



## SECTION 1: PERFORMANCE REVIEW

### 3. INFORMATION ON THE MINISTRY

#### 3.1. Institutions reporting to the Executive Authority

The following institutions report to the Minister of Health:

- Council for Medical Schemes
- National Health Laboratory Services (including the National Institute of Communicable Diseases)
- South African Medical Research Council
- Medicines Control Council.

#### 3.2. Bills submitted to the legislature during the financial year

Six pieces of legislation were signed into law by the President between 16 August 2007 and 28 February 2008; including the Nursing Act; Health Professions Amendment Act; Traditional Health Practitioners Act; and the Choice on Termination of Pregnancy Amendment Act.

#### 3.3. Ministerial visits abroad

The table below reflects the official visits by the Minister of Health during the 2007/08 financial year.

**Table: List of Ministerial visits to other countries**

PERIOD	COUNTRY	REASON
14 to 16 June 2007	Windhoek, Namibia	SADC Integrated Committee of Health Ministers' Meeting
13 to 17 August 2007	Lusaka, Zambia	SADC Heads of Government Summit
19 to 21 August 2007	Democratic Republic of Congo	4th Session of SA-DRC Binational Commission
25 to 31 August 2007	Congo-Brazzaville	AFRO-WHO
24 to 27 September 2007	Berlin, Germany	The Global Fund, Second Replenishment Meeting
17 to 20 October 2007	London, United Kingdom	Conference on Women Delivery ExCel Exhibition
24 to 28 October 2007	Brussels, Belgium	African, Caribbean and Pacific Health Ministers' Meeting
14 to 17 November 2007	Addis Ababa, Ethiopia	Health Workforce Development High Level Consultation Meeting
22 to 23 November 2007	Zimbabwe	SADC Health Ministers' Meeting to review the Maseru Declaration



PERIOD	COUNTRY	REASON
7 to 10 January 2008	Addis Ababa, Ethiopia	First International Conference on Task Shifting in Response to Human Resources Shortages
29 January to 1 February 2008	Bangkok, Thailand	Prince Mahidol Award Conference 2008
2 to 7 March 2008	Kampala, Uganda	First Global Forum on Human Resources for Health

#### 4. VISION AND MISSION OF THE DEPARTMENT OF HEALTH

##### Vision

An accessible, caring and high quality health system.

##### Mission

To improve health status through the prevention of illness and disease and through the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

#### 5. LEGISLATIVE MANDATES

The legislative mandate of the Department derives from the Constitution and several pieces of legislation passed by Parliament.

In terms of the Constitutional provisions the Department is guided by amongst others the following sections and Schedules:

- Section 27(1) "Everyone has the right to have access to – (a) health care services, including reproductive health care;... (3) No one may be refused emergency medical treatment";
- Section 28 (1) "Every child has the right to ... basic health care services..."; and schedule 4 which lists health services as a concurrent national and provincial legislative competence.

##### 5.1. Legislation falling under the Minister's portfolio

- **National Health Act, 61 of 2003**  
Provides for a transformed national health system for the entire Republic.
- **Medical Schemes Act, 131 of 1998**  
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Medicines and Related Substances Act, 101 of 1965**  
Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.
- **Mental Health Care Act, 17 of 2002**  
Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with emphasis on human rights for mentally ill patients.
- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**  
Provides a legal framework for termination of pregnancies based on choice under certain circumstances.



- **Sterilisation Act, 44 of 1998**  
Provides a legal framework for sterilisations, also for persons with mental health challenges.
- **South African Medical Research Council Act, 58 of 1991**  
Provides for the establishment of the South African Medical Research Council and its role in relation to health research.
- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**  
Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products as well as sponsoring of events by the tobacco industry.
- **National Health Laboratory Service Act, 37 of 2000**  
Provides for a statutory body that provides laboratory services to the public health sector.
- **Health Professions Act, 56 of 1974 (as amended)**  
Provides for the regulation of health professions, in particular, medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Pharmacy Act, 53 of 1974 (as amended)**  
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Nursing Act, 33 of 2005**  
Provides for the regulation of the nursing profession.
- **Allied Health Professions Act, 63 of 1982 (as amended)**  
Provides for the regulation of health practitioners like chiropractors, homeopaths, etc. and for the establishment of a council to regulate these professions.
- **Dental Technicians Act, 19 of 1979**  
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Hazardous Substances Act, 15 of 1973**  
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**  
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular, quality standards that must be complied with by manufacturers as well as their importations and exportation.
- **Occupational Diseases in Mines and Works Act, 78 of 1973**  
Provides for medical examinations on persons suspected of having contracted occupational diseases especially in mines and for compensation in respect of those diseases.
- **Council for Medical Schemes Levy Act, 58 of 2000**  
Provides for a legal framework for the Council to charge medical schemes certain fees.
- **National Policy for Health Act, 116 of 1990**  
Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.



