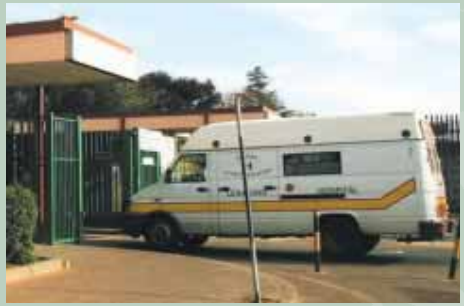
Section One
PERFORMANCE REVIEW



Performance Review

INTRODUCTION

This annual review will be done against the priorities set in the Health Sector Strategic Framework, 1999-2004, and in the Strategic Plan of the National Department for 2003/04 – 2005/06. While the 5-year plan contained the high level goals and objectives, the medium term strategy framework contained both one year and medium term objectives. In this report we will focus on reporting on the performance targets that we had set for the Department for the 2003/04 financial year.

VISION AND MISSION

Vision: a caring and humane society in which all South Africans have access to affordable, good quality health care.

Mission: to consolidate and build on the achievements of the past five years in improving access to health care for all and reducing inequity, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system, especially preventive and promotive health, and to improve the overall efficiency of the health care delivery system.

STRATEGIC GOALS AND OBJECTIVES

In 1999, a five year plan was adopted to strengthen the delivery of efficient, effective and high quality health services. The 10 components of the Plan were:

- To decrease morbidity and mortality rates through strategic interventions,
- To improve quality of care,
- To speed up the delivery of a package of primary health care services through the district health system,
- To revitalise public hospital services,
- To improve resource mobilisation and the management of resources without neglecting the attainment of equity in resource allocation,
- To improve human resource development and management,
- To reorganise certain support services,
- To reform specific pieces of legislation,
- To improve communication and consultation with stakeholders and communities, and
- To strengthen co-operation with our partners internationally.

1.3.1 DECREASE MORBIDITY AND MORTALITY RATES THROUGH STRATEGIC INTERVENTIONS

Infant and child health

The Department of Heath has strengthened implementation of the Integrated Management of Childhood Illness Strategy (IMCI) – this is a comprehensive integrated approach to decrease under-5 morbidity and mortality from common diseases. To date more than 7 000 health care workers, at Primary Health Care (PHC) level, have been trained in IMCI case management. The training guidelines have been revised to include the management of children with chronic cough – a marker for TB and children infected or affected by HIV.

Several key IMCI policies and guidelines were developed during the year under review, namely:

- the School Health Policy and Implementation Guidelines,
- Child Health Policy, Child Abuse Policy Framework and Guidelines for health workers,
- Parasite Control Guidelines,
- Neonatal Care Guidelines, and
- policy and implementation guidelines on common long term health conditions in children.

The 2003 adaptations to IMCI material provide health care workers with clear referral guidelines on which children to refer for antiretroviral treatment and on follow-up procedures for children enrolled in the Prevention of Mother to Child Transmission (PMTCT) programme. Existing community-based projects in all provinces have been expanded to improve care-seeking behaviour and

home management of sick children. IMCI health facility surveys have been conducted in all 9 provinces. These provided information on quality of care for sick children under the age of 5 years at PHC facilities. The survey findings are also being used to accelerate implementation of interventions that will decrease morbidity and mortality from childhood illnesses. Research on community monitoring of child health has been completed and work on developing a communication strategy for child health is in progress.

The linkages between IMCI, the Expanded Programme on Immunisation (EPI), PMTCT, Nutrition and the Comprehensive Plan for the Management, Care and Treatment of HIV and AIDS, were strengthened in 2003. Programmes to improve quality of care at hospitals are being implemented in Mpumalanga, Limpopo and Western Cape – other provinces will follow suit, with guidance from the National Department of Health.

Immunisation coverage indicators shows that 82% of children under the age of 1 year are fully immunised and 93% of these children received the 3rd dose of polio vaccine. This is a major improvement. The Department has set itself a target, in line with the Kick Polio out of Africa campaign, to eradicate polio by December 2005. A range of activities have been undertaken to achieve this goal and a number of successes can be reported. These include:

- The appointment of 3 certification monitors to monitor the country's progress on achieving Polio Free status.
- The Acute Flaccid Paralysis (AFP) surveillance, necessary for Polio Free Certification, met the WHO set criteria (of at least 1 case detected per 100 000 children under the age of 15 years) for the second consecutive year - this means a detection rate of 1,6 was achieved.
- A stool adequacy of 87% was achieved – this is above the 80% WHO target - a business plan for laboratory containment of wild poliovirus material was developed.

