SECTION 1: PERFORMANCE REVIEW

INFORMATION ON THE MINISTRY

1.1 Institutions reporting to the Executive Authority

The following institutions report to the Minister of Health:

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

1.2 Ministerial visits abroad

Table 1.1 reflects the official visits by the Minister of Health during the 2009/10 financial year.

TABLE 1.1 International trips undertaken by the Minister of Health during the 2009/10 financial year

PERIOD	COUNTRY	ACTIVITY
12–19 June 2009	New York, United States of America (USA)	Group of Seven (G7) High-level forum on global health
19–24 August 2009	Beijing, China (accompanied by wife)	International scientific symposium on Influenza Pandemic Response and Preparedness
29 August–5 September 2009	Kigali, Rwanda	WHO 59th Regional Committee for Africa meeting
19–24 September 2009	New York, USA	High-level ministerial segment of the United Nations General Assembly
11–13 November 2009	Mbabane, Swaziland	SADC health ministers' meeting
2–7 December 2009	Rio de Janeiro, Brazil	17th Roll Back Malaria (RBM) partnership board meeting
7–9 December 2009	Lusaka, Zambia	State visit to Zambia
1–5 March 2010	London, United Kingdom (UK)	State visit to UK

2. VISION AND MISSION OF THE NATIONAL DEPARTMENT OF HEALTH

Vision

An accessible, caring and high-quality health system

Mission

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

3. LEGISLATIVE MANDATES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislation passed

by Parliament.

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

- Section 27(1): "Everyone has the right to have access to – (a) health care services, including reproductive health care; …
  (3) No one may be refused emergency medical treatment"

- Section 28 (1): "Every child has the right to … basic health care services…"

- Schedule 4, which lists health services as a concurrent national and provincial legislative competence.

3.1. Legislation falling under the Minister of Health's portfolio

- **Medicines and Related Substances Act, 101 of 1965**
  Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines

- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**
  Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items

- **Hazardous Substances Act, 15 of 1973**
  Provides for the control of hazardous substances, in particular those emitting radiation

- **Occupational Diseases in Mines and Works Act, 78 of 1973**
  Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases

- **Pharmacy Act, 53 of 1974 (as amended)**
  Provides for the regulation of the pharmacy profession, including community service by pharmacists

- **Health Professions Act, 56 of 1974 (as amended)**
  Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals

- **Dental Technicians Act, 19 of 1979**
  Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession

- **Allied Health Professions Act, 63 of 1982 (as amended)**
  Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions

- **Human Tissue Act, 65 of 1983**
  Provides for the administration of matters pertaining to human tissue

- **National Policy for Health Act, 116 of 1990**
  Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio

- **SA Medical Research Council Act, 58 of 1991**
  Provides for the establishment of the South African Medical Research Council and its role in relation to health research

- **Academic Health Centres Act, 86 of 1993**
  Provides for the establishment, management and operation of academic health centres

- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**
  Provides a legal framework for the termination of pregnancies based on choice under certain circumstances

- **Sterilisation Act, 44 of 1998**
  Provides a legal framework for sterilisations, including for persons with mental health challenges

- **Medical Schemes Act, 131 of 1998**
  Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives

- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**
  Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry

- **National Health Laboratory Service Act, 37 of 2000**
  Provides for a statutory body that offers laboratory services to the public health sector

- **Council for Medical Schemes Levy Act, 58 of 2000**
  Provides a legal framework for the Council to charge medical schemes certain fees

- **Mental Health Care Act, 17 of 2002**
  Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients

- **National Health Act, 61 of 2003**
  Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the Act are to:
  - unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
  - provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
  - establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation;
  - promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans.

- **Nursing Act, of 2005**
  Provides for the regulation of the nursing profession

3.2. Other legislation in terms of which the Department operates includes the following:

- **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**
  Provides for establishing the cause of non-natural deaths

- **Child Care Act, 74 of 1983**
  Provides for the protection of the rights and well-being of children

- **Occupational Health and Safety Act, 85 of 1993**
  Provides for the requirements that employers must comply with in order to create a safe working environment for

employees in the workplace

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**
  Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease

- **The National Roads Traffic Act, 93 of 1996**
  Provides for the testing and analysis of drunk drivers

- **Constitution of the Republic of South Africa Act, 108 of 1996**
  Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment

- **Employment Equity Act, 55 of 1998**
  Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action

- **State Information Technology Act, 88 of 1998**
  Provides for the creation and administration of an institution responsible for the state's information technology system

- **Skills Development Act, 97of 1998**
  Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces

- **Public Finance Management Act, 1 of 1999**
  Provides for the administration of state funds by functionaries, their responsibilities and incidental matters

- **Promotion of Access to Information Act, 2 of 2000**
  Amplifies the constitutional provision pertaining to accessing information under the control of various bodies

- **Promotion of Administrative Justice Act, 3 of 2000**
  Amplifies the constitutional provisions pertaining to administrative law by codifying it

- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
  Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination

- **The Division of Revenue Act, 7 of 2003**
  Provides for the manner in which revenue generated may be disbursed

- **Broad-based Black Economic Empowerment Act, 53 of 2003**
  Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters

4. PROGRAMME PERFORMANCE BY BUDGET PROGRAMME

TABLE 1.2 National Department of Health's Budget and Expenditure

APPROPRIATION	MAIN APPROPRIATION	ADJUSTED APPROPRIATION	ACTUAL AMOUNT SPENT	UNDER EXPENDITURE
	R'000	R'000	R'000	R'000
National Department of Health Vote 14	18 423 459	18 423 459	17 966 210	457 249
Responsible Minister: Minister of Health				
Administering Department: Department of Health				
Accounting Officer: Director-General of Health				

4.1 Aim of the vote

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

4.2 Programmes

For the financial year 2009/10, the budget structure of the National Department of Health consisted of six budget programmes, namely: Administration; Strategic Health Programmes; Health Planning and Monitoring; Human Resources; Health Services – Special Programmes and Health Entities Management; and International Relations, Health Trade and Health Product Regulation. The purpose of each programme and its measurable objectives are listed below. An overview of the major achievements of the Department is noted in the Director-General's report above. In addition, more detailed achievements and key challenges are described in the sections that follow.

Programme 1: Administration

The purpose of Administration is to conduct the overall management of the Department. Activities include policy-making by the offices of the Minister and Director-General, and the provision of centralised support services. The Corporate Services programme includes transversal functions such as corporate finance, human resources, logistical services, office support, information technology, internal audit and legal services.

Programme 2: Strategic Health Programmes

Strategic Health Programmes co-ordinates a range of strategic national health programmes by developing policies and systems, and by managing and funding key health programmes. It also oversees relationships with National Health Laboratory Services and blood transfusion services.

In 2009/10, Strategic Health Programmes consisted of five sub-programmes to deal with its key policy areas:

- Maternal, Child and Women's Health and Nutrition formulates and monitors policies, guidelines, norms and standards for maternal, child, youth and women's health and nutrition.
- HIV and AIDS and STI Management develops policy and administers the national HIV and AIDS and STI

programmes, including co-ordinating the integrated plan for HIV and AIDS and the conditional grant.
- Non-Communicable Diseases establishes guidelines on the prevention, management and treatment of a range of chronic diseases, disability, older people, mental health care and oral health. The sub-programme is also responsible for the revitalisation of the forensic mortuaries that were transferred from the South African Police Service to the provincial health departments; developing a national forensic pathology service; the Forensic Chemistry Laboratories and the administration of the Human Tissue Act.
- Communicable Diseases is responsible for the control of infectious diseases and also holds several occupational health functions, including the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases.
- TB Control and Management develops interventions to curb the spread of tuberculosis; provides support and oversight to the implementation of the TB Crisis Management Plan; and monitors and improves national TB performance indicators.