- **Academic Health Centres Act, 86 of 1993**

Provides for the establishment, management and operation of academic health centres.

- **Human Tissue Act, 65 of 1983**

Provides for the administration of matters pertaining to human tissue.

## 5.2. Other legislation in terms of which the Department operates

- **Constitution of the Republic of South Africa Act, 108 of 1996**

Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Public Service Act, Proclamation 103 of 1994 (as amended)**

Provides for the administration of the public service in its national and provincial spheres, as well as regulation of employment practices in the public sector.

- **Promotion of Administrative Justice Act, 3 of 2000**

Amplifies the constitutional provisions pertaining to Administrative law by codifying it.

- **Promotion of Access to Information Act, 2 of 2000**

Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

- **Labour Relations Act, 66 of 1996**

Regulates the rights of workers, employers and trade unions.

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**

Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, for death resulting from such injuries or disease.

- **Basic Conditions of Employment Act, 75 of 1997**

Provides for the minimum conditions of employment that employers must comply with in their workplaces.

- **Occupational Health and Safety Act, 85 of 1993**

Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

- **The Division of Revenue Act, 7 of 2003**

Provides for the manner in which revenue generated may be disbursed.

- **Skills Development Act, 97 of 1998**

Provides for the measures that employers are required to take improve the levels of skill of employees in workplaces.

- **Preferential Procurement Policy Framework Act, 5 of 2000**

Provides for the implementation of the policy on preferential procurement pertaining to historically disadvantaged entrepreneurs.

- **Employment Equity Act, 55 of 1998**

Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.



- **State Information Technology Act, 88 of 1998**  
Provides for the creation and administration of an institution responsible for the State's information technology system.
- **Child Care Act, 74 of 1983**  
Provides for the protection of the rights and well-being of children.
- **The Competition Act, 89 of 1998**  
Provides for the regulation of permissible competitive behaviour, regulation of mergers of companies and matters related thereto.
- **The Copyright Act, 98 of 1998**  
Provides for the protection of intellectual property of a literary, artistic or musical nature that is reduced to writing.
- **The Patents Act, 57 of 1978**  
Provides for the protection of inventions including the gadgets and chemical processes.
- **The Merchandise Marks Act, 17 of 1941**  
Provides for the covering and marking of merchandise, and incidental matters.
- **Trade Marks Act, 194 of 1993**  
Provides for the registration of, certification and collective trademarks and matters incidental thereto.
- **Designs Act, 195 of 1993**  
Provides for the registration of designs and matters incidental thereto.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**  
Provides for the further amplification of the Constitutional principles of equality and elimination of unfair discrimination.
- **State Liability Act, 20 of 1957**  
Provides for the circumstances under which the State attracts legal liability.
- **Broad Based Black Economic Empowerment Act, 53 of 2003**  
Provides for the promotion of black economic empowerment in the manner that the State awards contracts for services to be rendered, and incidental matters.
- **Unemployment Insurance Contributions Act, 4 of 2002**  
Provides for the statutory deduction that employers are required to make from the salaries of employees.
- **Public Finance Management Act, 1 of 1999**  
Provides for the administration of State funds by functionaries, their responsibilities and the incidental matters.
- **Protected Disclosures Act, 26 of 2000**  
Provides for the protection of whistle-blowers in the fight against corruption.
- **Control of Access to Public Premises and Vehicles Act, 53 of 1985**  
Provides for the regulation of individuals entering government premises, and incidental matters.
- **Conventional Penalties Act, 15 of 1962**  
Provides for the enforceability of penal provisions in contracts.
- **Intergovernmental Fiscal Relations Act, 97 of 1997**  
Provides for the manner of harmonisation of financial relations between the various spheres of government, and incidental matters.



• **Public Service Commission Act, 46 of 1997**

Provides for the amplification of the Constitutional principle of accountable governance, and incidental matters.

