

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Co-ordinate, support and conduct re-research and monitoring and evaluating activities	Monitoring and evaluation policy guidelines finalised	Monitoring and evaluation policy guidelines approved	<ul style="list-style-type: none"> Monitoring and evaluation policy guidelines were finalised with inputs from provinces and other key partners
		Number of health indicator updates produced	Four health indicator updates	<ul style="list-style-type: none"> Maternal health indicators update was printed and distributed The chronic disease and HIV and AIDS health indicators updates were approved for printing The emergency medical services indicators update was submitted for approval Health indicators updates were drafted focusing on: (i) child health; (ii) causes of death; (iii) health systems and (iv) reproductive health
		Number of key health statistics booklets published	One key health statistics booklet	<ul style="list-style-type: none"> A draft key health statistics 2007 booklet was finalised and prepared for printing
		UNGASS report completed	UNGASS report completed	<ul style="list-style-type: none"> The next UNGASS report is for 2008 and 2009, and is only due in March 2010. Planning for the production of the report will commence in 2009
		Number of matriculants trained by national department and employed as data capturers in PHC facilities	1 110 data capturers trained	<ul style="list-style-type: none"> 1 110 data capturers were recruited and 1 068 were trained 42 trainees left the service before training

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HEALTH INFORMATION, EVALUATION AND RESEARCH	Co-ordinate, support and conduct re-search and monitoring and evaluating activities	Data quality assessment workshops	One data quality assessment workshop per province	<ul style="list-style-type: none"> Data quality assessment visits for CCMT data were conducted in the following various facilities across provinces namely: Free State (National Hospital, Batho Clinic, Heidedaal CC, Bongani Hospital, Welkom clinic, and Matjhabeng clinic); Northern Cape (Kuruman Clinic, Postmansburg Clinic, Galeshewe Day Clinic, Griekwastad Clinic) and Mpumalanga (Witbank, Middelburg, Rob Ferreira and Tonga district hospitals)
		Identification and assessment of health statistics for official designation	Official designation of notifiable disease statistics, vital statistics, and health status statistics	<ul style="list-style-type: none"> Nil
	Develop a mechanism for integration of disease data and improve reporting	Monthly reporting by provinces strengthened	Timely monthly reporting in all nine provinces	<ul style="list-style-type: none"> The Surveillance and Communicable Diseases Strategy for FIFA 2009 Confederations Cup and 2010 World Cup was finalised All provinces installed and received training on the new DHIS 1.4 Notification system
		Single function nosocomial infection surveillance system established	Each tertiary hospital in each province will have a single functional nosocomial infection surveillance system	<ul style="list-style-type: none"> Review of nosocomial infection surveillance system in two tertiary hospitals was conducted and report produced
	Conduct the national HIV and syphilis prevalence survey and other surveys as required by the HIV and AIDS strategic plan	Annual national HIV prevalence estimates and trends report published	2007 national HIV and syphilis prevalence estimates and trends report published	<ul style="list-style-type: none"> 2007 HIV and syphilis antenatal survey report was published Consensus was reached with HIV experts about the results of the 2007 antenatal survey

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HEALTH INFORMATION, EVALUATION AND RESEARCH	Strengthen and build and nurture working relationships with other clusters within national departments, our provincial counterparts, NHLS and the private sector	AFP surveillance data sent to WHO (AFRO)	AFP surveillance data sent to WHO (AFRO) by March 2009	<ul style="list-style-type: none"> Weekly AFP, measles, tetanus data sent to WHO Afro
	Number of quarterly reports produced on the prevalence of use of CTOP in the public sector	Four quarterly reports	Four quarterly reports	<ul style="list-style-type: none"> Four CTOP quarterly reports compiled
	Review and edit yearly health trends	Annual health trends published	Health trends 2007 printed and published	<ul style="list-style-type: none"> Health trends 2005 - 2008 drafted
	Compile monthly statistical notes	Regulations on notifiable medical conditions published	12 statistical notes published	<ul style="list-style-type: none"> 12 statical notes published
	Compile quarterly EPI comments	Guidelines on disease notification published	Four epidemiology comments published	<ul style="list-style-type: none"> Four epidemiology comments published
	Produce draft discussion document on HIV or AIDS notification	Draft discussion document on HIV or AIDS notification produced	Consultation meeting on HIV or AIDS notification	<ul style="list-style-type: none"> Draft HIV and AIDS notification policy was produced and discussed within the department Draft policy will be discussed with stakeholders in 2009
	Implementation of the ICD-10 code in all public and private sector	ICD-10 curriculum developed	ICD 10 unit standards adopted by SAQA	<ul style="list-style-type: none"> Clinical coding unit standards and qualification were registered with SAQA and published in the <i>Government Gazette</i> for public comments

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HEALTH INFORMATION, EVALUATION AND RESEARCH	Develop SADRG (Diagnosis Related Grouper)	SA DRG developed	Strategy for SA DRG developed (delayed due to the adoption of a procedure code for both the private and public sectors)	<ul style="list-style-type: none"> Not achieved. A decision on the procedure code has not yet been taken
	Electronic Health Record for South Africa (eHR.za)	An Electronic Health Record for South Africa	Start-up phase implemented	<ul style="list-style-type: none"> Phase 0 will commence in 2009/10 Documentation finalised with SITA
	Training of health workers in data system use and application	Number of training provincial workshops for health managers	One training workshop per province	<ul style="list-style-type: none"> Data quality assessment visits for CCMT data were conducted in the Free State, Northern Cape and Mpumalanga
	Develop a data warehouse for health monitoring	Data warehouse completed	Data integration and architecture development	<ul style="list-style-type: none"> Nil
	Develop an e-health policy for South Africa	An e-health policy for South Africa completed	Adoption of the e-health white paper by March 2009	<ul style="list-style-type: none"> Draft e-health policy development completed
	Revision of both birth and death forms to improve accuracy of data	Improved vital statistics data available	Evaluate and analyse data for cancer	<ul style="list-style-type: none"> Inputs for the forms-re-design were completed and forwarded to home affairs legal division for approval
	Development of a mortuary system	Mortuary system piloted in selected provinces for further rollout to other provinces	Mortuary System roll-out in KwaZulu-Natal	<ul style="list-style-type: none"> Implementation will be piloted with Limpopo, KwaZulu-Natal and Mpumalanga
	Expand telemedicine to 120 sites	Percentage of functional telemedicine sites	50%	<ul style="list-style-type: none"> Mindset Channel was requested to expand their sites in 2009/10
	Development of telelearning centres in three provinces	Number of functional telelearning centres	Expansion of telelearning centre to Eastern Cape	<ul style="list-style-type: none"> A telemedicine centre was launched at Bhizana 2009

13. OFFICE OF STANDARDS COMPLIANCE

During 2008/09, the department developed a policy framework for establishing national core standards for health facilities, and a system for ensuring compliance. National core standards were published in April 2008, which covered seven domains namely, patient safety; clinical care; governance and management; patient experience of care; access to care; infrastructure and environment and public health. Appraisals of 27 priority hospitals were conducted by national teams between June and August 2008, and the results informed the development of health facility improvement plans for each hospital. Twenty-seven hospitals were supported to produce health facility improvement plans. Supportive facilitation was provided to these facilities by the national and provincial departments, as well as health districts. The nature of the support provided aimed at assisting facilities to focus on achieving results to turn around specific problems in the short term, thus building their capacity to improve quality in the long term.

During the reporting period, a working group consisting of stakeholders from the public and private sectors as well as health NGOs was set up to review the national set of core standards, as well as the appraisal process. The targets for 2008/09, which were achieved during the first three quarters of 2008/09, were to obtain approval from the NHC for the policy framework, as well as to develop the initial core standards and conduct appraisals.

The department also convened a national colloquium on quality in November 2008, which was attended by a large number of stakeholders from private and public sectors, as well as regulatory bodies, professional associations, organised labour, academics and non-governmental organisations. As a direct outcome of this colloquium, a concerted move towards a national quality improvement programme and the institutional arrangements that will underpin its implementation will be realised in the next planning cycles.

Concerted efforts were also dedicated to strengthening infection prevention and control. A national infection prevention and control (IPC) manual was produced, which will be used to develop the necessary teaching aids and tools.

Several provinces established their adverse incident management systems, which will serve as pilots from which to arrive at a national consensus on the final system. This was consistent with the target for 2008/09.

A ministerial advisory committee for quality, safety and standards (ACQSS) was established, together with its three sub-committees. One of the sub-committees will *inter alia* advise the department on mechanisms for monitoring the implementation of quality, as well as the usefulness and appropriateness of quality of care indicators.

Challenges experienced during the reporting period included the lack of resources to print and widely disseminate the clinical audit guidelines which were produced by the department.

Delays were also experienced in the production of a quality assurance training manual. This work has since been accelerated with assistance from a non-governmental organisation (NGO).