Programme 3: Health Planning and Monitoring

Health Planning and Monitoring supports the delivery of health services, primarily in the provincial and local spheres of government. It has four sub-programmes:

- Health Financial Planning and Economics is a new sub-programme dealing with health economics research, medical schemes, national health insurance and public private partnerships (PPPs).
- Health Information, Epidemiology, Research and Evaluation deals with the development and maintenance of a national health information system, and also commissions and co-ordinates research. The sub-programme conducts disease surveillance and epidemiological analyses, and monitors and evaluates health programmes. It develops norms, standards and other mechanisms for improving the quality of healthcare services, and provides oversight of the activities of the Medical Research Council.
- Pharmaceutical Policy and Planning (PPP) and Management regulates and co-ordinates the procurement of pharmaceutical supplies to ensure that essential drugs are affordable and available. It also promotes rational drug use by consumers and healthcare workers, and administers legislation on food safety and related matters. In addition, PPP deals with policy on the provision and management of health technology.
- Office of Standards Compliance deals with quality assurance, licencing and the certificates of need required in terms of the new National Health Act (2003). The cluster also deals with radiation control.

Programme 4: Human Resources and Management Development

The Human Resources Management Development programme supports the planning, development and management of human resources for health at both the national and provincial levels. It also includes activities to co-ordinate international health relations, including donor support.

In 2009/10 there were three sub-programmes:

- Human Resources Management and Development is responsible for developing human resource policies, norms and standards, and for ensuring the efficient management of the employees of the National Department of Health.
- Sector Labour Relations and Planning provides the resources and expertise for bargaining in the national Public Health and Welfare Sectoral Bargaining Council.
- Human Resource Policy, Research and Planning supports medium-to-long-term human resource planning in the national health system by conducting research and facilitating the production of provincial human resources plans.

Programme 5: Health Services – Special Programmes and Health Entities Management

Special Programmes and Health Entities Management consists of units previously located in other branches. It supports the delivery of health services in provinces, including primary health care, hospitals, emergency medical services and occupational health.

In 2009/10 the programmes were as follows:

- Infrastructure Planning and Health Facilities Management deals with policy on the provision and management of hospital services and emergency medical services. It is also responsible for the large conditional grants for the revitalisation of hospitals.
- District and Development promotes and co-ordinates the development of the district health system. It monitors the implementation of primary healthcare and activities related to the integrated sustainable rural development programme and the urban renewal programme. It also deals with policy-making and the monitoring of health promotion and environmental health.
- Occupational Health co-ordinates the delivery of occupational health services, including the provision of benefit medical examinations to ex-mineworkers.
- Legal Services and Litigation provides legal services to the Department and the public sector.
- Communication provides linkages between the Department and external stakeholders, including the media.

Programme 6: International Relations, Health Trade and Health Product Regulation

The purpose of International Relations, Health Trade and Health Product Regulation is to co-ordinate bilateral and multilateral international health relations, including donor support. It also regulates the procurement of medicines and pharmaceutical supplies, and regulates and provides oversight for trade in health products.

In 2009/10 there were four sub-programmes:

- Multilateral Relations: Facilitates the development and implementation of bilateral, trilateral and multilateral agreements with developing and developed countries. It also co-ordinates donor support. This sub-programme also facilitates the implementation of the Africa Health Strategy.

- Food Control and Non-Medical Health Product Regulation monitors the safety of food, cosmetics, disinfectants and related products.

- Pharmaceutical and Related Product Regulation and Management regulates trade in pharmaceutical and health-related products.

- Clinical Trials Management provides oversight over clinical trials conducted in South Africa and ensures that all these are registered with the Department.

4.3 Overview of the service delivery environment

South Africa continued to confront a quadruple burden of diseases, consisting of HIV AND AIDS and tuberculosis (TB); high maternal and child mortality; non-communicable diseases; and violence and injuries. HIV and AIDS are a common denominator influencing the mortality rates of mothers and children, and also fuelling the TB epidemic.

The health workforce has grown from 243 000 health workers in 2006 to 271 000 in 2009. The largest growth was in the nursing category.

Key challenges during the reporting period included the industrial action undertaken by medical doctors in the public sector in 2009, who protested about the pace of implementation of the Occupation Specific Dispensation (OSD). These matters were addressed through the appropriate bargaining chamber.

The goal of the health sector is to ensure a workforce with a steady and sustainable supply of appropriately trained, adequately qualified, well-remunerated and well-motivated professionals, providing good quality health care.

The existence of such a workforce is crucial for the achievement of the four outcomes of the health sector for 2010–2014, namely: increasing life expectancy at birth; reducing maternal and child mortality rates; combating HIV and AIDS and TB; and strengthening the effectiveness of health systems.

4.4 Overview of the organisational environment during 2009/10

Owing to serious resource constraints, the Department imposed a moratorium on the appointment of personnel during 2009/10, except under compelling circumstances. The moratorium contributed significantly to improving levels of efficiency, fiscal discipline and financial outcomes of the Department. The unintended trade-off was the limited capacity of the Department to deliver on some of its objectives and targets. This is reflected in detail in the sections dealing with performance information for 2009/10.

4.5 Strategic overview and key policy developments

During the reporting period, several key strategic and policy developments occurred. The Ministerial Advisory Committee on National Health Insurance (NHI) was formally established in September 2009 to lead the creation of NHI policy and legislation.

The Core Standards for Quality were produced and released to both the public and private sectors for comment. In November 2009 health workers from both sectors converged at the Birchwood Conference Centre in Boksburg to review these standards and their domains. Once finalised, these standards will be applicable to both the public and private sectors.

On World AIDS Day, 01 December 2009, the President of South Africa announced new policies and strategies to be implemented by the country to combat HIV and AIDS. 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. As indicated by the Minister, this should contribute significantly to reducing the morbidity and mortality rates associated with TB and HIV and AIDS.

5. DEPARTMENTAL EXPENDITURE FOR 2009/10

5.1 Expenditure per budget programme for 2009/10

Programme 1: Administration

The programme shows an expenditure of 98,3% with an under-expenditure of R4,738 million (1,7%) against a budget of R274, 661 million.

The 1,7% underspending is associated with underpayment for capital assets ascribed to the delays experienced in the relocation to the newly upgraded Civitas Building due to incomplete processes between the contractors and the Public Works Department. Although some of the funds were committed, the payments could not be made during the year.

Programme 2: Strategic Health Programmes

The programme shows an expenditure amounting to 99,6% with an underexpenditure of R24 266 million (0,4%) against a budget of R5 777 billion.

The programme underspent by R24 million (0,4%) due to the delayed delivery of a portion of the H1N1 vaccines procured out of the country, as well as a pending court case for the construction of a mortuary using the Forensic Pathology Services conditional grant in the Northern Cape (R10,2 million).

Programme 3: Health Planning and Monitoring

The programme has spent 97,4% of its allocated funds, amounting to R414 201 million, with an underexpenditure of R10 937 million (2.6%).

The reason for the underexpenditure is the initial slow spending for the new cluster of Office of Standards Compliance.

Capital funds also showed an underspending due to the delays related to the Civitas Building.

Programme 4: Human Resource Planning, Development and Management

The programme shows an expenditure of R1,794 billion, which is 99,6%, with an under expenditure of R7 348 million (0,4%) against a budget of R1, 801 billion.

Programme 5: Health Services – Special Programmes and Health Entities Management

The programme has spent 96% of its allocated funds, amounting to R10, 074 billion, which resulted in an underexpenditure of 4% amounting to R402 million.