South Africa's status on Neonatal Tetanus Elimination was maintained as in the previous financial year. A revised neonatal tetanus policy was approved and implementation is underway. The revised policy will help to ensure that the elimination status is maintained and that pregnant women and their foetuses are protected against tetanus.

To improve clinical practice, the Expanded Programme on Immunization (EPI) conducted a refresher-training course in each provinces during 2003. It also provided training on how to deal with Adverse Events Following Immunisation (AEFI) in KwaZulu-Natal because of the high number of AEFI cases reported in the province. AEFI district response teams were established in KwaZulu-Natal in the first half of the financial year.

Besides training health workers in EPI, the Department undertook social mobilisation and mass communication campaigns to publicise EPI and to encourage parents and caregivers to have their children immunised. In its efforts to achieve greater awareness about EPI, the Department hosted a National Polio Awareness Day in the Free State and supported the Polio Plus Ride – a bicycle ride to raise awareness of polio eradication undertaken by a group of students.

Youth and adolescent health

During the year under review, the National Adolescent Friendly Clinic Initiative (NAFCI) was introduced in all provinces. Two hundred and twelve (212) facilities were accredited as youth friendly. Through this initiative, the Department hope to make public health facilities more accessible and responsive to the youth of South Africa. In addition, workshops on the Youth & Adolescent Health Policy Guidelines were conducted in all provinces.

Women's health

To improve health services to women, the Department finalised and implemented the following policies and guidelines during 2003/04:

- National Sexual Assault Policy,
- Management guidelines for Sexual Assault Care,
- Sexual Assault Examination Form,
- National Contraceptive Service Delivery Guidelines, and
- National Strategy for the implementation of the Choice on Termination of Pregnancy Act, Act no 92 of 1996.

In addition, the Department developed a strategy for the implementation of the Cervical Screening Programme and amendments to the Choice on Termination of Pregnancy Act, Act no 92 of 1997, and the Sterilization Act, Act no 44 of 1998 were drafted. The Department participated in an awareness campaign in the Northern Cape which focussed on breast and cervical cancer.

Human Genetics

The Birth Defects Surveillance System (BDSS) collected data at the sentinel sites on the extent and nature of four genetics priority conditions, namely, Albinism, Down syndrome, cleft lip and palate, and neural tube defects. The most significant finding was that there is a major increase in neo-natal deaths due to neural tube defects. Plans to address this area have been included in the Department's action plan for 2004/5.

The Department hosted four workshops to amend and finalise the existing draft regulations and guidelines on Section 62 of the National Health Bill - regulating reproductive cloning of human beings.

Maternal Health

Notification of and confidential enquiries into maternal deaths, as a major strategy to reduce maternal mortality, is being implemented throughout the country. However, there is still significant under-reporting of maternal deaths, especially those that are occurring outside health facilities. Recommendations from the Saving Mothers Report and Reports on Confidential Enquiries into Maternal Deaths in South Africa, were widely distributed to health care workers, academics and other relevant stakeholders to gain support for maternal health services at all levels. In the year under review, there has been significant progress with the implementation of guidelines on managing conditions that commonly result in maternal death. The Department facilitated the development of referral criteria and routes and assisted provinces in improving skills in anaesthesia at all levels of care while promoting regional anaesthesia at all sites performing caesarean sections. It has also assisted provinces to ensure that safe blood is available at every public health facility where caesarean sections are performed. The Department conducted workshops on the use of antiretroviral drugs in maternal health, in 8 provinces during the year under review.

While much progress has been made in improving maternal health, there are still challenges with regards to the provision of transport, including Emergency Medical Services, and the availability of competent health care workers in public health facilities.

Nutrition

The Department continued its implementation of the Integrated Nutrition Programme (INP) within the framework of the Health Sector Strategic Framework. The INP aims to improve the nutritional status of South Africans by implementing various direct and indirect nutrition interventions to prevent and manage malnutrition.

To promote breastfeeding and mother/baby care, 21,7% of the 480 maternity facilities in South Africa are baby friendly. By December 2003, 104 public health facilities were declared as baby friendly through the Baby Friendly Hospital Initiative.

