



PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

PURPOSE

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

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.

4. MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

During the reporting period, the Department implemented a range of interventions aimed at reducing factors contributing to maternal and child mortality, as well as to improve women's health.

Key interventions to improve maternal health included the implementation of the recommendations of the Confidential Enquiries into Maternal Deaths (CEMD) listed in the Saving Mothers and Saving Babies Reports 2002-2004, which were implemented by 85% of health institutions across provinces. There were variations between provinces, and an audit of the implementation of these recommendations is essential to identify key areas needing strengthening. Ninety-five percent (95%) of maternal service facilities had health care providers trained in the Prevention of Mother-to-Child Transmission (PMTCT), which exceeded the 2007/08 target of 60%.

Health service delivery to women was also improved. Cervical cancer screening coverage of 30% was attained, which exceeded the 18.6% achieved by the end of 2006/07. Forty-five percent (45%) of Community Health Centres (CHCs) were authorised to provide Choice on Termination of Pregnancy (CTOP) services in 2007/08, which marked an increase from the 25% recorded in 2006/07. About 70% of health facilities authorised to provide CTOP services, actually provided them during 2007/08.

A package of strategies to improve child health was implemented. A national immunisation coverage of 84% was achieved. Only 28 laboratory confirmed measles cases were identified in 2007/08, which was consistent with the Department's target of reducing measles cases by 50% from the 616 cases reported in 2005. An Annual Update on Polio Free Certification was prepared and submitted to the Africa Regional Certification Committee (ARCC) of the World Health Organisation (WHO) in July 2007. A Wild Poliovirus Outbreak and Importation Preparedness Plan was developed and submitted together with the Annual Update on Polio Free Certification to the ARCC of the WHO. As it was the case in 2006/07, a total of 225 of the 545 health facilities with maternity beds (41.3%) were declared as baby friendly.

The health sector continued to expand the implementation of the Integrated Management of Childhood Illnesses (IMCI) Strategy. As it was the case in 2006/07, health care providers in 71% of health facilities across the country were trained in the IMCI strategy in 2007/08. However, a relatively higher turn-over rate was also noted amongst IMCI trained nurses, partially influenced by their newly acquired skills. IMCI is a key strategy for improving child health, and training will continue to be implemented in future. Over 50% of PHC facilities implementing IMCI also had at least one IMCI practitioner updated or trained on the Comprehensive Plan for HIV and AIDS Care, Management, Treatment and Support. The proportion of districts implementing the Household and Community Component of IMCI also increased from 72% in 2006/07 to 84% in 2007/08.

Nutrition interventions to improve child health were also strengthened. Vitamin A supplementation was provided to 100% of children aged 6 to 12 months; over 25% of children aged 13 to 60 months and to almost 60% of post-partum mothers.



To curb the probability of genetic disorders, health care providers in 62% of districts (32 of the 52) underwent genetics training in 2007/08, which was higher than the 54% attained in 2006/07. Also, 39 of the 52 districts (75%) implemented the new standardised birth defects data collection tool, which marked an increase from the 63% achieved in 2006/07. However, the training of health workers according to the Reach Every District (RED) strategy is proceeding slower than anticipated. About 20 of the 52 districts (38.5%) had staff trained in implementing the RED Strategy in 2007/08, against a target of 50% for 2007/08. This will be strengthened going forward.

Twenty percent (20%) of millers (60 of 300) complied with food fortification regulations, against a target of 30% for 2007/08. Challenges experienced included inadequate capacity of the laboratories to analyse food fortification samples as a result of competing needs. Monitoring of the food fortification programme has been identified as one of the priority activities for 2008/09.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Improve women's health and reduce maternal and neonatal mortality and morbidity	% of institutions implementing recommendations from Saving Mothers and Saving Babies reports	85%	85%
		% of facilities conducting monthly maternal and perinatal morbidity and mortality review meetings	60%	45%
		% of institutions implementing PPIP (Perinatal Problem Identification Programme)	40%	40%
		Cervical cancer screening coverage (%)	20%	30%
		% of PHC facilities with providers trained in pap smears	30%	30%
	Support CTOP implementation	% of community health centres authorised to provide CTOP services	30%	45%
		% of approved hospitals providing CTOP	70%	70%
	Support implementation of a comprehensive sexual assault care service	% of hospitals rendering services for survivors of sexual assault	100%	100%
		% of CHCs rendering services for survivors of sexual assault	30%	45%