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OFFICE OF STANDARDS COMPLIANCE	Develop an effective customer quality management system	A national customer quality management system	System designed and consulted with provinces	<ul style="list-style-type: none"> Costed options for the department to consider were developed
	Develop a fully fledged national call centre to also serve as national complaints' centre	A national call centre	Current systems assessed/ option developed	<ul style="list-style-type: none"> Department received a report on the national call centre technology from the service providers
	Develop a comprehensive national infection prevention and control manual	A national infection prevention and control manual	Draft manual prepared	<ul style="list-style-type: none"> Draft manual was produced by the University of KwaZulu-Natal

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
OFFICE OF STANDARDS COMPLIANCE	Develop a national adverse incident management system	A national adverse incident management system (NAIMS)	System piloted	<ul style="list-style-type: none"> A national workshop was held to identify existing models and to establish a working group that will assist in developing guidelines for a NAIMS
	Finalise and introduce into the health care system a QA training manual	QA training manual	Training manual introduced	<ul style="list-style-type: none"> QA training manual is being developed in partnership with the health care improvement programme (HCI) of the university resources centre, an NGO
	Develop the standards and indicators for strengthening quality across the health system and a system for monitoring key quality indicators on a regular basis	Set of quality indicators functional monitoring system	Standards and indicators developed Monitoring system proposed HRP indicators monitored	<ul style="list-style-type: none"> Indicators on quality now available from the DHIS. The ToR of a ministerial advisory committee for quality, safety and standards (ACQSS) and its three subcommittees were produced. One subcommittee will focus on mechanisms to monitor the implementation, usefulness and appropriateness of indicators for quality
	Develop and implement health facility improvement plans	Number of health facilities implementing health facility improvement plans	32 facilities (28 hospitals and four health facilities)	<ul style="list-style-type: none"> 27
	Develop and facilitate the implementation of a clinical audit policy with accompanying guidelines	A clinical audit policy with accompanying guidelines	Audit policy and guidelines launched nationally	<ul style="list-style-type: none"> Clinical audit guidelines were produced and prepared for printing. However, due to budgetary constraints, printing was postponed while seeking a donor to fund printing

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
OFFICE OF STANDARDS COMPLIANCE	Set up a clearinghouse for guideline development	Clearinghouse for guideline development	Proposal ready	<ul style="list-style-type: none"> Resources to assist with setting up a clearinghouse in 2009/10 were secured and ToRs of ACQSS and its three sub-committees prepared. One subcommittee will inter alia advise the departments on a process of development and assessment of national clinical guidelines
	Office of Standards Compliance established and functional	Office of Standards Compliance	Function and structure approved Staff appointed	<ul style="list-style-type: none"> All posts in the office of the cluster manager: OSC were filled. Post requirements for certificate of need directorate were submitted to OD unit
	Develop the policy framework for establishing core national standards and the system for ensuring compliance	Policy framework approved	Policy framework consulted with NHC and approved Initial core standards developed and appraisal conducted	<ul style="list-style-type: none"> A national working group consisting of stakeholders from the public and private sector as well as health NGOs was set up to review the national set of core standards as well as the appraisal process

14. HEALTH FINANCIAL PLANNING AND ECONOMICS

During 2008/09, the department produced a *National Health Reference Price List (NHRPL) for 2009*, which was published in the *Government Gazette* on 24 December 2008. This was consistent with the set target. The department also published an invitation in January 2009 to all private healthcare stakeholders to submit information that would be used for the determination of the tariffs for the 2010 NHRPL.

Progress was also made towards the completion of the national health accounts (NHA). Expenditure data from the private sector was collected and analysed. Analysis of expenditure data for the public sector also commenced, and will be completed in the next planning cycle, after which an NHA report will be produced.

With regard to the benefit incidence analysis (BIA), the department commissioned a study focusing on issues of health care access and utilisation, burden of out-of-pocket payments and perceptions of the health system, which was conducted by an independent service provider. The research report was completed and submitted to the minister. A study commissioned by the department focusing on district hospital efficiency indicators was also completed.

A district health expenditure review tool was also completed and disseminated.

Limited progress was made with the development of provincial implementation plans for the modernisation of tertiary services (MTS), as well as implementation of phases one and two of MTS, focusing on diagnostic radiology and radiation oncology.

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HEALTH FINANCIAL PLANNING AND ECONOMICS	Publish tariffs to be charged by health care providers on service rendered	National Health Reference Price List published by the department for 2009 tariffs	National Health Reference Price List for 2009 accepted by all stakeholders	<ul style="list-style-type: none"> National Health Reference Price List for 2009 was produced
	Determination the flow of health care resources by sources of funding and financing intermediaries	A report on national health accounts reflecting total health care expenditure in South Africa	Data collection and analysis to be completed by the end of the 2007	<ul style="list-style-type: none"> Data analysis for the private sector was completed Data analysis for the public sector report will be completed in 2009
	Design and implement NHI	NHI proposals finalised and NHI implemented	Finalise NHI proposals and draft legislation (National Health Amendment Bill)	<ul style="list-style-type: none"> Technical work for the development of NHI has been completed NHI policy proposals and draft legislation are being drafted and will be presented to Cabinet in 2009/10
	Estimate the value of the benefit and identify the users of services and their socio economic characteristics in accessing health care services	A report on incidence benefit analysis reflecting the benefit and access of health care services by various socio economic groupings	Data collection and analysis to be completed by the end of the 2007	<ul style="list-style-type: none"> A report from the community agency for social enquiry (CASE) focusing on issues of health care access and utilisation, burden of out-of-pocket payments and perceptions of the health system was submitted to the department
	Development of a complete tool for the analysis of district health expenditure reviews	Report on district health expenditure for all 53-health districts	District health expenditure review tool ready and disseminated to all health districts	<ul style="list-style-type: none"> District health expenditure review tool produced
	Implementation of the modernisation of tertiary services plan	Number of provinces that have developed implementation plans and different number hospitals that have started implementing the modernisation of tertiary services	All nine provinces finalise the development of provincial implementation plans and implementation of phase one and two on diagnostic radiology and radiation oncology	<ul style="list-style-type: none"> Proposals on provincial implementation plans were developed
	Determination of total costs of rendering a full district hospital package in South Africa	A comprehensive report outlining average costs on all district hospital efficiency indicators	Data analysis to be completed by end of February 2008	<ul style="list-style-type: none"> Report on the costing of district hospital packages was produced

15. PHARMACEUTICAL POLICY AND PLANNING

The department continued to ensure the availability of safe and affordable medicines during the reporting period.

In keeping with the set target, the review of the *Primary Health Care Standard Treatment Guidelines (STG)* and *Essential Drug List (EDL) 2003* were completed. Significant progress was also made towards the compilation of the quaternary EDL book.

There were no stock outs of TB drugs in public health facilities in the fourth quarter of 2008/09, which was consistent with the 2008/09 target of 0%. TB drug stock outs experienced earlier during the reporting period, due to the inability of contract companies to supply according to demand, were addressed.

A policy on African traditional medicine (ATM) was also published for public comment, with the deadline for submitting inputs being 31 March 2009. A national consensus workshop was also convened in February 2009, to enable traditional health practitioners' organisations to submit comments on the draft ATM policy. Comments received were incorporated into a revised version of the policy.

Key constraints during the reporting period included the acute shortage of pharmacists in the department, which impacted negatively on the department's capacity to inspect licensed dispensers during the reporting period. Also, no reviews were conducted in-house without outsourcing.

A 4% stock out of ARV medicines occurred at accredited facilities in the fourth quarter of 2008/09, which was inconsistent with the target of 0%. This shortage was most severe in the Free State due to shortage of funds.

Limited progress was made towards the development of a decentralised system for tracking and distributing pharmaceuticals through the supply chain, to ensure that they reach the intended source (patients). The system could not go live in 2008/09. A new date of 1 April 2009 was set for the system to go live.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
PHARMACEUTICAL POLICY AND PLANNING	Review of primary health care STG/EDL 2003 edition	Percentage of review completed	100% (stakeholder consultation, review of consultation, review of chapters, editing, formatting and printing of book)	<ul style="list-style-type: none"> 100%
	Compile a quaternary EDL	Percentage of review completed	100% (stakeholder consultation, review of consultation, review of chapters, editing, formatting and printing of book)	<ul style="list-style-type: none"> 80%
	Review of hospital level STG/EDL for adults 2006 edition	Percentage of book reviewed	10% (stakeholder consultation, compilation of clients needs, establishment of review committee and project plan developed)	<ul style="list-style-type: none"> 5%
	Review of hospital level STG/EDL for paediatrics 2006 edition	Percentage of book reviewed	10% (stakeholder consultation, compilation of clients needs, establishment of review committee and project plan developed)	<ul style="list-style-type: none"> 5% Inadequate supply of pharmacists in the public health sector was a key challenge
	Strengthen capacity building for in house reviews	Percentage of reviews completed without outsourcing	5%	<ul style="list-style-type: none"> 0% Inadequate supply of pharmacists in the public health sector was a key challenge
	Eliminate stock outs of ARV medicines in all accredited facilities	Percentage stock out	0%	<ul style="list-style-type: none"> 4%
	Decrease stock outs of TB drugs at facilities	0% stock out	0%	<ul style="list-style-type: none"> 0%

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PHARMACEUTICAL POLICY AND PLANNING	Tracking system for distribution of pharmaceuticals to track and trace drugs through the supply chain to ensure that it reach the intended source (patient level)	Development of a decentralised system for participating provinces and national departments	Decentralised system developed by September 2008	<ul style="list-style-type: none"> 40%
		Implementation of the decentralised system in four participating provinces	Three provinces by March 2009	<ul style="list-style-type: none"> Not achieved System did not go live
	Licensing of premises for pharmacies	Percentage of pharmacy licences issued against completed applications received (over a three month period)	100% of applications that meet requirements for licensing	<ul style="list-style-type: none"> 46% (34 of 74 complete applications received)
	Monitoring and evaluation of the opening and closure of community pharmacies	Number of annual reports submitted to the DG: Health reflecting total number of licences issued to, as well as closure of new community pharmacies	One	<ul style="list-style-type: none"> One
	Issuing of dispensing licences to authorised prescribers	Percentage of dispensers licensed against completed applications received	100% of applicants that meet requirements for licensing	<ul style="list-style-type: none"> 64% (152 out of 238 complete applications)
	Inspection of the premises of licensed authorised prescribers	Percentage of licensed dispensers inspected within the three year period	15% (855 of the 5 699)	<ul style="list-style-type: none"> 0%
	Develop policy on African traditional medicine (ATM)	Policy on African traditional medicine (ATM developed)	70% completion of policy on African traditional medicine for South Africa	<ul style="list-style-type: none"> 75% (a national consensus workshop was held from 26-27 February 2009 to enable traditional health practitioners organisations to submit comments on the draft policy by 31 March 2009) Comments are still being received and processed
	Restructure the MCC	MCC restructuring completed	Report of the Ministerial Committee on the Restructuring of the MCC finalised	<ul style="list-style-type: none"> Report completed and submitted to the minister in 2008

PROGRAMME 4: HUMAN RESOURCES AND MANAGEMENT DEVELOPMENT

PURPOSE

The *Human Resources and Management Development* programme supports the planning, production and development of human resources for health at both the national and provincial levels.

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of the *Human Resource Planning, Development and Management Programme*.

16. HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT

During the reporting period, the department achieved key milestones in its quest to ensure a reliable supply of appropriately trained health workers to improve health service delivery.