**6. PROGRAMME PERFORMANCE BY BUDGET PROGRAMME**

<b>APPROPRIATION</b>	<b>MAIN APPROPRIATION R'000</b>	<b>ADJUSTED APPROPRIATION R'000</b>	<b>ACTUAL AMOUNT SPENT R'000</b>	<b>UNDER EXPENDITURE R'000</b>
National Department of Health Vote 16	13 091 136	13 091 136	12 762 734 (97.5%)	328 402 (2.5%)
Responsible Minister: Minister of Health				
Administering Department: Department of Health				
Accounting Officer: Director-General of Health				

**6.1. Aim of Vote**

The aim of the National Department of Health is to promote the health of all people in South Africa through an accessible, caring and effective national health system based on the Primary Health Care approach.

**6.2. Programmes**

For the financial year 2007/08, the budget structure of the National Department of Health consisted of four budget programmes: Administration, Strategic Health Programmes, Health Service Delivery and Human Resources. The purpose of each programme and its measurable objectives are listed below. An overview of the major achievements of the Department is noted in the Director-General's report. In addition, more detailed achievements and key challenges are described in the sections that follow.

**PROGRAMME 1: ADMINISTRATION**

**Purpose:**

*Administration* conducts the overall management of the Department. Activities include policy-making by the offices of the Minister and Director-General, and the provision of centralised support services. The *Corporate Services* sub-programme includes transversal functions such as Corporate Finance, Human Resources, Logistical Services, Office Support, Information Technology, Internal Audit, and Legal Services.

**PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES**

*Strategic Health Programmes* coordinates a range of strategic national health programmes through developing and monitoring policies and systems, and manages key programmes. Five sub-programmes previously in this programme (*District Health Systems, International Health Liaison, Health Monitoring and Evaluation, Mental Health and Substance Abuse and Medical Schemes*) have been shifted to *Programme 3: Health Service Delivery* programme, and *Communicable Diseases* was created as a new sub-programme.

In 2007/08, *Strategic Health Programmes* had seven sub-programmes to deal with its key policy areas:



- *Maternal, Child and Women's Health and Nutrition* formulates and monitors policies, guidelines, norms and standards for maternal, child, youth and women's health and nutrition.
- *Medicines Regulatory Affairs* supports the Medicines Control Council, and ensures that medicines meet approved specifications and standards.
- *HIV and AIDS* develops policy and administers the national HIV and AIDS and STI programmes, including coordinating the integrated plan for HIV and AIDS and the conditional grant.
- *Pharmaceutical Policy and Planning (PPP)* regulates and coordinates the procurement of pharmaceutical supplies to ensure that essential drugs are affordable and available, promotes rational drug use by consumers and healthcare workers, and administers legislation on food safety and related matters. *PPP* also deals with policy on the provision and management of health technology.
- *Non-Communicable Diseases* establishes guidelines on the prevention, management and treatment of a range of chronic diseases, disability, older people, mental health care and oral health. The sub-programme is also responsible for: revitalisation of forensic mortuaries that were transferred from the South African Police Service (SAPS) to Provincial Departments of Health; developing a national forensic pathology service; rationalising blood transfusion services; and liaising with the National Health Laboratory Service, including the National Institute of Communicable Diseases and the National Centre for Occupational Diseases.
- *TB Control and Management* develops interventions to curb the spread of Tuberculosis, provides support and oversight to the implementation of the TB Crisis Management Plan, and monitors and improves national TB performance indicators.
- *Communicable Diseases* is responsible for the control of infectious diseases, and several occupational health functions, including the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases.

### **PROGRAMME 3: HEALTH SERVICE DELIVERY**

*Health Service Delivery* supports the delivery of health services, primarily in the provincial and local spheres of government. There are five sub-programmes in Programme 3:

- *Hospital Services* deals with policy on the provision and management of hospital services and emergency medical services. It is also responsible for the large conditional grants for the revitalisation of hospitals.
- *Health Economics* is a new sub-programme dealing with health economics research, medical schemes, social health insurance and public-private partnerships (PPPs).
- *Health Information, Research and Evaluation* deals with the development and maintenance of a national health information system, and commissions and coordinates research. The sub-programme does disease surveillance and epidemiological analyses, and monitors and evaluates health programmes. It develops norms, standards and other mechanisms for improving the quality of healthcare services, and provides oversight of the activities of the Medical Research Council.
- *Primary Health Care, District Health and Development* promotes and coordinates the development of the district health system, monitors the implementation of Primary Health Care and activities related to the integrated sustainable rural development programme and the urban renewal programme. It also deals with policy making and monitoring of health promotion and environmental health.



