



SUBMISSION OF THE ANNUAL REPORT FOR 2007/08

1. In terms of Section 40(1) (d) of the Public Finance Management Act of 1999 (as amended), the Public Service Act of 1994 (as amended), I hereby submit to the Minister the Annual Report of the Department of Health for the financial year 2007/08.
2. In terms of Section 65(1) of the Public Finance Management Act of 1999 (as amended) the Minister is required to table the report to the National Assembly by 30 September 2008.

DIRECTOR-GENERAL

DATE:20/08/2008





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FOREWORD BY THE MINISTER



The value system of any country can be easily assessed by the quality of the health services it provides to its citizens. The democratic government of South Africa has since 1994 placed at the heart of the reconstruction of our society, the transformation of the health system to achieve equity in access and the highest possible quality of care. Our core values have always inspired us to work towards an accessible, caring, equitable and quality health system.

As reflected in this Annual Report for 2007/08, the National Department of Health has achieved major milestones towards ensuring that health service delivery in our country is consistent with our values. The majority of South Africans also confirmed this, by continuing to show their confidence in public health services. Access to Primary Health Care (PHC) services, as measured by headcounts increased from 101 644 080 in 2006/07 to 101 748 188 in 2007/08. A national Primary Health Care (PHC) utilisation rate of 2.2 visits per person was also achieved in 2007/08, which was slightly higher than the 2.1 visits per person achieved in 2006/07. Total separations at District and Central Hospitals also increased between 2006/07 and 2007/08. Furthermore, the General Household Survey conducted by Statistics South Africa (StatsSA) in 2007, reflected an increase in the satisfaction levels of users of public health sector facilities, from 84.2% in 2006 to 87.6% in 2007.

Placing the individual and communities at the centre of the improvement of health status, the Department has championed a Healthy Lifestyles Campaign that included proper nutrition and the importance of physical activity (the 'Vuka South Africa Move for your Health' Campaign). Health messages were disseminated through 12 regional radio stations and 60 community radio stations. Topics covered in these messages included: mental health, hepatitis, breastfeeding, immunisation, oral health, rabies, meningitis, multiple sclerosis, stroke and cancer.

The health sector has over the years made a significant contribution to the decline in malnutrition amongst children under five years. Health sector interventions have included the provision of Vitamin A supplementation to children and their mothers. In 2007/08, 36 food garden projects were initiated by the National Department of Health in the Eastern Cape, KwaZulu-Natal and Western Cape. These together with the food gardens established by Provincial Departments of Health, all contribute towards good nutrition and food security.

We have also strengthened the implementation of the Tobacco Products Control Act. The number of public complaints received by the Department regarding non-compliance on a monthly basis declined steadily in 2007/08, which shows that our people are not only respecting the law but indeed have become more aware of the dangers of smoking. A total of 1 800 schools were awarded Health Promoting Schools' Status. Furthermore, all Health Promoting Schools developed anti-tobacco use educational programmes.



Health workers are our precious resource and a backbone of our health care delivery system. Hence in 2007/08, we finalised and implemented a policy known as Occupation Specific Dispensation (OSD), starting with nurses, to significantly improve the remuneration of health professionals.

In 2007/08, 4 565 health professionals from 10 different categories were placed in public health facilities for internships and community services. These included: Dentists, Pharmacists, Clinical Psychologists, Dieticians, Occupational Therapists, Physiotherapists, Radiographers, Speech, Language and Health, Doctors, and Medical Interns. These placements enhance the availability of human resources for health, especially in the rural and under-served parts of the country with respect to community service placements. Additional health personnel were recruited through country to country agreements. One example is the 36 Tunisian doctors who were recruited during 2007/08 and placed in the predominantly rural provinces.

A democratic society must protect its most vulnerable groups. In 2007/08, the health sector ensured that in all nine provinces, the waiting period for a wheelchair was reduced to not more than eight weeks. Also, all provinces continued to provide free healthcare for people with disabilities. Furthermore, the quality of life of the elderly was improved through sight restoration. A cataract surgery rate of 1 090 per million population was achieved in 2007/08.

