

## Chapter 3: Measurable Objectives, Indicators, Targets and Budgets

### 3.1 Introduction to the Department's budget structure

The National Department of Health's budget is divided into four programmes.

#### Programme 1: Administration

*Administration* conducts the overall management of the Department. Activities include policy-making by the Offices of the Minister, Deputy Minister and Director-General, and the provision of centralised support services. The Corporate Services Sub-programme includes transversal functions such as corporate finance, human resources, logistical services, office support, IT, internal audit, and legal services.

A key priority within this programme, for 2006/07 is the development in each province of service transformation plans. The National Department of Health will provide guidance to each province on the use of the Integrated Health Planning Framework, which is a model that will be used to review the size and the shape of the health system needed to realise the goals that we set in national policies.

#### Programme 2: Strategic Health Programmes

*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.

*Strategic Health Programmes* now has six 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 and youth and women's health and nutrition.
- *Medicines Regulatory Affairs* supports the Medicines Control Council, and ensures that medicines meet approved specifications and standards.
- *HIV and AIDS, STI and TB* develops policy and administers the national HIV and AIDS, STI and TB programmes, including co-ordinating the integrated plan for HIV and AIDS and the conditional grant.
- *Pharmaceutical Policy and Planning (PPP)* regulates and coordinates the procurement of pharmaceutical supplies to ensure that essential drugs are affordable and available, promotes rational drug use by consumers and healthcare workers, and administers legislation on food safety and related matters. PPP also deals with policy on the provision and management of health technology.
- *International Health Liaison* liaises with the international health community, manages participation in international organisations, co-ordinates regional health cooperation with members of the Southern African Development Corporation (SADC), coordinates NEPAD programmes and identifies and coordinates donor and foreign assistance resources. The SADC sub-programme has been incorporated in this sub-programme.

Two key priorities for 2006/07 for this programme are the development, implementation and support to provinces for the TB Crisis Plan as well as the Accelerated HIV Prevention Plan. In addition, the programme will collaborate with others to strengthen the healthy lifestyles programme.

#### Programme 3: Health Service Delivery

*Health Service Delivery* supports the delivery of health services, primarily in the provincial and local spheres of government. There are six sub-programmes in Programme 3:

- *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: transferring forensic mortuaries from the South African Police Service to provincial health departments; developing a national forensic pathology service; rationalising blood transfusion services; and liaising with the National Health Laboratory Service, including the National Institute of Communicable Diseases and the National Centre for Occupational Diseases.
- *Communicable Diseases* is responsible for the control of infectious diseases and several occupational

health functions, including the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases.

- *Hospital Services* 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 revitalization of hospitals.
- *Health Economics* is a new sub-programme dealing with health economics research, medical schemes, social health insurance and public-private partnerships (PPPs).
- *Health Information, Research and Evaluation* deals with the development and maintenance of a national health information system, and commissions and coordinates research. The sub-programme does 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.
- *Primary Health Care, District Health and Development* promotes and coordinates the development of the district health system, 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 monitoring of health promotion and environmental health.
- *Office of Standards Compliance* deals with quality assurance, licensing and the certificates of need required in terms of the new National Health Act (2003). The cluster also deals with radiation control.

The key priority for 2006/07 as decided by the National Health Council is to strengthen physical infrastructure at both primary health care and hospital levels. A related priority which was reflected in the President's State of the Nation Address is to facilitate delegation of authority to hospital managers.

#### Programme 4: Human Resources Planning, Development and Management

In 2005/06, the *Human Resources Planning, Development and Management sub-programme* was included as a separate programme in the budget for the first time, as the Department aimed to increase its focus on human resources. It supports the planning, development and management of human resources for health at both the national and provincial levels. It also includes activities to coordinate international health relations, including donor support.

There are two sub-programmes:

- *Human Resources* 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.
- *Bargaining Council and Employee Relations* provides the resources and expertise for bargaining in the National Public Health and Welfare Sectoral Bargaining Council.

The finalisation, launch and implementation of the National Human Resources for Health Plan is a priority for this MTEF period. Included in the Plan is the re-opening of nursing colleges as announced by the President in the State of the Nation Address.

#### Expenditure Trends

**Table 2** reflects the expenditure trends of the Department, for each of the four programmes, for the past three years (2002/03-2004/05) and for the next three years (2006/07-2008/09).

**Table 2**  
Department of Health Expenditure Trends

Programme	Audited outcome			Adjusted appropriation	Revised estimate	Medium-term expenditure estimate		
	2002/03	2003/04	2004/05			2005/06		
R thousand								
Administration	112 242	117 434	145 764	167 771	164 380	188 067	195 467	205 914
Strategic Health Programmes	709 183	788 428	1 213 380	1 689 176	1 589 176	2 105 211	2 217 976	2 330 915
Health Service Delivery	6 272 951	6 771 545	7 057 983	8 124 917	7 981 608	8 907 558	9 526 669	10 083 100
Human Resources	41 560	58 148	37 734	57 535	53 508	69 160	75 020	82 834
<b>Total</b>	<b>7 135 936</b>	<b>7 735 555</b>	<b>8 454 861</b>	<b>10 039 399</b>	<b>9 788 672</b>	<b>11 269 996</b>	<b>12 015 132</b>	<b>12 702 763</b>
<b>Change to 2005 Budget estimate</b>				214 162	(36 565)	611 584	830 323	948 495

Expenditure rises from R7,2 billion in 2002/03 to R12,7 billion in 2008/09, an average annual growth rate of 10%. Most of the allocation consists of transfers to provinces and other institutions (for example, R10,4 billion in 2006/07, which represents approximately 92,5%), while expenditure on the core budget is R840 million.

The biggest growth is in the HIV and AIDS subprogramme in the Strategic Health Programmes programme, which has risen from R454,6 million to R2,2 billion from 2002/03 to 2008/09. The hospital revitalisation programme in the Health Service Delivery programme rises from R649 million in 2002/03 to R2 billion in 2007/08.

For the 2006/07-2008/09 planning cycle, the Department received additional funding for:

- Project Management and the Risk Equalization Fund (R15 million for 2006/07, R9 million for 2007/08 and R10 million for 2008/09);
- Hospital revitalisation programme (R100 million for 2006/07, R300 million for 2007/08 and R500 million for 2008/09);
- Forensic pathology services (R525,2 million for 2006/07, R551,4 million for 2007/08 and R466,9 million for 2008/09).