- *Office of Standards Compliance* deals with quality assurance, licensing and the certificates of need required in terms of the new National Health Act (2003). The cluster also deals with radiation control.

## **PROGRAMME 4: HUMAN RESOURCES**

The *Human Resources Planning, Development and Management* Sub-programme supports the planning, development and management of Human Resources for Health at both the national and provincial levels. It also includes activities to coordinate international health relations, including donor support.

In 2007/08, there were three sub-programmes:

- *Human Resources* is responsible for developing human resource policies, norms and standards, and for ensuring the efficient management of the employees of the National Department of Health.
- *Bargaining Council and Employee Relations* provides the resources and expertise for bargaining in the national Public Health and Welfare Sectoral Bargaining Council.
- *International Health Liaison* liaises with the international health community, manages participation in international organisations, coordinates regional health cooperation with members of the Southern African Development Corporation (SADC), and identifies and coordinates donor and foreign assistance resources. The SADC sub-programme has been incorporated in this sub-programme.

### **6.3. Overview of the service delivery environment**

South Africa continued to face a triple burden of disease in 2007/08, which is composed of: Communicable Diseases; Non-Communicable Diseases; and Trauma and Injuries. Coupled with key challenges to the health system such as the inadequate supply of human resources and other resource constraints, this posed significant challenges to the health system. The protracted public service strike in 2007, which included health workers, also slowed down service delivery across the country, and limited the access of South Africans to basic health care for the period of the strike, access that is guaranteed by the Constitution of the Republic. However, service volumes increased significantly in the period following the resolution of the industrial action, as manifested by increased PHC utilisation rates, as well as total separations at District and Central Hospitals between 2006/07 and 2007/08.

The Department also continued to work as part of the Government Cluster system that aims to strengthen intersectoral collaboration within government. Outputs of this collaboration included the production of a Strategy for the Prevention of Non-natural causes of Death; a Strategy on the Prevention of Unintentional Injuries, as well as an awareness plan for unintentional injuries.

During the reporting period, outbreaks of diseases were observed in a few districts without adequate water and sanitation. Strategies to strengthen integrated development planning, as well as poverty alleviation, are required not only to protect vulnerable groups from ill-health, but also to improve their quality of life.

### **6.4. Overview of the organisational environment during 2007/08**

The Department provided stewardship over the National Health System in 2007/08. At national level, oversight was provided through the National Health Council (NHC), established in terms of the National Health Act of 2003, and chaired by the Minister. The NHC met frequently during 2007/08, and also conducted visits to health facilities across provinces to address specific health issues, and to provide support to both the health care providers and users of health services. The Technical Committee of the NHC, chaired by the Director-General, also met regularly to provide technical and managerial oversight over the public health sector.





The National Department of Health was also stable and focused during the reporting period, under the leadership of the Minister and the Director-General. As reflected below, the Department continued to perform its functions of producing legislation; developing policies; setting norms and standards and monitoring quality of care.

The Department also had an active Risk Management Committee in 2007/08, which reported directly to senior management. The risk analysis which was done in the previous year was updated. In terms of fraud prevention the Department re-launched its Fraud Prevention Plan. Both events were followed by a series of workshops with units in the Department to institutionalise risk management and to instill a fraud prevention culture.

## **6.5. Strategic overview and key policy developments**

During 2007/08, the Department continued to focus on the implementation of the five strategic priorities for the National Health System (NHS), adopted by the National Health Council. Highlights of progress toward the attainment of these priorities were presented in the Introduction by the Director-General, and will be covered in detail in the next sections of this Report that deal with programme specific performance.

The Department also introduced several key health policies in 2007/08, which included the Tuberculosis (TB) Strategic Plan 2007-2011; the Emergency Medical Services (EMS) National Plan; National Strategic Plan (NSP) for HIV and AIDS and STIs; updated Policy and Guidelines for the implementation of the Prevention of the Mother-to-Child Transmission (PMTCT) Programme; and the Occupation Specific Dispensation for nurses. Furthermore, the 3rd Conference of African Ministers of Health (CAMH 3) held in South Africa adopted the Africa Health Strategy. At this conference the Minister of Health was appointed Chair of the African Union Bureau of Health Ministers. A National Health Facilities Improvement Plan was also produced. This plan aims to improve quality of care through strengthening service delivery at health facilities, and focuses initially on 27 hospitals and four community health centres. It will later be expanded to all public health facilities across the country. The Office of Standards Compliance was also activated in 2007/08, in terms of the National Health Act of 2003.