In his introduction to this Report, the Director-General of the National Department of Health provides a detailed overview of the milestones achieved in 2007/08.

Our values inform us that quality health care is not an exclusive privilege to be enjoyed by those with access to resources, but rather a value that all South Africans must enjoy. As we approach the end of the 2004-2009 term of government, we shall continue to ensure that this goal is realised.

I wish to thank the MECs for Health and provincial officials as well as the Director-General and my staff for their support during 2007/08.

DR. M.E. TSHABALALA-MSIMANG, MP

MINISTER OF HEALTH

DATE : 22/08/2008



INTRODUCTION BY THE DIRECTOR-GENERAL



During 2007/08, the public health sector continued to implement the five key priorities adopted by the National Health Council (NHC) for the planning cycle namely: development and implementation of service transformation plans in each province; strengthening Human Resources for Health; improving Quality of Care; strengthening the provision of infrastructure for both clinics and hospitals; and strengthening Priority Health Programmes, with specific focus on healthy lifestyles, the national TB crisis management plan, accelerated HIV prevention, and strengthening Maternal Child and Women's Health, especially the Reach Every District (RED) strategy and implementing the recommendations of the Confidential Inquiries into Maternal Deaths Committee. Highlights of progress towards these priorities are presented below, with the full details provided in the pertinent sections of this Annual Report.

HIGHLIGHTS OF THE DEPARTMENT'S ACHIEVEMENTS DURING 2007/08

Development and implementation of Provincial Service Transformation Plans (STPs)

All Provincial Departments of Health continued to update and cost their STPs in 2007/08, aimed at reviewing the shape and size of their health service delivery platform and developing a more appropriate and sustainable platform. The National Department of Health provided technical support in the development of these plans. Provinces also conducted consultations with key stakeholders, whose support for the STP proposals is critical in the implementation process.

Strengthening Human Resources for Health

Several key achievements were noted in this focus area, including the implementation of community service for professional nurses; implementation of the Occupation Specific Dispensation (OSD) for nurses; recruitment and deployment of 36 Tunisian doctors in the Eastern Cape, Free State, KwaZulu-Natal, North West and Northern Cape. Two key mid-level worker programmes were implemented. Thirty-six students were enrolled into the Clinical Associates Programme at the Walter Sisulu University and the Emergency Care Technician (ECT) Qualification was approved by the South African Qualifications Authority (SAQA) and registered on the National Qualifications Framework (NQF).



Improving Quality of Care

A national Primary Health Care (PHC) supervision rate of 70% was attained in 2007/08. Although it was lower than our target of 100%, it reflected significant improvement from performances in 2006/07 and 2005/06 – however the quality of supervision and its impact needs further review. The National Health Facility Improvement Plan was also launched, which aims to strengthen quality of care by improving seven domain standards in an initial 27 hospitals and four community health centres. Progress was also made towards the development of a National Incident (adverse event) Management System (NIMS). The Australian Adverse Incident Management System Model (AIMS) was piloted in the Free State Province.

Strengthening the provision of infrastructure for both clinics and hospitals

A total of 33 hospitals were under construction and 11 in the planning phase, as part of the Hospital Revitalisation Programme. A total of 20 business cases were also approved in 2007/08. Three hospitals are nearing completion, namely Dilokong and Nkhensani in Limpopo Province, and Barkley West in the Northern Cape. An integrated and intersectoral operational plan for the FIFA World Cup 2010 was also developed during 2007/08.

Strengthening Priority Health Programmes

Promoting Healthy Lifestyles

To contribute towards good nutrition and food security, food garden projects were initiated in the Eastern Cape, KwaZulu-Natal and Western Cape by the National Department of Health in 2007/08. Mass media campaigns were conducted to promote healthy lifestyles. Health messages were disseminated through regional and community radio stations which covered topics such as: mental health, hepatitis, breast feeding, immunisation, oral health, rabies, meningitis, multiple sclerosis, stroke and cancer. In addition, 1 800 schools were designated as health promoting schools.