The Department developed two sets of nutrition guidelines for people living with HIV and AIDS during 2003/04, namely, guidelines for people living with TB, HIV and AIDS and other chronic debilitating conditions, and guidelines for the nutritional supplementation and intervention for people living with HIV and AIDS. In addition, the procurement and distribution of nutrition supplements for people living with HIV and AIDS at clinic and hospital level.

With respect to child nutrition, the Department completed the following guidelines:

- nutrition interventions at health facilities to manage and prevent child malnutrition,
- addressing HIV and AIDS, measles, diarrhoea and acute respiratory infections, and
- incorporating the WHO 10 steps for the management of severe malnutrition.

Training on the guidelines has been done in 4 of the 9 provinces.

A range of activities related to infant feeding were undertaken during the financial year. A committee was established to develop the SA Code of Ethics for the Marketing of Breast Milk Substitutes. It drafted regulations, under the Foodstuff, Cosmetics and Disinfectants Act, 1972, on the marketing of breast milk substitutes in order to give effect to the International Code on the Marketing of Breast Milk Substitutes.

Also, the Departmental Working Committee on HIV and Infant Feeding has completed guidelines on infant and replacement feeding. Training on these guidelines was conducted in provinces, with technical support from UNICEF.

To contribute to the elimination of vitamin A deficiency among lactating women and children under 5 years old, the Department expanded the implementation of high-dose vitamin A supplements to all post-partum women and all children aged 6-59 months. Health care workers were trained on the use and benefits of vitamin A and Information, Education and Communication (IEC) materials were distributed. A rapid assessment of vitamin A supplementation has also been conducted during 2003/04.

Regulations for the mandatory fortification of all maize meal and wheat (white and brown bread) came into effect in October 2003. All maize and wheat is being enriched with vitamin A, thiamin, riboflavin, niacin, pyridoxine, folic acid, iron and zinc. The Department also finalised an auditing system, monitoring procedures and methodology for fortification. All major millers responded positively and support the programme in terms of compliance with the regulations.

More than 750 health care workers in all the provinces were trained in growth monitoring and promotion to acquire a better understanding of the Road to Health Chart and to learn how to complete it satisfactorily. The Road to Health Chart (RtHC) and guidelines for health workers on how to use the chart have been extensively updated. One million charts and guidelines have been distributed to public health facilities during 2003/04.

HIGHLIGHTS

- 82% immunisation coverage reached
  We are well on our way to being declared Polio free by December 2005

- Food fortification introduced in October 2003

- 4.5 million school children benefited from the Primary School Nutrition Programme

The Primary School Nutrition Programme (PSNP) was transferred to the Department of Education on 1 April 2004. The programme was renamed the National School Nutrition Programme (NSNP). The number of beneficiaries of the PSNP during 2003/04 is reflected in the table below.

Table 1: Number of schools participating: 2003/04

PROVINCE	Total	Targeted	Reached	% Coverage of total	% Coverage of targeted
Western Cape	1,091	881	881	81%	100%
Northern Cape	317	317	317	100%	100%
Eastern Cape	4,984	4,984	4,984	100%	100%
Free State	2,032	1,252	1,245	61%	99%
KwaZulu-Natal	3,049	2,533	2,403	79%	95%
Mpumalanga	2,261	1,634	1,434	63%	88%
Limpopo	3,214	2,747	2,704	84%	98%
Gauteng	1,660	1,214	1,014	61%	84%
North West	1,549	1,393	1,125	73%	81%
TOTAL	20,157	16,955	16,107	80%	95%

Table 2: Number of childern reached: 2003/04

PROVINCE	Total	Targeted	Reached	% Coverage of total	% Coverage of targeted
Western Cape	366,718	158,719	158,000	43%	100%
Northern Cape	116,386	116,605	116,605	100%	100%
Eastern Cape	1,596,479	897,397	893,355	56%	100%
Free State	335,097	158,446	146,939	44%	93%
KwaZulu-Natal	1,637,847	1,277,245	1,139,449	70%	89%
Mpumalanga	535,194	432,949	422,949	79%	98%
Limpopo	1,270,000	1,173,650	1,143,749	90%	97%
Gauteng	889,000	290,872	290,872	33%	100%
North West	538,124	302,114	255,679	48%	85%
TOTAL	7,284,845	4,807,997	4,567,597	63%	95%

Malaria

Malaria cases for the financial year 2003/04 deceased by 6%. Malaria deaths and case fatality rates have increased when compared to the previous year. The increase in deaths and case fatality rates can be attributed to late presentation of malaria patients and health system failure (poor case management, late diagnosis and drug stock outs).