The Department continued to strengthen its collaboration with regional, continental and international partners on health issues. Despite challenges emanating from an inadequate supply of human resources, the Department continued to implement its policy of not recruiting health workers from other African countries facing similar challenges, as this would destabilise the health systems in these countries.

South Africa also coordinated a diversity of multilateral summits and conferences during 2007, including an African Regional Meeting of the World Health Organisation (WHO) Intergovernmental Working Group on Public Health Innovation and Intellectual Property.

## **7. DEPARTMENTAL REVENUE AND EXPENDITURE**

### **7.1 Collection of Departmental revenue**

The majority of revenue collected by the National Department of Health is derived from applications for registration of medicines. The balance originates from laboratory tests conducted by the forensic laboratories, which are under the control of the Department. These fees are reviewed regularly and recovers cost.

### **7.2. Departmental expenditure for 2007/08**

#### **7.2.1. Programme 1: Administration**

The Administration programme shows an under expenditure of R 14 million (6.3%) against a budget of R225 million. The under spending can mainly be ascribed to the delays experienced in the upgrading of the Johannesburg Forensic Chemistry Laboratory and the Civitas Building. Although the funds are committed, the payments could not be made during the year.



### **7.2.2. Programme 2: Strategic Health Programmes**

The programme shows an under expenditure of R 223 million (6.5%). The under spending can mainly be ascribed to the slow progress on the mortuaries to be built with the Forensic Pathology Services Conditional Grant. Funds earmarked to purchase condoms could not be spent in full due to problems experienced with suppliers. Funds earmarked to NGO's could not be released in full before year-end.

### **7.2.3. Programme 3: Health Service Delivery**

The programme shows an under expenditure of R 77 million (< 1%). The under spending can mainly be ascribed to the non-completion of projects funded through the Hospital Revitalisation Conditional Grant.

### **7.2.4. Programme 4: Human Resources**

The programme shows an under spending of R 14 million (19.8%).

The under spending can mainly be ascribed to the vacant post of Health Attaché in Geneva. The expenditure incurred by the Health Attachés in Washington and Botswana respectively was not received through the Foreign Affairs account before the year-end. Office furniture and equipment ordered was not delivered before the year-end.

## **7.3. Transfer payments to trading entities and public entities**

### ***Medical Research Council***

The Medical Research Council (MRC) undertakes scientific research on clinical and health systems issues. Core funding is provided through the Department of Health with the allocations from government being determined as part of the overall Science vote under the control of the Minister of Science and Technology, advised by the National Council for Innovation. Funding from the Department's vote amounts to R 223 million in 2007/08. The MRC is successful in attracting research funding from other sources. There is close cooperation with the Department of Health in setting research priorities. A critical task is research into a vaccine against the strain of HIV that affects sub-Saharan Africa.

### ***National Health Laboratory Services***

The National Health Laboratory Service Act, 37 of 2000 came into operation in May 2001. The entity is now fully operational as the legislated preferred provider of laboratory services to public health facilities. The National Health Laboratory Services took over the laboratory services in KwaZulu-Natal during the year under review. The National Health Laboratory Service's major source of funding will be the sale of analytical laboratory services to users such as Provincial Departments of Health, but it continues to receive a transfer from the National Department, which amounted to R 69 million in 2007/08.

### ***Medical Schemes Council***

The Medical Schemes Council regulates the private medical scheme industry in terms of the Medical Schemes Act, 131 of 1998 and is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act, 58 of 2000. During 2007/08 the Department transferred R 3.2 million to the Council.

### ***South African National AIDS Trust (SANAT)***

During the period under review the SANAT was dormant. SANAC itself operates as planned with its activities funded through the HIV and AIDS Cluster. SANAC, with senior members of the National Department of Health, have drafted a restructuring plan, which has to obtain Cabinet approval. In view of the process which needs to be followed it is anticipated that the SANAT will be inactive for the 2008/09 financial year.



### **Trading Entity: Mines and Works Compensation Fund**

The Compensation Commissioner for Occupational Diseases is responsible for the payment of benefits to miners and ex-miners who have been certified to be suffering from lung-related diseases because of working conditions. The Mines and Works Compensation Fund derives funding from levies (Mine Account, Works Account, Research Account, State Account) collected from controlled mines and works, as well as appropriations from Parliament. Payments to beneficiaries are made in terms of the Occupational Diseases in Mines and Works Act, 78 of 1973. The entire financial system of the Compensation Commissioner for Occupational Diseases was re-engineered over the last 18 months.