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Support implementation of a comprehensive sexual assault care service	% of designated, specialised 24 hours sexual assault services offering sexual assault care to survivors	20%	Specialised 24 hour sexual assault services were not implemented during the reporting period.
		% service providers trained and providing sexual assault care	20%	A Sexual Assault Training Curriculum and Training Manuals were completed in collaboration with the Medical Research Council. Training of service providers will commence in the next planning cycle
		% of maternal service facilities with providers trained in PMTCT and ARV programmes	60%	95% PMTCT 65% ARVs
	Improve access to ARVs for pregnant women	% of public hospitals that offer PMTCT	100%	100%
	Improved interventions to deal with HIV and AIDS	% of CHCs that offer PMTCT	90%	92%
	PCR test services available to all babies born to HIV positive mothers	% of PCR test done to all babies born to HIV positive mothers	20%	30%
	Reduce infant, child youth and adult morbidity and mortality caused by genetic disorders/ birth defects	% of districts with at least one genetically trained health care provider	60%	62%
		% of districts implementing the new standardised birth defects data collection tool	50%	75%
	Improved immunisation coverage	% of health districts with more than 90% full immunisation coverage	70%	A national immunisation coverage of 84% was achieved
		Measles vaccine coverage	70% in 80% of districts	62% of districts have a measles coverage of 70% or more
	Decreased vaccination drop out rate	DPT3 to Measles vaccine dropout rate	20% in 80% of districts	81% of districts have a DPT3 to Measles vaccine dropout rate of 20% or less
	Implemented Reach Every District (RED) Strategy	% of districts with staff trained in implementing the RED strategy	50%	39%
	Polio outbreak and importation preparedness	Polio Free Certification Documentation accepted by the African Regional Certification Commission	Annual Update of Polio Free Certification documentation prepared and submitted to ARCC and Laboratory Containment Tender conducted	Annual update prepared and submitted to ARCC by 20 July 2007. Laboratory Containment Tender closed on 28 March 2008
		Wild Poliovirus Outbreak and Importation Preparedness Plan developed and implemented	Wild Poliovirus Outbreak and Importation Preparedness Plan updated and implemented by March 2008	Importation preparedness plan updated and submitted with Annual Update Report
Achieved Measles elimination	% reduction in measles cases, compared to 2005 RSA cases	Reduce by 50% of 2005 cases (616 cases)	28 laboratory confirmed measles cases reported from April 2007 to March 2008	



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)	Reduce infant and under five morbidity and mortality	% of facilities that are saturated with IMCI health care providers i.e. 60% of health care providers managing children trained in IMCI	70%	71%
		% of health districts implementing the household and community component of IMCI	80%	83%
		% of health districts implementing phase one of the school health policy	80%	100%
	Reduce adolescent and youth morbidity and mortality	% of PHC facilities accredited as Youth Friendly services	50%	41%
		% of PHC facilities implementing Youth Friendly Services	50%	20%
	Support training on management of severe malnutrition at provincial level	Number of provinces in which conducted training on WHO ten steps to manage severe malnutrition was conducted	Five of nine provinces	Four of five (80%)
	Monitoring of coverage of Vitamin A supplement	% of children 0-60 months and post-partum mothers receiving Vitamin A supplementation	6-12 months: 100% 13-60 months: 55% Post-partum: 65%	6-12 months: 100% 13-60 months: 26% Post-partum: 58%
	Facilitate and coordinate monitoring of millers for food fortification	% of millers complying with fortification regulations	30% (90 of 300)	20% (60 of 300)
	Implementation nutrition framework for PLWHA	Number of accredited service points implementing nutrition framework for PLWHA	100% (362 facilities)	100% (362 facilities)
		Number of educational campaigns conducted/participated	Four	Two
	Conduct campaigns on key nutrition priorities such as obesity	Number of media articles on childhood obesity published	Two	Two
	Support and facilitate introduction of new BFHI tool	% of health facilities with maternity beds declared as baby friendly	40% (218 of 545)	41.3% (225 of 545)



5. PHARMACEUTICAL PROGRAMMES AND PLANNING (PPP)

During the reporting period, the Department continued to ensure the reliable supply of safe and affordable medicines at all health facilities.

Notable progress was made towards the review of Primary Health Care Standard Treatment Guidelines and the Essential Drug List (EDL), 2003 edition, as well as the development of an EDL list for quaternary services.

In keeping with the 2007/08 target, no stock-outs of antiretroviral (ARV) medicines were experienced in the facilities accredited for the delivery of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT). Similarly, no stock-outs of TB drugs were reported at depots in 2007/08. In an endeavour to curb the high costs of medicines, a dispensing fee was published by the Department in 2007/08, but it encountered a legal challenge from the pharmaceutical professionals. As a result of Departmental policies, a 20% reduction in the prices of medicines was observed.

A draft benchmarking methodology was gazetted in 2007/08, to facilitate scientific comparisons of medicine prices in South Africa and four other countries: Australia, Canada, New Zealand and Spain. The Medicine Pricing Committee, which operates in terms of the Medicines and Related Substances Control Act, invited and received comments from key stakeholders in the pharmaceutical industry, which were incorporated into the revised methodology. In 2007/08, the Medicine Pricing Committee established a subcommittee on pharmacoeconomics, which was instrumental in drafting the guidelines for economic analysis. Progress was also made towards the development of a methodology for economic analysis acceptable to all key stakeholders in the supply chain of medicines.

Health Technology regulations were developed in 2007/08, and prepared for the legislative process. These aim to provide a legal framework to the health sector in the acquisition of health technology. A draft policy on African Traditional Medicine (ATM) was developed. An audit of institutions undertaking research on traditional medicine was also conducted.