The underexpenditure can be attributed to the withholding of the hospital revitalisation conditional grant funds for some provinces due to delays with construction processes of approved projects, as well as invoices which could not be paid before year end owing to cash flow limitations. A roll-over has been requested for these funds since they have been committed.

Programme 6: International Relations, Health Trade and Health Product Regulation

The programme has spent 91% of its allocated funds, amounting to R83 million, with an underexpenditure of R7,572 million (9%) attributed to outstanding accounts to be claimed from the Department of International Corporations and Relations. The projected expenditure for the programme was not realised as planned.

5.2 Transfer payments to public and trading entities

Public entities

Medical Research Council

The Medical Research Council (MRC) undertakes scientific research on clinical and health systems issues. Core funding is through the National Department of Health with the allocations from Government being determined as part of the overall science vote under the control of the Minister of Arts, Culture, Science and Technology, advised by the National Council for Innovation. Funding from the Department's vote amounted to R251 million in 2009/10. The Council is successful in attracting research funding from other sources. There is close co-operation with the Department of Health in setting research priorities.

National Health Laboratory Services

The National Health Laboratory Service Act, (37 of 2000) came into operation in May 2001. The entity is now fully operational as the legislated provider of laboratory services to public health facilities. The National Health Laboratory Services (NHLS) took over the laboratory services in KwaZulu-Natal during the year under review. Its major source of funding is the sale of analytical laboratory services to users such as provincial health departments, but it continues to receive a transfer from the National Department, which amounted to R76,9 million in 2009/10.

Medical Schemes Council
The Medical Schemes Council regulates the private medical scheme industry in terms of the Medical Schemes Act (131 of 1998). It is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act (58 of 2000). During 2009/10 the Department transferred R3,9 million to the Council.

South African National Aids Trust (SANAT)
During the period under review, the SANAT was dormant. South African National AIDS Council (SANAC) itself operates as planned with its activities funded by the HIV and AIDS Cluster. SANAC, together with senior members of the National Department of Health, has drafted a restructuring plan that has to obtain Cabinet approval.

Trading entity

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

The entire financial system of the Compensation Commissioner for Occupational Diseases is being re-engineered.

5.3 Conditional grants and earmarked funds

In terms of the budget of the National Department of Health, 98% consists of transfer payments to third parties. These payments constitute major conditional grants to provinces to fund specific functions. They can be classified as follows:

TABLE 1.3 National Department of Health conditional grants transfared

CONDITIONAL GRANT	AMOUNT
National Tertiary Services Grant	R6, 614 billion
Health Professions Training and Development Grant	R1, 760 billion
Hospital Revitalisation	R2, 989 billion
Comprehensive HIV and AIDS Plan	R4, 376 billion
Forensic Pathology Services	R502 million
2010 World Cup Health Preparations	R30 million
Disaster Response: Cholera	R 50 million

These funds flow to provincial health departments from which spending takes place on items contained in a pre-approved business plan. More details of the transfers per province are contained in the financial statements.

The National Department of Health makes no conditional grants to municipalities. It can certify that all transferred conditional grant funding was transferred into the primary bank account of the province concerned.

The performance of provinces was monitored by the National Department of Health in terms of the reports submitted by provinces and the frameworks published in the Division of Revenue Act (DORA) for 2009/10. In support of the monitoring process described above, officials from the National Department of Health also paid site visits to recipient provinces to verify progress.

Based on the reports received from provinces, it transpires that the allocations achieved the purpose and outputs in the Act.

In the National Department of Health, none of the amounts allocated in terms of the DORA were utilised for administrative purposes. Provincial reports indicated that the transferred funds were used in terms of the framework and business plan for each of the grants.

Where non-compliance occurred in terms of the Act, it was rectified by means of discussion and, in some cases, delaying transfers.

Funds were withheld for one grant, namely: Hospital Revitalisation in consultation with the affected provinces.

Transfers were made to the public entities under the auspices of the National Department of Health and have been listed earlier in the report.

Transfers were made to NGOs, ranging from national NGOs that are delivering services in the field of health. These cover diverse institutions from LoveLife to Soul City, to a range of smaller NGOs which are active in the field of HIV and AIDS. More details of the institutions funded can be found in the Annual Financial Statements.

5.4 Public Private Partnerships (PPP)

A PPP agreement was concluded with the National Department of Health on 30 May 2003 and the partnership has been valid from 1 April 2003. The agreement aims to revive human vaccines manufacturing in South Africa.

In terms of the 2003 PPP agreement, the South African Government, through the National Department of Health, holds 40% shares in The Biovac Institute Pty Ltd (Biovac) while the Biovac Consortium holds 60%. In exchange for the 40% equity, the National Department of Health transferred the staff and assets of the directorate, which housed the State Vaccine Institute, to The Biovac Institute.

The Department foresees no significant future cash flow to the PPP entity.

Part of the PPP agreement allows The Biovac Institute to source and supply all EPI vaccines of good quality at globally competitive prices to the provincial health departments.

Both The Biovac Consortium and the Department of Health were requested to dilute their equity in order to allow Cape Biotech (part of the Department of Science and Technology) to take up a 12,5% equity stake. Cape Biotech has invested in excess of R35 million into The Biovac Institute. This dilution has been approved by Treasury and was implemented in 2010.

The transfers into the PPP were estimated to have a value of R13,5 million. A valuation done on the net assets value method in the December 2009 Annual Financial Statement placed a value in the region of R13 million on the National Department of Health's stake in the PPP.

In 2009 a review of the PPP was initiated by the DoH and Treasury. While this process is under way, no valuation of Biovac will be conducted. The outcomes of the review are expected in 2010.

6. PROGRAMME PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

As already indicated, during the financial year 2009/10 the activities of the Department of Health were organised around six budget programmes, namely:

Programme 1: Administration and Corporate Services
Programme 2: Strategic Health Programmes
Programme 3: Health Planning and Monitoring
Programme 4: Human Resources and Management Development
Programme 5: Health Services – Special Programmes and Health Entities Management
Programme 6: International Relations, Health Trade and Health Product Regulation

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

PROGRAMME 1: ADMINISTRATION AND CORPORATE SERVICES

Purpose

The aim of this programme is to provide overall management and leadership of the department, as well as strategic planning, monitoring and reporting services. Corporate Services manages the financial and human resources of the Department. It provides financial management services, develops the budget, monitors expenditure, conducts internal audits, ensures appropriate supply chain management, renders information technology support, and develops and implements internal policies for the management of departmental human resources.

Performance and service delivery achievements

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

1. Strategic Planning

Health sector planning, monitoring and reporting on the implementation of plans was fortified during 2009/10. The Department developed sector specific guidelines for the development of provincial five-year strategic plans and annual performance plans (APPs), in collaboration with National Treasury.

The Department further produced four analytical quarterly progress reports on its Strategic Plan for 2009/10–2011/12 focusing on the first year of implementation, and four reports on the progress made by provincial DoHs with their APPs.

During the reporting period, no policy briefs were issued as a result of capacity constraints.

A Project Management training programme was conducted for managers of the Department, through which 118 managers in the Department were trained, 87 in project management principles and 31 in project management software. A major criterion in the identification of managers to be trained was that they should be working in an environment where they would be able to use their newly acquired skills.

The Department also continued to strengthen its project management approach in the implementation of its plans and programmes. A total of 23 projects were implemented in accordance with the project management approach. These were both sector wide projects implemented in all Provinces, as well as internal projects of the National Department. Sector-wide projects included conditional grants such as the Hospital Revitalization Grant. Support was provided to Project Management Teams in the Provinces. This will systematically contribute to enhancing the management of conditional grants.

Internal Departmental projects included the relocation to the Department's CIVITAS Building, which was completed in August 2010.

