



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
PHARMACEUTICAL PROGRAMMES & PLANNING	Develop Essential Drugs Lists and Standard Treatment Guidelines	Revision and publication of the Adult EDL Book, and its alignment to procurement	100%	100% Completed, printed and disseminated
		Revision and publication of the Paediatric EDL Book and its alignment to procurement	100%	100% Completed, printed and disseminated
		Revision and publication of the Primary level EDL Book and its alignment to procurement	20%	20%
		Percentage (%) of stock outs (1 week) of tracer medicines on the EDL	0%	(0%) No stock outs reported
		Develop Quaternary Medicines List	15% complete	5% Process is more complex than anticipated
	Implementation of EDP	Number of advocacy workshops and evaluation of implementation of EDP Survey results	9	9 The full number of advocacy workshops planned, were held.
	Strengthen capacity building for in-house reviews	Percentage of reviews completed in-house, without outsourcing	10%	0% Lack of capacity, due to inability to recruit pharmacists.
	Monitor the procurement and supply of all antiretroviral drugs	Percentage of stock outs of ARV medicines in all accredited facilities	0%	0%
	Implement system for licensing and inspections	Percentage (%) of Authorised Prescribers inspected	45%	0% Unable to recruit pharmacists to do inspections.
	Strengthen Pharmaceutical Management Information Systems	Computerised inventory management implemented	80% by 2007/08	90%
		Development of data warehouse for monitoring procurement of all pharmaceuticals and related items	Hardware purchased	0%
		Investigation of (tracking) distribution of pharmaceuticals to all levels of care	80%	0%
	Develop Policy And Legislation for the control of African Traditional Medicine	Policy and Legislation adopted	Draft policy developed	Draft policy developed for comment
	Conduct advocacy workshops on African Traditional Medicine	Number of training workshops	2	0 (None)
Develop Standards for individual entities of African Traditional Medicines	Pharmacopoeia developed	10%	60 monographs on medical plans available, to be included in the Pharmacopoeia	
Strengthen National Reference Centre for African Traditional Medicine	Database of African Traditional Medicines developed	10% complete	20%	





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
PHARMACEUTICAL PROGRAMMES & PLANNING	Implement a new integrated national Food Control System	New national Food Control System Implemented	Draft Bill in August 2006	Terms of reference finalized for the appointment of a consultant to conduct a country profile study. The target of finalizing the Draft Bill by August 2006 was not achieved due to delays experienced (e.g. identifying a suitable consultant, tender procedures, etc.), during the process related to conducting a country profile, which will form the basis of the contents of the proposed Bill.
	Establish database of single exit prices of medicines in the private sector	Fully functioning Web based medicine pricing database	50%	35%
	Review of dispensing fee	Appropriate dispensing fee published and accepted by industry	100%	Dispensing fee gazetted but faces legal challenge
	Explore the possibility of setting a maximum fee for logistics	Appropriate logistics fee published and accepted by industry	Draft policy published for consultation	10%
	Review of the current Pricing Regulations	A set of regulations accepted by all the relevant stakeholders in the pharmaceutical industry	Regulations drafted and consulted	Pricing regulations published, but challenged by the pharmaceutical industry
	Publish Health Technology Regulations	Health Technology Regulations completed	March 2007	Draft regulations are complete.
	Establish Health Technology Planning and Assessment	Health Technology Planning and Assessment Completed	Assessment completed in 8/9 Provinces	80%
	Ensure safety of Medical Devices	Quality Assurance guideline for medical devices developed	March 2007	Guidelines 40% complete
	Implement infection control program for Health Technology	Risk Management and Infection control strategies developed	March 2007	Not achieved

6. MEDICINES REGULATORY AFFAIRS (MRA)

During 2006/07, the Department set in motion several processes to fast-track the re-registration of existing medicines every five years and the registration of new medicines.

The Department awarded a tender for the implementation of an Electronic Document Management System (EDMS) to accelerate both the re-registration of medicines every five years, and the registration of medicines. A Clinical Trial database was also established and made fully operational. Furthermore, the implementation of Standardised Package Inserts (SPIs) fast-tracked the number of applications processed to 120.

The Department also received an Assessment Report from the Pharmaceutical Inspection Cooperation Scheme (PIC/S), following the evaluation of the MRA Inspectorate and its quality system in February 2007. The Department then submitted to the PIC/S its written response to the assessment report in March 2007.

With regard to improving in-house technical capacity, the Department processed 100% of Section 21 applications and 30% of SPIs in-house. However, due to capacity constraints, only 25% of clinical trials applications, and 10% of pharma-covigilance evaluations were conducted in-house.

To address these challenges, the Department appointed service providers to conduct training in: (i) *Biological medicines evaluation*; (ii) *Manufacturing procedures and validation* and (iii) *Analytical validation and Dissolution methods by USP*. This should assist in improving in-house capacity during 2007/08.





