

## Statement by the Director-General



As the Minister noted in her foreword to the Strategic Plan for 2006/07, the Department of Health continues to make significant gains in our quest to transform the health system in line with our vision and mission. Admittedly, these gains are not without their challenges.

The transformation project in health is large. At its core it relates to ensuring that the best quality of care is provided to every individual who seeks care in health facilities in this country, whether they be in the public or private health sector. Additionally, the care must be affordable and accessible.

Apart from curative care, our mandate is to work with other sectors, communities and individuals to ensure that people are healthy. Therefore promoting healthy lifestyles is as important as the provision of curative services. A third component of our core business is to provide rehabilitation services to those with chronic conditions.

It is clear from the brief description painted in the paragraphs above that the tasks of the Department of Health are both varied and numerous. It is also the case that the provision of health services is labour intensive. In order to achieve our goals, people are a critical input and therefore asset. Management of this, and other assets is therefore an important task for the health system. The importance of human resources in the health system has resulted in the creation in 2004/05 of a branch to deal with all matters relating to human resources for health.

### Summary of achievements in 2005/06

#### Maternal, child and women's health and nutrition

The Department extended the implementation of the integrated management of childhood illnesses (IMCI) strategy to all 53 health districts during 2004/05. This included training trainers and increasing the percentage of IMCI trained public health workers who manage children to almost 60%. The integrated nutrition programme, which includes youth nutrition, was also extended to all 53 health districts.

The Department set a 60% target for the provision of phase one school health services in all provinces. At present, three provinces (KwaZulu-Natal, North West and Mpumalanga) provide all (100%) the phase one school health services, and two other provinces (Free State and Gauteng) have achieved the 60% target. KwaZulu-Natal has already progressed to phase two of the programme. Problems identified at schools are referred to primary healthcare facilities. Nutrition supplements were provided in a targeted way in 2004/05 to people with chronic and other debilitating diseases. In addition, guidelines on maternal nutrition in the context of HIV and AIDS were completed and distributed to provinces.

By the end of 2004/05, 70% (against a target of 75%) of health districts had reached immunisation coverage of more than 80%. However, a few sub-districts were found to have far lower coverage, which contributed to recent measles outbreaks and deaths. Steps are being taken to ensure that these sub-districts improve their coverage rates as a matter of urgency.

The number of public health facilities that provided termination of pregnancy (TOP) services during 2004/05 increased by 10% compared to 2003/04. A seven-year (1997 to 2004) evaluation report on the implementation of the Choice on Termination of Pregnancy Act (1996) was produced. The key findings show that South Africa has successfully implemented the Act, despite many challenges. Over a seven-year period, access had increased annually, with a total of 344 477 terminations recorded at public health facilities nationally between 1997 and 2004. Of this, 76,4% had been conducted in the first trimester of pregnancy (as recommended). Only 11% of TOP services were provided to women under the age of 18 years. A total of 55% of health facilities authorised to perform TOP services actually provided them, against a national target of 45%.

#### Communicable diseases control

Efforts to strengthen rapid responses to epidemics have continued. Selected health personnel in all nine provinces have been trained in epidemic preparedness and response.

The malaria strategy achieved a 72% reduction in malaria cases and a 50% reduction in related deaths, due to better collaboration with neighbouring countries as well as better control within South Africa. Coverage of indoor residual house spraying was at 83% of targeted homes in endemic areas against a target of 100%. Furthermore, all the malaria-endemic provinces, KwaZulu-Natal, Limpopo and Mpumalanga, are now using the more effective artesunate-based combination therapy for malaria.

Preventive efforts against HIV and AIDS were consolidated during the reporting period. Condom distribution for 2004/05 was 347 million against a target of 400 million. A total of 1,1 million female condoms have been distributed in 2004/05. Surveys indicate that the use of condoms has increased among young people, suggesting steady progress towards responsible sexual behaviour.

In 2004/05, more than 80% of all public health facilities offered voluntary counselling and testing (for which the target was 90%), and achieved the target of 60% of public health facilities offering the prevention of mother-to-child transmission programme compared to 64% and 41% respectively in 2003/04. The treatment component of the comprehensive HIV and AIDS Plan has been expanded to 192 sites in all 53 health districts and in more than 170 local municipalities, compared to 139 accredited facilities in 2004/05. By December 2005, over 100 000 patients had started anti-retroviral therapy, since the beginning of the programme in April 2004. The number of home- and community-based care programmes also improved, with at least two programmes linked to each service point.

