

STATEMENT BY THE ACTING DIRECTOR-GENERAL



OVERVIEW OF PERFORMANCE IN 2009/10 AND PRIORITIES FOR 2010/11-2012/13

This Medium-Term Strategic Plan of the National Department of Health (DoH) sets out the planned performance of the Department during the period 2010/11-2012/13.

The National DoH remains firmly focused on the implementation of the 10 Point Plan for the health sector, which as the Minister has indicated, consists of the following priorities:

- i. Provision of Strategic leadership and creation of a social compact for better health outcomes;
- ii. Implementation of National Health Insurance (NHI);
- iii. Improving Quality of Health Services;
- iv. Overhauling the health care system and improve its management;
- v. Improving Human Resources Management, Planning and Development;
- vi. Revitalization of infrastructure;
- vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
- viii. Mass mobilisation for better health for the population;
- ix. Review of the Drug Policy; and
- x. Strengthening Research and Development.

The Department will also accelerate delivery on the four key areas expected from the health sector in the revised outcome-based Medium-Term Strategic Framework (MTSF) for 2009-2014 namely, increasing life expectancy; combating HIV and AIDS; decreasing the burden of diseases from Tuberculosis and improving Health Systems Effectiveness, and produce 20 outputs. These focal areas are consistent with the health related Millennium Development Goals (MDGs), which the United Nations (UN) expects nations of the world to attain by 2015.

A review of milestones attained in the execution of the 10 Point Plan during 2009/10, which was the first year of implementation, reflects that steady progress is being made in important areas.

Provision of Strategic Leadership and the Creation of a Social Compact for better Health Outcomes

The key thrust has been the governance of the national health system. The National Health Council, led by the Minister, has provided stewardship for health sector policy formulation. New policies were developed in several areas including HIV and AIDS – aimed at massively scaling up access to Antiretroviral Treatment (ART); integration of related health programmes; and placement of a moratorium of the acquisition of Information Communication Technology (ICT) until the finalisation of the ICT strategy. This will assist the health sector to channel its resources efficiently, based on an agreed strategy. In 2010/11, the Department will convene a National Consultative Health Forum, at which a social compact with South Africans about measures to improve health outcomes, including active community participation, will be adopted.

Introduction of the National Health Insurance (NHI)

A solid foundation is being laid for the introduction of National Health Insurance (NHI). A dedicated NHI technical support unit was also established within the Department to steer the implementation of NHI. A 27-member Ministerial Advisory Committee on NHI was established in terms of the National Health Act of 2003 in September 2009. NHI policy proposals were also presented to Cabinet. During 2010/11, NHI policy will be finalised and public consultations conducted. The proposed NHI legislation will be submitted to Cabinet and processed through Parliament.

Improving Quality of Health Services

Continuous efforts will be made to prepare health facilities for the implementation of National Health Insurance (NHI). This implies, amongst others, improving the quality of our health services, Health Information Systems and our Information and Communication Technology (ICT). A draft ICT strategy has been produced. The National Core Standards for health facilities, which were first produced in 2008, and used to assess 27 hospitals, were revised in 2009. These standards will be finalised in 2010/11, and used to audit 75% of health establishments by 2012/13. Quality improvement plans will be developed in 70% of all public sector facilities by 2012/13, focusing on improving six key areas namely: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes. A survey will also be commissioned in 2010/11 to assess waiting times in health facilities. By 2012/13, 90% of public sector hospitals will be conducting patient satisfaction surveys.

Overhauling the health care system and improving its management

The Department will over the next three years implement a two pronged approach to overhaul the health system. The first will entail refocusing the health system on primary health care. The second seeks to improve the functionality and management of the health system. The department will ensure that the health system is managed by appropriately trained and qualified managers. Initial focus will be on hospital Chief Executive Officers (CEOs), senior managers and district managers. Their skills and competencies will be assessed independently and where skills gaps are identified, appropriate training will be provided. Appropriate delegations will also be given to eligible managers. One of the Department's key objectives for 2010/11 is to improve budget and expenditure monitoring, and the provision of support to Provinces. A Financial Management Improvement Plan has been developed to improve audit outcomes in all Provinces and provide dedicated support to all Provinces. This is intended to enhance financial management and improve audit outcomes.

Improving Human Resources Planning, Development and Management

During 2009/10, an agreement was reached in the bargaining council about the implementation of Occupation Specific Dispensation (OSD) for medical doctors, dentists, pharmacists and Emergency Medical Services (EMS) personnel. During 2010/11-2012/13, the Department will do even more to

strengthen Human Resources (HR) Planning, Development and Management. The review of the current Framework for HR Planning will be completed, and a revised and updated HR Plan will be produced. This will be informed by the needs of the country, as well as our capacity to produce health professionals. The Department will also continue to support all Provinces to finalise and implement their HR Plans consistent with the National Plan. The policy framework on Community Health Workers will be finalised in 2010/11.