Programme 1: Administration

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Legal Services	Processing of legislation through Parliament as and when required by the Department.	Drafting of legislation, meeting with State Law Advisors and policy units in the Department and processing legislation through Parliament.	Tobacco Products Control Amendment Bill processed through Parliament. Health Professions Amendment Bill processed through Parliament. Medicines and Related Substances Amendment Bill processed through Parliament. Allied Health Profession Amendment Bill processed through Parliament. Medical Schemes Amendment Bill processed through Parliament. Umbrella legislation regarding Health Professions processed through Parliament. Pharmacy Amendment Bill processed through Parliament. Medical Research Council Amendment Bill processed through Parliament.	Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification. Submitted to State Law Advisors for certification.	March 2006. March 2006. September 2006. September 2006.		
Communication	Improve governance and management of the NHS	Review and strengthen communication with internal and external stakeholders.	Establish structures for effective communication planning and implementation. Develop and implement guidelines for communication at national and provincial level.	Provincial Communicator's Forum convened quarterly. Meetings of the Stakeholder Communicator's Forum. Existence of a communication policy and guidelines for events and conferences.	4 quarterly meetings annually. 2 annual meetings of the Stakeholder Communicator's Forum. Develop and implement communication policy for health.	4 quarterly meetings annually. 2 annual meetings for the Stakeholder Communicator's Forum. Develop guidelines for events and conferences. Develop guidelines for media liaison and media production.	4 quarterly meetings annually. Health Sector Communicator's Summit.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Communication	improve governance and management of the NHS 2009	Review and strengthen communication with internal and external stakeholders.  Improve public relations strategies and marketing of health policies and programmes.	Supporting broader government communication activities.  Establish regular mediums and routines for communication.  Develop public relations and marketing strategies to raise the profile of the DOH.	Imbizo events and follow-up on issues raised.  Bi-monthly publication of developments in health in journals.  Utilisation of PR and marketing platforms to raise the profile of the Department.	At least 27 Ministerial Izimbizo.  Health issues published in 5 journals.  4 national and international exhibitions.	At least 36 Ministerial Izimbizo.  Health issues published in 5 journals.  2 public relations programmes supporting major government communication in youth and women.	At least 45 Ministerial Izimbizo.  Quarterly publication on health issues.
Strategic Planning	Planning, budgeting and monitoring and evaluation.	Strengthen health system planning and budgeting.	Roll out of the Corporate Identity action plan.  Implement multimedia campaigns for identified health focus areas.	Standardised application of the Corporate Identity in DOH.  Improved public awareness of focus areas.	Produce implementation guide.  Development and implementation of a communication strategy for quality awareness, strengthening hospital services, TB control and healthy lifestyles.	Reports on application of Corporate Identity in the DOH.  Monitoring and reporting on the implementation of the communication strategy.	Reports on application of Corporate Identity in the DOH.  Monitoring and reporting on the implementation of the communication strategy.
			Implement an integrated strategic planning framework.	Integrated Health Planning Framework (IHPF) applied to support national and provincial strategic plans.	Ongoing implementation of publicity strategy for NHA and new legislation.  IHPF utilised by National and Provincial DOHs in February 2006 to develop provincial plans for 2007/08.	Monitoring the impact of the publicity strategy for NHA and new legislation.  IHPF utilised by National and Provincial DOHs in February 2007 to develop NDOH and provincial plans for 2008/09.	Monitoring the impact of the publicity strategy for NHA and new legislation.  IHPF utilised by National and Provincial DOHs in February 2008 to develop NDOH and provincial plans for 2008/09.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Strategic Planning	Planning, budgeting and monitoring and evaluation.	Strengthen health system planning and budgeting.	Implement an integrated strategic planning framework.	Integrated Health Planning Framework (IHPF) applied to support national and provincial strategic plans.	Annual National Health Plan produced by June 2006.	Annual National Health Plan produced by June 2007.	Annual National Health Plan produced by June 2008.
				Annual Provincial Plans (APPs) analysed and comments provided.	Annual National Health Plan informs bid to Treasury in June 2006.	Annual National Health Plan informs bid to Treasury in June 2007.	Annual National Health Plan informs bid to Treasury in June 2008.
				Provincial Annual Reports analysed and trends compiled.	Annual Provincial Plans (APPs) provided in April and July 2006.	Comments on all APPs provided in April and July 2007.	Comments on all APPs provided in April and July 2008.
				Quarterly Reports.	Report on all Provincial Annual Reports compiled in November 2006.	Report on all Provincial Annual Reports compiled in November 2007.	Report on all Provincial Annual Reports compiled in November 2008.
			Monitor implementation of National and Provincial Strategic Plans.	Quarterly Reports.	Quarterly progress reports produced in July and November 2006 and in January and April 2007.	Quarterly progress reports produced in July and November 2007 and in January and April 2008.	Quarterly progress reports produced in July and November 2008 and in January and April 2009.
			Strengthen and support health policy development.	Number of analytical reports on proposed health policies and their possible impact.	Three analytical reports (policy briefs) produced.	Four analytical reports (policy briefs) produced.	Four analytical reports (policy briefs) produced.
			Strengthen awareness of strategic planning issues within the National Health System by producing a quarterly newsletter.	Number of <i>Strategic Planning Newsletters</i> produced.	Four editions of the quarterly Strategic Planning Newsletter produced.	Four editions of the quarterly Strategic Planning Newsletter produced.	Four editions of the quarterly Strategic Planning Newsletter produced.
			Strengthen the use of the Project Management Approach.	Number of projects implemented in accordance with the project management approach.	Three projects.	Four projects.	Four projects.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Strategic Planning	Planning, budgeting and monitoring and evaluation.	Strengthen health system planning and budgeting.	Strengthen the use of the Project Management Approach.	Number of monitoring and evaluation reports on the implementation of projects by the National and Provincial DOHs.	Four quarterly reports.	Four quarterly reports.	Four quarterly reports.
				Number of NDOH managers trained in Project Management principles (excluding software).	30 NDOH managers trained.	30 NDOH managers trained.	40 NDOH managers trained.
				Number of NDOH managers trained in Project Management software.	30 NDOH managers trained.	40 NDOH managers trained.	40 NDOH managers trained.