TABLE 1.4 Key objectives, indicators, targets and actual performance of the Strategic Planning sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
STRATEGIC PLANNING	Provide strategic leadership in health sector planning by supporting the development, implementation, monitoring of and reporting on integrated health sector plans, which focus on National Health System (NHS) priorities	Annual National Health Plan (ANHP) produced for each year of the planning cycle	Annual National Health Plan 2009 produced by June 2009	Annual National Health Plan 2009 was produced
			Annual National Health Plan informs bid to Treasury in June 2009	The 10 Point Plan of the Health Sector for 2009 formed the basis of the priorities reflected in the Annual National Health Plan 2009, as well as the budget bid to National Treasury. Provincial submissions into the ANHP 2009/10 indicated key areas where additional funding was required to implement priority areas identified in the 10-Point Plan.
		Annual Provincial Plans (APPs) analysed and comments provided	Comments on all APPs for 2010/11–2012/13 provided in June and December 2009	All 9 provincial APPs were analysed and feedback was provided.
		District Health Plans (DHPs) of 18 priority districts reviewed and comments provided	Comments on all 18 DHPs provided in December 2009	Qualitative analysis of 18 DHPs was conducted and feedback provided.
		Quarterly reports produced during each year of the planning cycle	Quarterly progress reports produced in September and December 2009 and January and June 2010	Summary reports on the performance of the National and Provincial DoHs for all four quarters of 2009/10 were compiled.
	Strengthen and support health policy development	Number of analytical reports on proposed health policies and their possible impact	Three analytical reports (policy briefs) produced	No policy briefs were produced.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
STRATEGIC PLANNING	Enhancing the capacity of National DoH managers in Project Management	Number of projects implemented in accordance with a project management approach	6 projects implemented	23 projects were implemented
		Number of consolidated reports on the implementation of projects	4 quarterly reports produced	4 quarterly reports produced
		Number of DoH managers trained in project management principles	50 DoH managers trained by March 2010	87 DoH managers trained
		Number of DoH managers trained in project management software	20 DoH managers trained by March 2010	31 DoH managers trained

2. Financial Services

For the first time in seven years, the National DoH received an unqualified audit opinion from the Auditor-General for 2009/10. The South African National Aids Trust also received an unqualified audit opinion.

One of the measures implemented by the Department to improve financial management and accountability was to improve the average time taken to respond to queries from the Auditor General (AG). In keeping with the target set for 2009/10, the average turnaround time for queries from the AG was eight working days. This response time must be improved going forward.

The Department planned to establish a Provincial Support Directorate. However, this was not achieved due to financial constraints and the resultant moratorium on the filling of posts. However, measures were put in place to implement the budget and expenditure monitoring and support for provincial health departments with a focus on the reduction of over-expenditure by provinces. Support was also received from the Technical Assistance Unit of National Treasury. During the reporting period, these interventions begun to yield the desired results, as six out of nine provinces did not register an over-expenditure on their compensation of employees. Also, five out of nine provinces did not overspend their goods and services for the 2009/10 financial year. The provinces had reported estimated figures on accruals of R3,2 billion, cumulative unauthorised expenditure of R11,6 billion and bank overdraft of R8 billion, with an overall over-expenditure amounting to R3,4 billion. To ensure sustainability in future, it is imperative that the Provincial Support Directorate is established to steer improvements in financial management in the health sector.

The security plan for the Department was implemented and, in keeping with the target set, a 40% reduction of losses of assets compared to 2008/09 was achieved. During the reporting period, 57% of the Department's SMS members were vetted, which was above the 50% target. The Department was dependent on National Intelligence Services to achieve its target.

TABLE 1.5. Key objectives, indicators, targets and actual performance of the Financial Services programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
FINANCIAL SERVICES AND DEPUTY CFO	Implement a turnaround strategy for improving audit outcomes and reducing the concerns raised by the Auditor General.	Reply to Auditor General queries	8 working days	8 working days
		Audit opinion of the Auditor General : NDOH	Unqualified	Unqualified
		Audit opinion of the Auditor General : CCOD	Unqualified	Adverse
		Audit opinion of the Auditor General: SANAC	Unqualified	Unqualified
		Percentage of posts filled in the Provincial Support Directorate	80%	0%
		Monthly expenditure reports compiled for each province	Expenditure reports for all 9 provinces compiled	Expenditure reports for all 9 provinces compiled
		Percentage reduction in overall overexpenditure in provincial departments compared to 2008/09	80% reduction in expenditure in provincial departments compared to 2008/09	This was partly achieved as 6 out of 9 provinces did not register an over-expenditure on their compensation of employees, and 5 out of 9 provinces did not overspend their goods and services
		Percentage reduction in the financial risks identified in the risk profile	60%	Not measured during the financial year due to capacity constraints
	Ensure that the Department's Security Plan is produced and approved by the Accounting Officer	% reduction of losses of assets compared to 2008/09	40%	40%
		% of the Department's SMS members vetted annually	50% of the Department's SMS members vetted by April 2010	57% of the Department's SMS members were vetted during the period under review.

3. Supply Chain Management

In keeping with its 2009/10 target, the Department maintained an average period of between three to six weeks for the procurement of major goods and services (above R500 000) after the closing date of the bid process. Similarly, the procurement period for goods and services below R500 000 was between one and three working days, which exceeded the set target of seven days. The Department also made progress with regard to the payment of suppliers of goods and services. The average period taken for the processing of a payment from the date of receipt of the invoice by Logistics Management was one week. This was consistent with the 2009/10 target of eight working days.

The average period taken for the placement of an order from the date a request memo was received by Logistics Management was three weeks, which was inconsistent with the 2009/10 target of five working days. The delays occurred as a result of the number of suppliers first needing to be registered on LOGIS. This affected the Department's ability to procure goods and services timeously.

As was the case in 2008/09, constraints were experienced with the processing of bookings for local and international travel. The average period taken from the date a request for booking was received by the Transport Unit until the confirmation of a booking for local travel was between 24 to 48 hours, while the target for 2009/10 was 24 hours. For international travel, the average period from receipt of the date request by the Transport Unit until the confirmation of a booking was between 24 to 72 hours, while the 2009/10 target was 48 hours. Contributing factors that influenced these turnaround times included last-minute bookings and changes. These resulted in delays in the normal flow of work in the Department, and an escalation of costs arising from last-minute bookings.

TABLE 1.6 Key objectives, indicators, targets and actual performance of the Supply Chain Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
SUPPLY CHAIN MANAGEMENT	Reduce the turnaround time for the procurement of goods and services	Average period taken for the procurement of major goods and services (value above R500 000); prescribed bid procedures (advertisement) is five weeks	Between 3 to 6 weeks after closing date (depending on the evaluation process)	Between 3 to 6 weeks after closing date (depended on the evaluation process)
		Average period taken for the procurement of major goods and services (value below R500 000)	Within 7 working days	Between 1 and 3 working days
		Average period taken for the placement of an order from date request memo is received by Logistics Management	Within 5 working days	3 weeks
	Reduce the turnaround time for processing payment to suppliers	Average period taken for the processing of a payment from date invoice is received by Logistics Management	Within 8 working days	1 week
	Reduce the turnaround time for processing travel and accommodation requests	Local: Average period taken from date request is received by Transport Unit to confirmation of booking	Within 24 hours	24 to 48 hours
		International: Average period taken from date request is received by Transport Unit to confirmation of booking	Within 48 hours.	24 to 72 hours
		Venues: Average period taken from date request is received by Transport Unit to confirmation of booking	Within 5 days	8 to 14 days

4. Information and Communication Technology Services

During the period under review, there was a 100% availability of network and systems on the transport layer from the NDoH to the State Information Technology Agency (SITA) for the transversal systems PERSAL, LOGIS and BAS. There were no interruptions to the functions of these systems. The Department also maintained a three-day response time to technical faults on workstations, which was consistent with the 2009/10 target.