The key challenge experienced by the Department in ensuring the availability of pharmaceuticals in 2007/08, was the shortage of pharmacists. This impacted adversely on the capacity of the Department to perform certain functions including: conducting in-house reviews of medicines without outsourcing; inspection and licensing of premises for pharmacies and the inspection and licensing of authorised prescribers. It is anticipated that the implementation of the Occupation Specific Dispensation (OSD) for pharmacists will in future assist in alleviating this impediment.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
PHARMACEUTICAL PROGRAMMES AND PLANNING	Review of Primary Health Care STG/EDL 2003 edition	% of review covered	90%	80%
	Compile a quaternary EDL	% of list compiled	70%	60%
	Review of Hospital Level STG/EDL for Adults 2006 edition	% of book reviewed	0	0%
	Review of Hospital Level STG/EDL for Paediatrics 2006 edition	% of book reviewed	0	0%
	Implementation of Essential Drugs Programme	Number of advocacy sessions held in provinces	Nine	Nine
	Strengthen capacity building for in house reviews	% of reviews completed without outsourcing	15%	0%
	Eliminate stock outs of ARV medicines in all accredited facilities	0% stock out	0%	0%
	Eliminate stock outs of TB drugs at facilities	0% stock out	0%	0%
	Tracking system for distribution of pharmaceuticals to track and trace drugs through the supply chain to ensure that it reach the intended source (patient level)	% efficient tracking of pharmaceuticals	80%	40%
	Inspection and licensing of premises for pharmacies	% of pharmacy licences issued against applications received (over a three month period)	100% of applications that meet requirements for licensing	11%, due to a shortage of pharmacists
	Monitoring and evaluation of the opening vs closure of community pharmacies	Number of reports submitted reflecting total number of licences issued to new community pharmacies	Four	One
	Inspection and licensing of authorised prescribers	% of dispensers licensed against completed applications received	100% of applicants that meet requirements for licensing	53%
		% of licensed dispensers inspected within the three year period	70%	1%, due to a shortage of pharmacists to do the inspections
	Develop policy on Traditional Medicine	Policy document	50% completion of Policy on African Traditional Medicine (ATM) for South Africa	Draft Policy Document on ATM compiled
	Government Gazette publications of metro / district municipalities authorisations	% of Metro / district municipalities authorised	60%	59%
Conduct risk assessments to determine the toxicology of agricultural/stock remedies for food safety purposes	% of completed toxicological evaluations as referred by the Registrar: Act 36 of 1947	60%	57%	



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
PHARMACEUTICAL PROGRAMMES AND PLANNING	Develop and implement a national policy for South Africa's participation in the Codex Alimentarius Commission	Implementation of the national policy for South Africa's participation in the Codex Alimentarius Commission	Draft national policy for South Africa's participation in Codex adopted by the National Codex Committee	- Draft Strategic Objectives circulated to NCC members
	Health Technology (HT) Regulations published and report prepared on implementation	HT Regulations approved by Cabinet and published	HT Regulations submitted to Parliament	- Draft regulations produced
	Compile Essential Equipment Lists and facilitate use by provinces	Essential Equipment Lists compiled and available to provinces	Essential Equipment Lists (EEL) compiled and available to provinces	- EELs being compiled
	Health Technology (HT) Regulations published	HT Maintenance and HT Management in provincial hospitals	Report on the implementation of maintenance objectives	- HT Maintenance and Management Guidelines developed and distributed to provinces
	HT Planning Guidelines accepted by provinces	Implementation of guidelines by provinces	50% implementation of guidelines by provinces	- Guidelines developed and disseminated to Departments
	Proclaimed fee for dispensing	Fee to be monitored with the intention of reviewing annually starting 2007	First review report	- Dispensing fee was published but encountered a legal challenge from the pharmacy profession - A court date has been set for October 2008
	Methodology for benchmarking accepted by every one in supply chain	Draft benchmarking methodology gazetted	Draft benchmarking methodology gazetted by March 2008	- Draft methodology was gazetted for comment - The Pricing Committee has finalised the methodology
	Methodology for economic analysis accepted by everyone in the supply chain	Draft methodology to be gazetted	Methodology for economic analysis gazetted by March 2008	- Pricing Committee has established a subcommittee on pharmacoeconomics - Draft guidelines for economic analysis have been developed



6. MEDICINES REGULATORY AFFAIRS

During the reporting period, the Department awarded a tender for the development of an Electronic Document Management System (EDMS) to accelerate the registration and re-registration of medicines every five years. This system will perform numerous and diverse functions to speed up the medicine registration processes. The Department also commenced with workflow specifications and software configuration.

At an international level, the Department obtained membership of the Pharmaceutical Inspection Cooperation Scheme (PIC/S) on 1 July 2007. The Department also established relations with the Canadian Medicine Regulatory Authority, to facilitate the exchange of lessons and expertise.