## Commentary on budgets and plans

Expenditure increased at an average annual rate of 14,3% from 2002/03 to 2005/06, mainly due to strengthening senior management in strategic planning, human resources and legal services. Growth slows down over the 2006 MTEF to approximately 7,1% and includes provisions for better management of projects and conditional grants.

Due to the devolution of funds from the Department of Public Works for accommodation costs from April 2006, the Department of Health will pay property rentals directly against its own budgets. The new Property Management subprogramme has been created for this purpose.

**Table 3** provides a detailed description of the expenditure for the 2002/03 to 2005/06 financial years, and the budget for the next three financial years, 2006/07 to 2008/09.

**Table 3**  
Expenditure estimates: Administration

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
<b>R thousand</b>							
Minister 1	691	746	791	837	887	934	981
Deputy Minister 2	-	644	593	680	721	759	797
Management	4 966	7 001	10 172	16 543	20 862	21 976	23 075
Corporate Services	83 477	83 115	104 472	117 587	130 571	133 634	139 991
Property Management	23 108	25 928	29 736	32 124	35 026	38 164	41 070
<b>Total</b>	<b>112 242</b>	<b>117 434</b>	<b>145 764</b>	<b>167 771</b>	<b>188 067</b>	<b>195 467</b>	<b>205 914</b>
Change to 2005 Budget estimate				31 199	48 952	48 263	51 215
<i>1 Payable as from 1 April 2005. Salary: R 669 462. Car allowance: R 167 365.</i> <i>2 Payable as from 1 April 2005. Salary: R 544 123. Car allowance: R 136 030.</i>							
<b>Economic classification</b>							
<b>Current payments</b>	<b>102 838</b>	<b>112 898</b>	<b>134 344</b>	<b>155 050</b>	<b>178 832</b>	<b>191 224</b>	<b>201 465</b>
Compensation of employees	43 454	43 857	53 385	60 099	64 666	68 068	71 383
Goods and services <i>of which:</i>	58 785	65 933	80 867	94 951	114 166	123 156	130 082
<i>Communication</i>	<i>6 363</i>	<i>9 052</i>	<i>7 248</i>	<i>7 111</i>	<i>8 116</i>	<i>8 583</i>	<i>9 033</i>
<i>Computer Services</i>	<i>2 088</i>	<i>2 555</i>	<i>2 000</i>	<i>5 665</i>	<i>101</i>	<i>113</i>	<i>124</i>
<i>Consultants, contractors and special services</i>	<i>5 886</i>	<i>6 180</i>	<i>5 025</i>	<i>4 866</i>	<i>3 055</i>	<i>3 446</i>	<i>3 549</i>
<i>Inventory</i>	<i>2 718</i>	<i>2 771</i>	<i>4 356</i>	<i>4 932</i>	<i>5 375</i>	<i>5 899</i>	<i>6 290</i>
<i>Maintenance repair and running cost</i>	<i>135</i>	<i>153</i>	<i>197</i>	<i>259</i>	<i>582</i>	<i>640</i>	<i>706</i>
<i>Operating leases</i>	<i>18 281</i>	<i>20 936</i>	<i>24 172</i>	<i>26 233</i>	<i>28 635</i>	<i>30 964</i>	<i>33 377</i>
<i>Travel and subsistence</i>	<i>1 914</i>	<i>11 124</i>	<i>16 329</i>	<i>15 877</i>	<i>9 102</i>	<i>9 957</i>	<i>10 311</i>
<i>Accommodation charges</i>	<i>1 892</i>	<i>1 986</i>	<i>2 497</i>	<i>2 646</i>	<i>3 238</i>	<i>3 794</i>	<i>4 053</i>
<i>Municipal services</i>	<i>3 290</i>	<i>3 470</i>	<i>3 643</i>	<i>3 932</i>	<i>4 607</i>	<i>5 000</i>	<i>5 314</i>
Financial transactions in assets and liabilities	599	3 108	92	-	-	-	-
<b>Transfers and subsidies</b>	<b>146</b>	<b>180</b>	<b>518</b>	<b>416</b>	<b>437</b>	<b>252</b>	<b>265</b>
Provinces and municipalities	146	180	177	181	196	-	-
Departmental agencies and accounts	-	-	193	210	241	252	265
Households	-	-	148	25	-	-	-
<b>Payments for capital assets</b>	<b>9 258</b>	<b>4 356</b>	<b>10 902</b>	<b>12 305</b>	<b>8 798</b>	<b>3 991</b>	<b>4 184</b>
Buildings and other fixed structures	7 769	72	7 719	5 581	5 000	-	-
Machinery and equipment	1 489	3 207	3 145	3 226	3 798	3 991	4 184
Software and other intangible assets	-	1 077	38	3 498	-	-	-
<b>Total</b>	<b>112 242</b>	<b>117 434</b>	<b>145 764</b>	<b>167 771</b>	<b>188 067</b>	<b>195 467</b>	<b>205 914</b>

## Programme 2: Strategic Health Programmes

The table below summarises the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from Programme 2.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)	
Maternal, Child and Women's Health and Nutrition (MCWH&N)	Improve the management of communicable diseases and non-communicable illnesses.	Improve immunisation coverage.	Improve immunisation coverage.	% of health districts with more than 90% full immunisation coverage.	80%	90%	95%	
			Achieve Polio Free Certification.	Declared Polio Free.	2 cases per 100 000 children under 15 years of age.	2 cases per 100 000 children under 15 years of age.	Elimination status reached.	Maintain elimination status.
			Achieve measles elimination.	% reduction of measles cases.	Reduce by 80% from the total cases reported in 2005.	60%	80%	90%
			Reduce infant and under five child morbidity and mortality.	% of facilities that are saturated with IMCI trained health care providers i.e. 60% of health care providers managing children within the facility trained in IMCI.	60%	80%	100%	
			Improve the management of all children under the age of five years presenting with pneumonia, diarrhoea, malaria, HIV and other communicable diseases.	% of health districts implementing the household and community component of IMCI.	60%	80%	60%	
				% of health facilities with maternity beds assessed as baby-friendly (BFHI).	40%	50%	60%	
				% of PHC facilities implementing IMCI with at least one IMCI practitioner updated or trained on the Comprehensive HIV and AIDS Care, Management, Treatment and Support Plan.	60%	80%	90%	