However, the instability of the electricity supply in the rented Hallmark Building resulted in constant power failures in the server rooms which, in turn, caused hardware failure. This had a negative impact on network availability for electronic communication within the Department.

The high staff turnover and high number of vacancies in the information and communication technology sub-programme hampered the provision of Help Desktop support within the Department.

TABLE 1.7 Key objectives, indicators, targets and actual performance for the Information and Communication Technology Services sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (09/10)
INFORMATION AND COMMUNICATION TECHNOLOGY SERVICES	Provide Help Desktop support to the DoH.	Response to calls logged at Help Desk.	First line (on-line) support calls resolved immediately.	First line (on-line) support calls resolved in between 8 to 72 hours
		Response time to technical faults on workstations	Calls resolved within 3 working days	Calls resolved within 3 working days
		Percentage availability of network	90% network availability	100% availability on the transport layer from NDoH to SITA during official work hours
	Provide network services to the DoH.	System availability	80% system availability (dependency on SITA for support of transversal systems)	100% availability on the transport layer from NDoH to SITA during official work hours
			100% PERSAL availability	100% availability on the transport layer from NDoH to SITA during official work hours
			100% BAS availability	100% availability on the transport layer from NDoH to SITA during official work hours
			100% LOGIS availability	100% availability on the transport layer from NDoH to SITA during official work hours

5. National DoH Human Resources Management

During the reporting period, the Department finalised and implemented its Job Evaluation policy. A Recruitment Policy was also produced and is currently under discussion.

The Employment Equity Plan for the Department was reviewed. The departmental employment equity report was compiled and submitted to the Department of Labour in accordance with section 21 of the Employment Equity Act.

The Department, through its Employment Relations Equity and Workplace Support programme, facilitated the participation of employees in celebrating commemoration days such as Women's Day, Heritage Day and International Day for People with Disabilities.

One of the challenges faced by the Department during the reporting period was the submission of performance management agreements (PMAs) for 2009/10. Only 90 of the 106 SMS members (85%) submitted their PMAs, against a target of 100%. To address this, the Department implemented the Public Service Act and its regulations, ensuring that all SMS members who failed to submit their PMAs for 2009/10 were not considered for both the annual package progression and performance bonuses.

Owing to capacity constraints, the activities related to conducting competency assessments for all SMS members could not be pursued. These have been deferred to the 2010/11 financial year, depending on the availability of resources.

TABLE 1.8 Key objectives, indicators, targets and actual performance of the National DoH Human Resource Management sub-programme

SUB -PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
HUMAN RESOURCE MANAGEMENT	Maintain a competency assessment system for SMS members	% of SMS members subjected to competency assessment	Extend competency assessment system to all SMS members by 31 March 2010	Not achieved due to capacity constraints
		Report on outcomes of competency assessment of SMS members		None
	Implement a job evaluation policy to ensure correct grading and remuneration of all posts	Completion of grading and remuneration of all posts in line with job evaluation policy	Grading and remuneration of all posts in line with job evaluation policy completed by 31 March 2010	Job evaluation policy was approved and implemented as from 1 April 2010
	Implement a departmental recruitment policy and fast-track the filing of vacant posts	Departmental recruitment policy implemented by all clusters of the Department	Recruitment policy implemented by all clusters by March 2010	Draft policy still under discussion and consideration by Senior Management Team
	Ensure compliance with the Public Service Regulations relating to compulsory completion of performance agreements by SMS members	Performance agreements signed by all SMS members annually	Signing of performance agreements by all SMS members by 31 May 2009	By the end of 2009/10, 90 SMS members out of 106 filled posts (85%) submitted their performance agreements.

SUB -PROGRAMME	MEASURABLE OBJECTIVES FOR 2009/10–2011/12	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
NATIONAL DoH HUMAN RESOURCE MANAGEMENT: **Employment Relations Equity and Workplace Support (EREWS)**	Define an appropriately decentralised and more accountable operational management model, including revised legislation to recruit foreign skills, partnerships with private and public sectors, deployment and training for district health management team, etc.	Number of reviews of EREWS programmes conducted with provinces	Quarterly reviews of EREWS programmes with practitioners from provinces	4 quarterly reviews were conducted.

PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

Purpose

Strategic Health Programmes co-ordinates a range of strategic national health programmes by developing policies and systems, and by managing and funding key health programmes.

Performance and service delivery achievements

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

1. Maternal, Child and Women's Health and Nutrition

During 2009/10, the health sector implemented interventions to protect South African children against vaccine preventable diseases. Across the country, 47 of the 52 districts attained a measles coverage of over 80% for children under-1 year of age, which was consistent with the 2009/10 target. However, an outbreak of measles occurred during the reporting period, which affected 10,277 children and youth.

The Household Community Component (HHCC) of the Integrated Management of Childhood Illness (IMCI) programme was implemented by the community health workers in 89% (16) of the priority districts. In addition, 74% of primary healthcare (PHC) facilities had 60% of their health care workers trained in the clinical component of IMCI. This situation has remained the same for both 2008/09 and 2009/10.

Two new vaccines were introduced into the expanded immunisation programme (EPI) schedule to protect South African children against rotavirus and pneumococcal diseases. Coverage of 22,8% for the pneumococcal vaccine and 34,6% for the Rota virus vaccine was achieved. This was below the 2009/10 target of 40% for immunisation coverage of the two vaccines respectively. Challenges related to data management were experienced during the reporting period, which will be addressed during 2010/11.

To support health districts to consistently improve their immunisation coverage, the Department aimed to conduct the Reach Every District (RED) monitoring visits in 9/52 districts. However, no RED visits were conducted owing to the support provided for the management of the measles outbreak, as well as severe capacity constraints.

The Perinatal Problem Identification Programme (PPIP) and the Child Problem Identification Programme (CPIP) seek to enhance the early diagnosis and appropriate management of infants and children presenting with diverse conditions in the public sector. During the reporting period, the PPIP was implemented in 373 of the 549 identified maternity facilities, which was below the 2009/10 target of 439 facilities. The CPIP was implemented in 57 out of the 262 identified hospitals (21%). This was below the 2009/10 target of 30%. Both these programmes are driven by experts external to the health system. Performance is therefore dependent on the responsiveness of health facilities and Provinces, and their capacity to participate in the programme.

During the period under review, 54,6% of HIV-exposed infants were diagnosed using DBS-PCR, which was lower than the 2009/10 target of 80%. Difficulties were experienced with infants not being returned to health facilities for follow-ups, which negatively impacted on the performance.

In order to effectively prevent and reduce Mother to Child Transmission of HIV, a policy decision was made to use Nevirapine (NVP) and Azidothymidine (also known as Zidovudine or AZT) in combination albeit given at different stages in the pregnancy of HIV positive mothers. This intervention is commonly known as "Dual Therapy" and has been shown to be effective in reducing mother to child transmission of HIV and in increasing survival of exposed babies.

The Prevention of Mother-to-Child Transmission (PMTCT) programme underwent substantial review during the reporting period, and a number of the clinical protocols were revised.

About 92,7% of pregnant women were tested for HIV, which exceeded the target of 80%. 91,7% of HIV-exposed infants received Nevirapine, which exceeded the 2009/10 target of 80%. 76,9% of HIV-positive pregnant women

were put on highly active antiretroviral therapy (HAART), which exceeded the 2009/10 target of 30%. The proportion of children under 15 years who accessed HAART was 9,6%, which was consistent with the 2009/10 target of 9%.