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MEDICINES REGULATORY AFFAIRS	Acquire membership of Pharmaceutical Inspection Co-operation Scheme (PIC/S) by 2008/09	Membership of PIC/S acquired after Inspection of Good Manufacturing Practices (GMP)	25% compliance with PIC/S requirements	The PIC/S Assessment report on the assessment of the MRA Inspectorate and its quality system was received on 8 February 2007. The assessment report was responded to and submitted to PIC/S on 15 March 2007.
	Implementation of an Electronic Document Management System to accelerate the re-registration of medicines every 5-years, and accelerate the registration of medicines	Implement of an electronic document system	Re-engineering of the registration process and configuration of software in support of the registration process completed by March 2007	EDMS tender briefing session held Clinical Trial database fully operational.
	Re-registration of medicines (5 years)	Sustainable programme for 5-yearly re-registration of medicines	30% of re-registration process completed	SPI process has fast-tracked the number of applications at 120. There are 187 approved SPI which fast tracked the number of applications to 436
	Improve in-house technical capacity	Improve internal capacity in the DoH to evaluate medicines in-house	40% of medicines evaluated by the DoH	100% of Section 21 applications were processed in-house Training providers were identified for (a) Biological medicines evaluation (b) Manufacturing procedures and validation and (c) Analytical validation and Dissolution methods by USP – training completed 30 & 31 May 2007. Only 30% of SPI's were processed in-house, due to lack of staff. Only 25% of Clinical Trials applications were processed in-house, due to lack of staff. Only 10% of Pharmacovigilance evaluations were done in-house.-Further progress was also made with the filling of key vacant posts, and the backlog of Serious Adverse Events (SAEs) was captured. Training on various issues was conducted including: Medicine Safety Alerts, evaluation of SAE's and preparation of documents for expert committees. Further progress was also made with the filling of key vacant posts, and the backlog of Serious Adverse Events (SAEs) was captured. Training on various issues was conducted, including: Medicine Safety Alerts, evaluation of SAEs and preparation of documents for expert committees.

6. HIV AND AIDS, STIs AND TB

As earlier indicated, one of the key achievements for 2006/07 is the statistically significant decrease in the prevalence of HIV amongst pregnant women who use public health facilities in 2006, compared to 2005. It is for the first time after several years of relative stability, that the survey results show evidence of a decline in HIV prevalence.

HIV prevalence in the age group less than 20-years old, decreased

from 15.9% in 2005 to 13.7% in 2006. This reduction implies a reduction in new infections (incidence) in the population. HIV prevalence in the 20-24year age group also decreased from 30.6% in 2005 to 28.0 in 2006. This is also a significant decline.

However, HIV prevalence in the older age groups (30-34 years; 35-39 years; 40+) remained at levels similar to 2005, and in some instances reflected some increases, although these were not statistically significant.





The Department has consistently emphasized the centrality of prevention in its efforts to combat the spread of HIV and AIDS, and has channelled significant efforts towards strengthening this aspect.

The Department steadily increased the proportion of public health facilities offering Voluntary Counselling and Testing (VCT) from 80% in 2004/05 to 88% in 2005/06, and to 90% in 2006/07. The proportion of health facilities offering PMTCT also increased from 60% to 90% between 2004/05 and 2006/07. All hospitals and 90% of PHC facilities are offering PMTCT.

Consistent with the objective of strengthening prevention, the Department exceeded its targets for condom distribution for both male and female condoms, during 2006/07. A total of 453 million male condoms were distributed, against a target of 450 million. Also, 3, 392 500 female condoms were distributed, which exceeded the target of 3 million for 2006/07. This achievement was made possible by partnerships with various community-based organisations in distributing condoms at community level.

The treatment of opportunistic infections was also strengthened. By March 2007, a national STI partner notification rate of 98.3% had been achieved. However, the National STI partner tracing rate was much lower, at 23%. This is being continuously addressed.

Nutrition packages were also distributed to people living with HIV and AIDS, TB and other debilitating conditions. The proportion of eligible people living with these conditions who received nutrition supplements increased from 56% in 2005/06 to 81.8% in 2006/07.

Interventions to address TB and HIV co-morbidity were also strengthened. About 2257 health care workers were trained in TB and HIV clinical management, of which 2022 were nurses, and 235 were doctors. This exceeded by far the 2006/07 target of training 1000 nurses, but was lower than the target of training 500 doctors. The training of doctors was affected by the delays in the selection of a service provider to conduct the training.

A total of 211 sub-districts implemented and reported on TB and HIV activities (e.g. access to VCT for TB patients) during 2006/07, which exceeded the 2006/07 target of 200. 98% of TB and HIV co-infected patients were put on Cotrimoxazole, which exceeded the target of 60%. About 70% of TB patients who were offered counselling for HIV agreed to be tested, which was higher than the set target of 60%.

Efforts at improving TB control were also strengthened during 2006/07.

