

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)
Non-Communicable Diseases	Improve management of non-communicable illnesses.	Strengthen the Vision 2020 Prevention of Blindness Programme.	Introduce Low Vision Services costed and implemented in one district per province.	Low Vision Services Plan costed and used in one district per province.	Implementation plan for provision of Low Vision Services finalised and costed by March 2007.	Nine districts (one district per province) offering Low Vision Services by March 2007.	Evaluation report on the implementation of Low Vision Services.
		Promote therapeutic patient education to enhance patient compliance.	Develop a framework for therapeutic patient education (patient based education) for Primary Health Care (PHC) workers.	Framework for therapeutic patient education for PHC workers finalised and implemented.	Framework available by March 2007.	Training of health workers in therapeutic patient education in 27 districts (three per province).	Training of health workers in therapeutic patient education in all 53 districts.
		Strengthen use of health information system.	Initiate survey on older persons to generate key health status indicators currently not included in NHIS and Stats SA.	Survey report available.	Planning for the survey completed by March 2007.	Survey completed and report produced and adopted by the NHC.	Survey results used for planning.
Communicable Disease Control	Improve access to health care services for persons with disabilities.	Strengthen free health care for persons with disabilities.	Implement national policy on free health care using national guidelines and tools.	Number of public hospitals using guidelines and tools.	355 hospitals.	410 hospitals.	
		Reduce waiting period for a wheelchair.	Improve accessibility of all health care facilities to persons with disabilities.	Two months waiting period for a wheelchair in all provinces.	Seven out of nine provinces with two months waiting period for a wheelchair.	All nine provinces with two months waiting period for a wheelchair.	
		Strengthen malarial control.	Improve accessibility of all health care facilities to persons with disabilities.	Number of public health facilities assessed for accessibility.	100% hospitals.	50% of clinics.	100% of clinics.
Communicable Disease Control	Improve management of communicable diseases and non-communicable illnesses.	Update malaria guidelines, integrate malaria control into comprehensive communicable disease control programme and ensure reduction of cases.	Strengthen malarial control.	Number of malaria affected provinces implementing the Roll Back Malaria (RBM) Survey.	All malaria affected provinces with progress reports on the implementation of recommendation of the RBM Survey.	All malaria affected provinces evaluated to assess the impact of the RBM Survey recommendation.	RBM plans for the three malaria affected provinces updated and implemented.

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Communicable Disease Control	Improve management of communicable diseases and non-communicable illnesses.	Strengthening implementation of the key strategies for effective malaria control.	Reducing malaria morbidity and mortality by 10% each year.	% reduction in malaria cases annually.	10% reduction annually.	10% reduction annually.	10% reduction annually.
				Reduce case fatality rate.	0,5%	<0,5%	<0,5%
				% increase of indoor residual house spraying coverage.	85% coverage in all malaria affected districts.	90% coverage in all malaria affected districts.	95% coverage in all malaria affected districts.
				% of districts that have monitoring charts for tracking epidemics.	60% coverage in all malaria affected districts.	70% coverage in all malaria affected districts.	80% coverage in all malaria affected districts.
				Number of countries implementing strategies in the plans of action for collaboration.	Implement the plan of action with Mozambique, Zimbabwe and Angola.	Review plan of action with Mozambique, Zimbabwe and Angola post implementation.	Implement strategies to address the gaps identified in the 2007/08 review.
				Implementation of EPR policy guidelines by provinces.	Implementation of EPR guidelines by nine provinces.	Nine provinces evaluated on EPR implementation.	Progress report on the implementation of strategies to address identified gaps.
				Preparedness plan for influenza developed and implemented.	Plan finalised.	All aspects of plan implemented.	Evaluation report on the implementation of the preparedness plan.
				Number of clinical guidelines finalised.	Two clinical guidelines finalised.	Two clinical guidelines finalised.	Two clinical guidelines finalised.
				Number of training sessions conducted for HCW.	Nine training sessions conducted for HCW.	Nine training sessions conducted for HCW.	Nine training sessions conducted for HCW.
				Communicable Disease Control	Scale up training of Health Care Workers in use of clinical guidelines.	Scale up epidemic preparedness and response.	Scale up epidemic preparedness and response.
Number of training sessions conducted for HCW.	Nine training sessions conducted for HCW.	Nine training sessions conducted for HCW.	Nine training sessions conducted for HCW.				
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Communicable Disease Control	Improve management of communicable diseases and non-communicable illnesses.	Scale up training of Health Care Workers in use of clinical guidelines.	To improve awareness of communities on communicable diseases.	Number of health promotion activities undertaken.	Two health promotion activities undertaken.	Two health promotion activities undertaken.	Two health promotion activities undertaken.
		Improve Mental Health Services.	Implementation of the Mental Health Care Act No 17 of 2002.	% districts with integrated mental health and substance abuse services into PHC.	60%	80%	100%
Mental health	Improve management of communicable diseases and non-communicable illnesses.			Number of additional psychiatric hospitals in revitalisation programme.	One additional site in each province.	One additional site in each province.	One additional site in each province.
				Number of trauma sites for victims of violence in each district.	Additional site per district.	Additional site per district.	Additional site per district.
				Number of provinces with a designated mental health plan.	4 provinces.	6 provinces.	9 provinces.
MBOD	Contribute towards human dignity by improving quality of care.	Reduce the turn-around time for applications for certification to three to four weeks. Improve access to health care services for ex-mineworkers. Alleviation of poverty.	Finalise and implement regulations pertaining to the labelling and advertising of alcohol beverages. Increase the number of applications certified, by strengthening the certification committee and increasing the frequency of its meetings. Increase the number of public hospitals providing benefit medical examinations in all provinces. Set up revenue generating projects for ex-mineworkers in partnership with trade unions and Chamber of Mines and the Department of Minerals and Energy.	Number of provinces with at least one child and adolescent psychiatric service.	4 provinces.	6 provinces.	9 provinces.
				Regulations implemented.	Regulations promulgated by March 2007.	50% implementation.	100% implementation.
				Number of applications certified.	35 000	40 000	45 000
				Number of hospitals that provide benefit medical examinations to ex-mineworkers.	60 hospitals.	70 hospitals.	90 hospitals.
				Number of projects developed for ex-mineworkers.	One project per province.	Two projects per province.	Two projects per province.