### **7.4. Conditional grants and earmarked funds**

Ninety-eight percent (98%) of the budget of the National Department of Health consists of transfer payments to third parties. These can be classified as Conditional Grants and funding for Non-Governmental Organisations (NGOs).

Conditional Grants are transferred to provinces to fund specific functions. These are as follows:

<b>CONDITIONAL GRANT</b>	<b>AMOUNT</b>
National Tertiary Services Grant	R 5 321 206 000
Health Professions Training and Development Grant	R 2,006 223 000
Hospital Revitalization	R 2 077 292 000
Comprehensive HIV and AIDS Plan	R 1 596 189 000
Forensic Pathology Services	R 551 822 000

These funds flow to Provincial Health Departments from where spending takes place on items as contained in pre-approved business plans. More details of the transfers per province are contained in Annexure 1 C of the financial statements. The National Department of Health provides no conditional grants to municipalities.

NGOs range from large national NGOs, which include institutions such as LoveLife and Soul City, to a diversity of smaller NGOs. More details of the institutions funded can be found in Annexure 1 K of the financial statements.

## **8. PROGRAMME PERFORMANCE**

As already indicated, during the financial year 2007/08, the activities of the Department of Health were organised around four budget programmes, namely:

Programme 1: Administration

Programme 2: Strategic Health Programmes

Programme 3: Health Service Delivery

Programme 4: Human Resources



## **PROGRAMME 1: ADMINISTRATION**

### **PURPOSE**

The aim of this programme is to provide overall management and leadership to the Department and provide strategic planning, legislative and communication services and centralised administrative support. Activities include policy-making by the offices of the Minister, and Director-General, and the provision of centralised support services. The Corporate Services sub-programme includes transversal functions such as Corporate Finance, Human Resources, Logistical Services, Office Support, IT, Internal Audit, and Legal Services.

### **1. LEGAL SERVICES AND LEGISLATION CLUSTER**

Six pieces of legislation were processed through Parliament and assented to by the President of the Republic of South Africa between 16 August 2007 and 28 February 2008. These included the Nursing Act; Health Professions Amendment Act; Traditional Health Practitioners Act and the Choice on Termination of Pregnancy Amendment Act. The last two mentioned pieces of legislation had to be re-submitted to the National Council of Provinces (NCOP), following a Constitutional Court judgement in 2007. Furthermore, the Medical Schemes Amendment Bill was introduced in Parliament in 2007/08, and will follow the required Parliamentary processes.

The National Health Amendment Bill and the Medicines and Related Substances Amendment Bill were also introduced in Parliament early in 2008, and are waiting debate and passing. The Medical Research Council Amendment Bill and the Allied Health Professions Amendment Bill were not tabled due to Parliament's shortened programme for 2008.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
LEGAL SERVICES AND LEGISLATION CLUSTER	Tobacco Products Control Amendment Bill	Approved by Parliament and assented to by President	June 2007	<ul style="list-style-type: none"> <li>Section 75 of the Bill now an Act of Parliament</li> <li>Section 76 is being processed by Parliament</li> </ul>
	Health Professions Amendment Bill	Approved by Parliament and assented to by President	June 2007	<ul style="list-style-type: none"> <li>Bill is now an Act of Parliament</li> </ul>
	Medical Schemes Amendment Bill	Submitted to Parliament	May 2007	<ul style="list-style-type: none"> <li>Bill introduced in Parliament. Awaiting debates and passage</li> </ul>
	Medical Research Council Amendment Bill	Submitted to Parliament	June 2007	<ul style="list-style-type: none"> <li>Bill discontinued due to Parliament shortened programme for 2008</li> </ul>
	Allied Health Professions Amendment Bill	Submitted to State Law Advisor	May 2007	<ul style="list-style-type: none"> <li>Bill discontinued due to Parliament's shortened programme for 2008</li> </ul>
		Re-submitted to NCOP (Constitutional Court judgement)		
	Traditional Health Practitioners Act	Re-submitted to NCOP (Constitutional Court judgement)	April 2007	<ul style="list-style-type: none"> <li>Bill passed and is currently an Act of Parliament</li> </ul>
	Traditional Health Practitioners Act	Submitted to State Law Advisors for certification		<ul style="list-style-type: none"> <li>Bill passed and is currently an Act of Parliament</li> </ul>
	Choice on Termination of Pregnancy Amendment Act	Re-submitted to NCOP (Constitutional Court judgement)	April 2007	<ul style="list-style-type: none"> <li>Bill passed and is currently an Act of Parliament</li> </ul>
Secondary legislation i.t.o. National Health Act, 2003	Published for comment	June 2007	<ul style="list-style-type: none"> <li>The process of developing secondary legislation (regulations) continues and the majority of the regulations have been developed</li> </ul>	



