

2001-2005



DEPARTMENT OF HEALTH
Republic of South Africa

**HEALTH GOALS,
OBJECTIVES
&
INDICATORS**

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PREAMBLE

Monitoring and evaluation is increasingly recognised as an absolutely critical aspect of interventions made in health development. Although it has become standard practice to refer to monitoring and evaluation simultaneously, the two are complementary, but separate functions which often serve distinct purposes. Monitoring is the routine ongoing assessment of activities usually applied to assess programme inputs, processes and outputs. Evaluation on the other hand is non-routine assessment in particular to determine effects.

Regular monitoring and evaluation (M&E) has become core functions in many developed countries where the outcome of such assessments is increasingly used for decision making especially for budgetary allocations and are also used in policy debates. In developing countries the impetus for monitoring and evaluation was initially driven by development agencies, which were anxious to quantify the benefits attained through development assistance.

Many countries now conduct regular monitoring and evaluation activities. These range from comprehensive national evaluation systems at central monitoring and evaluation agencies usually located in a Ministry of Planning, in individual Ministries, NGOs and other specific projects and initiatives.

Monitoring and evaluation in health that particularly measure the overall health systems performance have not been very well developed. The complexity of linking health outcome measures with critical information on the resources that are used to obtain those outcomes, and asking questions about whether those levels of expenditure are the most desirable to achieve similar objectives are usually not answered with much confidence.

There have been very few attempts at defining overall frameworks for monitoring and evaluation in health. Frameworks that are well defined tend to be frameworks developed for specific diseases or areas e.g. Cancer programmes, HIV/AIDS programmes or Integrated Management of Childhood Illness (IMCI); and development in M & E methodological challenges of collecting particularly health outcomes and health impact information. Methodologies for monitoring are rather straight forward and can include routine data collection tools whilst evaluation methodologies range from the least conclusive static reflective research designs to the most reliable design – randomised double blind controlled intervention trials.

Another well-defined area in M & E is the development of indicators for measuring health outcomes. In particular a number of universally acceptable benchmark health status indicators and measures that are widely employed include measures such as the Infant Mortality Rate and Maternal Mortality Ratio.

MONITORING AND EVALUATION FRAMEWORK

Over the last several years, monitoring and evaluation in the Department of Health has up until this point been restricted to a framework, which focused on a set of health goals, objectives and indicators (HGOIs) for the year 2000. This set of health goals, objectives and indicators have included input, process, output, outcome and impact indicators to track and monitor progress in attaining central goals of equity, access, effectiveness, efficiency, quality, etc. However, there are challenges in the ability of the health systems to collect these broad data sets and summarise the information appropriately.

The new Monitoring and Evaluation Unit will attempt to develop an appropriate M & E framework. The Unit's programme will be to give appropriate attention to the overall health systems performance focusing on several manageable areas. Within this broad framework, indicator information will be collated to assist in answering important planning and policy questions.

The framework can be divided into a central and several arms. The central arm will focus on monitoring and evaluation of the:-

- Allocation of health financing and human resources distribution and other resources (in relation to health outputs and outcomes);
- Assessment of disease status, health conditions and health status;
- Assessment of the extent to which health programmes and health interventions are considered adequate, appropriate and of good quality by both provider and users;
- Assess operational and organizational systems;
- Comparisons (inter-groups) to assess efficiencies

Addressing questions on cost of services and public-private spending patterns constitute an important component of M&E. Key data sources will include using National Health Accounts (NHA) Public and Private. Financial indicators should be linked to health output and outcomes. Comparisons should also be made on efficient use, equity gains and effectiveness (impact of particular inputs).

Health status data will be compiled from a wide variety of information sources. The information will cover from disease prevalence and incidence rates (morbidity), mortality rates and measures of disability. Burden of disease and other measuring instruments may be employed to make inter-group components, ranks and prioritisation of health conditions.

The extent to which there is satisfaction with quality of services or responsiveness reflecting satisfaction of users as opposed to assessments by providers on the quality of services is an important element of monitoring.

Health Goals, Objectives and Indicators

The other arm includes:-

- monitoring of health objectives;
- monitoring of programmatic indicators

Key programme areas of focus will include Quality of Care, HIV/AIDS, TB and STIs, Child, Youth and Adolescent Health, Women and Reproductive Health, Malaria Control, and Substance Abuse and Mental Health, Chronic Diseases, and other priority areas as outlined in the Ten Point Plan of the Department of Health.