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MBOD	Improving communication and consultation within the health systems and communities we serve.	Raise awareness on Benefit Medical Examinations (BME) in the mining communities where ex-mineworkers were recruited.	Advocacy programme on BME for both active and ex-mineworkers.	Increase in number of miners that undergo benefit medical examinations.	35 000	40 000	45 000	
		Strengthen administration and implementation of S36A of ADMWA as amended in 2003.	Campaigns and road shows in communities with high numbers of ex-mineworkers.	Number of campaigns or road shows in the mining and sending communities.	Two	Two	Two	
Occupational Health and Safety	Develop programmes for occupational health and safety.	Promote occupational health and safety in public hospitals.	Develop and implement occupational health programmes in public hospitals.	Number of public hospitals with OHS services unit.	Four hospitals in each province with OHS services.	Eight hospitals in each province with OHS services.	Eight hospitals in each province with OHS services.	
			Development of the Risk Assessment Tool for the DOH.	Availability of the Risk Assessment Tool.	Finalise Risk Assessment Tool and distribute to provinces.	Use of tool monitored and report presented to NHC.		
Health Information, Evaluation and Research	Contribute towards human dignity by improving quality of care.	Development of the training programme on ILO classification of radiographs.	Training of Occupational Health Practitioners in Risk Management.	% of Occupational Health Practitioners trained in Risk Management.	40%	50%	60%	
		Occupational health officials and radiologists in South Africa and Mozambique trained on ILO classification of radiographs.	Occupational health officials and radiologists in South Africa and Mozambique trained on ILO classification of radiographs.	% of occupational health practitioners and radiologists in South Africa and Mozambique trained on ILO classification of radiographs.	20%	30%	40%	
		Develop SAQA approved Quality Assurance Training Framework.	Quality Assurance Training Framework approved by SAQA.	Development of training standards for all identified training areas.	Quality Assurance Training Framework approved by SAQA by June 2007.			
			Increase functionality of complaints system.	% of complaints resolved within 25 working days.	50%	75%	100%	

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Health Information, Evaluation and Research	Contribute towards human dignity by improving quality of care.	Develop SAQA approved Quality Assurance Training Framework.	Monitor clinical quality in revitalisation hospitals (provincial function).	% of revitalisation hospitals conducting at least one clinical audit as required by the Division of Revenue Act (DORA).	70%	80%	100%		
				% revitalisation hospitals per province implementing proposed/prescribed quality methods and systems.	90%	100%	100%		
				% increase in the number of public sector hospitals conducting clinical audits as required by the Division of Revenue Act (DORA).	10%	10%	10%		
	Strengthen the use of health information systems.	Set standards for health information system.	Implementation of the ICD-10 code on the public and private sector.	ICD-10 curriculum developed.	200 public sector staff trained to ensure billing.	200 public sector staff trained to ensure billing.	200 public sector staff trained to ensure billing.	Compliance to Regulation 5F of Medical Schemes Act (i.e no bill rejection by medical aid schemes.	
					SA Health Smart Card standards approved by SGB.	SA Health GIS standards approved by SGB.	SA Health eHR.za standards approved by SGB.		
		SA DRG (Diagnosis Related Groups).	SA DRG developed.	Pilot SA DRG in two hospitals.	e-Health Policy formulated.	Implement SA DRG in two central hospitals.	Implement SA DRG in two provincial hospitals.	Implement SA DRG in two provincial hospitals.	
						e-Health Policy.	e-Health Policy.	e-Health Policy approved by NHC and implemented.	
		Strengthen the vital registration system, with a focus on birth and death registration.	Implement a single Mortuary Information System.	Mortuary System in place in selected provinces.	Mortuary Information System implemented in Western Cape.	Mortuary Information System implemented in Gauteng.	Mortuary Information System implemented in Gauteng.	Mortuary Information System implemented in Mpumalanga.	

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Health Information, Evaluation and Research	Strengthen the use of health information systems.	Expand telemedicine to more sites. Completion of the Mpumalanga tele-learning site. Coordinate, support and conduct research and monitoring and evaluating activities.	Phase two of telemedicine expanded to 120 sites. Expansion of tele-learning centre to two provinces. Coordinate, support and conduct research and monitoring and evaluating activities.	% of telemedicine sites.	100%	100%	100%
				Expansion of tele-learning centre to three provinces.	Expansion of tele-learning centre to three provinces.	Expansion of tele-learning centre to three provinces.	
				Number of health indicator updates produced.	Four health indicator updates.	Four health indicator updates.	Four health indicator updates.
				Number of key health statistics booklets published.	One key health statistics booklet.	One key health statistics booklet.	One key health statistics booklet.
				Status Report: Health Goals, Objectives and Indicators printed.	Status Report published.		
				UNGASS declaration completed.	2005 Country Report completed and submitted to UNGASS.	2007 Country Report completed and submitted to UNGASS.	2007 Country Report completed and submitted to UNGASS.
				Number of research projects funded for the Comprehensive HIV and AIDS plan completed within the stipulated timeframes.	100% of funded research projects (one-year projects) completed.	100% of funded research projects (two-year projects) completed.	100% of funded research projects (three-year projects) completed.
				Number of provinces submitting data for monitoring the implementation of the Comprehensive HIV and AIDS Care, Management and Treatment Plan.	All nine provincial data available nationally.	All nine provincial data available nationally.	All nine provincial data available nationally.
				Number of M&E training workshops at national and provincial levels.	One national and three provincial training workshops conducted.	One national and three provincial training workshops conducted.	One national and three provincial training workshops conducted.