## 2. COMMUNICATION

Communication with key stakeholders was improved in various ways during the reporting period. The National Consultative Health Forum (NCHF) was convened in July 2007, which focused on reviewing progress towards the Millennium Development Goals (MDGs). The NCHF was also convened in April 2008, which reviewed progress towards implementation of the PHC Approach which was adopted 30 years ago in the city of Alma Ata in 1978, in the former Soviet Union.

The Department also convened discussions with various external stakeholders and interest groups. These included a Policy Indaba on African Traditional Medicine; conversations with traditional leaders on male circumcision issues; and meetings with private health care groups on hospital tariffs.

A diversity of health issues were reported in various publications. These included healthy lifestyle advertisements in Stokvel and Vukuzenzele magazines; health tips advertisement for travellers in Isiza magazine; promoting access to affordable healthcare in Business Enterprise Directory; and issues pertaining to Millennium Development Goals in One Africa, One Voice magazine.

Public events and marketing platforms were also used to highlight the importance of health issues. These included: the TB Exhibition at the 38th Union World Conference on Lung Health in November 2007 in Cape Town, Western Cape; World Diabetes Day in November 2007, in Ga-Kgapane, Limpopo Province; Launch of 16 Days of Activism for No Violence against Women and Children in KwaJali Village, Kwazulu Natal in December 2007; Mass Media Campaigns on non-natural causes of death; and the commemoration of World AIDS Day in Limpopo Province in December 2007.

A booklet on the Promotion of Access to Information Act was published in Afrikaans, English, Setswana and IsiZulu. The booklet will be updated in the next financial year to accommodate new appointments and the change of the Department's physical address due to relocation.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
COMMUNICATION	Supporting broader government communication activities	Imbizo events and follow up on issues raised	At least four Ministerial Izimbizo	<ul style="list-style-type: none"> <li>· Healthy Lifestyle Imbizo held in Mpumalanga Province in March 2008</li> <li>· Numerous meetings held with communities and community leaders across the country including: meetings with traditional leaders on male circumcision and the Policy Indaba on African Traditional Medicine</li> <li>· Ministry of Health participated in the Parliamentary event entitled <i>Taking Parliament to the people</i> (NCOP), in North West Province</li> </ul>
	Establish regular mediums and routines for communication	Quarterly publication of developments in health in professional and stakeholder publications	Quarterly Publications in: South African Medical Journal, Nursing Update, Health and Hygiene	<ul style="list-style-type: none"> <li>· Diverse health related articles produced in stakeholder publications and print media including:</li> <li>- Millenium Development Goals (MDG) Article in One Africa, One Voice Magazine</li> <li>- Healthy Lifestyles magazine insert in City Press</li> <li>- Health and Safety Advertisement in Isiza magazine</li> <li>- TB Advertisement in Vukuzenzele, City Press and Sowetan</li> <li>- TB editorial for Vukuzenzele's regular health page</li> <li>- Diabetes advertisements in Stokvel and Vukuzenzele Magazines</li> </ul>
		Electronic newsletter for health facility managers in all health facilities across the country developed	Quarterly newsletter	<ul style="list-style-type: none"> <li>· A quarterly newsletter, <i>Lesedi</i> was produced</li> <li>· All information and publications on policy and health programmes distributed to all provinces for further distribution to facilities</li> </ul>
	Implement Promotion of Access to Information Act	Promotion of Access to Information Act Booklet developed	Availability of booklet in four South African languages	<ul style="list-style-type: none"> <li>· Promotion of Access to Information Act Booklet published in Afrikaans, English, Setwana and Zulu. To be updated in the next financial year to accommodate new appointments and change of Department's physical address due to relocation</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
COMMUNICATION	Develop public relations and marketing strategies to raise the profile of the Department	Utilisation of public relations and marketing platforms to raise the profile of the Department	Four public relations programmes supporting major government communication activities on youth, women and children	<ul style="list-style-type: none"> <li>· TB Exhibition at the 38th Union World Conference on Lung Health in November 2007</li> <li>· World Diabetes Day on 14 November 2007 in Ga-Kgapane Location, Limpopo Province</li> <li>· 16 Days of Activism for No Violence against Women and Children in December 2007 in KwaJali Village, Kwazulu-Natal</li> <li>· World Aids Day in Limpopo Province in December 2007</li> <li>· Launch of Peer Educators Programme in Mpumalanga Province in December 2007</li> <li>· Sexually Transmitted Infections (STI) Awareness Week in the Free State</li> <li>· Launch of Albinism School Essay Competition</li> <li>· Healthy lifestyles radio and TV campaign</li> </ul>
	Roll out of the corporate identity action plan	Standardised application of the corporate identity in the Department	80% of material published by the Department to comply with corporate identity guidelines	<ul style="list-style-type: none"> <li>· All publications and communication materials produced comply with Departmental corporate identity. The "Choose a Healthy Lifestyle" pay-off line has been adopted and included as part of the Department's corporate Identity</li> </ul>