All causal factors for the increase in cases and deaths have been investigated and robust interventions have been put in place to curb further increases. The investigation found late treatment seeking behaviour in communities living in areas affected by malaria. To address the problem, the Department has increased its malaria awareness activities primarily through the use of the media. Poor case management at public health facilities in areas affected by malaria was highlighted by the investigation and the situation was addressed through the facilitation of case management training at every facility

The Department participated in one of the most innovative awareness campaigns on malaria control during April 2003. The Race Against Malaria Rally mobilised approximately 60 Southern African malaria rally teams (6 teams per country) from each national malaria control programme. It offered a unique opportunity to generate international publicity and media awareness to coincide and complement Africa Malaria Day which was commemorated on 25 April 2003.

Cholera

In 2003, cholera was reported in five provinces in South Africa, of which Mpumalanga, Eastern Cape and KwaZulu-Natal were the most affected.

Table 3: Cholera cases and deaths, 2003/04

Province	Cumulative Cases	Cumulative Deaths	Case Fatality Rate [%]
Eastern Cape	3 142	37	1.18%
Free State	0	0	0.00%
Gauteng	3	0	0.00%
KwaZulu-Natal	536	0	0.00%
Limpopo	0	0	0.00%
Mpumalanga	113	3	2.65%
Northern Cape	0	0	0.00%
North West	0	0	0.00%
Western Cape	1	0	0.00%
TOTAL	3 901	45	1.15%

Joint Operations Committees in Mpumalanga, Eastern Cape and KwaZulu-Natal worked in close collaboration with the National Outbreak Response Team at the national Department, the World Health Organisation, Department of Water Affairs and Forestry, South African Military Health Service and the Department of Provincial and Local Government to manage the cholera outbreaks effectively. Health education, good case management, community mobilisation, coordination and surveillance were some of the key strategies used to respond effectively to the outbreaks. Intersectoral collaboration, including at ministerial level, played a central role in unifying various stakeholders in government and communities to work together in bringing outbreaks under control.

The Department published and distributed guidelines for cholera control, produced IEC materials on the prevention and management of cholera and participated in public awareness campaigns on key aspects of cholera in provinces. The Department facilitated training on Epidemic Preparedness for provincial and district outbreak response teams in Eastern Cape, Limpopo, Free State, North West and the Northern Cape.

Tuberculosis(TB)

The reported incidence of all TB cases for 2003 was 551 per 100,000 population. In terms of cases notified, this translates to more than 255 422 total TB cases in the country. Additional details of the number of cases over the past 3 years and treatment outcomes are reflected in the tables below.

Table 4: TB Case notifications (Excludes cases diagnosed without microscopy)

Year	All TB cases	All Pulmonary TB			Extra Pulmonary TB
		Smear positive	Smear negative		
		New	Retreatment	New	
2003	255 422	116 337	30 331	16 081	40 301
2002	224 420	98 800	25 091	12 890	32 770
2001	188 695	83 808	20 686	12 503	23 623

Table 5: Treatment Outcomes (New smear positive cases)

Year	Registered	Cured	Completed	Died	Failed	Defaulted	Transferred
2002	99 259	53 483	13 770	8407	1313	13 063	9 223
		53.9%	13.9%	8.5%	1.3%	13.2%	9.3%
2001	93 033	49 993	10 844	6743	1 498	11 181	12 774
		53.7%	11.7%	7.2%	1.6%	12%	13.7%
2000	86 276	46 386	7 958	5570	1 141	10 943	11 614
		53.8%	9.2%	6.5%	1.3%	12.7%	13.5%

Table 6: Treatment Outcomes (Re-treatment smear positive cases)

Year	Registered	Cured	Completed	Died	Failed	Defaulted	Transferred
2001	21 671	9 737	2 113	2 059	516	3 865	3 381
		44.9%	7.7%	9.5%	2.4%	17.8%	15.6%
2000	24 847	10 574	1 907	2 021	670	4 837	4 298
		42.6%	7.7%	8.1%	2.7%	19.5%	17.3%

There is an increase in the number of TB cases notified, with about 55% of cases being infectious (smear positive). 75% of the total number of TB cases in the country are found in four provinces namely, the Eastern Cape, Gauteng, Kwazulu-Natal and the Western Cape, with the highest number of cases reported in KwaZulu-Natal.