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Health Information, Evaluation and Research	Strengthen the use of health information systems.	Coordinate, support and conduct research and monitoring and evaluating activities.	Coordinate, support and conduct research and monitoring and evaluating activities.	Burden of Disease Study commissioned in hospitals.	Burden of Disease Study commissioned.	Burden of Disease Study completed and report presented to NHC.		
				Central Data Warehouse (CDW) established.	Data warehouse architecture designed and tested.	SADHS, electronic TB register, disease surveillance, HIV and AIDS data available on CDW.	Updated data from electronic TB register, disease surveillance, HIV and AIDS data available on CDW.	
				Report on the Facilities Survey.	Conduct the Facilities Survey in 2006.	Survey completed in 2007 and report available.	Plan for next survey in 2008.	
				Preliminary SADHS Report published.	June 2006.			
				Full SADHS 2003 compiled and published.	December 2006.			
				Report on the National Behavioural Surveillance Study published every three years.	Conduct the second National Behavioural Surveillance Survey in 2006.	Report available March 2007.	Plan for the third National Behavioural Surveillance in 2008.	
				Report on the incidence of HIV and AIDS published.	April 2007.	April 2008.	April 2009.	
				Report on the Annual Public Sector Antenatal HIV Syphilis Survey published.	April 2007.	April 2008.	April 2009.	
				Electronic Integrated Disease Surveillance System implemented.	Electronic Integrated Disease Surveillance System implemented nationally by September 2006.	Interface with other surveillance systems established by March 2007.		
				Strengthen Integrated Disease Surveillance and Response.			Integrated disease surveillance system working by December 2007.	

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Health Information, Evaluation and Research	Strengthen the use of health information systems.	Coordinate, support and conduct research and monitoring and evaluating activities.	Strengthen Integrated Disease Surveillance and Response.	Surveillance of notifiable medical conditions and priority diseases improved.	Strengthened reporting notifiable medical conditions and priority diseases functional by March 2007.	Report on the implementation of improved surveillance system for notifiable medical conditions and priority diseases.				
				Report on cancer surveillance published.	Annually.	Annually.	Annually.			
				Regulations on notifiable medical conditions published.	Regulations on notifiable medical conditions published for comment by March 2006. Regulations on notifiable medical conditions implemented by December 2006.	Monitoring and Evaluation Report on the implementation of regulations.	Monitoring and Evaluation Report on the implementation of regulations.			
				Report on health trends published.	March 2007.	March 2008.	March 2009.			
				Report on non-natural mortality surveillance published.	March 2007.	March 2008.	March 2009.			
				Report on maternal mortality published.	March 2007.	March 2008.	March 2009.			
				National and provincial training on Basic and Applied Epidemiology and Disease Surveillance.	Training plan developed. One national training workshop conducted.	Nine provincial training workshops conducted.	December 2008.			
				Support to Provincial Surveillance Officers conducted.	Monthly support and progress reviews and quarterly technical meetings.	Monthly support and progress reviews and quarterly technical meetings.	Monthly support and progress reviews and quarterly technical meetings.			
				Strengthen Mortality Surveillance.						

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Health Information, Evaluation and Research	Strengthen the use of health information systems.	Coordinate, support and conduct research and monitoring and evaluating activities.	Strengthen Mortality Surveillance.	Number of statistical notes published.	12	12	12
				Number of health trends published.	One	One	One
				Number of Epi Comments published.	Four	Four	Four
			Establish National Research Committee (NHRC).	Functional National Health Research Ethics Council (NHREC) established.	Regulations for establishment of a National Health Research Ethics Council published. The National Health Research Ethics Council appointed by Minister December 2006 and in office.		
					Regulations for establishment of National Research Committee published. The NHRC appointed by Minister December 2006 and in office.		
			Coordinate, support and conduct research and monitoring and evaluating activities.	National Health Research Policy published.	National Health Research Policy published by January 2007.	Implement 25% of the National Health Research Policy.	Implement 50% of the National Health Research Policy.

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Health Information, Evaluation and Research	Strengthen the use of health information systems.	Coordinate, support and conduct research and monitoring and evaluating activities.	Coordinate, support and conduct research and monitoring and evaluating activities.	Report on National Health Research Priorities published.	National Research Priority Setting Conference held by March 2006. National Health Research Priorities published December 2006.	Research audit conducted and report published by March annually.	Research audit conducted and report published annually.
				Electronic system for registration and accreditation of health research ethics.	SOPS for the registration of research ethics committees published by July 2006.	All audited research ethics committees registered by March 2007.	Monitoring and evaluation of research ethics committees annually.
				Revised guidelines for good clinical practice.	GCP revised published and official launch of guidelines by April 2006.	-	Implement, monitor and evaluate the regulations.
				Regulations on the conduct of research on human subjects published.	Regulations published for comment by December 2006.	Regulations published for implementation June 2007.	Implement, monitor and evaluate the regulations.
				Electronic health research database established and updated annually.	Database accessible on the DOH website.	Database updated annually.	Database updated annually.
				Registration of clinical trials.	Clinical trials registration website (SANRRR) accessible by April 2006.	Report on the number of clinical trials conducted in South Africa published bi-annually.	Report on the number of clinical trials conducted in South Africa published bi-annually.
				Report on annual health research expenditure published.	Health research expenditure survey conducted in March 2006 and report published in December 2006.	Health research expenditure update done annually and report published.	Health research expenditure update done annually and report published.

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Cluster: Districts and Development	Strengthen PHC, EMS and Hospital Service Delivery Systems.	Strengthen PHC.	Develop functional health districts in South Africa.	% of health districts with District Health Plans in line with guidelines.	80%	100%	100%
				% of health districts reporting quarterly on Provincial Annual Performance Plan and DHP indicators.	50%	70%	90%
				% of PHC facilities with a minimum of one documented clinic/CHC committee meeting every second month.	40%	60%	80%
				% of health districts with Districts Health Councils meeting quarterly.	60%	80%	100%
				% of districts with District Health Plans included in Integrated Development Plans.	40%	60%	80%
				DHP and reporting guidelines revised and distributed.	December 2006.	December 2006.	December 2008.
				% of District Health Councils in rural nodes where Rural Health Strategy has been discussed.	50%	60%	80%
				% of nodes with an Integrated Development Plan indicating joint programme implementation.	50%	70%	90%
				% of nodes with completed DHIS report and submitted on time.	80%	100%	100%
							Improve service delivery in rural and urban nodes.