### 3. STRATEGIC PLANNING

The National Department of Health continued to provide technical support and guidance to the Provincial Departments of Health in the development of long-term plans known as Service Transformation Plans (STPs). All Provincial Departments of Health that had earlier produced STPs created linkages between their STPs and Annual Performance Plans (APPs) for 2008/09-2010/11, particularly in the area of infrastructure planning. Consultations were conducted with key stakeholders in the STP process including Provincial Executive Councils; District Health Councils; and Traditional Leaders and Trade Unions. Feedback from the consultation process continues to be used to refine the key proposals in the STP documents. The key focus area going forward is to create sufficient consensus about the classification of health facilities, as well as to develop smooth transitional arrangements between the status quo and the health service delivery platforms envisaged in the provincial STPs.

The Annual National Health Plan (ANHP) for 2007/08 was produced, printed and disseminated. The Department also continued to monitor the implementation of National Strategic Plans and Provincial APPs, with quarterly progress reports produced for all four quarters of 2007/08.

The utilisation of the Project Management Approach to enhance the implementation of health sector plans was reinforced. A total of 25 projects were implemented in accordance with this approach namely: Electronic Document Management System (EDMS); Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT), which was implemented jointly with the HIV and AIDS Cluster in all nine provinces and units of the National Department of Health; and the TB Crisis Management Plan in four crisis districts. These exceeded the 2007/08 target of implementing four projects. A total of 52 managers were trained in project management principles and project management software.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)	
STRATEGIC PLANNING	Implement an integrated strategic planning framework	Integrated Health Planning Framework (IHPF) applied to support national and provincial strategic plans	IHPF utilised by National and Provincial Departments in May 2007 to develop national and provincial plans for 2008/09	· Eight Provincial Departments used the IHPF to produce their Provincial APPs. The Western Cape utilised its own model. Provincial STPs were updated and costed. Rapid appraisal of progress with the development and implementation of STPs conducted.	
			Annual National Health Plan 2007/08 produced by April 2007	· Annual National Health Plan 2007/08 produced in May 2007	
		Annual Provincial Plans (APPs) analysed and comments provided	Comments on all APPs provided by July 2007	· Provincial APPs for 2008/09-2010/11 reviewed and feedback provided to Provincial Departments	
	Monitor implementation of National and Provincial Strategic Plans	Provincial Annual Report analysed and trends compiled	Provincial Annual Report analysed and trends compiled	Report on all Provincial Annual Reports compiled in February 2007	· Summary report on Provincial Annual reports produced in June 2007
			Quarterly Reports	Quarterly progress reports produced in August and November 2007 and in February and May 2008	· Four Quarterly Progress Reports on the performance of the National and Provincial Departments produced in August and November 2007 and in February and May 2008
	Strengthen and support health policy development	Number of analytical reports on health policies and their impact	Three analytical reports (policy briefs) produced	· Three Policy Briefs produced as part of strengthening and supporting health policy development	
	Strengthen the use of a project management approach	Number of projects implemented in accordance with a project management approach	Four projects implemented	Four projects implemented	· 25 projects implemented including: - Electronic Document and Management System (EDMS), - Comprehensive Care, Management and Treatment (CCMT) HIV and AIDS Programme (nine provincial and 11 national projects) - TB Crisis Plan Programme (four Crisis Districts)
			Number of consolidated reports on the implementation of projects by the National and Provincial Departments	Four quarterly reports produced	· Four quarterly reports produced
	Capacity building in project management	Number of Departmental managers trained in project management principles	30 Departmental managers trained	30 Departmental managers trained	· 30 managers trained
			Number of Departmental managers trained in project management software	20 Departmental managers trained	· 22 managers trained