Combating Communicable Diseases

Immunisation coverage of 84% was achieved nationally. There were however districts where immunisation coverage was relatively lower than the national average. Only 28 laboratory confirmed measles cases were reported in 2007, which marked a significant improvement from the 82 cases reported in 2006 and 616 cases in 2005. Three of the four TB Crisis Management Districts (City of Johannesburg; Nelson Mandela Metro and Amathole) reflected improved TB cure rates against targets for 2006/07. The national TB cure rate also showed improvement from 57.7% in 2004/05 to 62.3% in 2006.

The Public Health Sector also continued to implement measures to curb the impact of HIV and AIDS. A total of 3.6 million female condoms were distributed, which exceeded the 2007/08 target of 3.5 million. In addition, 308.5 million male condoms were also distributed. This number would have been higher if it was not for the distribution of defective condoms by suppliers which had to be recalled and destroyed. The dual therapy policy for Prevention of Mother to Child Transmission (PMTCT) was finalised and disseminated. Over 180 000 new patients were placed on Antiretroviral (ARV) treatment during 2007/08, which was more than double the target of 90 000 set in the HIV and AIDS National Strategic Plan. This brought the total figure of patients on ARV treatment by April 2008 to 483 084. Equally important, the 2007 Antenatal Survey found a statistically significant decrease in the prevalence of HIV amongst pregnant women who use public health facilities, from 30.2% in 2005 to 29.2% in 2006, to 28% in 2007.

Communicable Diseases Control Strategic Plans for 2010 were developed by eight of the nine provinces during the reporting period, with the exception of Limpopo. This process is of vital importance, as the onus rests with South Africa as the host country to implement measures to eliminate all potential risks posed by communicable diseases during the FIFA Soccer World Cup. The Department developed the RSA-Zimbabwe malaria elimination strategy. There were however, delays in receiving inputs from Zimbabwe.



Intersectoral discussions were conducted with the Department of Water Affairs and Forestry (DWAF); the Department of Correctional Services and the South African Local Government Association (SALGA), to discuss the development of intersectoral pandemic influenza action plans. Furthermore, five of the nine provinces namely Eastern Cape; Free State; KwaZulu-Natal; Mpumalanga and Northern Cape developed multisectoral influenza preparedness implementation plans.

Combating Non-Communicable Diseases

In all nine provinces, the waiting period for a wheelchair was reduced to not more than eight weeks. Also, all provinces continued to provide free healthcare for people with disabilities.

The health sector recorded a cataract surgery rate of 1 090 per million population in 2007/08, which contributed to improving the quality of life of the elderly through sight restoration. Cataract surgery rates across provinces, measured per million population were: Eastern Cape (1 022); Free State (1 591); Gauteng (1 324); KwaZulu-Natal (824); Limpopo (991); Mpumalanga (1 096); North West (485) and Northern Cape (1 360).

ORGANISATION AND MANAGEMENT OF THE HEALTH SECTOR

Communication with key stakeholders was improved in various ways. The National Consultative Health Forum (NCHF) was convened in July 2007, and focused on reviewing progress towards the attainment of the Millennium Development Goals (MDGs). The NCHF was also convened in April 2008 which reviewed progress towards implementation of the PHC Approach and commemorated the 30th anniversary of the adoption of the Alma Ata Declaration.

CHALLENGES EXPERIENCED DURING 2007/08

Investment in health is one of the key strategies for strengthening and accelerating socio-economic development. Health and development are intricately linked. Conversely, ill-health and underdevelopment are intertwined. However, investment in health in South Africa is less than optimal relative to the cost of delivering health services, and when taking into account historical under-funding, population growth and increasing disease burden.

In addition to the under-funding of the health sector, other key challenges experienced by the health sector included: the Triple Burden of Disease (Communicable Diseases; Non-Communicable Diseases, Injuries and Trauma); impact of social determinants of health; insufficient Human Resources for Health (Clinical and Management Levels); impact of the Public Sector strike in the first quarter of 2007/08; and inadequate health information systems.

Despite these challenges the Department of Health continues to be committed to ensuring that access, equity, quality and the affordable health services are provided in both the public and private health sectors.

MR T.D. MSELEKU
DIRECTOR-GENERAL: HEALTH
DATE: 20/08/2008