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Cluster: Districts and Development	Strengthen PHC, EMS and Hospital Service Delivery Systems.	Strengthen PHC.	improve service delivery in rural and urban nodes.	% of nodes reporting quarterly on progress with regard to the health components of the Joint ISRDP/URP work plan.	60%	90%	100%		
				Movement of PHC and MHS staff between provinces and municipalities.	77%	88%	100%		
			Strengthen PHC programme development and implementation.	% of facilities visited by a supervisor once a month (PHC supervisory rate).	50%	60%	70%		
				PHC utilisation rate.	2,8	3,0	3,9		
				% of population within 5km radius of PHC facilities.	80%	90%	100%		
			Strengthen Home Based Care (HBC) and partnerships with Non-Profit Organisations.	Number of provinces using the National Strategy to monitor the referral system.	5	6	8		
				Number of health districts who are at Level II of the DHIS.	35	40	53		
				Number of nodal/rural districts providing HBC.	6	9	13		
						Number of rural districts with strategy in place to monitor HBC services.	10	15	25
						Number of nodal points with formal partnerships between NPOs and DOH.	4	5	6
						% NGOs funded by DOH in nodal points have had accredited training.	40%	60%	80%.
						% of care givers in nodal NGOs with accredited training.	50%	70%	90%

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Cluster: Districts and Development	Strengthen PHC, EMS and Hospital Service Delivery Systems.	Strengthen PHC.	Establish M&E system for NGOs.	% of NGOs reporting using DHIS in the nodes.	40%	60%	80%
				Promote healthy lifestyles.	Ongoing implementation of healthy lifestyles programme for South Africa.	Number of local municipalities supported by each province with respect to healthy lifestyle programmes.	Each province supports 6 local municipalities (total 54 LMs).
	Move for Health Programme.		Number of health promoters trained to implement global strategy on diet, physical activity and health.		100	Another 100	Another 100
			Number of community based physical activity projects.		5 per province.	10 per province.	20 per province.
			Number of community based food garden projects.	20 per province.	40 per province.	60 per province.	
			Mass media campaign to promote nutrition.	SABC radio stations broadcasting four key messages in 11 languages.	SABC radio stations broadcasting four key messages in 11 languages.	SABC radio stations broadcasting four key messages in 11 languages.	
	Workplace programmes.		Number of major employers assisted to develop an Employee Wellness Programme (HP in the workplace).	5	20	30	
			Number employees reached.	5 000	20 000	25 000	
			% reduction in smoking prevalence amongst adults and the youth, compared to 1999.	10% reduction among youth.	12% reduction among youth.	12% reduction among youth. 5% among adults.	

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Cluster: Districts and Development	Promote healthy lifestyles.	Ongoing implementation of healthy lifestyles programme for South Africa.	Expansion of Health Promoting Schools. Implement school-based healthy lifestyles programmes.	Number of primary schools identified as Health Promoting Schools.	3 500	5 000	7 500
				Number of schools with school-based food gardens.	5 000	10 000	15 000
				Number of schools with tobacco control programmes.	1 000	3 000	5 000
				Number of schools implementing global strategy for physical activity and health.	1 000	3 000	5 000
				% of distribution outlets receiving IEC materials.	35% schools 35% clinics 20% major supermarkets.	50% schools 50% clinics 40% major supermarkets.	75% schools 70% clinics 60% major supermarkets.
				Regulations on lead in paint.	Regulations in place.		
				% of health districts where MHS staff consolidated.	77%	88%	100%
				% health districts reporting monthly on these indicators.	50%	75%	100%
				% of monthly reports from each centre available at NDOH.	30%	60%	100%
				% ports at which cost recovery system implemented.	50%	70%	100%
Improved control of hazardous substances.	Revised Hazardous Substances Act.	Revised Act reviewed and adopted by stakeholders.	Revised Act tabled before National Health Council.	Revised Act published for comment and Cabinet.	Revised Act tabled before Parliament.		

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Cluster: Districts and Development	Improve governance and management of the NHS.	Develop Environmental Health Policy Framework.	Agreed Policy Framework.	Draft framework reviewed and adopted by relevant structures.	Framework agreed upon by NDOH and DEAT.	Framework approved by the National Health Council and implemented.	
				% of hospital CEOs with signed PMA.	100% by April 2006.		
Hospital services and EMS.	Strengthen Primary Health Care, EMS and Hospital Services.	Strengthen hospital services.	Improve management of hospitals.	Audit of the skills and capacity of health managers completed.	June 2006.		
				% of hospital CEOs with written delegations.	100% by September 2006.		
				% of hospitals with managers enrolled for or completed a hospital management training programme.	25% by December 2006.	50% by December 2007.	100% by December 2008.
				Number of hospitals implementing cost centres (electronic or paper).	30 by June 2006.	70 by June 2007.	130 by June 2008.
				Number hospitals achieving more than 50% of their services improvement plans.	100 by March 2007.	200 by March 2008.	300 by March 2009.
				% of hospitals conducting patient satisfaction surveys.	100% of hospitals conduct at least one patients' satisfaction survey per year.	100% of hospitals conduct at least two patients' satisfaction survey per year.	100% of hospitals conduct at least three patients' satisfaction surveys per year.
Hospital services and EMS.	Strengthen Primary Health Care, EMS and Hospital Services.	Strengthen hospital services.	Improve quality of health services delivered by hospitals.	Number of Hospital Board meetings per hospital per annum.	All Hospital Boards meet at least four times per year by March 2007.	All Hospital Boards meet at least six times by March 2008.	All Hospital Boards meet at least six times by March 2009.
				% of hospitals have board members who have attended training on roles and responsibilities.	25% by March 2007.	50% by March 2008.	100% by March 2009.

