number of malaria cases as well as fatalities is due to improved collaboration with neighbouring countries as well as improved control within South Africa.

A total of 10 407 wheelchairs and buggies and 4 547 hearing aids were purchased in 2004/05. This resulted in the complete elimination of the backlog of these assistive devices nationally.

The number of cataract surgeries done (1 039/million) exceeded the target (950/million).

A prevention strategy for intentional and non-intentional injuries has been completed but the unit to implement the plan has not as yet been developed and staffed.

Key challenges in oral health include legal challenges to fluoridation and slow pace of consultation with respect to the national oral health strategy.



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Disease prevention and control	Prevention and control of communicable diseases	Number of provinces and other stakeholders with epidemic preparedness and integrated response functions	9	Nine provinces trained on epidemic preparedness and response
		Percent of provincial annual malaria, etc. prevention and control plans assessed by February	100%	The roll back malaria baseline survey was conducted in March 2005. Average coverage with indoor residual house spraying for the 2004/05 season was 83% All three provinces are now using artesunate-based combination therapy for malaria



Right: President Thabo Mbeki and Minister Tshabalala-Msimang officially open the Nelson Mandela Academic Hospital in Mthatha.



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance	
Disease prevention and control	Expand the cataract surgery project	Number of operations per million	950	1 039	
	Eliminate backlog in assistive devices (hearing aids and wheelchairs)	Percentage of wheel chairs and hearing aids backlog eliminated	100% of national backlog figures	100%	
	Expand services in NCD chronic diseases	Proportion of national guidelines on NCD chronic diseases printed and implemented	80%	71%	
	Strengthen prevention of intentional and unintentional injuries	Trans-sectoral prevention strategy for road traffic accidents development and implemented	Plan finalised	Plan finalised	
	Improve and expand key support services	Number of business & implementation plans provinces for transfer of SAPS mortuaries submitted	3	8	
	Implementation of water fluoridation		Compliance with ISO 17025	Blood alcohol sections accredited	0
			Number of front runners who supply fluoridated water	2	0

Hospital Services & EMS

The percentage of hospitals using management guidelines has exceeded the target set for the financial year. However, the percentage of departments that adopted the planning and design guidelines has been very low as reflected in the table below.

Four new hospitals in Mpumalanga, the Northern Cape (two) and North West were completed during 2004/05. Visits to these facilities reinforced the view that improving

the physical infrastructure is important both to the provision of quality health services to patients and to creating an optimal environment for health personnel to function thus improving work satisfaction.

Whilst provinces purchased many more ambulances during 2004/05, efforts to decrease response time of the EMS service nationally were less than successful due to resource constraints. This area needs significant investments to ensure that the targets set are met in the short to medium term.

Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Hospital Services & EMS	Guidelines for the improvement of hospital performance adopted	Percentage of hospital management guidelines adopted	50%	60%
	Planning and design guidelines adopted by all health facilities by end 2006/07	Percentage of departments with adopted planning and design guidelines	45%	5%
	Effective hospital revitalisation programme extended to 81 hospitals by end 2006/07	Percentage of all hospitals accepted onto the revitalisation programme	12%	11%
		Hospital business cases approved as proportion of planned target	100%	64%
		Percentage of revitalisation hospitals implementing hospital management component	100%	90%
	Authority delegated to hospital managers by end 2005/06	Provinces with effective delegations at hospital level	6	8
	Health technology policies adopted by end 2005/06	No of health technology policies adopted (total of 4)	2	3



Sub programme	Measurable Objective	Indicator	Target 04/05	Actual (04/05) Performance
Hospital Services & EMS	Improve the effectiveness of EMS services	Number of provincial business cases approved by national DOH for the National Strategic EMS Framework	9	Ongoing discussions with National Treasury
		Approval by National Treasury of conditional grant for phased implementation of the National Strategic EMS Framework over 5 years	Oct 2004	
		Percentage of implementation of the National Strategic EMS Framework in all 9 provinces	10%	0%
	Strengthen the development of disaster management strategies	Number of provincial disaster management policies appraised by the NDOH	9	0
	Strengthen the development of disaster management strategies	Percentage of provincial hospital contingency plans appraised by NDOH	9	None
	Conditional grants fully and appropriately used as per DORA	Percentage of business cases, plans or SLAs approved using objective criteria before funds transferred	100%	100%
	Conditional grants fully and appropriately used as per DORA	Percentage of funds spent	100%	95% For the Hospital Management & Quality Improvement (HM&QI) 96% For the Health Profession Training & Development Grant (HPT&D)