In 2007/08, all existing technical staff in the field of medicines regulatory affairs were trained to conduct technical evaluations for Section 21 applications. This helped to ensure that 100% of Section 21 applications were evaluated in-house. Furthermore, 70% of quality evaluations of medicines and 100% of Bioequivalence (BE) protocols were conducted in-house.

As was the case in the area of pharmaceutical policy and planning, the key challenge that confronted the Department with regard to the regulation of medicines was the high vacancy rate in the posts of pharmacists. This impacted negatively on the internal capacity of the Department to evaluate applications for clinical trials and for pharmacovigilance, as well as the Patient Information Leaflet (PIL).

Several measures were implemented to address this, including the training of all technical staff in medicine regulation to conduct evaluation of applications for clinical trials and pharmacovigilance. Efforts were also made to fast track the filling of vacant posts of pharmacists.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MEDICINES REGULATORY AFFAIRS	Implementation of an Electronic Document Management System (EDMS) to accelerate the registration and re-registration of medicines every five years	EDMS developed and implemented	Award tender for software by March 2007	Tender awarded Commenced with workflow specifications and software configuration
	Build staff capacity for evaluation of the quality aspects of medicines	% of evaluations performed in-house	At least 70% evaluations performed in-house	70% of quality evaluations conducted in-house by December 2007
	Build capacity for the evaluation of bioequivalence protocols	% of evaluations performed in-house	At least 70% evaluations performed in-house	100% of Bioequivalence (BE) protocols had been evaluated in house by December 2007
	Complete guidelines and systems for the registration of alternative and complementary medicines	% completion of guidelines and systems for the registration of alternative and complementary medicines	80% of guidelines and systems completed	Systems not completed. Legal guidance is needed for the finalisation of the Regulations for complementary and alternative medicines
		% of guidelines and systems for the registration of Traditional Medicines	80% of guidelines and systems completed	The African Traditional Medicines Committee continued to work on the Draft Guidelines, which will be aligned to the general, complementary or alternative regulations of the Medicines Regulations Act; 101 of 1965
Establish working relationships with international regulatory authorities for exchange of regulatory information	Number of authorities with which relationships have been established	Relationship established with at least one international regulatory authority	Canadian Medicine Regulatory Authority furnished the Department with information on how the re-registration of medicine is handled in Canada	



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MEDICINES REGULATORY AFFAIRS	Acquire membership of Pharmaceutical Inspection Cooperation Scheme (PIC/S)	Membership of PIC/S acquired building on the recommendations of the PIC/S assessment (September 2006)	Report on the implementation of the PIC/S recommendations compiled	Obtained PIC/S membership on 1 July 2007
	Improve in-house technical capacity of the Inspectorate	Provide technical training by external GMP/GCP expert on GMP/GCP inspections	60%	- Internal technical training for newly appointed GMP/GCP Inspectors completed
	Implement a system to deal with Patient Information Leaflet (PIL)	System developed	100%	System completed
		% PIL's evaluated	60%	Only 25% PIL's evaluated in-house, due to a lack of sufficient pharmacists
	Build staff capacity to do technical screening and evaluation in Section 21 applications, clinical trials and pharmacovigilance evaluations	% of each application evaluated in-house: Clinical Trails	30%	40% completed, due to a lack of sufficient pharmacists. But four posts were advertised
		% of each application evaluated in-house: Pharmacovigilance	50%	30% completed, due to lack of sufficient pharmacists
		% of each application evaluated in-house: Section 21	40%	100 % done in-house
		% of in-house staff trained to conduct technical evaluations: Clinical Trails	50%	100% of staff trained
		% of in-house staff trained to conduct technical evaluations: Pharmacovigilance	50%	100% of staff trained
		% of in-house staff trained to conduct technical evaluations: Section 21	50%	100%
		Finalise guidelines to do evaluation of clinical data for registration purpose and start implementation	% completion of guidelines	100%
	% in-house staff trained		50%	100% of staff trained



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MEDICINES REGULATORY AFFAIRS	Finalise guidelines to do evaluation of clinical data for registration purpose and start implementation	% of clinical dossiers evaluation in-house	30%	10% completed, due to lack of sufficient pharmacists
	Develop Pharmacovigilance plan for monitoring XDR TB Drugs	% implementation of the Pharmacovigilance plan in place for monitoring XDR TB Drugs	50%	Implemented, but lack of staff to do monitoring impeded progress



7. HIV AND AIDS AND STIs

During the reporting period, the collective efforts of the public health sector to curb the impact of HIV and AIDS continued to yield the desired outcomes. The findings of the 2007 Antenatal (ANC) Survey reflected that HIV prevalence decreased from 29.1% in 2006 to 28.0% in 2007. This represents a 1.1% reduction in HIV prevalence from 2006 to 2007 and a 2.2% decrease from 2005 to 2007.

HIV prevalence in the 15-19 year age group decreased from 13.7% in 2006 to 12.9% in 2007. This suggested that key messages from the public sector were reaching young people in South Africa. A decrease was also observed in the 25-29 year age group from 38.7% in 2006 to 37.9% in 2007. Prevalence in the 20-24 year age group was relatively unchanged from 28.0% in 2006 to 28.0% in 2007. There were increases in the 30-34 year age groups from 37.0% in 2006 to 40.2% in 2007 and in the 35-39 year age group an increase from 29.3% in 2006 to 33.2% in 2007.