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Hospital services and EMS.	Strengthen Primary Health Care, EMS and Hospital Services.	Strengthen hospital services.	Improving quality of information for decision making.	% of hospitals with dedicated facility information officers.	25% by March 2007.	50% by March 2008.	100% by March 2009.		
			% of hospitals with full hospital information data (as in national hospital data set).	25% by March 2007.	50% by March 2008.	100% by March 2009.			
		Strengthen EMS services.	Deliver EMS as guided by the National EMS Strategic Framework.	Implementation of the National EMS Strategic Framework.	Nine provincial EMS plans developed.				
			To improve the quality of information from EMS planning nationally and provincially.	Implementation of the National EMS Information System in all nine provinces.	March 2007.				
		Implement Emergency Centre Regulations.	Prevent transmission of infectious diseases between hospitals.	Implement Emergency Centre Regulations.	Model for an integrated computer aided dispatch system developed and costed.		March 2008.		
					Emergency Centre Regulations implemented in all nine provinces.	Policy and guidelines developed for the implementation of the Emergency Centre Regulations.	Five provinces implemented the Emergency Centre Regulations by 2008.	Implementation of Emergency Centre Regulations completed by all nine provinces.	
					Infectious disease policy for EMS implemented in all nine provinces by March 2008.	Infectious disease policy and guidelines developed by March 2007.	Infectious disease policy for EMS implemented in all nine provinces by March 2008.		
		Prepare a plan for Health and Emergency Medical Services for the FIFA 2010 World Cup.	Completion of the operational plan for the health and medical logistics for the FIFA 2010 World Cup.	Completion of the operational plan for the health and medical logistics for the FIFA 2010 World Cup.	Completion of the operational plan for the health and medical logistics for the FIFA 2010 World Cup.	Strategies and plan to manage the health and medical logistics for the FIFA 2010 World Cup developed.	Intersectoral operational plan for the FIFA 2010 World Cup.	Complete intersectoral operational plan for the logistics for the FIFA 2010 World Cup.	

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Hospital services and EMS.	Strengthen Primary Health Care, EMS and Hospital Services.	Strengthen EMS services. Expand the hospital revitalisation programme. Strengthen hospital services.	Provide a disaster management plan for the health sector in terms of the Disaster Management Act, Act 57 of 2002.	Disaster management plan for the health sector completed.	Plans for disaster management developed in each province.	Report on implementation of disaster management plans produced by each province.	Policy on community based forums for disaster management developed.	
			Strengthen relations with the private health sector.	Memorandum of Understanding (MOU) with the SA Red Cross Society implemented.	Memorandum of Understanding with the SA Red Cross Society signed.	Strategies of cooperation with the SA Red Cross Society implemented.		
			Develop policy on national and international health response to disasters.	Policy on national and international health response to disasters finalised.	Policy on national and international health response to disasters developed and implemented.	Report on evaluation of implementation of policy.		
			Expand the hospital revitalisation programme.	Number of business cases for hospital revitalisation accepted by the NDOH.	21 additional business cases accepted by NDOH (from 42 to 63 BCs).	17 additional business cases accepted by NDOH (from 64 to 81 BCs).		
			Improve time frames for submission of project implementation plans.	Project implementation plans for the next financial year accepted by NDOH by January of preceding year.	2006/07 project implementation plans accepted by NDOH in February 2006.	2007/08 project implementation plans accepted by NDOH in January 2007.	2008/09 project implementation plans accepted by NDOH in January 2008.	
			Establish a functional monitoring and evaluation system.	Annual project review report produced.	2005/06 annual project review report produced by June 2006.	2006/07 annual project review report produced by June 2007.	2007/08 annual project review report produced by June 2008.	
			Develop and implement norms and standards for health infrastructure.	% of hospitals compliant with norms and standards for health infrastructure.	25%	50%	75%	
			Improve health infrastructure.	Development and implementation of a planned preventative maintenance programme.	All hospitals have a planned preventative maintenance programme.	50% of hospitals have delivered on 100% of the maintenance programme.	100% of hospitals have delivered on 100% of the maintenance programme.	
				% of hospital budget allocated to maintenance.	50% of hospital budget allocated to maintenance.	75% of hospitals allocating 3-5% of their budget to maintenance.	100% of hospitals allocating 3-5% of their budget to maintenance.	

Commentary on budgets and plans

Expenditure on the *Health Service Delivery* programme has seen steady growth, rising from R6,3 billion in 2002/03 to an expected R10,1 billion in 2008/09, an annual average nominal increase of 8,1%.

Most of the expenditure is in the *Hospital Services* subprogramme, consisting mainly of conditional grants to provinces. This subprogramme has seen significant growth, most arising from the need to modernise the national hospital stock, with the Hospital Revitalisation grant growing by 21,5% over the MTEF rising from R775 million in 2002/03 (including Hospital Management and Quality Improvement grant) to R1,9 billion in 2008/09. Allocations for the National Tertiary Services and Health Professions Training Grant tend to stagnate. These two grants are undergoing a reform process that should inform future funding requirements. Growth for the core unit (excluding grants) remains strong at 22,8 per cent over the MTEF, which is aimed at increasing the capacity to manage conditional grants as well as managing the national development of a modern Emergency Medical Service.

The allocation of the *Non-Communicable Diseases* cluster grows strongly over the MTEF at 41% due to the function shift of forensic pathology (medico-legal mortuary) services from the South African Police Service to provincial Departments of Health, which will take place in 2006/07. This shift will be funded for a period of five years by a conditional grant to provinces.

The allocation of the *Health Economics* Cluster grows by 7,2% over the MTEF, with a spike in 2006/07 due to an increase in the transfer payment to the Council for Medical Schemes to facilitate the implementation of the Risk Equalisation Fund.