Data collection systems for dual therapy posed a challenge during the reporting period, which will be redressed in the new financial year. The challenge in documenting the administration of these drugs has been found to be directly linked to the different stages of administration during the pregnancy period of HIV positive mothers. This will be addressed by robust engagement and ongoing targeted training of all health care providers attending to these mothers and their exposed babies.

The Department is confident that as the new policy guidelines and protocols on PMTCT become routine clinical practice, all health care providers will become more efficient in recording the use of both NVP and AZT which is, an important and proven intervention in increasing baby and mother survival.

To improve birth defects surveillance, 46 of the 52 districts implemented the standardised birth defects tool, which exceeded the 2009/10 target of 44 districts. During 2009/10, 34 of the 52 districts had at least one health care professional trained in genetics. The 2009/10 target was 36 of the 52 districts. Going forward, there is a need to sustain and expand the training of health care professionals in human genetics.

To improve antenatal care, 164 of the 549 identified maternity facilities implemented the Basic Antenatal Care (BANC) programme. This was in line with the 2009/10 target. During the reporting period, 30% of women were reviewed within three post-partum days, which was in line with the 2009/10 target.

In terms of women's health, the cervical cancer screening coverage increased from 22% in 2008/09 to 47,7% in 2009/10. This performance was above the 30% cervical cancer screening coverage target for 2009/10.

The expansion of the provision of Choice on Termination of Pregnancy (CTOP) in Community Health Centres (CHC) experienced a number of challenges. The percentage of CHCs providing CTOP services decreased from 45% in 2008/09 to 25% in 2009/10. The main challenge was the high turnover rate among nurses trained to provide first trimester termination of pregnancy.

TABLE 1.9 Key objectives, indicators, targets and actual performance of the Maternal, Child and Women's Health and Nutrition sub-programme

SUB -PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
MATERNAL, CHILD AND WOMEN's HEALTH AND NUTRITION	Improve management of communicable diseases and non-communicable illnesses	% of PHC facilities that are saturated with IMCI health care providers, i.e. 60% of health care providers who manage children are trained in IMCI	70%	74%
		% of priority districts implementing the Well Child Initiative Module	50%	0% of priority districts have implemented the Well Child Initiative Module in full; 18 priority districts are implementing components of the Well Child Initiative Module
		% of priority districts in which HHCC services are provided by CHWs	60%	88%
		% of district hospitals implementing child PIPP	30%	57 out of 262 = 21%
		Suitable zinc formulation registered	Suitable zinc formulation registered by March 2010	A suitable zinc formulation was approved by the Medicines Control Council and the tender was awarded for the supply of zinc to primary health care facilities.
		% of pregnant women who are tested for HIV	80%	92,7%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
MATERNAL, CHILD AND WOMEN's HEALTH AND NUTRITION	Improve management of communicable diseases and non-communicable illnesses	% of pregnant women on ARV prophylaxis (dual therapy)	80% for AZT and Nevirapine respectively	48,7% for AZT; 99,1% for Nevirapine
		% of pregnant women on HAART	30%	76,9%
		% of HIV-exposed infants who receive ARVs for PMTCT (dual therapy)	80%	91,7% for Nevirapine
		Early diagnosis of HIV-exposed infants using DBS-PCR to measure impact of programme and referral for HAART	80%	54,6%
		% of children who receive cotrimoxazole	30%	38%
		% of children who receive HAART (proportion of all those receiving HAART)	9%	9,6%
		Number of districts implementing the standardised birth defects tool	44 out of 52 districts	46 out of 52 districts
		Number of districts with at least one health professional trained in genetics	36 out of 52 districts	34 out of 52 districts
		% of health facilities rendering services for survivors of sexual assault	30%	64%
		Cervical cancer screening coverage	30%	47,7 %
		% of community health centres authorised to provide TOP services	30%	25%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
MATERNAL, CHILD AND WOMEN's HEALTH AND NUTRITION	Improve management of communicable diseases and non-communicable illnesses	Coverage of these vaccines in children under 1 year	40% coverage for Rotavirus and pneumococcal diseases respectively	Rotavirus immunisation: 34,6%; pneumococcal disease immunisation: 22,8%
		Measles coverage under 1 year	80% in 80% of the districts	All provinces have reached over 80% coverage; 47 out of 52 districts have achieved over 80%
		Number of districts that receive support visits from the national office on RED Strategy	9 out of 52	0
		Number of districts implementing the Data Quality System (DQS)	9 out of 52 districts	48 out of 52 districts are implementing the DQS
		Number of maternity facilities implementing PPIP	439 out of 549 maternity facilities (80%)	373 out of 549 maternity facilities (68%)
		Number of maternity facilities implementing BANC	164 out of 549 maternity facilities (30%)	164 out of 549 maternity facilities
		Percentage of women reviewed within 3 post-partum days	30%	30%
		Number of facilities providing acceptable contraception mix (dual protection using condom and a contraceptive method)	1 053	All health facilities are providing contraceptive mix (dual protection). A survey will be required to determine if information on dual protection has been provided to the users of the health service.

2. HIV and AIDS and STI Management

During 2009/10, the National Strategic Plan for HIV and AIDS 2007–2010 continued to guide the health sector's interventions to combat HIV and AIDS. The South African National AIDS Council (SANAC) coordinated a robust multisectoral response to HIV and AIDS, which involved diverse sectors of society.

Voluntary Counseling and Testing (VCT) services were offered in all fixed PHC facilities, which was in line with the 2009/10 target. However, in a research study conducted by the Human Science Research Council (HSRC), only 18% of adults reported testing for HIV in the last 12 months.

The Department distributed 445 156 000 male condoms to enhance the prevention of HIV, Sexually Transmitted Infections (STIs) and unwanted pregnancies. The 2009/10 target was 450 million. This marked significant progress

from the 284 million male condoms distributed in 2008/09. A total of 3,6 million female condoms, were also dispensed against a 2009/10 target of 4,5 million. This figure was lower than the 4,2 million condoms distributed in 2008/09.

Community care givers (CCG) are instrumental in providing community-based services, and act as an important link between households and communities, and primary level health facilities. During the period under review, 25 278 CCGs received stipends. Although this was lower than the 2009/10 target of 27 000, it contributed to sustaining the levels of motivation of this cadre of workers. A total of 1,1 million individuals benefited from services provided by CCGs and 6,6 million visits were conducted in households.

76% of TB patients were counseled and tested, against a target of 80%, The percentage of HIV-positive patients who were started on ionised prophylactic treatment was 1,8%. This was below the 12% target for 2009/10. Data quality problems were the main reason for the low performance reported. The number of TB and HIV co-infected patients started on ART in the reporting period was 47%, which exceeded the 2009/10 target of 35%.

A total of 550 accredited facilities were established to offer antiretroviral therapy (ART), with 900 down referral sites. Additional sites were established ahead of the commencement of the HCT campaign, which has resulted in over 1, 000 accredited sites. A total of 494 775 new adult patients were initiated on ART during 2009/10, which exceeded the target of 215 000. A total of 45 044 new child patients under the age of 15 years were initiated on ART, which exceeded the target of 33 000. By March 2010, the total number of patients on treatment was over 1,1 million.

Behaviour change communication initiatives among young people were accelerated. There were 270 peer educators trained on comprehensive sexual reproductive health (SRH) issues. The programme reached 3 532 283 youth, training on life skills, SRH and HIV and AIDS information through partnerships with NGOs.