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)	
Maternal, Child and Women's Health and Nutrition (MCWH&N)	Improve the management of communicable diseases and non-communicable illnesses.	Improve the management of all children under the age of five years presenting with pneumonia, diarrhoea, malaria, HIV and other communicable diseases.	Improve health care services for school-going children.	% of health districts implementing Phase One of the School Health Policy.	60%	80%	100%	
				Reduce adolescent and youth morbidity and mortality.	% of districts implementing the Youth and Adolescent Health Policy Guidelines.	50%	70%	100%
			Improve access to ARVs for youth and adolescents.	% of PHC facilities implementing Youth Friendly Services (YFS).	50%	70%	100%	
				% of PHC facilities accredited as youth friendly.	20%	30%	65%	
			Strengthen programmes on women and maternal health.	Traditional Health Circumcision Regulations developed.	Traditional Health Circumcision Regulations distributed for comments.	Regulations promulgated and implemented.		
				% of PHC facilities implementing YFS with at least one health care provider trained in the Comprehensive HIV and AIDS Plan.	60%	80%	100%	
			Improve women's health and reduce maternal and neonatal mortality and morbidity.	% of targeted women screened for cervical cancer.	20%	30%	40%	
				% of institutions implementing recommendations from Saving Mothers and Saving Babies reports.	80%	90%	100%	
				% of community health centres authorised to provide termination of pregnancy services.	20%	30%	50%	
				% of primary health care facilities with at least one provider trained to conduct pap smears.	30%	40%	50%	

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Maternal, Child and Women's Health and Nutrition (MCWH&N)	Improve the management of communicable diseases and non-communicable illnesses.	Strengthen programmes on women and maternal health.	Improve women's health and reduce maternal and neonatal mortality and morbidity.	% maternal health facilities with dedicated supervision.	45%	75%	100%
			Improve access to ARVs for pregnant women.	% maternal service facilities with providers trained in PMTCT and ARV programme.	50%	70%	90%
			Ensure that all eligible people living with HIV and AIDS receive nutrition supplements.	% of eligible people living with HIV and AIDS who receive nutrition supplements.	70%	80%	90%
			Ensure that all public health facilities are implementing the food service management policy.	% of public health facilities implementing the food service management policy.	60%	80%	90%
			Ensure that children 0-60 months and post-partum receive Vitamin A supplementation.	% of children 0-60 months and post-partum mothers receiving Vitamin A supplementation.	6-12 months: 90% 13-60 months: 40% Post-partum mothers: 75%.	6-12 months: 100% 13-60 months: 55% Post-partum mothers: 90%.	6-12 months: 100% 13-60 months: 70% Post-partum mothers: 100%.
			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.	50%	60%	70%
			Improve birth defects surveillance.	% of districts implementing the new standardised birth defects data collection tool.	15%	30%	50%
			Develop Essential Drugs Lists and Standard Treatment Guidelines.	Revision of Adult EDL and alignment to procurement.	100%	100%	100%
			Revision of Paediatric EDL and alignment to procurement.	Revision of Paediatric EDL and alignment to procurement.	100%	100%	100%
			Revision of Primary Level EDL and alignment to procurement.	Revision of Primary Level EDL and alignment to procurement.	20%	80%	100%
% of stock outs (one week) of tracer medicines on the EDL.	% of stock outs (one week) of tracer medicines on the EDL.	0%	0%	0%			
Pharmaceutical Programmes and Planning.	Strengthen support services.	Ensure quality, safety, efficacy and affordability of medicines.	Strengthen support services.				

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)	
Pharmaceutical Programmes and Planning.	Strengthen support services.	Ensure quality, safety, efficacy and affordability of medicines.	Develop Essential Drugs Lists and Standard Treatment Guidelines.	Develop Quaternary Medicines List.	15% complete.	100% complete.		
			Implementation of EDP.	Number of advocacy workshops and evaluation of EDP survey implementation held.	9	12	12	
			Strengthen capacity building for in-house reviews.	% of reviews completed in-house, without outsourcing.	10%	15%	20%	
			Monitor the procurement and supply of all antiretroviral drugs.	% of stock outs of ARV medicines in all accredited facilities.	0%	0%	0%	
			Implement system for licensing and inspections.	% of Authorised Prescribers inspected.	45%	100%	100%	
			Strengthen pharmaceutical management information system.	Computerised inventory management implemented.		80%	100%	
				Development of data warehouse for monitoring procurement of all pharmaceuticals and related items.	Hardware purchased.	40%	100%	
				Investigation of (tracking) distribution of pharmaceuticals to all levels of care.	80%	100%	100%	
				Policy and legislation for the control of African Traditional Medicine.	Policy and legislation adopted.	40%	80%	100%
				Conduct advocacy workshops on African Traditional Medicine.	Number of advocacy workshops.	2	4	8
				Develop standards for individual entities of African Traditional Medicines.	Pharmacopoeia developed.	10%	20%	60%
				Strengthen National Reference Centre for African Traditional Medicine.	Database of African Traditional Medicines developed.	10% complete.	20% complete.	30% complete.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Pharmaceutical Programmes and Planning.	Strengthen support services.	Ensure quality, safety, efficacy and affordability of medicines.	Implement a new integrated National Food Control System.	New National Food Control System Implemented.	Draft Bill in August 2006.	Bill in Parliamentary process.	New Act promulgated by February 2008 and Food Control System implemented.
			Establish database of single exit prices of medicines in the private sector.	Fully functioning web based medicine pricing database.	0%	50%	100%
			Review of dispensing fee.	Appropriate dispensing fee published and accepted by industry.	100%	100%	100%
			Explore the possibility of setting a maximum fee for logistics.	Appropriate logistics fee published and accepted by industry.	Draft policy published for consultation.	Logistics fee implemented by industry.	Monitor implementation of the logistics fee.
			Review of the current Pricing Regulations.	A set of regulations accepted by all the relevant stakeholders in the pharmaceutical industry.	Regulations drafted and consulted.	Regulations published for implementation.	Prices monitored.
			Publish Health Technology Regulations.	Health Technology Regulations completed.	March 2007.		
			Establish Health Technology Planning and Assessment.	Health Technology Planning and Assessment established.	Assessment completed in eight of the nine provinces.	Assessment completed in all provinces.	All provinces have a health technology plan.
			Ensure safety of medical devices.	Quality assurance guideline for medical devices developed.	March 2007.		
			Implement infection control programme of Health Technology.	Risk management and infection control strategies developed.	March 2007.		
			Acquire membership of Pharmaceutical Inspection Cooperation Scheme (PIC/S) by 2008/09.	Membership of PIC/S acquired after inspection of Good Manufacturing Practices (GMP).	25% compliance with PIC/S requirements.	50% compliance with PIC/S requirements.	100% compliance with PIC/S requirements.
Medicine Regulatory Affairs	Strengthen support services.	Strengthen support services for registration and control of medicines.					