Table 5 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 5
Expenditure estimates: Health Service Delivery

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
	2002/03	2003/04	2004/05		2005/06	2006/07	2007/08
R thousand							
Non-Communicable Disease	203 704	260 595	259 464	388 291	636 381	668 162	589 491
Hospital Services	5 877 093	6 289 289	6 576 942	7 499 587	7 958 670	8 544 416	9 167 332
Health Economics	6 443	7 244	7 863	13 947	28 567	16 371	17 190
Health Information Research and Evaluation	159 958	184 028	189 836	187 214	239 866	250 507	259 513
PHC, Districts Health and Development	11 028	13 561	14 575	21 403	24 141	26 279	27 593
Office of the Standard of Compliance	14 725	16 828	9 303	14 475	19 933	20 934	21 981
Total	6 272 951	6 771 545	7 057 983	8 124 917	8 907 558	9 526 669	10 083 100
Change to 2005 Budget estimate				269 418	584 315	793 726	905 531
Economic classification							
Current payments	84 945	88 986	106 158	116 455	136 786	146 409	158 715
Compensation of employees	61 641	65 645	40 106	64 511	71 162	74 616	78 359
Goods and services	23 304	23 341	66 052	51 944	65 624	71 793	80 356
<i>of which:</i>							
<i>Communication</i>	<i>2 432</i>	<i>2 595</i>	<i>2 705</i>	<i>1 817</i>	<i>1 632</i>	<i>1 730</i>	<i>1 809</i>
<i>Computer Services</i>	<i>2 287</i>	<i>2 205</i>	<i>40</i>	<i>233</i>	<i>401</i>	<i>426</i>	<i>454</i>
<i>Consultants, contractors and special services</i>	<i>2 697</i>	<i>2 638</i>	<i>14 030</i>	<i>11 644</i>	<i>14 492</i>	<i>16 170</i>	<i>17 461</i>
<i>Inventory</i>	<i>7 385</i>	<i>6 792</i>	<i>28 098</i>	<i>7 880</i>	<i>8 453</i>	<i>8 695</i>	<i>9 260</i>
<i>Maintenance repair and running cost</i>	<i>1 187</i>	<i>1 235</i>	<i>1 291</i>	<i>1 319</i>	<i>1 485</i>	<i>1 577</i>	<i>1 652</i>
<i>Operating leases</i>	<i>301</i>	<i>478</i>	<i>561</i>	<i>589</i>	<i>656</i>	<i>698</i>	<i>728</i>
<i>Travel and subsistence</i>	<i>5 925</i>	<i>5 768</i>	<i>12 633</i>	<i>14 099</i>	<i>16 462</i>	<i>17 726</i>	<i>18 803</i>
Transfers and subsidies	6 178 991	6 668 254	6 941 250	7 989 059	8 758 279	9 367 141	9 910 610
Provinces and municipalities	5 996 240	6 449 800	6 708 362	7 756 942	8 466 341	9 075 407	9 607 806
Departmental agencies and accounts	178 569	214 649	223 875	227 845	287 519	287 094	297 930
Non-profit institutions	4 182	3 805	9 013	4 262	4 419	4 640	4 874

Households	-	-	-	10	-	-	-
Payments for capital assets	9 015	14 305	10 575	19 403	12 493	13 119	13 775
Machinery and equipment	7 933	11 519	10 463	18 042	12 493	13 119	13 775
Software and other intangible assets	1 082	2 786	112	1 361	-	-	-
Total	6 272 951	6 771 545	7 057 983	8 124 917	8 907 558	9 526 669	10 083 100
Details of major transfers and subsidies:							
Provinces and municipalities							
Provinces							
Provincial revenue funds							
Current	5 277 054	5 639 613	5 974 361	6 651 320	6 827 802	7 191 223	7 559 848
Health Professions Training and Development Grant	1 299 248	1 333 499	1 434 132	1 520 180	1 520 180	1 596 189	1 675 999
National Tertiary Services Grant	3 727 077	3 994 774	4 273 005	4 709 386	4 981 149	5 221 206	5 482 266
Hospital Management and Quality Improvement Grant	126 000	133 404	122 200	150 342	-	-	-
Forensic Pathology Services	124 729	143 436	145 024	271 412	326 473	373 828	401 583
Malaria and cholera prevention	-	34 500	-	-	-	-	-
Capital	719 000	809 984	733 802	1 105 427	1 638 350	1 884 184	2 047 958
Hospital Revitalisation Grant	649 000	717 628	733 802	1 105 427	1 439 647	1 706 629	1 982 663
Hospital Construction: Pretoria Academic	70 000	92 356	-	-	-	-	-
Forensic Pathology Services	-	-	-	-	198 703	177 555	65 295
Departmental agencies and accounts							
Public entities							
Current	178 569	214 649	223 875	227 845	287 519	287 094	297 830
National Health Laboratory Services	30 111	48 494	52 879	60 216	59 195	62 163	65 271
Medical Research Council	145 498	163 195	167 892	164 304	212 110	221 290	228 836
National Health Laboratory Services (cancer register)	287	287	304	322	341	358	376
Council for Medical Schemes	2 673	2 673	2 800	3 003	15 873	3 283	3 447
Non-profit institutions							
Current	4 182	3 805	9 013	4 262	4 419	4 640	4 874
Health Promotion: Non-Governmental Organisations	405	521	253	800	848	890	935
Environmental Health: Non-Government Organisation	-	-	-	78	83	87	91
Mental Health: Non-Governmental Organisation	1 047	444	180	358	280	294	309
South African Community Epidemiology Network on Drug Use	130	130	130	130	138	145	152
South African Federation for Mental Health	200	200	200	200	212	223	234
World Bank Foundation of South Africa	-	-	6	-	-	-	-
Council for the Blind	400	510	424	449	476	500	525
Health Systems Trust	2 000	2 000	7 820	2 247	2 382	2 501	2 626

Programme 4: Human Resources

The table below summarises the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from Programme 4.