Key areas of progress included the introduction of training programmes for various categories of mid-level workers. The clinical associate programme was formally launched on 18 August 2008 in Mthatha, in the Eastern Cape. A total of 100 clinical associate students were enrolled at three institutions, Walter Sisulu University, University of Pretoria and University of Witwatersrand, as the first cohort for this programme. This exceeded the 2008/09 target of enrolling 36 students.

The scope of practice for pharmacist technicians was also completed, and the regulations were developed by the pharmacy council. Discussions commenced with South African Qualifications Authority (SAQA), aimed at registering the radiography midlevel worker category. Furthermore, the KwaZulu-Natal health department, South African Military Health Services (SAMHS), Lebone College and North West Emergency Medical Services (EMS) underwent the final accreditation for the emergency care technician (ECT) programme. The target for 2008/09 was to implement the ECT programme in five provincial EMS colleges.

A revised community health worker (CHW) policy document was produced following extensive consultations with stakeholders in November 2008. Discussions were also conducted with the national departments of social development, labour and public works on the CHW policy.

The department also conducted training for skills development facilitators in eight provinces (with the exception of the Northern Cape) on the implementation of the Human Resources Development Strategy (HRDS). The implementation process of the strategy also commenced. This exceeded the target of capacitating skills development facilitators in four provinces.

Placement of community service health professionals and medical interns in health facilities across the country was also completed.

Key challenges during the reporting period including lack of funding for the implementation of rapid access learning and the learner support programme.

Proposals for the Occupation Specific Dispensation (OSD) for medical doctors, dentists, emergency medical services (EMS) personnel and pharmacist categories were developed in consultation with provincial health departments and the Department for Public Service and Administration (DPSA). The target for 2008/09 was that collective agreements for these categories of health professionals would be signed by May 2008. However, funding issues were not resolved, which eventually resulted in organised labour declaring a dispute against the department as the employer.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	Approval of clinical associates qualification by education department	Students enrolment into the programme in the four universities	36 students to be enrolled nationwide as first pilot programme	<ul style="list-style-type: none"> A total of 100 students were enrolled at three universities as the first cohort of clinical associate students
	Implementation of the clinical associate programme by four universities	Implementation of the clinical associate programme by Walter Sisulu University, University of Pretoria, University of Witwatersrand and University of Limpopo	Implementation of the clinical associate programme by Walter Sisulu University, University of Pretoria and University of Witwatersrand and University of Limpopo by March 2009	<ul style="list-style-type: none"> University of Witwatersrand commenced with the training of 24 clinical associate students at two sites in February 2009 Walter Sisulu University commenced with the second cohort of clinical associate students
	Emergency medical technician programme implemented by provincial EMS colleges	Number of provincial EMS colleges implementing the emergency medical technician (ECT) programme	Five provincial EMS colleges	<ul style="list-style-type: none"> KwaZulu-Natal, SAMHS, Lebone and North West emergency medical services have undergone the final accreditation for the ECT programme North West EMS college has received full accreditation ECT programme was formally launched on 26 March 2009 23 ECT students graduated from the North West EMS college
	Develop and implement rapid access learning programme and learner support initiatives for the ECT programme	Access and learner support programme developed	Rapid access learning programme developed	<ul style="list-style-type: none"> Funding for this action was withdrawn and the procurement process was halted. Will resume in the new financial year

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT	Develop and implement rapid access learning programme and learner support initiatives for the ECT programme	Access and learner support programme developed	Learner support programme developed	<ul style="list-style-type: none"> Nil, due to lack of funding
	Six new mid-level workers (MLW) cadres introduced to support PHC and other key priority areas	Number of cadres introduced in line with policy framework	Learning programme framework for MLWs developed in line with the policy framework	<ul style="list-style-type: none"> Scope of practice for pharmacist technicians was completed Pharmacy council is currently developing the regulations for the pharmacist technician SAQA processes to register the radiography mid-level worker still underway
			Learning programme framework developed in line with policy framework	<ul style="list-style-type: none"> Funding for this action was withdrawn and the procurement process was halted. Will resume in the new financial year
	Review and implement the CHW policy in two provinces by December 2009	Revised CHW policy framework developed	Revised CHW framework developed by March 2009	<ul style="list-style-type: none"> Draft CHW framework was revised in line with comments received following a workshop held in November 2008 Engagements are ongoing with other departments (DSD/DOL/DPW) on the policy
	Strengthen provincial skills development structures to deliver on both the national skills development strategy (NSDS) II and human resource development strategy (HRDS)	Skills development structures in health sector have capacity to implement NSDS II and new DPSA HRDS.	Training of local skills development committees in at least four provinces	<ul style="list-style-type: none"> The National Department of Health, Limpopo and Western Cape trained skills development facilitators in all provinces
			All nine provincial SDFs and skills development committees capacitated on the implementation of the new HRDS	<ul style="list-style-type: none"> The sector education and training unit together with the task team are liaising with the Directorate: HR Policy Planning and Research, to develop the HRD strategy

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HUMAN RE-SOURCE DEVELOPMENT AND MANAGEMENT	Establish functional health promotion and quality assurance centres	Number of functional health promotion and quality assurance centres established in the nine provinces	Three	<ul style="list-style-type: none"> Five centres established National conference to learn from and strengthen the function of HPQACs was held with over 170 participants
	Allocate medical interns to accredited facilities and community service health professionals to gazetted and funded facilities	Annual allocations finalised	November 2008	<ul style="list-style-type: none"> Submission for gazetting of facilities for community service 2010 was prepared
	Finalisation of collective agreements in PHSDSBC for medical doctors, EMS and pharmacist categories (2008). Other remaining categories (2009)	Collective agreements for medical doctors, EMS and pharmacist categories signed	May 2008 (medical doctors, dentists, EMS and pharmacists)	<ul style="list-style-type: none"> Proposals were developed in consultation with the provinces/DPSA Funding issues were not fully resolved
	Issuing of amendments to OSDs	Amendments issued	December 2008 (nurse)	<ul style="list-style-type: none"> Review of nurses OSD did not commence
	Review of the policy on recruitment of foreign health professionals	Recruitment Policy Review finalised	October 2008	<ul style="list-style-type: none"> Review of recruitment policy not yet undertaken Policy directive regarding foreign health professionals who obtained temporary residence in SA before applying for employment/ letters of support for registration will be sought
		Approved recruitment policies implemented and monitored		<ul style="list-style-type: none"> Regulations can only be drafted once the policy document has been finalised
	Facilitate allocations according to recruitment policies	Number of persons placed	80% of applicants for 2008 placed	<ul style="list-style-type: none"> A moratorium was placed on placement of all health professionals from developing countries

17. HUMAN RESOURCES (HR) POLICY RESEARCH AND PLANNING

During the reporting period, the department provided support to eight of the nine provinces to produce their provincial human resources for health (HRH) plans.

In keeping with the target for 2008/09, an impact assessment study of the RSA-Cuba medical training programme report was produced. This was consistent with the 2008/09 target of producing this report by March 2009.

To enhance oversight over health professionals, the new South African Dental Technicians Council was inaugurated on 27 June 2008. The South African Nursing Council was also inaugurated on 10 July 2008. Both these inaugurations were consistent with the 2008/09 targets. The nominations of members of the new Health Professional Council of South Africa (HPCSA) were also conducted, and the recommendations for both the community and health department representatives were received by the department.

To enhance hospital management, a total of 140 hospital managers were enrolled for a hospital management training programme at the beginning of 2008, which exceeded the set target of 122.

The department also completed an HR expenditure review and costing of health sciences training studies. A report on the cost of production of graduate health professionals was also completed. A draft strategy for health sciences education and training was developed.

Challenges encountered during the reporting period included a lack of funding for conducting a review of the human resources for health (HRH) planning framework, as well as producing a revised HRH plan. The development of a training programme for managers in workforce planning and its piloting could also not be undertaken due to resource constraints. Funds have since been acquired from a Canadian donor agency (CIDA) for the development of the training programme in workforce planning. A project steering committee has been appointed to drive the implementation of projects funded under CIDA in the new financial year.

The Interim Traditional Health Practitioners Council (ITHPC) was not established as planned. The translation of the regulations for the establishment of the ITPHC into all African languages took much longer than anticipated. The establishment of the Forum of Statutory Health Professional Council of South Africa also did not occur, as it was awaiting the proclamation of Section 50 of the National Health Act to be passed through Parliament. The publication of the implementation guidelines for the nursing strategy was also delayed.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCES (HR) POLICY RESEARCH AND PLANNING	Implementation, management and advocacy of the national human resources for health (HRH) plan	HRH plan used as framework for health workforce planning for the national health system	All nine provinces with HR plans developed	<ul style="list-style-type: none"> Draft plans have been produced by eight out of nine provinces
			HRH indicators developed for monitoring and tracking HRH	<ul style="list-style-type: none"> Funding for this project has been secured from a donor. The project will be undertaken in 2009/10
			National HRH plan status report produced revised HRH plan	<ul style="list-style-type: none"> Review of HRH planning framework to be completed in 2009/10
	Increased pool of HRH managers trained in workforce planning	Mobilisation of resources for, development and implementation of a tailored health workforce planning programme to support personnel designated to undertake HRH planning	Training programme for health workforce planning developed	<ul style="list-style-type: none"> Funding for this project has been secured from a donor. Work plans approved by the project steering committee. Project to commence once CIDA funds have been transferred from national treasury to national department
			Training programme for health workforce planning piloted with national and provincial managers responsible for HRH planning	<ul style="list-style-type: none"> Not achieved due to funding constraints
	Facilitate research and analysis in order to support longrange planning and to facilitate development of projections of HR needs to strengthen HRH supply	Studies, interventions and investigations carried out to support policy and planning in HR	Production capacity study results released and used to guide the refinement of production targets for health professionals	<ul style="list-style-type: none"> HR expenditure review and costing of health sciences training was undertaken Review of nursing colleges to commence in the 2009/10 financial year
			Analysis of the health workforce in South Africa	<ul style="list-style-type: none"> Report on health workforce produced by March 2009 Report on cost of graduate production of health professionals was completed. Projections for health workers proposed as part of report