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Medicine Regulatory Affairs	Strengthen support services.	Strengthen support services for registration and control of medicines.	Implementation of an Electronic Document Management System to accelerate the re-registration of medicines every five years, and accelerate the registration of medicines.	Implement an e-document system.	Re-engineering of the registration process and writing of software in support of the registration process completed by March 2007.	Finalisation of the software for the registration of medicines, testing of software.	Implementation of the Electronic Document Management System.
			Re-registration of medicines (five years).	Sustainable programme for five-yearly re-registration of medicines.	30% of re-registration process completed.	66% of re-registration process completed.	100% registration process completed.
			Improve in-house technical capacity.	Improve internal capacity in the DOH to evaluate medicines in-house.	40% of medicines evaluated by DOH.	50% of medicines evaluated by DOH.	60% of medicines evaluated by DOH.
HIV and AIDS, STI and TB: TB Control Programme	Improve management of communicable diseases and non-communicable illnesses.	Implement the TB Crisis Plan.	Improve Smear Conversion rates in the four selected districts.	Smear Conversion rates in the four selected districts.	Nelson Mandela Metro: 70% (Baseline 60%) Amatole District: 65% (Baseline 53%) Ethekwini: 60% (Baseline 49%) City of Johannesburg: 80% (Baseline 72%)	80% 75% 75% 90%	90% 85% 85% 100%
			Improve TB cure rates in the four selected districts.	TB cure rates in the four selected districts.	Nelson Mandela Metro: 55% (Baseline 42%) Amatole District: 50% (Baseline 31%) Ethekwini: 50% (Baseline 32%) City of Johannesburg: 70% (Baseline 61%)	70% 70% 70% 80%	85% 85% 85% 90%

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
HIV and AIDS, STI and TB: TB Control Programme	Improve management of communicable diseases and non-communicable illnesses.	Implement recommendations of the TB programme review.	Ensure implementation of DOTS strategy in all districts and to improve the quality of DOTS.	% of TB suspects whose sputum was tested.	100%	100%	100%
				% of new smear positive PTB patients started on treatment.	100%	100%	100%
				% of new smear positive cases converted at two months (from positive to negative).	60%	70%	80%
				% of health facilities with a turn-around time of 48 hours or less.	80%	90%	100%
				% of TB patients on DOT.	45%	60%	80%
				% of new smear positive PTB cases defaulting treatment in the intensive phase of treatment (defaulter rate).	10%	7%	4%
				% of new smear positive PTB cases died during the intensive phase of treatment (death rate).	6%	4%	>2%
				% of MDR TB amongst new cases (measured at three year intervals).	1.6%	1%	0.5%
				% of MDR TB amongst re-treatment cases (measured at three year intervals).	6.7%	6%	5%

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)		
HIV and AIDS, STI and TB: TB and HIV	Improve management of communicable diseases and non-communicable disease.	Implement TB programme review recommendations.	Improved interventions to reduce the burden of HIV in TB infected patients.	Number of sub-districts implementing and reporting TB and HIV activities (e.g. access to VCT for TB patients).	200	243 (all)	243 (all)		
				Proportion of TB patients offered counselling for HIV.	60%	70%	80%		
				Proportion of TB patients offered counselling and tested for HIV.	60%	70%	80%		
				Proportion of TB and HIV co-infected patients put on Cotrimoxazole.	60%	80%	100%		
		Accelerate the implementation of the Comprehensive Plan for HIV and AIDS.	Improve interventions to reduce the burden of TB amongst people living with HIV and AIDS (PLWHA).	Improve TB case detection amongst PLWHA.	Develop clear policy guidelines for HCW to manage patients co-infected with TB and HIV.	Number of HCW at PHC facilities and accredited sites, trained in TB and HIV clinical management.	Nurses: 1 000 Doctors: 500	Nurses: 2 000 Doctors: 750	Nurses: 3 000 Doctors: 1 000
						Proportion of PLWHA screened for TB.	30%	40%	50%
						Proportion of co-infected patients put on TB prophylactic treatment (IPT).	4%	5%	10%
						Proportion of TB patients infected with HIV and referred for ART.	5%	10%	20%

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
HIV, AIDS, STI and TB: Comprehensive HIV and AIDS Care, Management and Treatment (CCMT).	Improve management of communicable diseases and non-communicable illnesses.	Accelerate the implementation of Prevention Interventions for HIV and AIDS.	Increased access to Information, Education and Communication (including ABC campaign for behaviour change).	% of new community action teams in provinces.	50%	80%	100%
				% of public health facilities offering Voluntary Counselling and Testing.	100%	100%	100%
				Number of male condoms distributed.	450 million	475 million	500 million
				National male condom distribution rate (PHC) - that is, number of condoms distributed to male population 15 years and above per annum.	9	10	11
				Number of female condom distribution sites.	295	340	385
				Number of female condoms distributed.	3 million	4 million	4.6 million
				National incidence of STI treated.	8%	9%	9%
				National STI partner notification rate.	90%	100%	100%
				National STI partner tracing rate.	35%	40%	44%
				Number of operational HTA intervention sites.	185	216	253
				Neisseria Gonococcal susceptibility to antimicrobial agents.	Rapid study completed in Mpumalanga, Northern Cape, Limpopo and North West by July 2006.		