In keeping with the NHS priorities and WHO/AFRO resolution, the Department also closely monitored and supported the implementation of the TB Crisis Management Plans in four districts during 2006/07. These were the Nelson Mandela Metro and Amathole District (Eastern Cape), City of Johannesburg (Gauteng) and Ethekwini (KwaZulu-Natal). Of the four districts, the City of Johannesburg made the most progress. This included a TB cure rate of 72.9%, which was higher than the 2005/06 baseline of 61%, as well as the 2006/07 target of 70%. TB indicators in the other three districts showed much slower improvements and additional interventions have been planned to respond to challenges being experienced in these districts.

Across the country, 99% of suspected TB cases had their sputa tested. 92% of new smear positive PTB patients were started on treatment. This figure excluded data from the North West Province. About 9% of smear positive PTB cases defaulted treatment during the intensive phase, which was in line with the target of $\leq 10\%$ for 2006/07. However, more work will be done to reduce this even further.

The Department continued to strengthen the role of civil society in supporting its work at community level. A total of 2160 organizations provided Home and Community-based Care (HCBC) programmes during 2006/07, which marked an increase from the 1 773 organisations that provided HCBC in 2005/06.

The South African National AIDS Council (SANAC) held 5 meetings during 2006/07. SANAC also guided the development of the National Strategic Plan for HIV and AIDS and STIs for 2007-2011.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HIV AND AIDS, STIs AND TB	Improve Smear Conversion rates in the 4 selected districts	Smear Conversion rates in the 4 selected districts	Nelson Mandela Metro: 70% (Baseline 60%)	49.7%
			Amathole District: 65% (Baseline 53%)	28.3%
			Ethekwini: 60% (Baseline 49%)	17.3%
			City of Johannesburg: 80% (Baseline 72%)	68.6%
	Improve TB Cure rates in the 4 selected districts	TB Cure rates in the 4 selected districts	Nelson Mandela Metro: 55% (Baseline 42%)	49%
			Amathole District: 50% (Baseline 31%)	30.3%
			Ethekwini: 50% (Baseline 32%)	31.6%
			City of Johannesburg: 70% (Baseline 61%)	72.9%
	To ensure implementation of DOTS strategy in all districts and to improve the quality of DOTS	Percentage of TB suspects whose sputum was tested	100%	99.1%
		Percentage of new smear positive PTB patients started on treatment	100%	92.1%
		Percentage of new smear positive cases who converted at two months (from positive to negative)	60%	48.7%
	To ensure good quality of TB laboratory services	Percentage of health facilities with a turn around time of 48hrs or less	80%	47.7%
	To ensure adherence to treatment	Percentage of TB patients on DOT	45%	85.1%
	To ensure adherence to treatment	Percentage of new smear positive PTB cases defaulting treatment in the intensive phase of treatment (Defaulter rate)	10%	9%
		Percentage of new smear positive PTB cases who died during the intensive phase of treatment (death rate)	6%	3.4%
		% of MDR TB amongst new cases (measured at three year intervals)	1.6%	Not known as this is measured at 3 year interval
		% of MDR TB amongst re-treatment cases (measured at three year intervals)	6.7%	Not known as this is measured at 3 year interval
	Improved interventions to reduce the burden of HIV in TB infected patients	Number of sub-districts implementing and reporting TB&HIV activities (e.g. access to VCT for TB patients)	200	211
		Proportion of TB patients tested for HIV (of those counseled)	60%	59.5%
	Improved interventions to reduce the burden of HIV in TB infected patients	Proportion of TB patients offered counseling and tested for HIV	60%	69%
Assist districts to develop supervision and monitoring systems for implementation of TB&HIV package of care	Proportion of TB&HIV co-infected patients put on Cotrimoxazole	60%	98%	





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)	
HIV AND AIDS, STIs AND TB	Improved interventions to reduce the burden of TB amongst people living with HIV and AIDS (PLWHA)	Number of HCW at PHC facilities and accredited sites, trained in TB and HIV clinical management nurses doctors	1000 500	Total of 2 257 Health Workers trained: 2 022 nurses 235 doctors	
	Improved TB case detection amongst PLWHA	Proportion of PLWHA screened for TB	30%	21.5%	
	Develop clear policy guidelines for HCW to manage patients co-infected with TB and HIV	Proportion of co-infected patients put on TB prophylactic treatment (IPT)	4%	2.4%	
	Improved surveillance system for TB & HIV co-infection	Proportion of TB patients infected with HIV and referred for ART	5%	41%	
	Increased access to Information, Education and Communication (including ABC campaign for behaviour change)	% of new community action teams in provinces	50%	50%	
	Improved interventions to deal with the HIV and AIDS	Percentage of public health facilities offering Voluntary Counselling and Testing		100%	91%
		No. of male condoms distributed		450m	453 m
		National male condom distribution rate (PHC) – that is, no. of condoms distributed to male population 15 years and above per annum		9	11.1
		No. of female condom distribution sites		295	245
		No. of female condoms distributed		3 million	3 392 500
		National Incidence of STI treated		8%	9.8%
		National STI partner notification rate		90%	98.3%
		National STI partner tracing rate		35%	23.3%
		No. of operational HTA intervention sites		185	168
		Neisseria Gonococcal (NG) susceptibility to antimicrobial agents		Rapid study completed in Mpumalanga, Northern Cape, Limpopo and North West by July 2006	The rapid Neisseria Gonococcal study was conducted in Mpumalanga and Northern Cape Provinces. The study was not conducted in Limpopo and North West Provinces
National microbiological surveillance (NMS) system established		System developed and approved by the NHC. First line syndromic management guidelines changed.	A draft protocol NMS for STI and drug resistance was developed and circulated.		