BACKGROUND AND PROCESS

Health Goals, Objectives and Indicators 2000

In 1994, following widespread consultation, the African National Congress published the Reconstruction and Development Programme (RDP), which included requirements for meeting basic health needs. The RDP provided the framework for the National Department of Health to identify health priority areas and formulate health goals and objectives.

In 1995, provinces conducted workshops involving government and non-governmental organizations, community based organizations, academic institutions, and other partners to develop recommended provincial health goals, objectives and indicators. The national Year 2000 Health Goals and Objectives were initially compiled under the auspices of the National Health Information System Committee (NHIS/SA), which is a subcommittee of the Provincial Health Restructuring Committee. The objectives and indicators were based on the priorities of the RDP, recommendations of the health committees convened by the Minister of Health, and from Provinces. These recommendations were reviewed based on adherence to RDP priorities; the relationship to the provision of comprehensive and integrated services at all levels of health service delivery; and, commitment to primary health care principles.

Other principles adopted by NHIS/SA are as follows:

- 1) health data be used at the point of data collection;
- 2) public health authorities effectively utilize existing data;
- 3) proposed national objectives may be supplemented with others at provincial and district levels based on local health conditions; and,
- 4) national health goals, objectives and indicators should represent consensus among National, Provincial, and District health administrations.

Potential indicators were evaluated according to criteria that they satisfy requirements for validity, reliability, sensitivity, specificity, simplicity and programme relevance and that they adhere to international standards.

Draft Health Goals and Objectives were circulated widely and published for public comment in the document Towards a National Health System. After reviewing the public comments, the proposed Year 2000 Health Goals and Objectives were finalised and published in the White Paper for the Transformation of the Health System in South Africa.

The Year 2000 Health Goals, Objectives and Indicators listed over 80 health objectives in 19 health priority areas. They included approximately 22 objectives related to improving health status (e.g. reductions in child mortality and morbidity), 5 objectives related to changing health risk behaviours (e.g. increases in breast feeding), 31

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objectives relating to improvements in health services (e.g. improve access to comprehensive health services), and 24 objectives relating to developing health policies (e.g. promote uniform occupational health and safety legislation).

Health Goals, Objectives and Indicators 2001 - 2005

Following the 1999 elections, the Minister of Health, Dr Manto Tshabalala-Msimang, the nine MECs for Health and representatives of local government adopted the Ten Point Plan as the Health Sector Strategic Framework for 1999 - 2004. The vision of the Ten Point Plan is "a caring and humane society in which all South Africans have access to affordable, good quality health care". The mission is "to consolidate and build on the achievement of the past five years in improving access to health care for all and reducing inequality, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system, especially preventive and promotive health, and to improve the overall efficiency of the health care delivery system".