Provincial estimates generally reflected a reduction in prevalence, for instance, in KwaZulu-Natal, Limpopo, Western Cape and Eastern Cape. Others remained relatively stable. However, two provinces, Free State and Northern Cape reflected increased prevalence. These trends indicate that although steady progress is being made, key challenges still lie ahead.

Prevention remained the cornerstone of the comprehensive interventions to combat HIV and AIDS, and Sexually Transmitted Infections (STIs). Ninety-two percent (92%) of public health facilities offered Voluntary Counselling and Testing (VCT) Services, compared to 91% attained in 2006/07. Ninety-five percent (95%) of health facilities provided the Prevention of Mother-to-Child Transmission (PMTCT) Services, which marked a notable increase from the 90% recorded in 2006/07.

A total of 3.6 million female condoms were distributed, which exceeded the 2007/08 target of 3.5 million female condoms. More than 308 million male condoms were also distributed, against a 2007/08 target of 425 million. The recall and disposal of defective male condoms manufactured by Zalatex and Kohrs Local affected the distribution. A national STI partner notification rate of 97.2% was also achieved.

The South African National AIDS Council (SANAC) held three plenary meetings in 2007/08, and continued to provide advice on the implementation of the National Strategic Plan for HIV and AIDS.

Key challenges during the reporting period included the fact that although the STI partner notification rate was almost 100%, the national STI partner tracing rate was much lower at just over 20%. Very few sub-districts established palliative care centres and programmes.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HIV AND AIDS AND STIs	Improved Interventions to deal with HIV and AIDS	National Strategic Plan for HIV and AIDS for 2007-2011 completed	Finalise National Strategic for HIV and AIDS 2007-2011	NSP finalised and disseminated
		% of public health facilities offering VCT	100%	92%
		Number of male condoms distributed	425 million	308.5 million
		Number of condoms distribution to male population 15 years and above per annum	10	9.1
		Number of female condom distribution sites	340	245
		Number of female condoms distributed	3.5 million	3.6 million
		National STI partner notification rate	100%	97.2%
		National STI partner tracing rate	40%	21.8%
		% of health facilities offering PMTCT	100%	95%
		Proportion of districts with turn around time of six days or less (CD4 test)	90%	95%
		% sub-districts with at least one accredited service point for the comprehensive plan	80%	84%
		% of sub-districts with HCBC programmes	80%	75%
		% of sub-districts with palliative care centres	60%	7%
		% of sub-districts with PLHA focused programmes	70%	50%



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
SANAC	Strengthened partnerships and improved national multisectoral response to HIV and AIDS in South Africa	Number of SANAC multisectoral meetings held	Three	Three meetings



8. TB CONTROL AND MANAGEMENT

In 2007/08, the Department implemented a diversity of interventions to manage tuberculosis, and its more severe strains, MultiDrug Resistant (MDR) -TB and Extreme Drug Resistant (XDR) -TB.

In terms of the WHO recommended reporting system for tuberculosis control programmes treatment outcomes can only be measured after a year. The national average TB cure rate increased from 57.7% in 2005 to 62.3% in 2006.

The Department continued to monitor four districts in which the TB Crisis Management Plan was implemented, namely Nelson Mandela Metro and Amathole District (Eastern Cape), City of Johannesburg (Gauteng) and Ethekewini (KwaZulu-Natal). Three of the four districts registered improved TB cure rates for the year 2006/07. These were: City of Johannesburg (71.7%) which slightly exceeded the 2006/07 target of 70% and the baseline of 61% Nelson Mandela Metro (59.1%), which also exceeded the target of 55% for 2006/07, and the baseline 42%; and Ethekewini Metro (50.5%), which was consistent with the 2006/07 target of 50% , and higher than the baseline of 32%. However, Amathole District lagged behind with a cure rate of 41.1%, against a 2006/07 target of 50%, and a baseline of 31%.

Some improvement was also observed in the support provided by laboratory services to the national efforts to curb tuberculosis. About 53% of health facilities had a Turn-Around-Time (TAT) for laboratory specimen of 48 hours or less in 2007/08. This exceeded both the 2006/07 figure of 47.7%, and the 2007/08 target of 50%. However, it is evident that the TAT needs further improvement.

86.8% of TB patients were placed on Directly Observed Treatment (DOT) in 2007/08, which exceeded the 2006/07 figure 95.2% of Pulmonary TB suspects had their sputum tested, which was slightly lower than the 99.1% achieved in 2006/07. Only seven percent of new smear positive PTB patients defaulted treatment in the intensive phase of treatment in 2007/08, which was consistent with the 2007/08 target of less than 10. The Department also established TB Tracer Teams in February 2008 in districts with high defaulter rates.