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
HIV, AIDS, STI and TB: Comprehensive HIV and AIDS Care, Management and Treatment (CCMT).	Improve management of communicable diseases and non-communicable illnesses.	Accelerate the implementation of Prevention Interventions for HIV and AIDS.	Improved interventions to deal with HIV and AIDS.	National microbiological surveillance (NMS) system established.	System developed and approved by the NHC. First line syndromic management guidelines changed.	National microbiological surveillance (NMS) operational.	National microbiological surveillance (NMS) operational.
				Improve management of genital herpes.	Increase health seeking behaviour and early presentations for ulcers through social mobilisation at least reaching 30% of high risk communities. Use available evidence to review syndromic management guidelines for ulcers based STIs.	Increase health seeking behaviour and early presentations for ulcers through social mobilisation at least reaching 50% of high risk communities.	Increase health seeking behaviour and early presentations for ulcers through social mobilisation at least reaching 60% of high risk communities.
				NMS reports with drug resistance and aetiology data.	Drug resistance data available annually from the National Microbiological Surveillance (NMS) report.	Aetiology data available annually from the NMS report.	
			Improved interventions to deal with HIV and AIDS.	% of health facilities that offer PMTCT.	100%	100%	100%
				Proportion of districts with turn-around time of 48 hours or less (CD4 test).	80%	90%	100%
				% sub-districts with at least one accredited service point for the Comprehensive Plan.	60%	80%	100%

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
HIV, AIDS, STI and TB: Comprehensive HIV and AIDS Care, Management and Treatment (CCMT).	Improve management of communicable diseases and non-communicable illnesses.	Accelerate the implementation of Prevention Interventions for HIV and AIDS.	Train Health Care Workers on Comprehensive Management of HIV and AIDS.	% of HCW trained on Comprehensive Management of HIV and AIDS.	60%	80%	100%
		Accelerate the implementation of the Comprehensive Plan for HIV and AIDS.	Increase access to Home Community Based Care (HCBC).	% of sub-districts with HCBC programmes.	60%	80%	100%
South African National AIDS Council.	Strengthen NGO collaboration.	Strengthen oversight over public entities and other bodies.	Establish palliative care centres in all provinces.	% of sub-districts with palliative care centres.	20%	60%	100%
			Increase involvement of people living with HIV and AIDS.	% of sub-districts with PLHA focussed programmes.	30%	70%	100%
			Finalisation of NGO guidelines.	NGO guidelines printed and distributed to provinces.	NGO guidelines distributed to provinces by December 2006.	NGO guidelines report on compliance with set guidelines published.	Review implementation of guidelines and impact thereof.
			Conduct impact study of funded HIV, AIDS and TB NGOs.	Report on the impact study completed and recommendations implemented.	Conduct impact study and compile report.	50% of recommendations implemented.	100% of recommendations implemented.
South African National AIDS Council.	Strengthen international relations.	Strengthen implementation of bi- and multi-lateral agreements.	Strengthen oversight over SANAC and the Provincial AIDS Councils (PAC).	Develop and distribute a handbook on PFMA, treasury regulations.	Handbook developed and distributed by December 2006.	Report on utilisation of the handbook.	Review financial management by NGOs.
			Four meetings per year to be held in the provinces.	Four meetings per year to be held in the provinces.	Quarterly meetings.	Quarterly meetings.	Quarterly meetings.
IHL			Strengthen, expand and establish trilateral and multi-lateral relations.	Number of strategy documents on multi-laterals developed and reviewed.	Three strategy documents developed and implemented (SADC, NEPAD, G77 and China).	Four strategy documents implemented and reviewed.	Five strategy documents implemented and reviewed.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
IHL	Strengthen international relations.	Strengthen implementation of bi- and multi-lateral agreements.	Strengthen, expand and establish trilateral and multi-lateral relations.	Number of progress reports on implementation of bilateral agreements submitted to the Minister.	Four progress reports submitted to Minister.	Four progress reports submitted to Minister.	Four progress reports submitted to Minister.
				Number of Country Cooperation Strategies developed and reviewed.	Two Country Cooperation Strategies developed and reviewed (WHO, UN agencies).	Three Country Cooperation Strategies developed and reviewed.	Four Country Cooperation Strategies developed and reviewed.
				Number of major multi-lateral summits and conferences coordinated.	Five major multi-lateral summits and conferences coordinated.	Five major multi-lateral summits and conferences coordinated.	Five major multi-lateral summits and conferences coordinated.
				Number of reports on international trends provided to Minister and DOH.	Four reports on international trends provided to Minister and DOH.	Four reports on international trends provided to Minister and DOH.	Four reports on international trends provided to Minister and DOH.
	Strengthen ODA coordination.	Facilitate and coordinate donor activities within the health sector and mobilising international donor assistance to the advantage of the health sector.	Improve international health relations.	Strategies on donor coordination developed and reviewed.	ODA strategy and policy developed.	ODA strategy reviewed and revised.	ODA strategy reviewed and revised.
				Number of donor coordination fora facilitated.	Three donor coordination fora.	Three donor coordination fora.	Three donor coordination fora.
				Number of reports on donor coordination submitted to Minister.	Four reports on donor coordination submitted to Minister.	Four reports on donor coordination submitted to Minister.	Four reports on donor coordination submitted to Minister.
				Number of funding and technical cooperation agreements signed with partners.	Two agreements.	Three agreements.	Four agreements.

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
NEPAD Coordination	Harmonising NDOH plans with NEPAD health strategy and MDGs.	Facilitating harmonisation and coordinating programmes according to NDOH and NEPAD.	Develop a NEPAD Accelerated Malaria Control Programme for Africa (NAMCA).	NAMCA project launched.	NEPAD Accelerated Malaria Control Programme for Africa (NAMCA) launched by the President in 2006. NAMCA activities in SADC and AU countries strengthened.	Monitoring, evaluation and reporting on NAMCA.	Monitoring, evaluation and reporting on NAMCA.
		Harmonise some international pledges for support on NEPAD programmes and make relevant directorates aware of opportunities for funding.	Facilitate NEPAD plans and proposals for possible funding by partners.	Funding for NEPAD health activities increased.	Funding available for Malaria NAMCA project implementation and Presidential launch in June 2006.	Funding provided for three more NEPAD programmes.	Funding provided for AU programmes.

## Commentary on budgets and plans

Expenditure for Strategic Health Programmes grows from R780 million in 2002/03 to R2,3 billion in 2008/09, representing 20% growth over the period. The growth occurs predominantly in the HIV and AIDS Cluster, which also houses the Comprehensive Plan and consequently the HIV and AIDS conditional grants to provinces.

A large part of the Maternal, Child and Women's Health and Nutrition sub-programme consisted of the Integrated Nutrition Programme conditional grant to provinces. This grant will be phased into the equitable share in 2006/07, hence the sharp decline in the budget. The core budget of the programme however remains constant over the MTEF with growth slightly above inflation (6% per annum).