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
HIV AND AIDS, STIs AND TB	Improved interventions to deal with the HIV and AIDS	Improve management of genital herpes	Increase health seeking behaviour and early presentations for ulcers through social mobilisation at least reaching 30% of high risk communities Use available evidence to review syndromic management guidelines for ulcers based STIs	An information brochure was prepared to orientate health providers and communities on the signs and symptoms and management of genital herpes
		NMS Reports with drug resistance and aetiology data	Drug resistance data available annually from the national microbiological surveillance (NMS) report	STI drug resistance data is available from recent STI rapid studies
		Percentages of health facilities that offer PMTCT	100%	90%
		Proportion of districts with turn around time of 48 hours or less (CD4 test)	80%	90%
		Percentage sub-districts with at least one accredited service point for the Comprehensive Plan	60%	76%
	Train Health Care Workers on Comprehensive management of HIV & AIDS	% of HCW trained on Comprehensive management of HIV & AIDS	60%	17 072 Health workers trained
	Increase access to Home Community Based Care (HCBC)	Percentage of sub-districts with HCBC programmes	60%	2 160 NGOs provided HCBC across to the country
	Establish palliative care centers in all provinces	Percentage of sub-districts with palliative care centres	20%	5%
	Increase involvement of people living with HIV & AIDS	Percentage of sub-districts with PLHA focused programmes	30%	35%
	Finalisation of NGO Guidelines	NGO Guidelines printed and distributed to provinces	NGO Guidelines distributed to provinces by December 2006	1 000 Copies of the NGO Guidelines were printed and 10 Compact Disks produced.
	Conduct Impact study of funded HIV, AIDS and TB NGOs	Report on the impact study completed and recommendations implemented	Conduct impact study and compile report	Study conducted and a research report produced.
	Strengthen oversight over funded NGOs	Develop and distribute a handbook on PFMA, treasury regulations	Handbook developed and distributed by December 2006	500 Copies printed and distributed in May 2007 to NGOs and Provinces
South African National Aids Council	Strengthen the relations between SANAC and the Provincial AIDS Councils (PAC)	Four meetings per year to be held in the provinces	Quarterly meetings	5 SANAC meetings held
			Progress Reports by PACs	Draft reports produced



8. INTERNATIONAL HEALTH LIAISON (IHL)

The Department strengthened the implementation of existing bilateral agreements with countries such as the Democratic Republic of Congo (DRC); Mozambique; Botswana; Congo Brazzaville; Tunisia; Rwanda; Palestine and Iran. New bilateral relations were also established with countries such as Zimbabwe, Zambia, Mali, Burundi and Cameroon.

Two Tunisian doctors arrived in South Africa during 2006/07, and were allocated to the Eastern Cape Province (Butterworth Hospital). Amongst others, they contributed immensely to the country's cataract surgery project, by performing 171 cataract surgeries.

With regard to Overseas Donor Assistance (ODA), a USAID agreement was signed by National Treasury on behalf of National DoH for continuation of a project entitled: Increased use of HIV & AIDS and other Primary Health Care Services. The Department

also co-ordinated the international donor support to Provincial DoHs from a variety of donors, including JICA, Italy and Flanders. Project Proposals were developed for cooperation with countries such as: China, Belgium, Netherlands, JICA, Canada, Germany and Italy.

Significant efforts were channelled to planning processes for the 3rd Conference of African Health Ministers (CAMH3), held in South Africa between 9 and 13 April 2007. The NEPAD Co-ordination Unit led the process and compiled the documents. The documentation produced included the Draft Africa Health Strategy; draft African Pharmaceutical Manufacturing Plan; and a progress review of the implementation of the African Union Decade of Traditional Medicine.