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCES (HR) POLICY RESEARCH AND PLANNING	Strengthen the alignment of training and education resources to the needs of the health system	Health sciences education and training strategy developed and adopted	Health sciences education and training strategy discussed with, and adopted by key stakeholders	<ul style="list-style-type: none"> Draft strategy was developed and is to be strengthened further by recommendations from commissioned investigations planned for 2009/10 financial year
	Promote co-operation between the South African health system and other health systems regionally and internationally	Contribution to the development of health systems regionally and continentally	Bi-lateral and multi-lateral programmes of partnership with national and international stakeholders in HR developed and implemented	<ul style="list-style-type: none"> HR systems and capacity strengthening project-funded by donor is being implemented. Inputs provided to SADC technical committee on HR
			Report on the impact assessment of the RSA-Cuban medical training programme produced by March 2009	<ul style="list-style-type: none"> Impact assessment study completed, report available and to be disseminated to stakeholders in the next quarter
	Develop and implement a Human Resource Information System for the health workforce	Development of Human Resource Information System (HRIS)	HRIS developed and piloted at national and provincial levels	<ul style="list-style-type: none"> Facilitated conference room pilot 2 demonstration
	Appoint new SANC for 2008-2013 term	New SANC inaugurated	Inauguration of SANC by June 2008	<ul style="list-style-type: none"> New council inaugurated in July 2008
	Appoint new SADTC for 2008-2013 term	SADTC inaugurated	Inauguration of SADTC by May 2008	<ul style="list-style-type: none"> New council inaugurated in June 2008

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCES (HR) POLICY RESEARCH AND PLANNING	Appointment of new HPCSA for 2009-2014 term	HPCSA inaugurated	Initiate appointment processes for the new HPCSA	<ul style="list-style-type: none"> Nominations done by HPCSA and documents delivered to the department Recommendations for community and department representatives were also done
	Facilitate finalisation of policy on re-alignment of oral health professions	Oral health professions aligned	Policy on oral health finalised by December 2008	<ul style="list-style-type: none"> Policy on oral health was not finalised. A drafting team has been constituted
	Facilitate the establishment of the interim Traditional Health Practitioners Council (THPC)	Interim THPC established	Interim THPC established by December 2008	<ul style="list-style-type: none"> Regulations for the nomination and appointment of members of the interim council still to be promulgated
	Facilitate proclamation of Section 50 of the National Health Act to establish the forum	Forum of Statutory Health Professional Council of South Africa established	Forum of Statutory Health Professional Council of South Africa established by December 2008	<ul style="list-style-type: none"> Awaiting proclamation of the relevant section by the President
	Unregulated health professionals (e.g. ethno medicine) regulated	Commence consultative process with ethno medicine leadership by July 2008	Liaise with legal services cluster about reregulation of ethno medicine by 2009	<ul style="list-style-type: none"> Meeting held in November 2008 between department, ethnomedicine representatives and Allied Health Professions Council to initiate the regulation process
	Fast track the process on the amendment of the Allied Health Professions Act	Allied Health Professions Act amended	Liaison with legal services cluster regarding fast-tracking the amendment of the Allied Health Professions Act by 2008	<ul style="list-style-type: none"> Draft Bill was produced

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HUMAN RESOURCES (HR) POLICY RESEARCH AND PLANNING	Develop strategies for attraction and recruitment of young people into the health sciences at FET and HE level	Recruitment strategies developed	Recruitment strategies developed and implemented for young people into the health sciences at FET and HE level by December 2008	<ul style="list-style-type: none"> Conceptual approach was developed and has been further strengthened with recommendations from various commissioned studies and reviews
	Develop and publish implementation guidelines for the nursing strategy in South Africa	Guidelines for the nursing strategy in South Africa published	Implementation guidelines of the nursing strategy in South Africa published by March 2009	<ul style="list-style-type: none"> The steering committee to facilitate the implementation process was established
	Increase the enrolment of chief executive officers (CEOs) in the hospital management programme annually	Number of hospital managers enrolled for a hospital management training programme	120 of the 400	<ul style="list-style-type: none"> 140 of the 400 hospital managers enrolled
	Develop a strategy for health sciences education and training in South Africa	Strategy for medical education in South Africa developed	Draft strategy for medical education in South Africa produced by December 2008	<ul style="list-style-type: none"> Nil. Strategy encompassed in the draft strategy for health sciences education and training

18. SECTOR LABOUR RELATIONS AND PLANNING

During the reporting period, the department strove to strengthen its relations with its stakeholders, including organised labour. Five collective agreements were concluded in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC), which exceeded the 2008/09 target of concluding two agreements.

A total of seven bi-lateral and multi-lateral meetings were convened with trade unions during 2008/09, which exceeded the target of two meetings. These included meetings with DENOSA (and SAMA) regarding the OSD for doctors, dentists, pharmacists and EMS personnel.

The department also produced six progress reports on the implementation of PHSDSBC Resolution 3 of 2007: OSD for nurses, including the state of the dispute and the manner of its resolution.

Key challenges during the reporting period included a dispute declared on 8 December 2008, regarding interpretation and application of PHSDSBC Resolution 3 of 2007: Occupation Specific Dispensation (OSD) for Nurses, which had been conciliated upon on 14 January 2009 and 24 February 2009, with the conciliation failing to resolve the dispute. The dispute was subsequently referred to arbitration by the trade unions. Several trade unions also launched an urgent interdict application against the national department, DPSA, and the nine provincial departments of health on 16 March 2009, which was aimed at stopping the health departments from, amongst other things, implementing the OSD for nurses until the dispute of 8 December 2008 was resolved. The target for 2008/09 was to resolve all disputes (100%) in the PHSDSBC.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
SECTOR LABOUR RELATIONS AND PLANNING	Percentage of disputes between labour and employers at the PHSDSBC managed and resolved	100% of disputes resolved	100% of disputes resolved	<ul style="list-style-type: none"> Dispute declared regarding interpretation and application of PHSDSBC Resolution 3 of 2007: Occupation Specific Dispensation (OSD) for nurses was conciliated upon on 14 January 2009 and 24 February 2009, with the conciliation failing to resolve the dispute Dispute was subsequently referred to arbitration by the trade unions
	Engage labour in the PHSDSBC	Number of collective agreements concluded	Two collective agreements concluded	<ul style="list-style-type: none"> Five collective agreements were concluded in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC)
	Monitor the implementation of collective agreements	Quarterly reports produced on the implementation of collective agreements concluded at PHSDSBS	Quarterly reports produced on the implementation of collective agreements concluded at PHSDSBS	<ul style="list-style-type: none"> Two reports were prepared for the minister concerning the implementation of PHSDSBC Resolution 3 of 2007, including the state of the disputes and the manner of their resolution

PROGRAMME 5: HEALTH SERVICES (SPECIAL PROGRAMMES AND HEALTH ENTITIES MANAGEMENT)

PURPOSE

The *Health Services (Special Programmes and Health Entities Management)* is a new programme which consists of units previously located in other branches. It supports the delivery of health services in provinces including primary health care and occupational health services.

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of the *Health Services (Special Programmes and Health Entities Management Programme)*.

19. LEGAL SERVICES AND LITIGATION

Four pieces of legislation were processed through Parliament in 2008/09. The Medicines and Related Substances Bill and the Tobacco Products Control Amendment Bill were passed by Parliament. The Medical Schemes Amendment Bill and the National Health Amendment Bill were tabled in Parliament. This was consistent with the target for 2008/09.

By the end of the reporting period, the South African Medical Research Council Amendment Bill was still being drafted. The target for 2008/09 was for the Bill to be tabled in Parliament in June 2008.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
LEGAL SERVICES AND LITIGATION	Medicines and Related Substances Bill	Published for public comment	April 2008	<ul style="list-style-type: none"> Medicines and Related Substances Bill was passed by Parliament
		Tabled in Parliament	June 2008	
	National Health Amendment Bill	Published for public comment	April 2008	<ul style="list-style-type: none"> National Health Amendment Bill was tabled in Parliament
		Tabled in Parliament	June 2008	
	Medical Schemes Amendment Bill	Published for public comment	April 2008	<ul style="list-style-type: none"> Medical Schemes Amendment Bill was tabled in Parliament
		Tabled in Parliament	June 2008	
	South African Medical Research Council Amendment Bill	Published for public comment	April 2008	<ul style="list-style-type: none"> Bill still being drafted
	Tobacco Products Control Amendment Bill	Published for public comment	April 2008	<ul style="list-style-type: none"> Tobacco Products Control Amendment Bill was passed by Parliament
		Tabled in Parliament	June 2008	

20. COMMUNICATION

During the reporting period, the department continued to strengthen its communication with internal and external stakeholders, and to raise the profile of health issues.

Articles promoting healthy lifestyles as well as advertisements were placed in diverse publications and the print media. Health articles were placed in magazines such as *Pan African One Africa One Voice* (tobacco control in South Africa), *Vukuzenzele Magazine* (advertisements on healthy lifestyles and injury prevention), *Road Matters* and *The Commuter SA* (injury prevention), *The Cup – 2010* (emergency preparedness) and *Indwe* (malaria). Articles focusing on the benefits of pneumococcal vaccine were placed in *You*, *Huisgenoot*, *Drum*, *Jet Club*, *BONA* and *True Love* magazines. Advertisements were placed in newspapers such as *City Press Newspaper* (article on the Health Excellence Awards 2008) and *Daily Sun* (cervical and prostate cancer). This was consistent with the 2008/09 targets.

Public relations and marketing platforms were used to raise the profile of health issues. In support of the cholera awareness campaign, information was disseminated through print media such as the *Daily Sun* and *Sowetan* and through all SABC African language radio stations, as well as community radio stations. A multimedia campaign on the roll out of pneumococcal vaccine was conducted through SABC TV and e-TV. An exhibition profiling South Africa's progress towards curbing HIV and AIDS was conducted at the HIV and AIDS conference in March 2009.

Various public relations programmes supporting health programmes were implemented. These included programmes aimed at raising the profiles of the following important health events: International Day of Older Persons, Partnership Against AIDS Anniversary, SADC Malaria Day, and the breast cancer and prostate cancer campaigns. Cholera publicity, branding and distribution of IEC material were conducted at the ZCC in Morija, Limpopo in April 2009, as well as at the International Pentecostal Christian Church in Zurbekom, Gauteng.