The Department also enhanced its interventions to address TB and HIV co-morbidity. Eighty percent (80%) of TB patients were tested for HIV in 2007/08, which exceeded the 2007/08 target of 35%. Furthermore, 79.5% of TB and HIV co-infected patients were placed on Cotrimoxazole Prophylaxis (CPT), of 2007/08, against the 2007/08 target of 80%.

Collaboration with other countries in the management and control of TB was also enhanced. Provinces implemented the standardised regional referral protocols, aimed at strengthening referral systems across borders.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
TB CONTROL AND MANAGEMENT	Improve the TB treatment outcomes	Cure Rate	55% NMM 50% Amathole 50% eThekwini 70% COJ	· NMM : 59.1% · Amathole : 41.1% · eThekwini : 51.3% · COJ : 71.7% (Q4/2006)
		Smear Conversion Rate (SCR)	80% NMM 75% Amathole 75% eThekwini 90% COJ	· NMM : 55% · Amathole : 61.5% · eThekwini : 50.5% · COJ : 77.6% (Q3/2007)
	Ensure good quality of TB services	% of health facilities with a TAT of 48 hours or less	50%	· 53.3% (Q4/2007)
		% of facilities with a TAT for culture and DST of 12 weeks or less	40%	· No data collection systems in place
	Improve TB case detection	% of PTB suspects whose sputum was tested	100%	· 95.2% (Q4/2007)
		% of new smear positive PTB patients started on treatment	100%	· 89.6% (Q4/2007)
		% of new smear positive PTB patients who converted at two months (from positive to negative)	70%	· 54.7% (Q4/2007)
	Ensure adherence to treatment	% of TB patients on DOT	60%	· 86.8% (Q4/2007)
		% of new smear positive PTB patients defaulting at the end of the intensive phase of treatment	10%	· 7% (Q3/2007)
		% of new smear positive PTB patients who died during the intensive phase of treatment	<4%	· 3.1% (Q3/2007)
	Improve the detection of drug resistant TB	Number of MDR-TB patients started on treatment	4 000	· Data collection system not yet in place
		% of MDR-TB among re-treatment patients	6%	· Data collection system not yet in place
		% of MDR-TB among new patients	1%	· Data collection system not yet in place
		Number of XDR-TB patients started on treatment	400	· Data collection system not yet in place
		% of XDR-TB among all MDR-TB patients	5%	· Data collection system not yet in place



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
TB AND HIV COLLABORATION	Strengthen referral systems across borders	Number of provinces implementing the standardised regional referral protocols	9	9
	Offer counselling for HIV to 70% of TB patients	Proportion of TB patients tested for HIV	35%	· 53.0% (Q4/2007)
	Initiate TB prophylactic treatment (IPT) to 7% of co-infected patients	Proportion of PLWHA initiated on IPT	4%	· Data collection system not yet in place
	Provide Cotrimoxazole prophylaxis (CPT) to 60% TB and HIV co-infected patients	Proportion of TB and HIV co infected patients on CPT	80%	· 89.5% (Q4/2007)



9. NON-COMMUNICABLE DISEASES (NCDs)

The contribution of Non-Communicable Diseases to the Burden of Diseases in developing countries, including South Africa, has increased over the years. These diseases include various types of cancers, diabetes, hypertension and cardiovascular diseases. In 2007/08, the Department commissioned a national Burden of Diseases (BoD) Survey which was conducted in a representative sample of public and private health care facilities. The objectives of this survey were to describe the pattern and distribution of diseases, disabilities and injuries seen in the public and private health facilities using the ICD10 classification system, and to describe the pattern and distribution of risk factors recorded for diseases, disabilities and deaths. The Survey Report, which will be completed in the course of 2008 will provide reliable estimates of the contribution of non-communicable diseases to the national burden of disease.

The public health sector has also contributed significantly to improving the quality of life of the elderly. Significant progress was made with sight restoration through the Prevention of Blindness programme. A Cataract Surgery Rate (CSR) of 1 090 per million population was attained in 2007/08, against a target of 1 400 operations per million population. There was variation in the performance of provinces. CSRs of provinces such as Free State (1 591) and Western Cape (1 533) exceeded the national target set for 2007/08. Gauteng and the Northern Cape, with CSRs of 1 324 per million population and 1 360 per million population respectively, were not very far from the national target. The CSRs of the: Eastern Cape (1 022 per million population); KwaZulu-Natal (824 per million population); Limpopo (991 per million population); Mpumalanga (1 096 per million population) and North West (485 per million population) were below the national target. Furthermore, four provinces had at least one district providing Low Vision Services during the reporting period. These were: Eastern Cape (Amathole District); Limpopo (Vhembe); Mpumalanga (Ermelo) and Northern Cape (Kimberley). Five provinces namely Free State, Limpopo, KwaZulu-Natal, Limpopo and Western Cape had at least one district providing Refractive Services.

All nine provinces provided free health care for people with disabilities. Furthermore, seven of the nine provinces compiled assessment reports reflecting the accessibility of their health care facilities to people with disabilities. All nine provinces reduced the waiting period for a wheelchair to not more than eight weeks.