The NEPAD Co-ordination Unit also provided support to key malaria control activities in SADC, including the launch of the cross-border Malaria Control Programme in November 2006.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
IHL	Strengthen, expand and establish trilateral and multilateral relations	Number of Strategy documents on multilaterals developed and reviewed	3 Strategy documents developed and implemented (SADC, NEPAD, G77 + China).	3 documents produced for CAMH3: <ul style="list-style-type: none"> Draft African Health Strategy 2007-2015 Draft African Pharmaceutical Manufacturing Plan State of African Traditional Medicine
		Number of progress reports on implementation of bilateral agreements submitted to the Minister	4 Progress reports submitted to Minister	Reports on the implementation of existing agreements with the following countries were submitted to the Minister: Mozambique, Angola, Iran, Tunisia, Cameroon, Ethiopia, Palestine and Congo Brazzaville, Democratic Republic of Congo, Rwanda and Egypt.
		Number of Country Co-operation Strategies developed and reviewed.	2 Country co-operative strategies developed and reviewed (WHO, UN agencies).	2 Country co-operative strategies developed



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
IHL	Strengthen, expand and establish trilateral and multilateral relations	Number of major multilateral Summits and Conferences co-ordinated	5 major multilateral Summits and Conferences co-ordinated	<p>Numerous major multilateral Summits and Conferences were co-ordinated during 2006/07 including:</p> <p>SADC Technical Committee meetings on Human Resource, Epidemic Preparedness, Reproductive Health, Pharmaceuticals, Africa Traditional Medicines & Malaria</p> <p>SADC Health Ministers' Meeting in March 2</p> <p>SADC Heads of States or Government Summit which took place in August 2007</p> <p>AU Consultative Meeting of African Health Ministers on Injury Prevention and Safety Promotion in April 2006.</p> <p>WHO Technical Committee meetings on Human Resource, Epidemic Preparedness & Reproductive Health.</p> <p>56th Session of the WHO's Regional Meeting which took place in Ethiopia in August 2006.</p> <p>IBSA TB Research Workshop with Department of Science & Technology in November 2006,</p> <p>Planning for the 3rd Conference of African Health Ministers in April 2007.</p> <p>SADC Health Ministers' meeting in March 2007 WHO Executive Board Meeting in May 2007 African Road Safety Conference in Feb 07, Global Safety Week Avian Influenza in March 07 and workshop in laboratory management</p>
		Improve International Health Relations	Number of reports on international trends provided to Minister and DOH.	4 Reports on international trends provided to Minister and DOH.
	Facilitate and coordinate donor activities within the health sector and Mobilizing international donor assistance to the advantage of the health sector	Strategies on donor coordination developed and reviewed.	ODA Strategy and policy developed	Terms of Reference to review the ODA Policy Framework were developed
IHL	Facilitate and coordinate donor activities within the health sector and Mobilizing international donor assistance to the advantage of the health sector	Number of donor coordination activities for health facilitated	3 donor coordination fora	<p>Two draft proposals JICA and Italy were developed</p> <p>Report on meeting between South Africa and Flanders submitted</p>
		Number of reports on donor coordination submitted to Minister	4 reports on donor coordination submitted to Minister.	Four reports on donor coordination were submitted
	Funding and technical cooperation agreements signed with partners	Number of funding and technical cooperation Agreements signed with partners	2 Agreements	Draft Project Proposals were developed for collaboration with the following countries: China, Belgium; Netherlands; JICA; Canada; Germany and Italy.
NEPAD CO-ORDINATION	Develop a NEPAD Accelerated Malaria Control programme for Africa (NAMCA)	NAMCA Project launched	<p>NEPAD Accelerated Malaria Control programme for Africa (NAMCA) launched by the President in 2006</p> <p>NAMCA activities in SADC and AU countries strengthened</p>	<p>Due to scheduling difficulties the NAMCA Programme was not officially launched.</p> <p>The cross-boarder Malaria Control Programme was launched in November 2006</p>
	Facilitate NEPAD plans and proposals for possible funding by partners	Funding for NEPAD Health activities increased	Funding available for Malaria NAMCA Project implementation and Presidential launch in June 06	The SADC Roll Back Malaria Network has provided financial support for the development of the Elimination Strategy and Development of the Global Fund Proposal for the SADC Malaria Control Strategy



9. COMMUNICABLE DISEASE CONTROL

Malaria control and management is one of the key areas of success of the public health sector in South Africa. The number of malaria cases declined over a 5-year period, from 51 444 cases in 1999 to 12 098 cases in 2006. Furthermore, during the fourth quarter of 2006/07, an estimated 84% decrease in malaria cases was observed, compared to the same period in 2005/06. The malaria case fatality rate fluctuated during this period, from a peak of 0.8 in 1999, to a lowest level of 0.4 in 2001, and to 0.7 at the end of 2006

Various factors contributed to the successes in malaria control. These included: (i) an increase in indoor residual spraying using DDT, with an overall coverage of 85% of targeted households, and the completion of spraying before the peak in malaria transmission; (ii) the use of artemisinin-based combination therapy by the malaria affected provinces, which reduces parasite carriage; (iii) intensified surveillance leading to early detection

of any increases in malaria cases in high risk areas; (iv) epidemic preparedness teams capacitated to respond to seasonal outbreaks; (v) advocacy with mass community mobilisation and training of healthcare workers in the malaria affected areas; (vi) collaboration with neighbouring states in improving the effectiveness of malaria control programme since malaria vectors (mosquitoes) have *no regard for national borders*.

