



FOREWORD BY THE MINISTER

Some of the core values treasured by the democratic government of South Africa are accountability and transparency. Through this Annual Report, the National Department of Health (DoH) accounts to Parliament and to the people of South Africa for its performance on the Strategic Plan for 2009/10–2011/12 during the financial year 2009/10.

The overarching policy framework of the National DoH during 2009/10 was the 10 Point Plan of the health sector, which consists of the following priorities:

1. Providing strategic leadership and the creation of a social compact for better health outcomes
2. Implementing National Health Insurance (NHI)
3. Improving the quality of health services
4. Overhauling the health care system and improving its management
5. Improving human resource planning, development and management
6. Revitalising infrastructure
7. Accelerating the implementation of the HIV AND AIDS and Sexually Transmitted Infections National Strategic Plan 2007–11, and increasing the focus on TB and other communicable diseases
8. Implementing mass mobilisation for better health among the population
9. Reviewing the Drug Policy
10. Strengthening research and development.

Diverse milestones have been recorded towards the attainment of these priorities.

The provision of strategic leadership and stewardship over the entire health sector was a crucial focus area in 2009/10, aimed at creating a unified vision and rallying the sector around the 10 Point Plan, which is our common set of goals. The National Health Council (NHC), which comprises the nine MECs for Health and myself as Chairperson, steered the implementation of this vision. The NHC also continued to monitor the performance of the health system at all levels, and to act swiftly to address deviations from nationally adopted policies.

On the policy front, the key highlight of the year 2009/10 was the new discourse on HIV and AIDS ushered in by the watershed announcements by the President of South Africa, His Excellency Mr JG Zuma on World AIDS Day, 01 December 2009. The President announced that Antiretroviral Treatment (ART) would be provided to pregnant women with a CD4 count of 350 or less to enhance maternal survival. ART would also be provided to people co-infected with TB and HIV with a CD4 count of 350 or less. Treatment would be initiated on all children less than one year of age who test positive for HIV, irrespective of their CD4 count. This initiative should contribute significantly to reducing the morbidity and mortality rates associated with TB and HIV and AIDS.

In keeping with the new policy, access to ART has been massively expanded. By the end of 2009/10, more than 1,1 million South Africans living with HIV&AIDS had been initiating on treatment. The impact of this intervention is that South Africans living with HIV will have their longevity extended, and continue to live productive lives.

It must also be emphasised that prevention remains the cornerstone of efforts to combat HIV and AIDS. Treatment is not the panacea for the huge impact of this epidemic on the country. The health sector has implemented a range of prevention interventions with social partners. These include the national HIV Counselling Testing (HCT) campaign, which aims to reach 15 million South Africans by June 2011.

Another significant achievement for 2009/10 is the obtaining of an Unqualified Audit Opinion from the Auditor-General by the National DoH for the first time in seven (7) years. This is a significant milestone that must be sustained into the future. When the fourth democratic government came into office in May 2009, it accentuated the need to do things differently. This is one illustration of this determination. Indeed, some objectives and targets of the Department were not achieved owing to the need to ensure fiscal discipline, and to cut our coat to fit our cloth. Going forward, it will be imperative to sharpen the skills of doing more with less.

One of the ideals of the democratic government of South Africa is to provide universal access to good quality and affordable health care to all citizens, especially the most vulnerable. This is to protect citizens against the catastrophic impact of out-of-pocket health expenditure. During 2009/10, the development of National Health Insurance (NHI) was initiated. On 11 September 2009, I announced the establishment of a Ministerial Advisory Committee on NHI in the Government Gazette (no. 32564). This committee is hard at work, in unison with the Department, driving the development of the NHI policy. Plans are underway to consult the wider public.

The health sector is renewing its focus on Primary Health Care (PHC). This approach is endorsed in key policy documents of the health sector (White Paper of 1997; National Health Act of 2003) as the strategic approach for ensuring an accessible, affordable, acceptable, equitable and efficient health system, with full community participation and intersectoral collaboration. A renewed emphasis on PHC reverberates across the health sector, which will ensure the implementation of key PHC principles such as community participation and the appropriate use of local resources including, in our case, community health workers (CHWs). Access to primary level services, measured in terms of visits to public sector facilities, increased from 117 341 256 in 2008/09 to 121 767 724 by the end of 2009/10.

It must also be reflected that the health system experienced key constraints and challenges during 2009/10.

While access to health care has generally improved, this is not matched by the quality of service provided. Concerns about the quality of health services continue to be expressed. During 2009/10, the Department laid a solid foundation for the implementation of quality improvement initiatives. The national core standards for assessing the performance of health facilities were extensively revised. In November 2009, national consultative process on these standards took place involving key partners from the public and private health sectors.

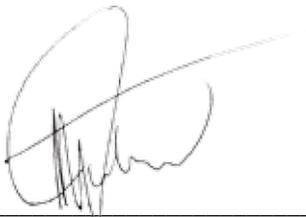
Health outcomes in South Africa are not optimal. The country continues to confront a quadruple burden of diseases, namely: (i) HIV and AIDS and tuberculosis (TB); (ii) high maternal and child mortality; (iii) non-communicable diseases; and (iv) violence and injuries. HIV and AIDS are a common denominator influencing the mortality rates of mothers and children, and also fuelling the TB epidemic. All South Africans must spare no effort in combating this epidemic.

During 2009/10, the health sector developed plans for the systematic implementation of the recommendations of three reports from Ministerial Committees, namely: (i) Saving Mothers 2005–2007: Fourth Report on Confidential Enquiries into Maternal Deaths in South Africa, produced by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD); (ii) the First Report of the Committee on Morbidity and Mortality in Children under 5 Years (CoMMiC); and (iii) the National Perinatal Morbidity and Mortality Committee Report 2008. It must also be noted that a significant proportion of children died due to malnutrition, severe malnutrition and diarrhoeal diseases. This accentuates the imperative to address determinants of health that lie outside the health sector.

We must all be impatient with the slow pace of improving health outcomes. However, there is also a role for all South Africans to play in achieving this. Government has adopted four goals to be achieved by the health sector during 2010–2014, namely: (i) increasing life expectancy at birth; (ii) reducing maternal and child mortality rates; (iii) combating HIV and AIDS and TB; and (iv) strengthening the effectiveness of health systems. The health sector will finalise its Negotiated Service Delivery Agreement in 2010, which is our accelerated plan for achieving these goals. This will be

implemented in partnership with all stakeholders across the country and with international development partners.

Finally, I wish to express my gratitude to the late Deputy Minister of Health, Dr M Sefularo, and the nine Provincial MECs for Health for the leadership they provided during 2009/10. My gratitude also goes to the 271 000 personnel of the health sector for their effort and dedication during the past financial year. I also take this opportunity to welcome the new Director-General of the Department, Ms MP Matsoso, and wish her well in this exciting and challenging environment.



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MINISTER OF HEALTH
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