Despite the high detection of cases (86%), the cure rate still remains low (54%) with high interruption (13%) and transfer rates (9%). This indicates that the Directly Observed Treatment (DOT) programme is failing. It is therefore clear that the priority for the programme in 2004/5, is to ensure that DOT is implemented properly in all provinces. Initially, DOT was successfully implemented in certain districts but the standard could not be maintained because of insufficient human resources to supervise and monitor implementation.

The Department is working with the Eastern Cape, KwaZulu Natal and Limpopo to provide support to poorly performing districts to improve the implementation of the DOT programme. In addition, all provinces have endorsed the TB Medium Term Development Plan 2002 – 2005 and are already implementing their plans.

To further improve case detection at facility level, a suspect register has been introduced at all health districts. This means that all HIV positive patients are screened and tested for TB in districts that are implementing TB/HIV collaborative activities. There are currently 44 sub-districts implementing collaborative TB/HIV activities for infected individuals. In December 2003, the Department hosted a consultative meeting with representatives from TB/HIV sites in Mpumalanga, Eastern Cape and the Western Cape, researchers and provincial TB coordinators. The meeting reviewed current policies and evidence for offering TB preventive therapy to HIV infected individuals. It was resolved that there is enough evidence to recommend TB preventive therapy as a national policy provided that adequate screening and patient selection is in place. TB preventive therapy guidelines are included in the national ART guidelines.

The Department has reviewed the care and support programmes for TB patients in hospitals which are managed by non-governmental organisations. This follows a forensic audit report which found that patients were not treated appropriately and were admitted for prolonged periods. It also found that non-TB patients were also admitted and treated at these facilities. To address the situation, the Department developed and distributed admission and discharge criteria as well as performance indicators for TB hospitals managed by NGOs. Some of the hospitals are already reporting against the new indicators.

The TB reporting and recording system has been strengthened through the introduction of the electronic TB register. The register is now implemented in 7 of the 9 provinces and is used as a programme management tool at district level. The main challenge is ensuring the oversight of data entry at facility level – the paper registers are often not updated regularly and therefore the system had incomplete information.

The Department facilitated training for public health care workers on the use of the electronic TB register, the new TB regimen, as well as training for private sector health care practitioners in collaboration with the Foundation for Professional Development (FPD).

Multi Drug Resistance (MDR) TB Units have been established in 8 out the 9 provinces and these units admit and treat only MDR-TB patients. MDR-TB guidelines have been updated and the DOTS PLUS programme has been implemented in five of the nine provinces to monitor the treatment outcomes of MDR-TB patients.

Access to laboratory services remains a major challenge in the remote areas of the country with the most affected provinces being Eastern Cape, Limpopo and Mpumalanga. The turn-around-time in these provinces varies from between 2 to 14 days, which is unacceptable for a service that is a cornerstone of the programme. On the positive side, the bacteriological coverage is improving in most provinces, which shows that most patients are diagnosed using smear microscopy.

The National TB Control Programme has launched its Advocacy and Social Mobilisation Plan to increase community awareness and educate patients and families about the disease. It also aims to increase the stakeholder base and get additional partners involved in TB control activities. This Plan is currently implemented in five provinces – Eastern Cape, Gauteng, Free State, Limpopo and Western Cape. Two issues of the TB Newsletter were published to share information and increase awareness about TB.

Funding to support non-governmental organisations involved in TB activities, was disbursed to seven NGOs. An amount of R1 368 172 was disbursed during 2003/04.

Each year the WHO conducts a review of TB in the country and the Department participated in the review process in October 2003. Recommendations made to strengthen the TB programme have been included in the Department's programme of action for 2004/05.

HIV and AIDS and STIs

Cabinet approved the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment in South Africa on 19 November 2003. It paved the way for the national and provincial health Departments to consolidate and increase efforts to improve management, care and treatment for people with HIV and AIDS. The implementation of this plan places a significant emphasis on strengthening the health system and providing anti retroviral drugs at public health facilities. Additional resources for this were provided to the national Department of Health in December 2003.