Limited progress was made with conducting Izimbizo. Greater focus was placed on community-based communication and health promotion activities.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
COMMUNICATION	Supporting broader government communication activities	Imbizo events and follow up on issues raised	At least 10 ministerial Izimbizo	<ul style="list-style-type: none"> Various government communications events were supported including: <ul style="list-style-type: none"> - the 2009 EPI Symposium at Kopanong Conference Centre, Johannesburg - Reproductive Health Month Condom Week, STI Pregnancy Awareness Week in Giyani, Limpopo province - Traditional Medicines Workshop in Pretoria, Gauteng province - World TB Day in Klerksdorp, North West - Mental Health Review Board Seminar Grand Airport – Gauteng - Graduation and launch of emergency care technician programme Klerksdorp, North West - Launch of the Neuro Psychiatric Health Facility Baragwanath Hospital, Soweto
	Establish regular mediums and routines for communication	Quarterly publication of developments in health in professional and stakeholder publications	Quarterly publications in relevant magazines	Publications were produced in a variety of magazines including: <ul style="list-style-type: none"> • Health article in <i>Vukuzenzele Magazine</i> on promoting healthy lifestyles focusing on smoking and tobacco control • Articles focusing on the benefits of pneumococcal vaccine in <i>You, Huisgenoot, Drum, Jet Club, BONA and True Love</i> magazines.
	Update promotion of access information book	Promotion of access to information book updated	Availability of the book in four South African languages	<ul style="list-style-type: none"> • Available in four languages
	Develop public relations and marketing strategies to raise the profile of the health department	Utilisation of PR and marketing platforms to raise the profile of the department	Six public relations programmes supporting health programmes	<ul style="list-style-type: none"> • Public relations and marketing platforms were used to raise the profile of health issues • In support of the cholera awareness campaign, information was disseminated through print media such as the <i>Daily Sun</i> and <i>Sowetan</i> and through all SABC African language radio stations, as well as community radio stations • A multimedia campaign on the roll out of pneumococcal vaccine was conducted through SABC TV and e-TV in March 2009. An exhibition profiling South Africa's progress on HIV and AIDS was conducted at the HIV and AIDS Conference in March 2009 • Cholera publicity, branding and distribution of IEC material were conducted at the ZCC in Moria, Limpopo in April 2009, as well as at the International Pentecostal Christian Church in Zurbekom, Gauteng
	Roll out of the corporate identity action plan	Standardised application of the corporate identity in the department	90% of material published by the department to comply with corporate identity guidelines	<ul style="list-style-type: none"> • 95% of material published comply with corporate identity guidelines
	Develop media relation plan to address health issues	Utilisation of media opportunities to profile and address health issues	Quarterly media events	<ul style="list-style-type: none"> • Diverse media opportunities were used to profile and address health issues. These included various media interviews on cholera and a media education workshop on pneumococcal vaccine in, in Rosebank, Johannesburg.

21. PRIMARY HEALTH CARE (PHC), DISTRICT AND DEVELOPMENT

During the reporting period, the department continued to enhance the delivery of health services based on the primary health care (PHC) approach.

Access to PHC services, as measured by headcounts, increased from 106 623 648 (validated data) in 2007/08 to 117 341 256 in 2008/09. The national PHC utilisation rate increased from 2,2 visits per person per annum in 2007/08 to 2,4 visits per person in 2008/09. The national target was 3,5 visits per capita. Higher activity levels also occurred at district hospitals, with hospital separations increasing from 1 567 590 in 2007/08 to 1 692 969 in 2008/09.

District level planning processes were also strengthened. With support from provincial health departments, 47 Districts developed their district health plans (DHPs) and submitted these to the national department. This was consistent with the target for 2008/09. Provinces also provided quarterly reports to the department on progress with the implementation of the DHPs. Feedback sessions were held with service providers supporting the implementation of district health services across provinces.

The governance of health services was strengthened, with seven of the nine provinces having established provincial health councils. Some of the nominated provincial health councils were still awaiting approval by the respective MECs.

Constraints encountered during the reporting period included delays in conducting the audit of PHC infrastructure and services, due to lack of funding. Resources were subsequently provided from the national fiscus for this audit to be undertaken in 2009/10. Only 37 of the 47 DHPs received by the department in 2008/09 were linked to the integrated development plans (IDPs) of local government. The supervision rate of PHC facilities decreased from 69% in 2007/08 to 63% in 2008/09.

Measures to redress these challenges will be implemented in 2009/10.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
PRIMARY HEALTH CARE (PHC), DISTRICT AND DEVELOPMENT	Develop functional health districts in South Africa	Number of district health plans (DHP's) received from provinces	47	• 47
		Number of DHPs linked to development plans (IDP's)	47	• 37
		Percentage of provinces reporting quarterly on DHPs	90%	• 90%
		Number of provinces that have established provincial health councils	Five	• Seven
		Number of district health councils established	52	• 47
		Percentage of primary health care facilities where committees established	52%	• 60%
		Number of districts PHC facilities reporting on supervision in line with supervisory manual	52	• 52
		National PHC utilisation rate	2,7 visits per capita	• 2,4 visits per capita
		Support the provinces in the community based services		R 290
	One			• One (Framework completed)
	27			• 37 • 37
	Support the provinces in the implementation of community based services	Percentage of care workers with accredited training according to Health and Welfare SETA	60%	• 53%
	Improve control of hazardous substances	Percentage compliance with hazardous substances control	30%	• 30%

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
PRIMARY HEALTH CARE (PHC), DISTRICT AND DEVELOPMENT	Improve port health services	Percentage of provinces with well established port health services	55%	• 55%
	Agreed cost recovery system in place	Number of provinces where ports are implementing cost recovery system	One	• One
	Agreed framework for the three poison centres in place	Number of quarterly reports from each centre submitted	One report per centre per quarter	• One report from two centers
	Establish community-based food garden project	Number of community based food garden projects	30	• 10
	Initiate and support smoke free public health facilities	Percentage of smoke free public health facilities	60%	• 100%
	Support the implementation of Tobacco Control Products Amendment Bill	% of public institutions implementing Tobacco Control Products Amendment Bill	100%	• 100%
	Finalise the development of HPS national guidelines	HPS guidelines finalised	Finalised	• Finalised
	Monitor the implementation of HECl by provinces	Number of provinces implementing HECl	Nine	• 0

22. INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT

The department continued to implement its interventions to improve the delivery of hospital services during 2008/09.

As indicated earlier, 140 hospital managers were enrolled for a hospital management training programme at the beginning of 2008. To strengthen the governance of hospitals, provinces continued to establish functional hospitals boards. To enhance financial management, 15 of the targeted 17 hospitals established electronic standardised cost centres.

A total of 186 hospitals appointed information officers, against a target of 286 for 2008/09. Due to the lack of financial resources, some provinces opted to enlarge the job specification of some of their personnel, instead of appointing dedicated information officers. The target for 2008/09 was 286 hospitals.

Draft health technology planning and procurement guidelines were produced and sent to provinces for comment, but only two of the nine provinces responded.

Key challenges experienced during the reporting period included delays in the finalisation of various sets of regulations including the emergency centre regulations and health technology regulations which were due for completion by the end of the reporting period.

No progress was made with the development of the framework for national norms and standards, as well as the standardised planning and briefing documents. This was due to the delays in the implementation of the memorandum of agreement (MoA) with the Centre for Scientific and Industrial Research (CSIR) to provide additional capacity to the department.

Delays also occurred in the approval of business cases submitted for the hospitals revitalisation programme. This was due to the fact some provinces reviewed their long-term plans, the service transformation plans (STPs) while the national department was assessing their hospital business cases. This created a complication that the department could approve business cases that were no longer aligned to the final versions of the STPs.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT	Completion of emergency centre regulations	Emergency centre regulations completed for submission to the legal services and litigation cluster	Emergency centre regulations completed by June 2008	<ul style="list-style-type: none"> Partially achieved. Emergency regulations produced and submitted to the legal services and litigation cluster, but not finalised
		Number of provinces implementing emergency centre regulations	None	<ul style="list-style-type: none"> Pending, given the finalisation of the regulations
	Provide an integrated disaster management policy for the health sector in terms of the Disaster Management Act, 57 of 2002	Draft disaster management policy completed	Draft disaster management policy submitted to the legal services and litigation cluster by November 2008	<ul style="list-style-type: none"> Draft disaster management policy was produced, and internal consultations conducted
	Health technology regulations published	Health technology regulations approved by minister and published	Health technology regulations submitted to the minister and the National Health Council (NHC) by March 2009	<ul style="list-style-type: none"> Uncertainty under which Act the regulations will fall (Health Act, Medicines and Related Substances Act) Hazardous Substances Act must be rewritten
	Health technology planning and procurement guidelines drafted	Health technology (HT) planning and procurement guidelines accepted by provinces	Guidelines submitted for approval by the NHC	<ul style="list-style-type: none"> Feedback from two provinces. Some provinces no longer have a provincial HT representative

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
INFRASTRUCTURE PLANNING AND HEALTH FACILITIES MANAGEMENT	Expand hospital revitalisation programme	Number of business cases for hospital revitalisation accepted by the national department	Nine additional business cases accepted by national department	<ul style="list-style-type: none"> Assessment of Cecilia Makiwane, New Nelspruit Tertiary and Rustenburg Hospital business cases by the national department was finalised Recommendations were sent to the Eastern Cape and Mpumalanga to review the business cases. The second version of the above business cases were submitted to national department during this quarter
	Develop norms and standards for health infrastructure	Published national norms and standards document for health infrastructure	Draft national norms and standards document completed for approval by NHC	<ul style="list-style-type: none"> Implementation of MOA with CSIR delayed due to CSIR board formalisation process and reduction in budget by national department
	Develop standardised planning and briefing documents for infrastructure projects	Standardised planning and briefing documents developed	Priority framework for standardised planning and briefing documents approved. Standard planning and briefing documents completed for: <ul style="list-style-type: none"> -TB isolation facilities -Psychiatric wards -Oncology departments -Sub-acute wards 	<ul style="list-style-type: none"> Implementation of MOA with CSIR delayed due to CSIR board formalisation process and reduction in budget by national department
	Improve management of hospitals	Number of hospitals implementing electronic standardised cost centres	17 hospitals	<ul style="list-style-type: none"> 15
		Number of provinces with functional hospitals boards as stipulated in National Health Act of 2003	Eight	<ul style="list-style-type: none"> Eight
Improve quality of information for decision making	Number of hospitals with appointed information officers	286 of the 381	<ul style="list-style-type: none"> 186 of the 381 	

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

During the reporting period, 22 hospitals were fully equipped to provide benefit medical examinations (BMEs) for ex-mine workers. This exceeded the 2008/09 target of 10 hospitals.