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)
Human Resources	Human resource planning, development and management.	Strengthen human resource management.	Develop and implement strategies to strengthen human resources for health.	Proportion of training institutions implementing equity quotas set nationally.	60%	70%	90%
				Production of mid-level health workers.	Preparation for implementation of clinical associate programme.	First intake of clinical associates trainees.	Second intake of clinical associate trainees.
				Curricula of various categories of mid-level workers revised and implemented.	Pharmacist assistants Curriculum review finalised.	Review and upgrade Emergency Medical Care Practitioners.	Nutrition and Radiographic Assistants Programmes Implemented.
				Traditional Practitioner Council established.	Interim Traditional Practitioner Council established by June 2006.	Full Council in place.	
				Regulations for Traditional Health Practitioners developed and implemented.	Regulations for Traditional Health Practitioners developed by July 2007.	Full implementation of regulations.	
				Private sector partnerships established.	Service Level Agreements with GPs and specialist sessional work in public sector facilities agreed upon by end 2006.	Deployment of private sector specialists in public facilities commenced beginning 2007 (to reduce vacancy rates).	Assessment of implementation of Service Level Agreements with GPs.

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)		
Human Resources	Human resource planning, development and management.	Development of the National HR Plan.	Publish final draft of the National HR Plan for comment and adoption by National Health Council.	Availability of HR Plan to guide HRH planning in the country.	Plan launched in April 2006.	Plans developed by provinces based on the National HR Plan by end 2007.	Assessment of implementation of the National HR Plan.		
				Number of provinces with HR Plans based on National HR Plan.		Six out of nine provinces with HR Plans based on the National HR Plan.	Nine provinces with HR Plans based on National HR Plan.		
				Number of districts with HR Plans.			28 out of 53 districts with HR Plans.		
			Expand community services.	Publication and finalisation of regulations.	Implementation of community service for nursing by January 2007.		Review and improvement in the implementation of CS for nurses.		
					Number of health workers trained to implement the Comprehensive Plan for HIV and AIDS Care, Management and Treatment.	6 233	13 805	15 200	
					Development of regulations for community care-givers.	Draft guidelines in place November 2006.	Final regulations 2007.		
			Strengthen Community-Caregiver Programme.	National Community Care-Giver Policy Framework implementation.	Framework completed and implementation commences.		Fully implemented by March 2007.	Evaluation of implementation of the policy framework.	
					Implementation of new remuneration system for health professionals.	New remuneration system for health professionals implemented by July 2006.		Review impact of new remuneration policy.	
			Strengthen Human Resource Management.	Position NDOH as an employer of choice.	Review of conditions of service for health professionals completed.	Review of service conditions for health professionals jointly with DPSA.	Review service conditions implemented by 2007.	Review impact of new conditions of service.	

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)		
Human Resources	Human resource planning, development and management.	Strengthen Human Resource Management.	Promote uniform policy environment.	Development and adoption of skills development policy.	Skills development policy adopted by March 2007.				
				Reduction in inter-provincial variations in policy implementation.	Guidelines for use by provinces adopted.	Common policy interpretations and application across provinces achieved in 2007.	Common policy interpretations and application across provinces improved in 2008.		
			Increase production of health workers.	Strategies developed to increase intake of students in selected categories.	Increase training of nurses by 2007.		Increase training of other health professionals as per agreed targets.	Assessment of intake by education institutions.	
				Business Plan in place to re-open nursing colleges.	Audit of nursing colleges to assess feasibility of re-opening with cost implications completed and report presented to the NHC.	Draft business plan for re-opening nursing colleges.	Funding for re-opened nursing colleges solicited from Treasury.	Nursing colleges re-opened according to business plan.	
			Develop the National HR Information System.	Standardised National HR Information System (NHRIS).	Develop relevant HR regulations.	Finalisation of all relevant HR regulations in terms of Chapter 7 of the NH Act.	Advertising and awarding of the NHRIS tender by April 2006.	Implementation of NHRIS at national level.	Implementation of NHRIS across all nine provinces.
						Forum of Statutory Councils established.	Finalisation of policy on the Forum of Statutory Councils.	Forum of Statutory Councils fully functional by August 2007.	Review of progress with implementation of Chapter 7 of the Act.
			Employment of foreign health professionals.	Transformation of health professions.	Establish Forum of Statutory Councils.	Adoption of policy on foreign health professionals by the NHC.	Policy adopted by September 2006.	Policy implemented in April 2007.	Policy reviewed and revised in 2009.

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)
Sector Labour Relations.	Human Resource planning, development and management.	Promote labour peace in the public health and social development sector.	Actively engage with trade unions admitted to the PHWSBC on mutual interest matters affecting employees in the public health and social development sector.	Number of PHWSBC meetings held annually.	At least six meetings of the PHWSBC annually.	At least six meetings of the PHWSBC annually.	At least six meetings of the PHWSBC annually.
			Facilitate effective operation and participation of the employer on all PHWSBC Committees established in line with PHWSBC Resolution 1 of 2001.	Number of meetings of PHWSBC Committees held annually.	At least six meetings of each PHWSBC Committee annually.	At least six meetings of each PHWSBC Committee held annually.	At least six meetings of each PHWSBC Committee held annually.
			Facilitate the effective functioning of and provide leadership to the employer caucus in preparation for negotiations in the PHWSBC.	Regular meetings of the employer caucus attended by health and social development representatives nationally and from provinces.	At least six employer caucus meetings annually.	At least six employer caucus meetings annually.	At least six employer caucus meetings annually.
			Develop proposals for mandates on collective agreements on mutual interest matters for negotiation in the PHWSBC.	Number of collective agreements concluded on mutual interest matters concluded in the PHWSBC annually.	At least three collective agreements concluded in the PHWSBC annually.	At least three collective agreements concluded in the PHWSBC annually.	At least three collective agreements concluded in the PHWSBC annually.
			Render support to the chief negotiator for the employer in PSCBC during negotiations with trade unions.	Number of collective agreements concluded in the PSCBC.	At least three collective agreements concluded in the PSCBC annually.	At least three collective agreements concluded in the PSCBC annually.	At least three collective agreements concluded in the PSCBC annually.
			Conduct analysis and develop proposals for review of selected PHWSBC collective agreements.	Analysis conducted and proposals for review of PHWSBC collective agreements submitted to mandating structure.	Analysis and review of selected collective agreements concluded between 2000 and 2005.	Analysis and review of selected collective agreements concluded during 2006/07.	Analysis and review of selected collective agreements concluded during 2007/08.
			Engage trade unions in bi-lateral and multi-lateral discussions to build trust, develop the social partnership and to narrow down issues in dispute.	% of resolved disputes between trade unions and employer in the PHWSBC.	100% of disputes resolved of which at least 30% must be resolved at conciliation.	100% of disputes resolved of which at least 40% must be resolved at conciliation.	100% of disputes resolved of which at least 50% must be resolved at conciliation.
			Promote the effective and expeditious resolution of disputes in the public health and social development sector.				