TABLE 1.10 Key objectives, indicators, targets and actual performance of the HIV and AIDS and STI Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
HIV AND AIDS AND STI MANAGEMENT	Increase the number of PHC facilities that offer VCT	% of PHC facilities offering VCT	100%	100% All public health facilities offer VCT
		% of adults tested for HIV in the last 12 months	18%	18%
	Develop prevention interventions to deal with HIV and AIDS, with a focus on men	% of men who have ever had an HIV test	50%	50% of the adult population has been tested; data that segregates gender was not available
	Improve access to quality male and female condoms	Number of male condoms distributed; number of female condoms distributed	450 million 4,5 million	445 156 000 male condoms; 3,6 million female condoms
	Facilitate the training of 1 600 support groups on Stigma Mitigation Framework by 2011	Proportion of support groups trained on SMF	60% (960) of support groups trained on SMF	None

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
HIV AND AIDS AND STI MANAGEMENT	Facilitate the payment of nationally determined stipend to 47 937 community caregivers by 2012 (as determined by the Framework)	Number of community caregivers receiving stipend	27 000	25 278
	Facilitate the expansion of step down care (SDC) facilities in district hospitals from 83 to 117 by 2012	Number of SDC facilities	93 SDC facilities	91 SDC facilities
	Review and finalise HCBC policy and guidelines to ensure access to comprehensive care by 2010/11	Approved policies and guidelines	Revised policy and guidelines approved and implemented	HCBC final draft policy framework and the first draft of guidelines available
	Increase the HIV testing rate among TB patients from 41% to 90% by 2011	% of TB patients counselled and tested	80%	76%
	Increased rate of PLHA treated for latent TB	% of newly diagnosed eligible HIV+ patients starting IPT	12%	1,8%
	Increase access to ART treatment for TB and HIV+ve co-infected patients	Percentage of eligible TB and HIV+ve co-infected patients who start ART	35%	47%

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
HIV AND AIDS AND STI MANAGEMENT	Providing quality and appropriate package of treatment, care and support to 80% of HIV-positive patients and their families	Number of adult new patients initiated on ART	215 000	494 775
		Number of children initiated on ART	33 000	45 044
		% of children and adults still on ART one year after initiation	85%	90%
		Number of accredited CCMT facilities with down referral facilities	495	550 CCMT sites with 900 down referral sites
	Oversee the implementation of the mass mobilisation, communication advocacy strategies for key health programmes in health districts	Number of districts in which social mobilisation and IEC campaigns are developed and implemented to support key health programmes	52 districts	52 districts
	Implement a monitoring and evaluation system for compliance with the funding requirements of NGOs	% recipient NGOs meeting all funding requirements	50%	82%

3. TB Control and Management

The management and control of Tuberculosis was improved during the reporting period, with 77,7% of health facilities implementing TB guidelines appropriately.

9,730 health professionals were trained in the clinical aspects of TB management, while 3,866 non-professionals (community health workers) also received training in DOTS. Community Health Workers provide vital care and support to TB patients, ensure treatment adherence and raise community awareness about TB. These outputs exceeded their corresponding targets for 2009/10, which were to train 2,000 professionals and 2 500 non-professionals respectively.

Improving the performance of laboratory services for TB management remains a challenge. Only 56% of TB sputa had a turnaround time (TAT) of less than 48 hours against the target of 65% for 2009/10. This reflects limited progress from the 53% reported in 2008/09. The health sector experienced challenges, mainly due to logistical inadequacies associated with transportation and poor telecommunication infrastructure that severely undermined the communication of results from laboratories to facilities.

During the period under review, 19 of the 21 TB hospitals were accredited as HIV service points.

Of the drug-resistant patients diagnosed in 2009/10, 56,6% of MDR patients and 65,6% of XDR patients were started on ARV treatment against the target of 100%. This was due to TB registers not making provision for recording HIV status for MDR and XDR patients at the time. The incomplete capturing of information resulted in the inaccurate reflection of performance on this indicator. This has been corrected, and will be fully implemented in 2010/11.

To strengthen the country's capacity to deal with drug-resistant TB effectively, the Department planned to complete seven new drug-resistant hospitals. During the period under review, one hospital was completed, while project initiation, concept and design development were concluded for six hospital sites and tenders for five of these were awarded.

Although a proposal for conducting a national TB drug survey was drafted, limited resources prevented the Department from conducting the survey during the reporting period.

TABLE 1.11 Key objectives, indicators, targets and actual performance of theTB Control and Management sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
TB CONTROL AND MANAGEMENT	Strengthen the implementation of the DOTS strategy	Percentage of facilities appropriately implementing TB guidelines	80%	77,7%
		Percentage of districts scaling up community TB care	65%	Model still in the process of development
		Number of treated patients serving as TB ambassadors	40	5 national; 56 provincial
	Increase the number of health professional and non-professional (CHWs) workers trained annually	Number of professional and non-professional workers trained	2 000 professionals; 2 500 non-professionals	9 730 professionals; 3 866 non-professionals
	Implement best practice model of collaboration on TB and HIV at PHC level	Number of districts with collaboration in line with best-practice model	10 out of 52	Model still in the process of development

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
TB CONTROL AND MANAGEMENT	Initiate all eligible MDR and XDR patients on ARVs	Percentage of eligible MDR and XDR patients started on ARVs	100%	52,6% (For the purpose of the report, all MDR patients were used as a denominator)
	Initiate all eligible XDR patients on ARVs	Percentage of eligible XDR patients started on ARVs	100%	69,1% (For the purpose of the report, all XDR patients were used as a denominator)
	Contribute to strengthening of health systems	Number of TB hospitals accredited as HIV service points	21 TB hospitals	19 TB hospitals
		At least 1 DR TB unit built in each of the 7 provinces (Eastern Cape, Free State, KZN, Limpopo, Mpumalanga, North West, Northern Cape)	New DR TB hospitals in 7 provinces	1 hospital completed in KZN; 6 projects initiated: concept and design development concluded for 6 sites and tenders awarded for 5 sites
		Percentage of health facilities with TAT of less than 48 hours	65%	52,3%
	Co-ordinate and implement research/ evaluations	Survey report completed	Survey report completed by March 2010	A proposal for conducting the national TB drug survey was drafted.

4. Communicable Disease Control

A 14% reduction in malaria cases was achieved between 2008/09 and 2009/10, which exceeded the 2009/10 target of 5%. The number of malaria cases decreased from 6 415 in 2008/09 to 5 502 cases in 2009/10. However the malaria case fatality rate was 1%,which was a 37% increase for the season 2009/10 when compared to 2008/09.

The sudden upsurge of malaria cases during January 2010 led to an increase in malaria related mortality, especially in Mpumalanga Province. Malaria programme reviews were conducted in five provinces: Limpopo, Mpumalanga, KwaZulu-Natal, Gauteng and North West.

In keeping with the set target, the Department continued to share its technical skills in malaria control with neighbouring countries, including Mozambique and Swaziland through the Lubombo Spatial Development Initiative, and with Zimbabwe through the Trans-Limpopo Initiative. The Trans-Limpopo Initiative between South Africa and Zimbabwe is an established initiative. The inclusion of Botswana will require a formal process that will be pursued during the 2010/11 financial year.

Eighty percent of the FIFA 2010 Communicable Disease Control Programme was completed by March 2010, which was in line with the 2009/10 target.

In terms of enhancing the country's capacity to prevent and respond to foodborne diseases, the Department

provided training to the outbreak response teams from all nine provinces.

During the period under review, the Department completed the Communicable Disease Information, Education and Communication (IEC) strategic plan. IEC programmes for cholera, H1N1 and diarrhoeal diseases were also implemented during the review programme.

The Department could not achieve its objective of producing the implementation plan to strengthen epidemic preparedness. This was due to the reprioritisation of resources for the co-ordination of preparedness and response for both the pandemic influenza and the FIFA 2010 World Cup.