A joint project aimed at benefitting ex-mine workers was implemented by a tripartite partnership consisting of the Department of Health in KwaZulu-Natal, the Chamber of Mines and the National Union of Mineworkers (NUM). This occurred at the St. Benedictine Hospital in Nongoma. The department also completed the development of a medical surveillance system for health workers in South Africa. These milestones were consistent with the targets for 2008/09.

Constraints experienced during the reporting period included slow progress with the provision of BMEs in public hospitals. Only 22 hospitals provided BMEs across provinces, against a 2008/09 target of 90. Furthermore, only 19 240 applications for BMEs were certified, against a 2008/09 target of 45 000.

Basic occupational health services (OHS) were provided in only four PHC clinics across provinces. There were located in the Eastern Cape (one clinic), KwaZulu-Natal (one clinic in Tongaat), and Free State (two clinics in Motheo and Thabo Mofutsanyane Districts). The 2008/09 target was to provide OHS services in five clinics per province (45 clinics).

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
MEDICAL BUREAU FOR OCCUPATIONAL DISEASES (MBOD)	Increase number of certification committee doctors, to increase number of certifications completed	Number of applications certified	45 000	• 19 240
	Increase the number of public hospitals providing benefit medical examinations in all provinces	Number of hospitals that provide benefit medical examinations in each province	90	• 22
	Reduce number of deaths due to occupational diseases and injuries	Percentage of deaths due to occupational diseases and injuries	0,5%	• 0%

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
OCCUPATIONAL HEALTH AND SAFETY	Number of hospitals with radiology units, lung function units and laboratories that cater for examination and investigations for ex-mineworkers	Number of fully equipped hospitals for the programme of benefit medical examinations	10	<ul style="list-style-type: none"> • 22
	Projects done by the department in partnership with Chamber of Mines and NUM	Number of projects done in partnership per province	One in KwaZulu-Natal then roll out to other site within the province, this is a two-year project	<ul style="list-style-type: none"> • Project implemented, ex-mine workers received services at St Benediction Hospital
	Medical surveillance system for health workers in South Africa	Availability of the surveillance system, and the number of officials who have the baseline surveillance	80% of officials of the satellite offices in Johannesburg and forensic labs	<ul style="list-style-type: none"> • 65%
	Establishment of primary health care centres that provide basic occupational health services	Number of PHC clinics that provide basic occupational health services	Five per province	<p>Four PHC clinics</p> <ul style="list-style-type: none"> • One in Tongaat KwaZulu-Natal • Two in Motheo and Thabo Mafutsanyane Districts (Free State) • One in the Eastern Cape
	Programmes developed for employees of the department e.g HIV immunisation and TB	Number of programmes developed	HIV and AIDS programme for employees of the department and healthcare workers	<ul style="list-style-type: none"> • One at Pelonomi Hospital (Free State)

PROGRAMME 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

PURPOSE

This programme co-ordinates bi-lateral and multilateral international health relations, including donor support and provides oversight over health trade and the development of health products.

PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of the *International Relations, Health Trade and Health Product Regulation Programme*.

24. AFRICA AND SOUTH-SOUTH RELATIONS

During the reporting period, the department continued to strengthen its internal relations and co-operation on health matters.

The department facilitated the development and signing of agreements on health matters between South Africa and various countries in the South African Development Community (SADC) region and in the continent broadly. Agreements were signed with: Namibia (August 2008), Cameroon (3 September 2008), Burundi (16 September 2008) and Malawi (12 February 2009).

Agreements on health matters with Guinea Bissau, Mali, Nigeria, Sudan, Zambia and Zimbabwe were finalised and prepared for signature. These will be processed in the new financial year.

Implementation plans were developed for agreements with Lesotho, Rwanda, Cameroon, Mozambique, Nigeria, as well as China. Implementation plans for India, Brazil, South Africa (IBSA) on counterfeit medicines and pharmaceuticals were also developed and agreed upon. This was consistent with the target for 2008/09.

A review of qualifications of health professionals from Russia was completed with the South African Qualifications Authority (SAQA). Once approval has been obtained from the Department of Foreign Affairs (DFA), the process of recruitment and registration will commence.

The department continued to provide support to countries involved in post-conflict reconstruction. Following the signing of the agreement on health matters between South Africa and Burundi, a draft programme of action with Burundi was finalised and sent to Burundi for their final comments.

A ministerial delegation visited the Democratic Republic of Congo (DRC) during 4 to 7 August 2008 to participate in the SA-DRC Ministerial Review Session. DRC officials were also assisted to visit South Africa in September 2008 to participate in meetings and workshops focusing on the following health issues: maternal, women, and child's health and nutrition; management of MDR-TB and XDR-TB; research colloquium on African traditional medicines; hospital services and core standards and malaria control. A delegation from South Africa also visited the DRC during 14 to 17 September 2008 to assess the feasibility of establishing a telemedicine link between South Africa and DRC hospitals. A technical team from South Africa also visited the Democratic Republic of Congo in February 2009 to undertake a feasibility study on the infrastructure, human capital and equipments in the departments of gynaecology, obstetrics and paediatrics at the Clinique Ngaliema and Paediatrique Kalembelembe Hospitals, as well as to finalise the draft project implementation plan on hospital services.

The agreement between South Africa and Sudan was finalised and is anticipated to be signed in 2009/10.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
AFRICA AND SOUTH-SOUTH RELATIONS	Initiate and sign new agreements	Number of bilateral agreements signed	Two bilateral agreements signed	<ul style="list-style-type: none"> • Agreements were signed with Cameroon (3 September 2008), Malawi (12 February 2009) • Agreements on health matters with Zimbabwe, Mali, Sudan and Guinea Bissau were finalised and prepared for signature
	Develop implementation plans for new and existing agreements	Number of implementation plans developed	Four implementation plans developed for new and existing agreements	<ul style="list-style-type: none"> • Draft implementation plans were developed with the following countries: Lesotho (March 2009), Cameroon (November 2009), Nigeria (November 2008) and Rwanda (May 2008) • A total of 85 Tunisian doctors have been deployed in eight provinces in the rural areas • Tunisian ophthalmologists performed cataract surgeries to children and adults in Butterworth Hospital
	Co-ordinate national department participation in various multilateral activities, meetings and other fora	Number of major multilateral meetings and conferences national department participated	Three major multilateral meetings and conferences co-ordinated	<ul style="list-style-type: none"> • Department hosted several multilateral meetings and conferences including COP3 Conference in Durban, November 2008 and the Diabetes Conference in Cape Town in 2008 • Participated in various SADC technical meetings
	Co-ordinate various multilateral activities, meetings and other fora hosted by South Africa	Number of multilateral meetings and activities hosted by South Africa	One multilateral meeting	<ul style="list-style-type: none"> • Department successfully hosted the SADC maternal and child workshop, 9 to 13 April 2008 in Turfontein • Department successfully facilitated the hosting the SADC Health Ministers' Meeting in Durban, 11 – 16 November 2008 which resulted in the adoption of the Record of SADC Health Agenda • Department successfully facilitated the hosting the SADC Malaria Day Commemoration in Jozina, KwaZulu-Natal, 13 November 2009 • Department hosted SADC TROIKA meeting of senior officials responsible for health and water affairs on Zimbabwe assistance in Johannesburg, 11 December 2008

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
AFRICA AND SOUTH-SOUTH RELATIONS	Implementation of key SADC programmes such as malaria, HRH, reproductive health and African traditional medicine	Number of plans implemented Number of technical meetings attended	Two plans implemented 60% of meetings attended	<ul style="list-style-type: none"> Draft implementation plans were developed with the following countries: Lesotho (March 2009), Cameroon (November 2009), Nigeria (November 2008) and Rwanda (May 2008)
	Develop agreements and implementation plans with Mozambique, Zimbabwe, Namibia, China, India, Brazil, Thailand, Russia, EU, UK, Canada and Italy	Number of agreements developed. Number of plans developed and implemented	Four agreements developed, eight plans developed and implemented	<ul style="list-style-type: none"> Late responses from other member states made the finalisation of the agreements and implementation plans difficult
	Develop agreements and implementation plans with DRC, Burundi and Sudan	Number of agreements and implementation plans developed	Two agreements signed two implementation plans developed	<ul style="list-style-type: none"> Agreement with Burundi was signed on September 2008 and Sudan agreement has been finalised and will be signed in new financial year Ministers participated in the 5th Session of the Bi-National Commission (BNC) held in Pretoria with the DRC, on 3 April 2008 and also during the ministerial review in Kinshasa, on 7 August 2008 Various delegations from the DRC visited South Africa during August to September 2009 as part of implementation of the signed agreement. A technical delegation visited the DRC during 18 to 20 February 2009 for the purpose of undertaking a feasibility study on the infrastructure, human capital and equipments in the departments of gynaecology, obstetrics and paediatrics at the Clinique Ngaliema and Paediatrique Kalembelembe Hospitals and finalising the draft project implementation plan on hospital services Draft POA was finalised and sent to Burundi for their final comments. No comments have been received

25. MULTILATERAL RELATIONS, NORTH-SOUTH

Multilateral relations were also strengthened in various ways during the reporting period.

Funding agreements were signed with three countries, Italy, Japan (JICA) and the United States of America. Five funding agreements were still under discussion with the Department for International Development (DFID), Denmark, European Union (EU), Germany (GTZ), and the World Health Organisation (WHO). It is anticipated that these will be finalised and signed in the new planning cycle.