The allocation for Medicines Regulatory Affairs increases to R32 million in 2008/09 to strengthen its performance and efficiency in registration of medicines and support for the Medicines Control Council. The Medicines Pricing Committee was established and its ground breaking regulations have changed the way medicine prices are determined, with pharmaceutical manufacturers selling each product at a single exit price to all buyers. A lengthy process to register doctors and pharmacists to dispense medicines has been undertaken. These activities led to the enlargement of this cluster and forward growth in their budget.

The allocation for the HIV and AIDS sub-programme grows strongly in nominal terms by 29,9% annually over the period 2002/03 to 2008/09. This is mainly due to high growth in the HIV and AIDS conditional grant to provinces. The large jump in funding from 2003/04 to 2004/05 caters for the implementation of the Comprehensive Plan, which includes the funding for anti-retroviral treatment. Earmarked funding for the management, support and monitoring of the Comprehensive Plan amounts to R40 million in 2006/07. Condom purchases increase from R70,8 million in 2002/03 to R147 million in 2007/08. South Africa will contribute R16 million to the Global Fund in 2006/07. Transfers are shown in **Table 4** and include R52,7 million for NGOs, R23 million to loveLife, R14 million for Soul City and R10 million to Lifeline.

The budget of the Pharmaceutical Policy and Planning sub-programme is reduced from R29 million in 2005/06 to R 24,8 million in 2006/07 due to termination of a special allocation to the health technology section. The increase in the allocation in 2005/06 was partly a result of upgrading the MEDSAS System (an information system for medicine stores dealing with procurement and distribution for the public sector). This was done partly to monitor a new tender awarded for the supply of anti-retrovirals worth R3 billion.

The expenditure for the Communicable Diseases Unit has grown from R42 million in 2003/04 to R52,3 million in 2008/09. This includes payment to the Mines and Works Compensation Fund for a particular group of pensioners. The high level of expenditure in 2002/03 was for a once off payment to KwaZulu-Natal province to deal with a cholera epidemic.

**Table 4** provides a detailed description of the expenditure for the 2002/03 to 2005/06 financial years, and the budget for the next three financial years, 2006/07 to 2008/09.

**Table 4**  
Expenditure estimates: Strategic Health Programmes

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
R thousand							
Maternal, Child and Women's Health	32 088	25 450	22 282	25 025	27 093	28 819	30 391
Medicines Regulatory Affairs	20 330	25 807	32 052	20 994	29 093	30 554	32 221
HIV and AIDS	454 588	676 230	1 107 408	1 566 302	1 976 920	2 082 949	2 188 412
Pharmaceutical Policy and Planning	18 823	17 980	21 988	29 636	24 863	26 112	27 537
Communicable Disease	183 354	42 961	29 650	47 219	47 242	49 542	52 354
<b>Total</b>	<b>709 183</b>	<b>788 428</b>	<b>1 213 380</b>	<b>1 689 176</b>	<b>2 105 211</b>	<b>2 217 976</b>	<b>2 330 915</b>
Change to 2005 Budget estimate				(83 755)	(20 950)	(13 365)	(14 032)
<b>Economic classification</b>							
<b>Current payments</b>	<b>251 806</b>	<b>348 020</b>	<b>355 273</b>	<b>418 724</b>	<b>425 015</b>	<b>450 963</b>	<b>465 736</b>
Compensation of employees	50 633	55 392	83 201	70 937	83 568	87 747	92 493
Goods and services	201 173	292 628	272 072	347 751	341 447	363 216	373 243
<i>of which:</i>							
<i>Communication</i>	<i>3 932</i>	<i>3 023</i>	<i>2 165</i>	<i>2 085</i>	<i>1 316</i>	<i>1 385</i>	<i>1 434</i>

<i>Computer Services</i>	5 431	8 556	7 755	2 656	415	430	458
<i>Consultants, contractors and special services</i>	33 845	62 398	18 142	39 970	11 441	11 791	12 147
<i>Inventory</i>	70 875	78 784	132 000	158 440	145 343	153 052	155 642
<i>Maintenance repair and running cost</i>	162	175	198	211	237	278	314
<i>Operating leases</i>	498	531	557	653	701	766	805
<i>Travel and subsistence</i>	21 217	29 140	45 101	41 678	15 686	16 737	17 844
<b>Transfers and subsidies</b>	<b>455 424</b>	<b>439 382</b>	<b>853 509</b>	<b>1 265 467</b>	<b>1 674 329</b>	<b>1 760 852</b>	<b>1 858 681</b>
Provinces and municipalities	357 413	333 786	735 541	1 150 332	1 567 423	1 645 575	1 735 423
Departmental agencies and accounts	21 500	8 000	29 036	5 000	2 100	2 130	2 355
Foreign governments and international organisations	-	-	-	1 000	-	-	-
Non-profit institutions	64 141	91 096	86 306	109 135	104 806	113 147	120 903
Households	12 370	6 500	2 626	-	-	-	-
<b>Payments for capital assets</b>	<b>1 953</b>	<b>1 026</b>	<b>4 598</b>	<b>4 985</b>	<b>5 867</b>	<b>6 161</b>	<b>6 498</b>
Machinery and equipment	1 058	763	4 598	2 920	5 867	6 161	6 498
Software and other intangible assets	895	263	-	2 065	-	-	-
<b>Total</b>	<b>709 183</b>	<b>788 428</b>	<b>1 213 380</b>	<b>1 689 176</b>	<b>2 105 211</b>	<b>2 217 976</b>	<b>2 330 915</b>
<b>Details of major transfers and subsidies:</b>							
<b>Provinces and municipalities</b>							
<b>Provinces</b>							
<b>Provincial revenue funds</b>							
<b>Current</b>	<b>357 209</b>	<b>333 556</b>	<b>735 381</b>	<b>1 150 108</b>	<b>1 567 214</b>	<b>1 648 575</b>	<b>1 735 423</b>
Integrated Nutrition Programme Grant	-	-	-	-	-	-	-
Comprehensive HIV and AIDS Grant	210 209	333 556	735 381	1 150 108	1 567 214	1 645 575	1 735 423
Cholera epidemic: KwaZulu-Natal	147 000	-	-	-	-	-	-
<b>Departmental agencies and accounts</b>							
<b>Social security funds</b>							
<b>Current</b>	<b>6 500</b>	<b>3 000</b>	<b>4 000</b>	<b>5 000</b>	<b>2 100</b>	<b>2 130</b>	<b>2 355</b>
Mines and Works Compensation Fund	6 500	3 000	4 000	5 000	2 100	2 130	2 355
<b>Public entities</b>							
<b>Current</b>	<b>15 000</b>	<b>5 000</b>	<b>25 036</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
National Health Laboratory Services (cancer register)	-	-	20 000	-	-	-	-
South African National AIDS Council	10 000	-	-	-	-	-	-
MRC Malaria Lubombo Spatial Development Initiative	5 000	5 000	5 000	-	-	-	-
Donation and Gifts	-	-	36	-	-	-	-
<b>Foreign governments and international organisations</b>							
<b>Current</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1 000</b>	<b>-</b>	<b>-</b>	<b>-</b>
SADC Regional HIV and AIDS Trust Fund	-	-	-	1 000	-	-	-
<b>Non-profit institutions</b>							
<b>Current</b>	<b>64 141</b>	<b>91 096</b>	<b>86 306</b>	<b>109 135</b>	<b>104 806</b>	<b>113 147</b>	<b>120 903</b>
Maternal, Child and Women's Health: Non-Governmental Organisations	310	350	370	422	930	977	1 030
HIV and AIDS: Non-Governmental Organisations	31 331	43 378	40 186	49 745	52 730	55 367	58 390
Tuberculosis: Non-Governmental Organisations	2 500	1 368	2 800	2 968	3 146	3 303	3 483
South African AIDS Vaccine Initiative	5 000	10 000	10 000	10 000	5 000	8 000	10 000
Life Line	-	11 000	7 000	15 000	10 000	10 500	11 000
LoveLife	25 000	25 000	23 000	23 000	23 000	23 000	23 000
Soul City	-	-	2 950	8 000	10 000	12 000	14 000
<b>Households</b>							
<b>Social benefits</b>							
<b>Current</b>	<b>12 370</b>	<b>6 500</b>	<b>2 201</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Poverty Relief	12 370	6 500	2 201	-	-	-	-