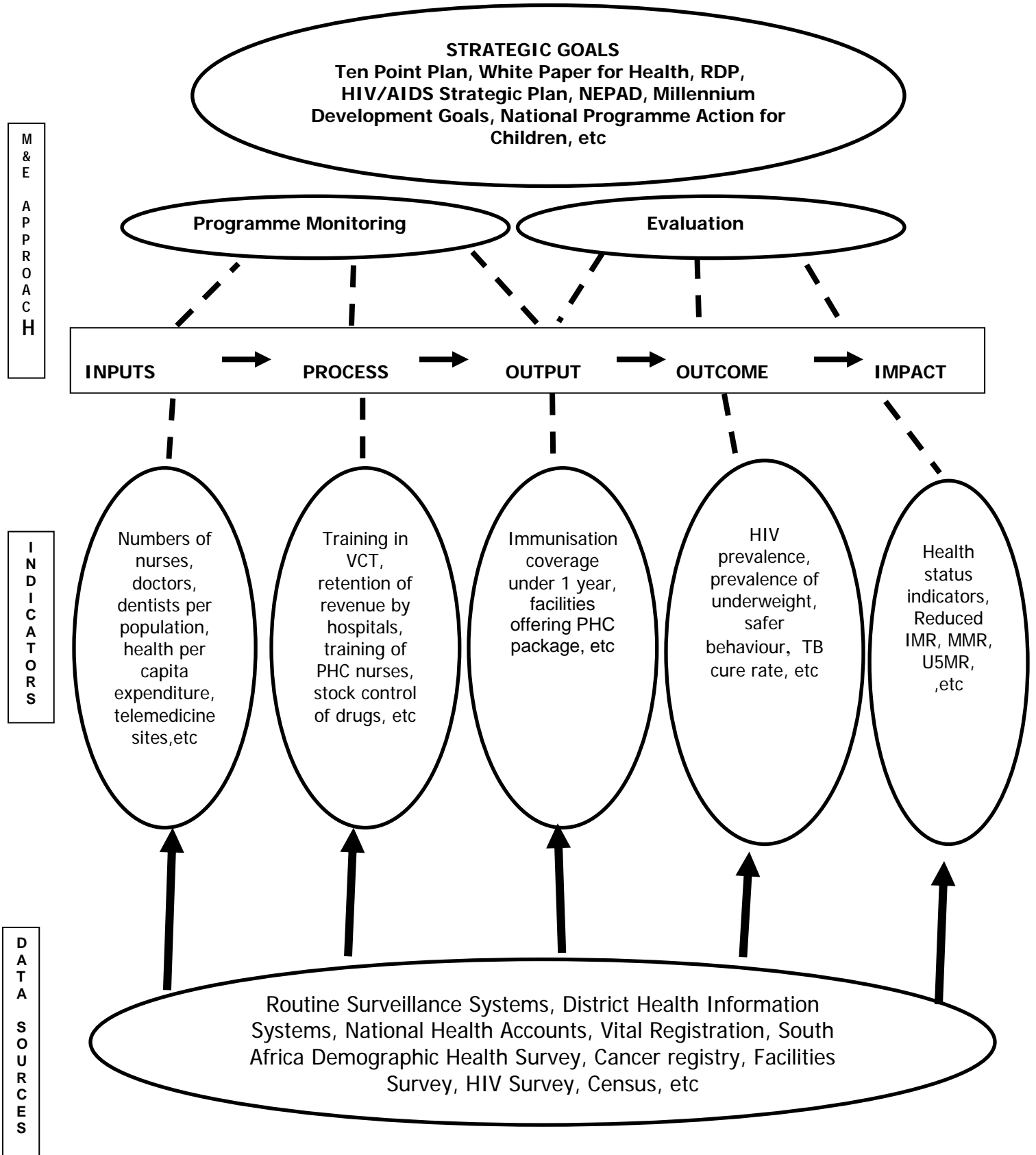
During 2000, the Department and other stakeholders began a process of aligning the Health Goals, Objectives and Indicators with the Ten Point Plan and other important strategic goals. In aligning the Health Goals, Objectives and Indicators considerations were given to the following Ten Point Plan priorities.

- Reorganisation of support services
- Legislative reform
- Improving quality of care
- Revitalisation of hospital services
- Speeding up delivery of essential package of primary health care through the district health system
- Decreasing morbidity and mortality through strategic interventions
- Improving resource mobilisation and the management of resources without neglecting the attainment of equity in resource allocation
- Improving human resource development and management
- Improving communication and consultation within the health system and between the health system and the communities we serve
- Strengthening co-operation with our partner internationally

The transformation of the health system and resulting improvements in health status will not be accomplished easily or quickly. Therefore health objectives and indicators would be reviewed regularly based on updated information and revised if appropriate. Efforts of the DOH to develop achievable, reliance and measurable health goals and objectives are not an end in itself but a part of a bigger process to improve the health status of South Africans.

Important ongoing issues to support the health goals, objectives and indicators include availability, accurate and quality data and its timely dissemination for use.

FIGURE 1: HEALTH GOALS, OBJECTIVES AND INDICATORS FRAMEWORK



Health Goals, Objectives and Indicators

The Health Goals, Objectives and Indicators 2001 - 2005 document lists approximately 47 goals, 124 objectives and 156 indicators to monitor and evaluate the Ten Point Plan and various other health policy initiatives. The goals, objectives and indicators are related to improving health status, decreasing morbidity and mortality, changing health risk behaviours, implementing PHC, improving quality in health services, hospital services, equity in health resources, etc. Each objective may have one or more input, process, output, outcome and/or impact indicators (as illustrated in figure 1). The document is also designed to achieve consistency and congruence with goals, objectives and indicators as found in various international, regional and national strategic documents.

It is against this background that the DOH is releasing the final agreed upon Health Goals, Objectives and Indicators. The current HGOIs 2001-2002 document is a joint product emanating from interactions with and contributions from provincial and national Departments of Health, non-governmental, NHIS/SA committee and other role players.

The M&E Unit will coordinate efforts to compile, update and disseminate data on HGOIs. Various dissemination mediums are envisaged such as a Quarterly Indicators Update, M&E database, etc.