During the first half of 2004, the Department started a process of accrediting public health facilities where anti retroviral treatment (ART) will be provided in the first year of implementation. The provinces identified 113 facilities. A multi disciplinary team from the National Department visited (first and second round) all these facilities between January and April 2004. These visits were instrumental in identifying the major gaps and challenges which will be addressed through the funding provided to provinces as from 1 April 2004. These gaps related primarily to space, personnel (especially doctors and pharmacists), information management, patient transport, and referral mechanisms.

The provision of comprehensive care to people living with HIV and AIDS includes active detection of tuberculosis in view of reducing morbidity and mortality of HIV infected individuals.

Voluntary Counselling and Testing

By the end of the financial year, there were 2582 facilities where Voluntary Counselling and Testing (VCT) services were provided. This is a significant increase from the 1500 facilities at the beginning of the financial year. The majority of these services are located at public health facilities, but an increasing number (130) are located in non-medical facilities. There were 2877 trained counsellors at the service points at the end of March 2003.

During the 2003/4 financial year, more than 300,000 people received counselling, and approximately 70% of these individuals agreed to be tested. This uptake rate for testing is an improvement from the previous year, and the Department is steadily working towards a testing rate of 85% in 2004/5. A new two-year tender for rapid test kits was awarded in 2003. Health care workers in all provinces have been trained in the use of these new rapid test kits.

The Department awarded a tender in 2003 to establish an accreditation system for VCT services to ensure that quality standards are maintained. In addition, a tool for the registration of organisations and institutions that are VCT service providers, and meet the set standards and criteria, will be piloted in two provinces, Northern Cape and KwaZulu-Natal in 2004. The Department has also developed mentorship tools and the training of mentors has commenced.

Provision of voluntary counselling and testing (VCT) requires physical privacy and a psychologically supportive environment. The German Development Bank has provided funding which, in collaboration with the Development Bank of South Africa and the Department of Health, will upgrade infrastructure at 300 clinics in the Eastern Cape, KwaZulu-Natal and Mpumalanga to create a safe and caring environment. Initial discussions were held in late 2002 and implementation of the 3 year programme started in early 2004 with the appointment of consultants. A 3 month audit of all 300 clinics will start in June 2004 to identify what needs to be done.

Prevention of Mother to Child Transmission

During the financial year, the number of public health facilities providing the Prevention of Mother to Child Transmission (PMTCT) programme increased significantly. There are now 1652 facilities compared to 540 in the previous financial year. Apart from the expansion of the programme, the Department facilitated update workshops for provinces and developed a quality assessment tool on PMTCT and infant feeding for use at facility level. A study was commissioned on the quality of infant feeding counselling which will inform training programmes.

To ensure that all South Africans have access to and understand information about the programme, a national PMTCT video was produced in Afrikaans, Sotho, Tswana, and Zulu, and was distributed to provinces.

Palliative care

Care and treatment guidelines were produced on palliative care as well as for antiretroviral treatment for adults and children. These were distributed to health care workers throughout the country. The Department hosted the first-ever Palliative Care conference in November 2003. The conference was attended by hospice associations, the Cancer Association of South Africa, academic institutions, the Health and Welfare SETA, national and provincial government officials, people living with HIV and AIDS and non governmental organisations.

Home based care

Access to home-based care (HBC) services increased and by the end of the 2003/4 financial year there were 893 active service points compared to 466 in the previous financial year. A process to map and zone home based care services, in districts was initiated. Following a rapid assessment of HBC in 2003, the Department awarded a tender at the end of the financial year for an evaluation of HBC programmes countrywide.

Sexually Transmitted Infections

Sexually Transmitted Infections (STI's) remains an important aspect of the prevention programme for HIV and AIDS. In 2003/4, the Department facilitated the recruitment and training of STI coordinators in provinces . The coordinators were trained on the implementation of the Expanded Health Management Information System and the STI Sentinel Surveillance to improve routine monitoring. The Department commissioned a study on drug resistance in Neisseria Gonorrhoea to monitor the level of ciprofloxacin resistance. A major area of focus was working with the private health sector to strengthen STI management amongst private doctors.

In 2003/4, the Department distributed 302 million male condoms, and 194,000 female condoms, primarily in public health facilities, but also using non-traditional outlets such as hair salons and shebeens. Through the Logistics Management Information System (LMIS), condom stock-outs have been