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)
Sector Labour Relations.	Human Resource planning, development and management.	Promote effective communication between the employer, its employees and the trade unions in the public health and social development sector.	Engage with trade unions in bi-lateral and multi-lateral meetings at all levels to discuss strategic human resources-related and other policy matters relevant to the sector.	Number of bi-lateral and multi-lateral meetings held with trade unions.	At least four bi-lateral/multi-lateral meetings per annum.	At least four bi-lateral/multi-lateral meetings per annum.	At least four bi-lateral/multi-lateral meetings per annum.
			Promote information sharing in the PHWSBC with respect to strategic health and social development policy issue.	Number of presentations by the Department of Health and Social Development to parties in the PHWSBC.	At least one presentation on strategic health and/or social development policy issues per quarter.	At least one presentation on strategic health and/or social development policy issues per quarter.	At least one presentation on strategic health and/or social development policy issues per quarter.
			Promote the effective delivery of service to the community.	Number of joint service delivery improvement projects undertaken in partnership with organised labour in the PHWSBC.	At least one joint service delivery improvement project per annum during the week of 1 May 2006.	At least one joint service delivery improvement project per annum during the week of 1 May 2007.	At least one joint service delivery improvement project per annum during the week of 1 May 2008.
			Build a harmonious workforce.	Specific team development programmes implemented.	Development programme on diversity management by September 2006.	Development programme on conflict resolution by March 2007.	Development programme on other identified area by March 2008.
			Develop relevant labour policies and procedures.	Establish employee wellness centre.	Research on different areas necessary in an EA centre conducted by March 2007.	Location of EA centre and staff establishment of centre completed by March 2008.	Centre established by March 2009.
			Finalise Employment Equity Plan.	Audit of departmental compliance with labour legislation.	Four quarterly bulletins.	Four quarterly bulletins.	Four quarterly bulletins.
			Develop disability strategy.	Employment Equity Plan available.	EE Plan available by March 2007.	Four quarterly reports on the implementation of the EE Plan produced.	Full implementation of EE Plan by March 2009.
				Disability strategy implemented in the NDOH.	Strategy finalised by December 2007.	Minimum public service targets reached by March 2008.	Full implementation of disability strategy by March 2009.

Commentary on budgets and plans

Expenditure on the *Human Resources* programme grows from R41,6 million in 2002/03 to an expected R91,7 million in 2008/09, representing just over 14% annual growth in the programme.

The *International Health Liaison* subprogramme, which is responsible for the Department's regional and international obligations, accounts for most of this programme's expenditure, amounting to an expected R49,1 million in 2006/07. The expenditure fluctuations in this subprogramme are partly due to the changes on the exchange rate.

Table 6
Expenditure estimates: Human Resources

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							
Human Resources	6 789	6 923	8 190	9 400	15 866	16 147	16 950
Bargaining Council and Employee Relations	1 034	2 687	2 797	6 984	8 190	9 001	9 490
International Health Liaison	31 376	48 538	26 747	41 151	45 104	49 872	56 394
South African Countries Development Community	2 361	-	-	-	-	-	-
Total	41 560	58 148	37 734	57 535	69 160	75 020	82 834
Change to 2005 Budget estimate				(2 700)	(733)	1 699	5 780
Economic classification							
Current payments	40 912	57 523	37 415	56 601	68 231	74 097	81 860
Compensation of employees	11 850	12 849	14 116	13 536	20 634	21 395	22 542
Goods and services	29 062	44 674	23 299	43 065	47 597	52 702	59 318
<i>of which:</i>							
<i>Communication</i>	<i>1 633</i>	<i>1 743</i>	<i>2 000</i>	<i>556</i>	<i>964</i>	<i>1 100</i>	<i>1 204</i>
<i>Computer Services</i>	<i>771</i>	<i>825</i>	<i>955</i>	<i>20</i>	<i>231</i>	<i>261</i>	<i>279</i>
<i>Consultants, contractors and special services</i>	<i>1 845</i>	<i>2 112</i>	<i>1 700</i>	<i>971</i>	<i>2 532</i>	<i>2 878</i>	<i>2 923</i>
<i>Inventory</i>	<i>2 089</i>	<i>1 645</i>	<i>1 720</i>	<i>847</i>	<i>1 351</i>	<i>1 508</i>	<i>1 605</i>
<i>Maintenance repair and running cost</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>160</i>	<i>186</i>	<i>218</i>	<i>248</i>
<i>Operating leases</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>1 958</i>	<i>339</i>	<i>354</i>	<i>386</i>
<i>Travel and subsistence</i>	<i>3 453</i>	<i>3 452</i>	<i>3 325</i>	<i>18 331</i>	<i>15 319</i>	<i>17 833</i>	<i>18 515</i>
Transfers and subsidies	-	-	-	49	45	-	-
Provinces and municipalities	-	-	-	49	45	-	-
Payments for capital assets	648	625	319	885	884	923	974
Machinery and equipment	648	625	319	682	884	923	974
Software and other intangible assets	-	-	-	203	-	-	-
Total	41 560	58 148	37 734	57 535	69 160	75 020	82 834