The department also developed the fourth implementation plan for the work of the World Health Organisation (WHO) in the country. A funding agreement with Italy was also signed.

Several meetings with international development partners were also convened during the reporting period. An annual consultation meeting with the United Nations (UN), as well as a steering committee with the Canadian International Development Agency (CIDA) were conducted. A WHO Biennial Meeting, as well as a WHO Metrics Network Technical Support Partnership meeting were also convened.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
MULTILATERAL RELATIONS, NORTH-SOUTH	Initiate and sign new agreements	Number of bilateral agreements signed	Two bilateral agreements	<ul style="list-style-type: none"> Agreements were signed with Cameroon (3 September 2008), Malawi (12 February 2009) Agreements on health matters with Zimbabwe, Mali, Sudan and Guinea Bissau have been finalised and ready for signature
	Develop implementation plans for new and existing agreements	Number of implementation plans developed	Two implementation plans developed	<ul style="list-style-type: none"> 4th WHO Biennial Plan was developed
	Co-ordinate national department participation in various multilateral activities, meetings and other fora	Number of major multilateral meetings and conferences national department participated	Four major multilateral meetings and conferences	<ul style="list-style-type: none"> One CIDA Steering Committee meeting One UN and South Africa Government Annual Consultation
	Co-ordinate various multilateral activities, meeting and other fora hosted by South Africa	Number of multilateral meetings and activities hosted by South Africa	Three meetings	<ul style="list-style-type: none"> One WHO biennial meeting and one WHO metrics network technical support partnership meeting were hosted One meeting was held with UN agencies to discuss the intervention in the 18 districts
	Conduct capacity building programmes for provinces in information management systems	Number of provinces trained on the management of ODA database	Three provinces	<ul style="list-style-type: none"> Eastern Cape currently developing ODA database and trained by Italians on the ODA database KwaZulu-Natal currently developing the ODA system

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
MULTILATERAL RELATIONS NORTH-SOUTH	Initiate and sign funding agreements with international partners	Number of major funding agreements signed with international partners	Three major funding agreements	<ul style="list-style-type: none"> • Agreement were signed with Italy; USA and JICA (Japanese) • Five Agreements are still under discussions for signing with WHO, GTZ, EU, DFID, Denmark and Germany • One Minister's Annual Donor Forum meeting held with donors
	Facilitate various multilateral activities, meetings and other fora taking place in South Africa (for example CODEX, AU CWOMCAT, Red Cross, COPT)	Number of multilateral meetings and activities facilitated, taking place in South Africa	Five multilateral meetings and activities facilitated	<ul style="list-style-type: none"> • Multilateral meetings and activities facilitated included: • One CIDA (Canada) steering committee meeting • One UN and South African Government annual consultation • One WHO biennial meeting and one WHO metrics network technical support partnership meeting were hosted • One meeting with UN agencies to discuss the intervention in the 18 districts

26. AFRICAN UNION (AU) HEALTH STRATEGY

During the reporting period, the department provided support to the African Union (AU) to ensure a wider dissemination of the *Africa Health Strategy*, which was adopted at the 3rd Conference of African Health Ministers (CAHM 3) held in Johannesburg in April 2007.

The department printed copies and produced compact discs of the *Africa Health Strategy* in English, French and Portuguese. Printed copies were distributed to 53 African Union member states.

The department also facilitated the development of the framework for the implementation, as well as the Implementation plan of the Africa health strategy. This implementation plan was approved by AU Ministers of Health at the World Health Assembly in Geneva on 17 May 2008, and also endorsed by the AU Summit in June 2008.

In terms of supporting African countries to implement indoor residual spraying (IRS) with DDT for malaria elimination, the department donated 10 tons of DDT to Mozambique and Zimbabwe to support implementation of indoor residual spraying for malaria elimination.

With regard to supporting five SADC countries to establish and implement the confidential enquiry into maternal deaths, as well as establishing and implementing programmes for the review of neonatal and childhood mortality, the department hosted an African Union Continental Workshop on Maternal, Neonatal and Child Mortality reviews held on 13 to 16 April 2008 at the Turffontein Race Course, Johannesburg, South Africa. The workshop brought together 10 countries from the SADC region (Botswana, DRC, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zimbabwe and Zambia) to discuss implementation of maternal mortality reviews. The Eastern Africa Region was represented by Eritrea, Ethiopia, Rwanda and Sudan. Other countries included Benin from West Africa and Congo Brazzaville from Central Africa.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
AFRICAN UNION (AU) HEALTH STRATEGY	Enhance programmes aimed at implementing key priority areas of the Africa Health Strategy (i.e. elimination of malaria, promoting safer motherhood and women's health as well as programmes aimed at combating childhood illnesses)	Number of countries within SADC and Africa at large supported to implement key priority areas of the Africa Health Strategy	Six malaria-affected countries within SADC supported to implement key priority areas of the Africa Health Strategy	<ul style="list-style-type: none"> • Department supported the African Union by printing copies and producing compact discs of the Africa Health Strategy in English, French and Portuguese. Printed copies were distributed to 53 African Union member states • Facilitated the development of the Framework for the Implementation of the Africa Health Strategy • Facilitated the development of the Implementation Plan for the Africa Health Strategy 2007-2015 • The implementation plan was approved by AU Ministers of Health at the World Health Assembly in Geneva on 17 May 2008 and endorsed by the AU Summit in June 2008
	Strengthen activities of the Malaria Elimination Programme in Africa	Number of countries implementing indoor residual spraying (IRS) with DDT for malaria elimination	10 countries supported to implement IRS	<ul style="list-style-type: none"> • Department facilitated the donation of 10 tones of DDT to Mozambique and Zimbabwe to support implementation of indoor residual spraying for malaria elimination • Supported the collaboration with Mozambique and Swaziland in the Lubombo spatial development initiative for the control of malaria • The initial objective of reducing malaria incidence in the border areas of South Africa and Swaziland from 250 per 1 000 to less than 20 per 1 000 and of reducing malaria infections from 625 per 1 000 to less than 200 per 1 000 within three year after the start of IRS in Maputo have all been achieved

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
AFRICAN UNION (AU) HEALTH STRATEGY	Enhance programmes to reduce maternal mortality in collaboration with SADC countries and the African Union	Number of countries within SADC region and the Africa region at large supported to establish and implement the confidential enquiries into maternal deaths (CEMD)	Five SADC countries supported to establish and implement the CEMD Commemoration of a decade of CEMD held in South Africa	<ul style="list-style-type: none"> • Department facilitated the hosting of the African Union Continental Workshop on Maternal, Neonatal and Child Mortality reviews held on 13 to 16 April 2008 at the Turffontein Race Course, Johannesburg, South Africa. The workshop brought together 10 countries from the SADC region (Botswana, DRC, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zimbabwe and Zambia) to discuss implementation of maternal mortality reviews. The Eastern Africa Region was represented by Eritrea, Ethiopia, Rwanda and Sudan, other countries included Benin from West Africa and Congo Brazzaville from Central Africa. Other regions and countries were represented by partners from WHO, UNFPA and UNICEF • Department facilitated the development of the implementation plan for the maternal mortality reviews in collaboration with the African Union • Facilitated the hosting of the senior officials and experts from the Democratic Republic of Congo and Namibia on a technical visit to learn the practical implementation of the maternal mortality reviews • Facilitated commemoration of ten years of confidential enquiries into maternal deaths in South Africa in collaboration with cluster MCWH and communications • The hosting of the delegation from Ghana, Botswana and Swaziland was postponed for the financial year 2009/2010

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
AFRICAN UNION (AU) HEALTH STRATEGY	Enhance programmes aimed at combating childhood illnesses and promote child survival in Africa in collaboration with SADC countries and the African Union	Number of countries within SADC and Africa at large with programmes for the review of neonatal and childhood mortality	Five countries within SADC supported to establish and implement the programmes for the review of neonatal and childhood mortality	<ul style="list-style-type: none"> Department facilitated the hosting of the African Union Continental Workshop on Maternal, Neonatal and Child Mortality reviews held on 13 to 16 April 2008 at the Turffontein Race Course, Johannesburg, South Africa. The workshop brought together 10 countries from the SADC region (Botswana, DRC, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zimbabwe and Zambia) to discuss implementation of neonatal and under-five mortality reviews. The Eastern Africa Region was represented by Eritrea, Ethiopia, Rwanda and Sudan, other countries included Benin from West Africa and Congo Brazzaville from Central Africa. Other regions and countries were represented by partners from WHO, UNFPA and UNICEF

27. MEDICINES REGULATORY AFFAIRS

Significant strides were made during the reporting period towards enhancing the department's capacity to conduct in-house evaluations of medicines and protocols from pharmaceutical companies.

The department succeeded in evaluating all bioequivalence protocols (100%), as well as relevant amendments, in-house. This exceeded the 2008/09 target of 70%. All Section 21 (100%) were evaluated in-house, which exceeded the 2008/09 target of 40%. Fifty percent (50%) of the applications for clinical trials were reportedly evaluated in-house, which exceeded the 2008/09 target of 30%.

The increased capacity to conduct these in-house evaluations resulted from a concerted effort by the department to develop standard guidelines and systems for these evaluations, as well as to train and transfer skills to its own personnel.

Guidelines for the evaluation of clinical data for registration purposes were completed, which was in keeping with the 2008/09 target. The system for dealing with the patient information leaflet (PILs) was also completely developed.

In terms of capacity building, 100% of technical staff in the clinical and evaluation directorate were trained to conduct evaluations of applications for clinical trials, which exceeded the 2008/09 target of 50%. Similarly, 100% of technical staff members of the Section 21 unit were trained to conduct the technical screening and evaluation of Section 21 applications, which exceeded the 2008/09 target of 50%. New staff were also trained to conduct evaluations of the quality aspects of medicines.

The department also provided technical assistance during a WHO sponsored training for developing countries (13 countries) on the inspections of clinical trial sites conducted in Cape Town. This exceeded the 2008/09 target of establishing relations with at least one international regulatory authority. South Africa was also appointed as a member of the executive committee of the Pharmaceutical Inspection Co-operation Scheme (PIC/S).

Progress was also made with the development of the pharmacovigilance plan for monitoring XDR-TB drugs, in keeping with the target for 2008/09.