South Africa has collaborated with three neighbouring states, Mozambique, Swaziland and Zimbabwe, in two separate cross-border malaria control initiatives. The cross border collaboration between Limpopo Province in South Africa and the Matabeleland South Province in Zimbabwe is ongoing. The two countries are currently finalising a joint malaria elimination strategic plan. In addition, the Lubombo Spatial Development Initiative on malaria control involving SA, Swaziland and Mozambique has contributed significantly to the decline in malaria cases both in all three countries.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
COMMUNICABLE DISEASE CONTROL	Strengthen malaria control	Number of malaria affected provinces implementing the recommendations from the Roll Back Malaria (RBM) Survey	All malaria affected provinces with progress reports on the implementation of recommendations of the RBM Survey	All malaria affected provinces providing regular reports
	Reducing malaria morbidity and mortality by 10% each year.	% reduction in malaria cases annually	10% reduction annually	Approx 84% reduction in malaria cases compared to the same period last year
		Reduced Case fatality rate	0.5%	0.5%
		Percentage Increase of indoor residual house spraying coverage	85% coverage in all malaria affected districts	Mean spray coverage for all 3 malaria provinces above 85%
		Percentage of districts that have monitoring charts for tracking epidemics	60% coverage in all malaria affected districts	100% coverage in malaria affected districts
	Collaboration with 3 countries on Malaria initiatives and other communicable diseases	Number of countries implementing strategies in the plans of action for collaboration	Implement the plan of action with Mozambique, Zimbabwe & Angola.	Drafting of Elimination Plan in progress M&E component still awaited
	Scale up epidemic preparedness and response	Implementation of EPR policy guidelines by provinces	Implementation of EPR guidelines by 9 provinces	EPR Thresholds in place no outbreaks experienced
		Preparedness plan for influenza developed & implemented	Plan finalised	Plan finalised and printed.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
COMMUNICABLE DISEASE CONTROL	To strengthen capacity of health care workers	No. of clinical guidelines finalised	2 clinical guidelines finalised	National Guidelines on Epidemic Preparedness and Response and the Clinical Guidelines on Management and Control of Infectious Foodborne Diseases in South Africa submitted to the Technical Committee and due for NHC approval
		No. of training sessions conducted for HCW	9 training sessions conducted for HCW	9 training sessions conducted
	To improve awareness of communities on communicable diseases	No of health promotion activities undertaken	2 health promotion activities undertaken	Water borne awareness campaign held in Gauteng Meningitis alert placed in news papers, diarrhoea message in newspapers, as well as message on diarrhoea





PROGRAMME 3: HEALTH SERVICE DELIVERY

PURPOSE

The aim of this programme is to support the delivery of health services, primarily in the provincial and local spheres of government.

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of Programme 3.

10. NON-COMMUNICABLE DISEASES (NCDS)

Key achievements of the Department in the area of Non-Communicable Diseases during 2006/07 included the attainment of the set target of reducing the waiting period for a wheelchair to two months. This was achieved across all provinces. However, some health districts have difficulties in meeting this target, due to budget constraints for assistive devices.

The *Prevention of Blindness* programme achieved a Cataract Surgery Rate (CSR) of 1146 operations per million people. Although this figure was marginally below the 2006/07 target of 1200 operations/million people, it was higher than the 1030 operations per million people conducted in 2005/06. The restoration of sight significantly improves the quality of life of elderly citizens of the country. Moving into the future, comprehensive provincial plans and improved resource allocation will be required to strengthen this programme.

The provision of free health services to people with disabilities also continued during 2006/07. The Department conducted a review of the provision of free health services across hospitals in the country. The review report showed that all hospitals were using the national guidelines and tools (for the provision of free health care), which was consistent with the set targets.

A variety of Information, Education and Communication (IEC) material on cancer was produced, and translated into 7 official languages.

Planning for the survey on older persons to generate key health status indicators was completed. The study was incorporated into the WHO SAGE Study, which is being conducted by the Human Sciences Research Council (HSRC) on behalf of the National DoH.

Significant progress was also made towards strengthening Forensic Pathology Services (FPS). These services were completely transferred from the South African Polices Services (SAPS) to Provincial DoHs. In accordance with the Division of Revenue Act (DoRA) of 2006/07, all provinces submitted reports on financial and non-financial (activity) performance. 68% of the conditional grant for FPS was spent by Provincial DoHs. Furthermore, 50% of existing mortuaries were refurbished, and 20% of planned new mortuaries were built. The performance of the forensic chemistry laboratories was also improved. The backlog of alcohol tests were eliminated in the laboratory in Pretoria and reduced in laboratories in Johannesburg and Cape Town.





SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
NON-COMMUNICABLE DISEASES (NCDs)	Translate and print IEC material on Cancer in 8 of the 11 official languages	Number of official languages in which IEC material has been translated and use of the material monitored	IEC material available in 8 official languages and distributed to all provinces by March 2007	IEC Material translated into 7 languages. Printing of English version of IEC material commenced.
	Expand the cataract surgery project	Number of operations conducted per million population (cataract surgery rate)	1200/million population by December 2006	A Cataract Surgery Rate of 1 146 per million people was achieved
	Introduce Low Vision Services costed and implemented in all one district per province	Low Vision Services Plan costed and used in one district per province	Implementation Plan for provision of Low Vision Services finalised and costed by March 2007	Low Vision and Refractive Error plan developed and costed by 7 Provinces.
	Develop a framework for therapeutic patient education (patient based education) for Primary Health Care (PHC) workers	Framework for therapeutic patient education for PHC workers finalised and implemented	Framework available by March 2007	7th Draft Therapeutic Education protocol for health care workers completed.
	Initiate survey on older persons to generate key health status indicators currently not included in NHIS and Stats SA	Survey Report available	Planning for the survey completed by March 2007	Survey has been incorporated in WHO SAGE Study which commenced in March 2007
	Implement national policy on free health care using national guidelines and tools	Number of public hospitals using guidelines and tools	355 hospitals	Review completed and report presented. All hospitals used guidelines.
	Reduce waiting period for a wheelchair	2 months waiting period for a wheelchair in all provinces	7/9 provinces with 2 months waiting period for a wheelchair	A maximum of two months waiting period for wheelchairs was achieved
	Improve accessibility of all health care facilities to persons with disabilities	Number of public health facilities assessed for accessibility	100% hospitals	Provincial assessment completed and national report to be prepared



11. MENTAL HEALTH

Key milestones were achieved towards the implementation of the Mental Health Care Act 2002. 60% of districts integrated mental health and substance abuse services into Primary Health Care (PHC).

Furthermore, all 9 Provincial DoHs developed mental health plans. 5 of the 9 Provinces established at least one child and adolescent psychiatric service, and additional trauma sites for victims of violence were established in each health district.

The construction of three psychiatric hospitals commenced in KwaZulu-Natal, Limpopo and the Northern Cape. Planning is underway for three more hospitals in three other provinces, Free State, North West and Western Cape.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
MENTAL HEALTH	Implementation of the Mental Health Care Act No 17 of 2002	% Districts with integrated mental health and substance abuse services into PHC	60%	60%
		Number of additional psychiatric hospitals in revitalisation programme	One additional site in each province	Three psychiatric hospitals are under construction namely: King George V (KwaZulu-Natal); Thabamooop (Limpopo) and Kimberly Psychiatric (Northern Cape). Three more hospitals are in the planning phase namely: Bloemfontein Psychiatric (Free State); Bophelong (North West) and Valkenberg (Western Cape).
		Number of trauma sites for victims of violence in each district	Additional site per district	One additional site per district established
		Number of provinces with a designated mental health plan	4 provinces	Nine
		Number of provinces with at least one child and adolescent psychiatric service	4 provinces	Five Provinces
	Finalise and implement regulations pertaining to the labelling and advertising of alcohol beverages	Regulations implemented	Regulations Promulgated by March 2007	Draft regulations developed and submitted to management for review

12. MEDICAL BUREAU FOR OCCUPATIONAL DISEASES (MBOD) AND OCCUPATIONAL HEALTH AND SAFETY

During the reporting period, the provision of benefit medical examinations was significantly expanded. Almost 140 hospitals across 8 provinces conducted these examinations, which exceeded the target of 60 hospitals for 2006/07. Approval was also obtained to establish income-generating projects for ex-mine workers in partnership with the Chamber of Mines and the National Union of Mineworkers (NUM).

Challenges were experienced in the certification of applications from mineworkers. Just over 5300 applications were certified, which were much lower than the set target. The key impediment in this regard was the difficulty experienced by the Department with procuring the database software licence.

With regard to Occupational Health and Safety (OHS), a total of 9 public hospitals in 4 Provinces developed comprehensive OHS Services Units. These were Gauteng (4 hospitals); KwaZulu-Natal (2 hospitals); Limpopo (1 hospital) and the Western Cape (2 hospitals). This exceeded the target for 2006/07.