Progress was also made with the provision of infrastructure for Forensic Pathology Services. Amongst other milestones, 30% of planned new mortuaries and 95% of planned refurbished mortuaries were commissioned in 2007/08. Health and safety procedures were also put in place in 100% of mortuaries. The code of practice and the standard operating procedures were developed.

Key challenges during the reporting period included delays from the South African National Accreditation System (SANAS) in visiting and accrediting all alcohol laboratories managed by the Department.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
NON-COMMUNICABLE DISEASES (NCDs)	Expand the cataract surgery project	Number of operations conducted per million population (cataract surgery rate)	1 400/million population by December 2007	- 1 090 per million population
	Expand Low Vision Service (LVS)	Number of provinces with at least one district providing LVS	Four of nine provinces with at least one district providing LVS	· Four provinces - Mpumalanga (Ermelo), Limpopo (Vhembe), Northern Cape (Kimberley), Eastern Cape (Amathole)
	Strengthen Refractive Services (RS)	Number of provinces offering refractive services in one district	Four of nine provinces with at least one district providing RS	· Five provinces – Western Cape (Metropole), Limpopo, Free State, Mpumalanga, KwaZulu-Natal
	Adherence to national guidelines	Number of provinces monitoring the adherence to guidelines for the management of NCDs at PHC facilities	Four provinces supported to monitor adherence to NCD guidelines	· Three provinces, Eastern Cape; Free State and North West
	Strengthen free healthcare for disabled persons at hospital level	Number of hospitals implementing national guidelines and tools for free health care	75% hospitals implementing national guidelines and tools	· All provinces implemented national guidelines and tools
	Reduce waiting period for wheelchairs	Waiting period for wheelchairs in all provinces	Nine provinces with not more than eight weeks waiting period for wheelchairs	· All nine provinces had an average waiting period of not more than eight weeks for wheelchairs
	Improve accessibility of all health-care facilities to persons with disabilities	% of public health facilities assessed for accessibility	50% of all health facilities assessed for accessibility	· More than 50% of hospitals were assessed
	Participate in the Study on WHO Global Ageing and Adult Health (SAGE)	Implementation of results	Survey Report produced	· Data collection still in process
	Legalise water fluoridation and implement WF	Regulation on WF promulgated and implemented	Regulations on Fluoridating Water Supplies finalised	· Regulations developed and submitted to the Ministry of Water Affairs and Forestry for comment
	Assess implementation and outcome of NOHS	Report on the implementation in nine provinces of the NOHS compiled	Report with recommendations on the implementation of National Oral Health Strategy (NOHS) compiled by Strategic Review Panel (SRP)	· Report with recommendations compiled
	Oral health promotion strengthened	National Oral Health Promotion Framework (NOHPF) approved and implemented	Draft framework approved by NHC	· Document submitted to the Technical Committee of the National Health Council (NHC) for approval



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
NON-COMMUNICABLE DISEASES (NCDs)	National secondary and specialised oral health care norms and standards finalised	Finalised national secondary and specialised oral health care norms and standards	Document approved by Technical Advisory Committee of NHC	<ul style="list-style-type: none"> Document submitted to Technical Committee of the NHC for approval in December 2007
FORENSIC PATHOLOGY SERVICES	Complete the transfer of the Forensic Pathology mortuary service from SAPS to Health under the terms of Conditional Grant	% mortuaries fully commissioned	60%	<ul style="list-style-type: none"> 30% of planned new mortuaries commissioned 95% of planned refurbished mortuaries commissioned
	Complete the code of practice and develop into standard operating procedures (includes safety and health)	Code of practice implemented	Code of practice implemented in all existing mortuaries	<ul style="list-style-type: none"> Guidelines submitted to Technical Committee of the NHC for approval Health and safety procedures in place in 100% of mortuaries
	Progress towards SANAS accreditation	Laboratory accreditation achieved	Alcohol laboratories accredited	<ul style="list-style-type: none"> Accreditation documentation prepared Still awaiting visit from SANAS
	Upgrade/replace laboratories	New laboratories commissioned, staffed and equipped	Plan new Johannesburg laboratory	<ul style="list-style-type: none"> New laboratory plan replaced by refurbishment plan Refurbishment to Johannesburg laboratory was planned and agreed to with Provincial Public Works and will commence in 2008/09



10. MENTAL HEALTH

The Department continued to implement the Mental Health Care Act of 2002. All provinces established programmes for community-based mental health care.

Also, six provinces, Eastern Cape; Free State; Gauteng; Limpopo; KwaZulu-Natal and Western Cape established tertiary child and adolescent mental health services. This was essential to ensure that there were referral points for children with difficult mental health problems, as well as support to the periphery.

Infrastructure for the delivery of mental health services was also improved. All provinces had at least one psychiatric facility included in the revitalisation programme. A Health Mini Drug Master Plan was also drafted.

Regulations pertaining to the labelling of alcohol beverages were promulgated on 24 August 2007, and will come into force in February 2009, which was consistent with the 2007/08 target.