Programme 3: Health Service Delivery

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)	
Health Financial Planning and Economics	Planning, budgeting and monitoring and evaluation.	Budget preparation.	Develop consensus with the National Health Council (NHC) and Provincial Heads of Health on strategic health priorities that require additional funding.	Bids for 10x10 and joint Health-Treasury meeting prepared.	Health sector bid ready by June and August 2006/2007.	Health sector bid ready by June and August 2007/2008.	Health sector bid ready by June and August 2008/2009.	
		Conduct benefit-incidence study.	Award a tender to conduct the benefit incidence study and appoint project manager and steering committee. Begin a data collection exercise.	Report on the benefit incidence study produced by Jan 2009.	Complete tender process and conduct benefit incidence study.	Interim report on the benefit incidence study produced.	Progress report on implementation of the recommendations of benefit incidence study by March 2009.	
		Implement the Modernisation of Tertiary Services Plan.	Implement the MTS Plans.	Number of provinces and hospitals implementing the MTS.	Nine provinces implement phase one (procurement of diagnostic and radiology equipment).	Nine provinces implement phase two (procurement of radiation oncology equipment).		
		Conduct provincial health expenditure reviews.	Conduct provincial health expenditure reviews.	Report on district health expenditure reviews.	November 2006/07.	November 2007/08.	November 2008/09.	
		Conduct costing of the district hospital package.	Determine the total costs of implementing the district hospital package in South Africa.	Report on costing of district hospitals produced.	Report on costing of district hospital package completed by June 2007.	Report on implementation of recommendations in February 2008.		
		Technical efficiencies in district hospitals.	Commission a study into technical efficiencies in district hospitals produced by February 2008.	Report on technical efficiencies in district hospitals produced.	Conduct study into technical efficiencies of district hospitals.	Report on technical efficiencies in district hospitals produced by February 2008.	Report on the implementation of recommendation in February 2009.	
		Conduct National Health Accounts.	Determine the flow of health care resources by financing intermediaries.	Report on National Health Accounts produced.	Conduct National Health Accounts.	Report on National Health Accounts produced by January 2008.		

Sub-programme	NHS priorities for 2004-2009	Activities for 2004-2009	NDOH measurable objectives for 2006-2008	Indicator	Target (06/07)	Target (07/08)	Target (08/09)
Health Financial Planning and Economics	Planning, budgeting and monitoring and evaluation.	Develop the National Reference Price List.	Publish the tariffs to be charged by health care providers as specified in Chapter 11 of the National Health Act.	National Health Reference Price List published by the Minister of Health in 2007.	Draft National Health Reference Price List published by the Minister of Health in 2007 for comment.	Negotiations with key stakeholders around the National Health Reference Price List.	National Health Reference Price List comes into effect in April 2009.
		Determine the levels of spending on HIV and AIDS in South Africa.	Conduct national HIV and AIDS spending assessment.	Report on national HIV and AIDS spending assessment completed.	Conduct an assessment of national spending on HIV and AIDS in both the public and private health sector.	Report on national HIV and AIDS spending assessment completed in April 2008.	Report on the implementation of recommendation in February 2009.
		Determine spending levels on reproductive health in South Africa.	Conduct Reproductive Health Accounts.	Report on National Reproductive Health Accounts.	Conduct an assessment of National Reproductive Health Accounts in the public and private health sector.	Report on National Reproductive Health Accounts completed in April 2008.	Report on the implementation of recommendation in February 2009.
Non-Communicable Diseases	Improve management of non-communicable illnesses.	Strengthen relations between the public and private health sectors.	Develop a Health Charter.	Health Charter finalised.	Health Charter finalised by March 2007.	Report on the implementation of the Health Charter by March 2008.	Second report on the implementation of the Health Charter by March 2009.
		Strengthen National Cancer Control Programme.	Translate and print IEC materials on cancer in eight of the 11 official languages.	Number of official languages in which IEC material has been translated and use of the material monitored.	IEC material available in eight official languages and distributed to all provinces by March 2007.	Progress report on the use of translated IEC materials by provinces in March 2008.	Second progress report on the use of translated IEC materials in March 2009.
		Strengthen the Vision 2020 Prevention of Blindness Programme.	Expand the cataract surgery project.	Number of operations conducted per million population (cataract surgery rate).	1 200/million population by December 2006.	1 400/million population by December 2007.	1 600/million population by December 2008.