TABLE 1.12 Key objectives, indicators, targets and actual performance of the Communicable Disease Control sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
COMMUNICABLE DISEASE CONTROL	Improve management of communicable diseases	% reduction in malaria cases annually	5 % reduction annually	A 14% reduction in the total number of malaria cases was reported. The number of cases was 5 502 in 2009/2010 compared to 6 415 in the 2008/09 financial year.
		% case fatality rate	≤ 0,5 % case fatality rate	≤ 0,5 % case fatality rate
		Malaria Review Report produced.	Malaria programme review report produced by March 2010	Programme reviews conducted in 5 provinces: Limpopo, Mpumalanga, KZN, Gauteng and North West. Provincial reports and national report compiled.
		Number of countries with which technical skills were shared	4 countries: Swaziland, Mozambique, Zimbabwe and Botswana	A Lubombo Spatial Development Initiative, (LSDI) meeting was held in October 2009 – technical expertise was shared in the Malaria Project of the LSDI (a three-country collaboration among South Africa, Mozambique and Swaziland). In the Trans-Limpopo Malaria Initiative (TLMI), technical expertise was shared and an action plan was documented for cross-border collaboration between Zimbabwe and South Africa.
		Implementation plan to strengthen National Epidemic Preparedness completed	Plan completed by June 2009	Assessments were done in line with International Health Regulations in all 9 provinces by June 2009 ; reports being finalised

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
COMMUNICABLE DISEASE CONTROL	Improve management of communicable diseases	Implementation plan to strengthen epidemic preparedness produced	Implementation plan produced by March 2010	Implementation plan was not been produced
		Number of provinces trained per year	9 provinces	9 provinces trained in food-borne diseases
		% Implementation of the Communicable Disease Strategic Plan	80 % implementation of plan by May 2010	80% of the FIFA 2010 CDC plan was implemented
		Strategic plan to prevent importation of communicable diseases at ports of entry developed and costed	Strategic plan developed and costed by March 2010	Input was given into port health strategic plan
		Communicable Disease IEC Strategic Plan developed and implemented	Implementation of the strategic plan by strengthening capacity for training and monitoring at provincial level	IEC strategic plan was developed and IEC programmes on cholera, H1N1 and diarrhoeal diseases implemented

5. Non-Communicable Disease Control

During the period under review, the Department implemented activities to improve the management of non-communicable diseases. The implementation plan for the diabetes declaration was put into action in 16 districts. This performance exceeded the 2009/10 target of nine districts.

The fourth draft of the elder abuse identification tool was completed. The finalisation of this tool was delayed following a decision to combine it with a series of other guidelines around the treatment of the elderly, and to publish and implement these as a single document.

All the designated psychiatric hospitals in the nine identified districts were audited for quality. Based on the findings from the audit, provinces developed and implemented quality improvement plans.

All nine provinces implemented the four pillars of the strategy to reduce the harmful use of alcohol which are: screening for alcohol at all PHC services; health warnings on all alcohol products; detoxification programmes; and raising awareness amongst communities. This exceeded the 2009/10 target of three provinces. Also, all nine provinces developed provincial mini-drug master plans as required by legislation. However, Provinces reached different stages of implementation during the reporting period.

The Department revised the National Oral Health Strategy, which will be consulted with stakeholders during 2010/11. The national secondary and specialised oral health care norms and standards were also developed. School oral health services were implemented in six provinces. On average, 21,3% of schools implemented school oral health services, with a focus on the 18 priority districts.

The Department continued to strengthen clinical forensic pathology services. All nine provinces implemented the Forensic Pathology Services regulations and code of guidelines. The finalisation of a national course curriculum for forensic officers was delayed owing to the withdrawal of two Technikons that initially expressed interest in offering the course.

During the period under review, the Department drafted the Cancer Registration Regulations, which were published for public comment in December 2009. These regulations will be promulgated in 2010/11, once the public consultation process has been completed.

During the reporting period, the Department had 165 dedicated clinical forensic medicine (CFM) centres spread over the nine provinces. This performance exceeded the 2009/10 target of 110 CFM centres.

The Forensic Chemistry Laboratory in Cape Town received accreditation from the accrediting body, the South African National Accreditation System (SANAS).

However, due to personnel shortages, the turnaround times for the blood alcohol and toxicology samples were not improved. This also impacted negatively on the performance of other functions of the state, for instance, the efficient administration of justice.

TABLE 1.13 Key objectives, indicators, targets and actual performance of the Non-Communicable Disease Control sub-programme

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
NON-COMMUNICABLE DISEASE CONTROL	Standardise organ transplant practices by developing guidelines, norms and standards guiding organ transplantation	Approved documents (i.e. policy, norms and standards) on organ transplantation completed	Policy on organ transplantation to be finalised and approved by March 2010	Draft on policy organ transplantation was completed
	Improve public education on organ donation by developing organ donation awareness strategy.	Organ donation awareness strategy finalised and implemented	9 provinces capacitated in the implementation of the organ donation awareness strategy; 10% increase nationally in transplantations	Provinces implemented awareness strategy with Organ Donor Foundations
	Strengthen health care for people with non-communicable diseases by re-orientating the health system to provide effective management of chronic diseases	Number of districts using the Long-term Care Service Model Framework	18 districts	16 districts
		Number of priority districts using the Implementation Plan for the Diabetes Declaration	9 districts	16 districts
	Prevent and manage elder abuse	Number of districts implementing the elder abuse tool	9 priority districts implementing the elder abuse tool	Implementation of the elder abuse tool in districts did not commence; fourth draft of the Elder Abuse Identification Tool completed
	Cancer registration regulation to be added	Promulgation of cancer registration regulations	Cancer registration regulations promulgated by March 2010	Cancer regulations were published on 31 December 2009 for public comment and the final draft was completed.

SUB-PROGRAMME	MEASURABLE OBJECTIVES	INDICATOR	TARGET 2009/10	ACTUAL PERFORMANCE (2009/10)
NON-COMMUNICABLE DISEASE CONTROL	Improve the quality of psychiatric services	Number of districts that develop plans to improve psychiatric services and submit written progress reports	9 districts	All the designated psychiatric hospitals in 9 districts were audited for quality. Improvement plans based on the findings are being implemented. Provinces have submitted written reports on each of the designated psychiatric hospitals in the 9 districts covered.
	Support provinces to implement the strategy to reduce the harmful use of alcohol developed and implemented	Number of provinces implementing the strategy to reduce the harmful use of alcohol	3 provinces implementing the strategy to reduce the harmful use of alcohol	All 9 provinces are implementing the four pillars of the strategy to reduce the harmful use of alcohol.
	Support provinces to implement the Health Mini Drug Master Plan	Number of Provinces implementing the Health Mini Drug Master Plan	4 Provinces implementing the Health Mini Drug Master Plan	All 9 provinces have developed provincial Mini Drug Master Plans as required by legislation and are at different stages of implementation.
	Implement a uniform National Oral Health Strategy (NOHS)	Number of provinces implementing the revised NOHS	Revised NOHS, and consulted with stakeholders	The NOHS strategy has been revised. Consultation with key stakeholders is still outstanding.
	Improve quality of secondary and specialised oral health care services at level 1 and 2 hospitals	Number of provinces implementing the Secondary and Specialised Oral Health Care Norms and Standards	National Secondary and Specialised Oral Health Care Norms and Standards approved by TC of NHC	National Secondary and Specialised Oral Health Care Norms and Standards available; approval by TC of NHC still outstanding
	Increase number of schools implementing School Oral Health Services programmes	Percentage of schools in the 18 priority districts implementing School Oral Health Services programmes	60%	21,3 % of schools in priority districts implemented the School Oral Health programmes; data received from 6 provinces