Furthermore, 7 Occupational Health Practitioners were trained in the use of the ILO classification of radiographs. However, no officials from Mozambique were trained as originally planned.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
MBOD	Increase the number of applications certified, by strengthening the certification committee and increasing the frequency of its meetings	Number of applications certified	35 000	5 372 applications certified. MBoD experienced challenges in meeting the target of 35 000 , due to difficulty in procuring the database software licence
	Increase the number of public hospitals providing benefit medical examinations in all provinces.	Number of hospitals that provide benefit medical examinations to ex-mineworkers.	60 hospitals	138 Hospitals in 8 Provinces performed benefit medical examinations.
	Set up revenue generating projects for ex-mine workers in partnership with Trade Unions and Chamber of Mines and the Department of Minerals and Energy.	Number of projects developed for ex-mineworkers	1 project per province	Approval was obtained for a joint ex-mine worker project with the Chamber of Mines and the National Union of Mineworkers (NUM).
	Advocacy programme on BME for both active and ex-mineworkers.	Increase in number of miners that undergo Benefit Medical Examinations	35 000	15 000 Progress with Benefit Medical Examinations was affected by challenges in Information Technology (IT) Systems, which had extended down-times.
	Campaigns and road shows in communities with high numbers of ex-mineworkers	Number of campaigns or road shows in the mining and sending communities.	2	One campaign on the provision of the ODMWA had been conducted in Kuruman, Northern Cape Province.
	Development of a policy document on the implementation guide for S36A of ODMWA	Policy document on the implementation of S36A of ODMWA available	Policy document distributed to all mining companies	Two advocacy workshops on the provisions of the ODMWA were held.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (06/07)	ACTUAL PERFORMANCE (06/07)
OCCUPATIONAL HEALTH AND SAFETY	Develop and implement occupational health programmes in public hospitals.	Number of public hospitals with OHS services unit	4 hospitals in each province with OHS services	A total of 9 public hospitals in 4 Provinces developed comprehensive OHS Services Units. These were as follows: Gauteng (4 hospitals); KwaZulu-Natal (2 hospitals); Limpopo (1hospital) and the Western Cape (2 hospitals)
	Development of the Risk Assessment Tool for the DoH	Availability of the Risk Assessment Tool.	Finalise Risk Assessment Tool and distribute to Provinces	A workshop was held with the National Institute for Occupational Health (NIOH) and the University of British Columbia in Canada to finalise the two
	Training of Occupational Health Practitioners in Risk Management	% of Occupational Health Practitioners trained in Risk Management	40%	The DoH decided to do the Risk Management training stepwise, starting with Provincial Co-ordinators and then training the OHPs Training was held in September 2006 at which Provincial Co-ordinators from all nine DoHs participated Training of OHPs is scheduled for 2007/08,
	Occupational health officials and radiologists in South Africa and Mozambique trained on ILO classification of radiographs	Percentage of occupational health practitioners and radiologists in South Africa and Mozambique trained on ILO classification of radiographs	20%	7 Occupational Health Practitioners were trained in the use of the ILO classification of radiographs. No officials from Mozambique were trained.

13. HOSPITAL SERVICES & EMS

During the reporting period, the Department recorded several key milestones towards strengthening the management and governance of public hospitals. An audit of the skills and capacity of hospital managers was completed and a report produced, which highlighted inter alia the variations in delegations within and between provinces as well as the range of qualifications of managers at district and regional hospital levels. The survey also found that 50% of hospitals across the 9 provinces had managers who were either enrolled in or have completed a hospital management training programme.

75% of Hospital CEOs signed Performance Management Agreements (PMA) with their respective provinces during 2006/07. Also, 75% of Hospital CEOs received written delegations. This reflected that the Department was progressing in the appropriate direction, in line with the President's State of the Nation Address of February 2006. This figures was lower than the target of 100% set for 2006/07.

Financial management in hospitals was also strengthened, with 27 hospitals establishing cost-centres, of which 23 were manual and 4 electronic. Hospital information systems were also strengthened, with 80% of hospitals appointing dedicated facility information officers, and 95% of hospitals producing full hospital management information data (as in national hospital data set).

21 new business cases were accepted into the Hospital Revitalisation Programme during 2006/07, which raised the total number of projects

to 63. However, several projects had to be temporarily stopped due to lack of funding. Compliance with the DoRA of 2006/07 was also strengthened. All 9 provinces submitted their Project Implementation Plans for 2007/08. Also all 9 provinces submitted their monthly quarterly reports.

With regard to Emergency Medical Services (EMS), all 9 Provinces developed EMS Plans, in keeping with the National EMS Strategic Framework. The first draft of the Emergency Centres Regulations was also produced and discussed with stakeholders. A Draft Disaster Management Plan was developed and circulated for comment. A Draft Memorandum of understanding with the SA Red Cross Society was developed, while the Red Cross Bill was processed by Parliamentary Portfolio Committee for Health.

With regard to the FIFA 2010 World Cup preparation, the Department established a dedicated World Cup Unit to develop strategies and plans to manage the health and medical logistics.

However, several challenges were also experienced during 2006/07. Although hospitals were supported by the Department to develop and implement service improvement plans, only 10% of hospitals actually implemented and monitored these plans, which was much lower than the set target. 70% of hospitals conducted at least 1 patients' satisfaction survey per year, against the set target of 100%. It was also not possible to establish if hospitals were allocating