The department also compiled a report on the implementation of the Pharmaceutical Inspection Co-operation Scheme (PIC/s) recommendations, and submitted it to the director-general, Minister of Health and the Medicines Control Council.

Some challenges were also experienced during the reporting period. Delays were experienced with the finalisation of guidelines and systems for the registration of complementary medicines, as this process was awaiting the publication of regulations. Comments on regulations were also reviewed during 2008/09. The target for 2008/09 was to complete 80% of guidelines and systems for complementary medicines.

Only 10% of the patient information leaflet (PILs) were evaluated in-house, against a 2008/09 target of 20%. This was due to difficulties in recruiting pharmacists to the public health sector. Massive backlogs were also experienced with the evaluation of clinical applications, as well as clinical dossiers. The target for 2008/09 was that 30% of the clinical applications and 10% of clinical dossiers would be evaluated in-house.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
MEDICINES REGULATORY AFFAIRS	Implementation of an electronic document management system (EDMS) to accelerate the registration and re-registration of medicines every five years	EDMS developed and implemented	Configuration of software for specialist processes complete	<ul style="list-style-type: none"> Functional design specifications were finalised and signed off Software licences were procured Draft of CTD/eCTD (revised medicine registration application form) was finalised Software configuration of processes was completed for the development phase and beta-testing was done
	Build staff capacity for evaluation of the quality aspects of medicines	Percentage of evaluations performed in-house	At least 70% of evaluations for generic medicines performed in-house	<ul style="list-style-type: none"> Training of new staff in-house in progress
	Build capacity for the evaluation of bioequivalence protocols	Percentage of evaluations performed in-house	At least 70% of evaluations performed in-house	<ul style="list-style-type: none"> All (100%) bioequivalence protocols evaluated in-house All (100%) amendments done-in-house
	Complete guidelines and systems for the registration of traditional medicines	Percentage completion of guidelines and systems for registration of traditional medicines	80% of guidelines and systems completed	<ul style="list-style-type: none"> Finalisation of guidelines has commenced following completion of the draft regulations Draft regulations incorporating regulation of complementary medicines were completed and ready for legal drafting

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
MEDICINES REGULATORY AFFAIRS	Established working relationships with international regulatory authorities for exchange of regulatory information	Number of authorities with which relationships have been established	Relationship established with at least one international regulatory authority	<ul style="list-style-type: none"> • South Africa provided technical assistance with the WHO sponsored training for developing countries (13 countries) on the inspections of clinical trial sites conducted in Cape Town • Attended the 8th Developing Country Vaccine Regulatory Network DCVRN meeting in Geneva building relationships with Indonesia and India to assist the countries with GCP inspections • Assisted two countries of the DCVRN, i.e. Indonesia and India in building capacity in inspecting clinical trial sites for compliance with international good clinical practice (GCP) guidelines
	Acquire membership of Pharmaceutical Inspection Cooperation Scheme (PIC/S)	Membership of PIC/S acquired building on the recommendations of the PIC/S assessment [September 2006]	Report on the implementation of the PIC/s recommendations compiled	<ul style="list-style-type: none"> • Department was appointed as executive committee member to the PIC/S
	Improve in-house technical capacity of the inspectorate	Provide technical training by external GMP/GCP expert on GMP/GCP inspections	60%	<ul style="list-style-type: none"> • Department attended the WHO meeting on IMPACT in Tunisia (December 2008) addressing the sale of medicines through the Internet, measures to curb the counterfeiting of medicines and necessary warnings to be issued to the public on Internet sales • Department attended PIC/S training in November 2008 on GMP guidelines relating to quality risk management • Department attended WHO training in February 2009 (France) on inspections of clinical trial sites and implementation of GCP guidelines

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)	
MEDICINES REGULATORY AFFAIRS	Implement a system to deal with patient information leaflet (PIL).	System developed	100%	• 100%	
		Percentage PIL's evaluated	20%	• 10%	
	Build staff capacity to do technical screening and evaluation in Section 21 applications, clinical and pharmacovigilance evaluations	Percentage of each application evaluated in-house: Clinical	30%	• Dealing with massive backlog. Awaiting training from FDA	
		Clinical trials	30%	• 50%. All technical staff of the directorate are doing full evaluations of clinical trials	
		Pharmacovigilance	50%	• 40%	
		Section 21	40%	• 100%	
		Percentage of in-house staff trained to conduct technical evaluations: Clinical	50%	• 0%	
		Clinical trials	50%	• 100% All technical staff of the directorate are doing full evaluations of clinical trials	
		Pharmacovigilance	50%	• 30%. Staff still in training and also cannot recruit pharmacists	
		Section 21	50%	• 100%	
		Finalise guidelines to do evaluation of clinical data for registration purpose and start implementation	Percentage completion of guidelines	100%	• 100%
			Percentage in-house staff trained	50%	• 0% Dealing with massive backlog. Awaiting training from FDA
	Percentage of clinical dossiers evaluated in-house		10%	• Awaiting training from FDA	
	Develop pharmacovigilance plan for monitoring XDR-TB drugs	Pharmacovigilance plan in place for monitoring XDR-TB drugs	50%	• 50%	

28. CLINICAL TRIALS MANAGEMENT

During the reporting period, the department continued to monitor clinical trials. A total of 910 trials were registered on the department's database. The guidelines for the establishment and functioning of a Community Advisory Board in relation to clinical trials had been completed.

Strides were also made towards the development of a central depository of all clinical trials conducted in South Africa. In collaboration with the Medical Research Council (MRC), the department commenced with collation and verification of data on clinical trials. The target for 2008/09 was to complete 50% of a central depository of all clinical trials conducted in South Africa. A working document providing a framework for the annual systematic review of clinical trials was also produced.

Key challenges during the reporting period included the inability of the department to upload South African clinical trials onto the WHO platform, due to a lack of funding. The 2008/09 target was to upload 25% of South African clinical trials onto the WHO platform by March 2009. No progress was made with the establishment of electronic links with clinical trials databases such as the : European and Developing Countries Trails Partnership (EDCTP), WHO International Clinical Trials Registry, International AIDS Vaccine Initiative (IAVI), HIV Prevention Trails Network (HPTN), International Partnership for Microbicides (IPM), AIDS Clinical Trials Group (ACTG) and- Alliance for Microbicide Development, due to a lack of funding.

These constraints will be addressed in the next planning and implementation cycle.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
CLINICAL TRIALS MANAGEMENT	Monitor and oversee the conduct of clinical trials and related activities	Electronic system for the registration of clinical trails accessible on department-website	Report on number of clinical trails conducted published bi-annually	<ul style="list-style-type: none"> 910 trials were registered
		A central depository of all clinical trails conducted in South Africa	50% of the depository	<ul style="list-style-type: none"> Data collation and verification with MCC data in process
		Guidelines for establishment and functioning of community advisory board in relation to clinical trails published	Guidelines implemented by June 2008	<ul style="list-style-type: none"> Guidelines were completed
		Annual systematic reviews of clinical trails published	Quarterly systematic reviews conducted and reports published bi-annually	<ul style="list-style-type: none"> Working document finalised

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
CLINICAL TRAILS MANAGEMENT	South African clinical trails register uploaded to the WHO platform	Percentage of South African clinical trails uploaded to the WHO platform	25% of South African clinical trails uploaded to the WHO platform by March 2009	<ul style="list-style-type: none"> No progress made due to funding constraints
		Electronic links with clinical trails database such as the : - European and Developing Countries Trails Partnership (EDCTP) - WHO International Clinical Trails Registry - International AIDS Vaccine Initiative (IAVI) - HIV Prevention Trails Network (HPTN) - International Partnership for Microbicides (IPM) - AIDS Clinical Trails Group (ACTG) - Alliance for Microbicide Development	25% electronic links with other clinical trails database	<ul style="list-style-type: none"> No progress made due to funding constraints

29. FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION

The Codex Alimentarius Commission is the highest decision-making body in Codex which meets annually on a rotation basis in Geneva (WHO) or Rome (FAO), to consider and adopt standards, guidelines, codes of practice, and other matters referred by any of its committees to the commission for consideration. These include the Codex Committee on Food Labeling, Codex Committee on Pesticide Residues, Codex Committee on Food Additives and the Codex Committee on Nutrition and Foods for Special Dietary Uses.

The key focus of the department during 2008/09 was on the implementation of the national policy for South Africa's participation in the Codex Alimentarius Commission. A revised policy framework was developed, drawing from the experiences and policies of other countries, such as New Zealand. This will be finalised in the next financial year, and submitted to the National Codex Commission for ratification and adoption.

Furthermore, in December 2008, South Africa co-hosted with Germany a session of the Codex Committee on Nutrition and Foods for Special Dietary Uses, in Cape Town, which was attended by more than 240 delegates from 55 member countries of Codex. The department also participated in six other Codex meetings.

Only 58% of metro/district municipalities were authorised to enforce the Foodstuffs, Cosmetics and Disinfectants Act of 1972 during 2008/09. The department received very few requests for authorisation from municipalities that were not already authorised.

A proclamation notice for the Foodstuffs, Cosmetics and Disinfectants Amendment Act was published in the Government Gazette in March 2009.

The department also processed 61% of toxicological evaluations as referred by the Registrar: Act 36 of 1947, against a 2008/09 target of 90%. Inadequate capacity, resulting from the scarcity of evaluators affected progress towards the set target.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION	Government Gazette publications of metro district municipalities authorisations	Percentage of metro district municipalities authorised	80%	<ul style="list-style-type: none"> 58%
	Conduct risk assessments to determine the toxicology of agricultural/stock remedies for food safety purposes	Percentage of completed toxicological evaluations as referred by the Registrar: Act 36 of 1947	90%	<ul style="list-style-type: none"> 61%
	Develop and implement a national policy for South Africa's participation in the Codex Alimentarius Commission	Implementation of the national policy for South Africa's participation in the Codex Alimentarius Commission	Draft national policy for South Africa's participation in Codex adopted by the National Codex Committee	<ul style="list-style-type: none"> Draft strategic objectives circulated to NCC members in September 2007. Comments received and incorporated into the revised draft policy