Revitalisation of infrastructure

The National DoH commenced with the development of a comprehensive National Infrastructure Plan, in conjunction with National Treasury. Key aspects of this process include: (i) a review of the available Hospital Revitalisation and Infrastructure Grant Plans to show the current financial backlog; (ii) collection and collation of information on the remaining facilities that are not part of these grants; (iii) assessment of the backlog of facilities that need major upgrades and minor repairs. A need also exists to improve the maintenance of health facilities. A strategy will be developed to meet the set maintenance target of 3-5% of the infrastructure budget.

During 2010/11 the department will focus on three areas of infrastructure revitalisation. These are: (i) accelerating the delivery of health infrastructure through Public Private Partnerships (PPPs) especially for the construction of the Tertiary Hospitals; (ii) Revitalising primary level facilities; and (iii) accelerating the delivery of Health Technology and Information Communication Technology (ICT) infrastructure.

Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases

Health programmes constitute the crux of service delivery to users of health services. Access to Antiretroviral Treatment (ART) was improved during 2009/10. By October 2009, a total of 939,722 patients had been initiated on ART, of which 83,454 were children. This compares favourably to October 2008, when only 630,775 patients had commenced with ART, of which 56,279 were children.

As the Minister has indicated, the health sector will over the next planning cycle introduce new policies and strategies to combat HIV and AIDS and TB. This is in line with the announcement made by the President of the Republic on World AIDS Day 01 December 2009.

Antiretroviral Treatment will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival. Access to Antiretroviral Treatment (ART) for people co-infected with TB and HIV will also be enhanced, with ART being initiated at a CD4 count of 350 or less. Through implementation of these policies, it is anticipated that between 400,000 and 550,000 new patients will be placed on treatment annually during 2010/11-2012/13. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS.

The provision of dual therapy to prevent mother to child transmission of HIV will also be strengthened. Primary prevention will also remain the mainstay of efforts to combat HIV and AIDS. Access to condoms at health facilities and non-clinical sites will be enhanced, and targeted behavior change strategies will be implemented. The South African National AIDS Council (SANAC) will continue to provide leadership over multisectoral interventions to provide care, support and treatment to people infected and affected by HIV and AIDS.

Mass mobilisation for better health for the population

The health sector will continue to ensure that children less than one year of age are fully vaccinated against Pneumococcal infection and Rotavirus. International evidence has shown this to be an effective intervention in ensuring child survival, together with other key strategies. The increased contribution

of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In South Africa, emerging evidence from empirical studies estimates that NCDs account for 11-13% of our BoD. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well as co-ordinated intersectoral interventions to reduce intentional and unintentional injury.

Review of the Drug Policy

In terms of the drug supply and management system of the public health sector, the National DoH monitors ability of suppliers/tenderers to supply medicines. During 2009/10, a 12% stock out of the 45 Antiretroviral medicines (ARVs) on tender, measured in 9 provinces (405 items), and a 21.8% stock out of the 35 TB medicines on tender measured in 9 provinces (315 items) on tender were reported. Factors influencing drug stock outs included: financial constraints and insufficient budget allocation for pharmaceuticals at provincial level; suspension of accounts and suppliers not adhering to lead times. During 2009/10, the Department secured an additional R900 million from the national fiscus to support Provinces with the acquisition of ARVs, to ensure that patient care was not compromised. The Department will continue to support Provinces with accurate cost estimates for both ARVs and TB medicines.

Strengthening Research and Development

Two key objectives of the health sector for the next three years are to complete the South African Demographic and Health Survey (SADHS) 2010, as well as to initiate planning for the SADHS 2013. These national surveys which will provide reliable data on the health status of South Africans. Funding for this purpose has not been allocated from the national fiscus, and will be mobilised from other sources. The Department will also conduct the Annual National HIV and Syphilis Prevalence Surveys.

Conclusion

The health sector has started recording milestones towards the 10 Point Plan for 2009-2014. Key challenges remain, which were also outlined above, and which will be responded to in the interventions planned over the MTEF period. The Department's strategies for the planning and implementation cycle 2010/11-2012/13 are outlined in subsequent chapters of this Strategic Plan. Health and development are intricately linked. The goal of improving health outcomes and accelerating progress towards MDGs is not solely dependent on health sector interventions, but is equally determined by factors that lie outside the health sector, such as access to education, water and sanitation amongst others. Intersectoral action is required to accelerate progress towards achievement of the health-related MDGs.



DR. K.S. CHETTY
ACTING DIRECTOR-GENERAL
DATE: 24/02/2010