About 60% of district hospitals nationally were designated and equipped as 72-hour assessment facilities. Provinces reached various levels of progress towards this indicator, with some having already equipped 70% of their district hospitals to provide this service.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MENTAL HEALTH	Implementation of the Mental Health Care Act, 17 of 2002	Number of psychiatric facilities in the revitalisation programme	One additional site in each province	· All nine provinces have at least one psychiatric facility as part of the revitalisation programme
		% of district hospitals that are listed and equipped as 72 hour assessment facilities	70%	· 60%
		Number of provinces with a programme for Community Based Mental Health Care	Four provinces	· All nine provinces
		Number of provinces with a tertiary child and adolescent mental health service.	Six provinces	· Six provinces namely Eastern Cape; Free State; Gauteng; Limpopo; KwaZulu-Natal and Western Cape
		Prevent and decrease substance abuse	Master plan for substance abuse finalised	· Health mini drug master plan drafted
	Promulgate and implement regulations pertaining to the labelling of alcohol beverages	Regulations implemented	Regulations promulgated by March 2008	· Regulations promulgated by Minister. These come into force in February 2009



11. COMMUNICABLE DISEASE CONTROL

During the reporting period, Communicable Diseases Control Strategic Plans for 2010 were developed by eight of the nine Provinces, with the exception of Limpopo. This process is of vital importance, as the onus rests with South Africa as the host country to implement measures to eliminate all potential risks posed by communicable diseases during the FIFA Soccer World Cup. The Department developed the RSA-Zimbabwe malaria elimination strategy. There were however, delays in receiving inputs from Zimbabwe.

Intersectoral discussions were conducted with the Department of Water Affairs and Forestry (DWAF); the Department of Correctional Services and the South African Local Government Association (SALGA), about the development of intersectoral pandemic influenza action plans. Furthermore, five of the nine Provinces namely Eastern Cape; Free State; KwaZulu-Natal; Mpumalanga and Northern Cape developed multisectoral influenza preparedness implementation plans.

The Health Promotion and Communication strategy for Communicable Diseases was also drafted. Looking ahead, this strategy will be finalised, costed and implemented.

Key challenges encountered by the Department included a 28% increase in the number of malaria cases during the period April 2007 to March 2008 (7773 cases), compared to the period April 2006 to March 2007 (5596 cases). This was mainly due to malaria cases increasing in Limpopo Province. Also, 65 malaria-related deaths were reported between April 2007 and March 2008, compared to 37 malaria related deaths during April 2006 and March 2007.

The management and control of malaria has been recognised internationally as one of the key areas of success of the public health sector in South Africa. However, the outbreaks during 2007/08 indicate that the country cannot afford to be complacent, and should maintain its vigilant surveillance systems for both local and imported cases of malaria.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
COMMUNICABLE DISEASE CONTROL	Reduce malaria morbidity and mortality	% reduction in malaria cases and deaths annually	10% reduction in malaria cases and death annually	<ul style="list-style-type: none"> An increase of 28% in the number of malaria cases was observed from April 2007 to March 2008 (7 773 cases), compared to the same reporting period in April 2006 to March 2007 (5 596 cases). This was due to a Malaria outbreak in Limpopo Province · 65 malaria-related deaths were reported as from April 2007 to March 2008, compared to 37 malaria related deaths during the same reporting period in April 2006 to March 2007, with the Case Fatality Rates of 0.8% and 0.6% respectively
	Strengthen inter-country and cross border malaria control initiatives	RSA – ZIM malaria elimination strategy developed and implemented	Malaria elimination strategy developed and costed	<ul style="list-style-type: none"> Malarial Elimination strategy was developed
	Ensure country preparedness for the influenza pandemic	Multisectoral influenza implementation plans developed and implemented in the nine provinces	Facilitate finalisation and costing of multisectoral influenza implementation plans	<ul style="list-style-type: none"> Five of nine provinces (Free State, Eastern Cape, Mpumalanga, KwaZulu-Natal, and Northern Cape) developed their preparedness plans
	Facilitate country 2010 preparedness to prevent and respond to communicable diseases/outbreaks	2010 communicable diseases control plan developed and implemented in the nine provinces	2010 communicable diseases control plan finalised and costed	<ul style="list-style-type: none"> Eight of nine provinces (except for Limpopo) have submitted their plans
	Coordinate collaborative activities with relevant stakeholders	Plan of action drafted and implemented with the relevant stakeholders	Plan of action drafted between the Department, Dept of Agriculture, DWAF/ Local Government.	<ul style="list-style-type: none"> Meeting held with the Department of Correctional Services; Department of Water Affairs and Forestry (DWAF); South African Local Government Association (SALGA), and the Centre for Disease Control (CDC), to discuss the development of intersectoral pandemic influenza action plans
	Implement multimedia awareness campaigns	Health promotion/Communication strategy for communicable diseases e.g. malaria developed and implemented in the nine provinces	Finalise and cost a health promotion communication strategy for communicable diseases e.g.malaria	<ul style="list-style-type: none"> Malaria Health Promotion Strategy produced