TB has continued to pose a formidable challenge to the public health system, with low cure rates (56,7% against a target of 65%). Efforts to counter this focused on improving the directly observed treatment short course (DOTS) programme and on integrating the HIV and TB programmes. A significant proportion of TB patients accepted testing in 2004/05. The Department of Health has declared TB to be a national crisis and is working with provinces to reduce treatment interruption, further improve the quality of the DOTS programme, implement a TB and HIV package of care, assist districts with supervision and monitoring systems, and strengthen laboratory services.

### Non-communicable diseases

In the past few years, the national Department of Health developed and circulated a large number of guidelines related to prevention and treatment of non-communicable diseases such as hypertension, diabetes, and various types of cancers. During the past financial year, the Department developed a guideline to monitor the implementation of the use of these guidelines.

The recorded backlog in medical assistive devices from 2003/04 and 2004/05 was eliminated. In addition, a national database for assistive devices has been established. Further provinces are being assessed for the extent to which their public health facilities are accessible by people with disabilities.

The number of cataract surgery operations done in 2004/05 (1 039 per million) exceeded the target (950 per million).

### Health Promotion

The promotion of health and the prevention of ill-health formed a significant part of the work of the national Department of Health in the period under review. Every health programme developed programmes to keep people healthy but the bulk of the work that relates to mass mobilisation was done by the unit responsible for health promotion under the guidance of the Minister of Health. This unit was responsible for the large number of community members mobilised as part of the Healthy Lifestyles campaigns.

Healthy lifestyle campaigns have included Move for Health workshops, mass walks and screening for blood sugar, blood pressure and body mass index. Community and school-based gardens were established and house-to-house health education programmes conducted. Partnerships on healthy lifestyles were expanded from 15 to 24 partners, mainly from the private sector, non-governmental organisations and community-based organisations.

### Primary health care and hospital services

Provision of the wider basket of comprehensive primary care services improved in most health districts during 2004/05, and use of the services improved from 96 million to just over 100 million visits per year.

The hospital revitalisation programme entered its fourth year of implementation in 2004/05, and four new

hospitals were built - one in Mpumalanga, two in the Northern Cape and one in the North West. While management and delivery on the programme is improving and additional hospitals have been added, underspending continues to be a problem. All provinces produced hospital management improvement plans in accordance with the stated target. In partnership with the University of KwaZulu-Natal and the University of the Witwatersrand, the Department developed a training course for public hospital managers.

## Health financing and economics

Two provinces, the Western Cape and Gauteng entered into revenue retention agreements with their respective Provincial Treasuries during 2004/05. The Department has supported the remaining provinces to pursue similar agreements in future.

During the planning cycle 2006/07-2008/09, the Department will determine the costs of the district hospital package, establish the resource requirements for implementing Phase 1 of the modernisation of tertiary services (MTS) and also conduct a benefit-incidence study. A national reference price list will also be published, which will reflect the tariffs to be charged by health care providers in terms of the Chapter 11 of the National Health Act of 2003.

## Pharmaceutical Policy and Regulation

During 2004/05, the Department of Health continued to strengthen the provision of safe and affordable drugs to users of both the public and private health services. The standard treatment guidelines and EDL books for PHC were reviewed during 2004/05. The review of hospital level adult and paediatric books was 70% towards completion by the end of the financial year.

In compliance with the new Pharmacy Act, all new private sector pharmacies that applied for licences were granted licences during 2004/05 and 2005/06. During 2006/07, licensing will be expanded to authorised prescribers. A database of single exit prices of medicines dispensed in the private sector will be completed during this planning cycle. An appropriate dispensing fee, accepted by both the Department and the pharmaceutical industry, will also be published.

## Priorities and challenges for 2006/07 – 2008/09

In an effort to focus on a few priorities for 2006/07 the national and provincial Departments decided to prioritise the following commencing in April 2006/07. This does not however mean that we shall abandon various other programmes. These programmes, which are reflected in the strategic plan by budget programme will continue to enjoy the attention of the Department but the list below will be given added importance.

- Service transformation plan
- Strengthening human resources
- Strengthening physical infrastructure
- Improving quality of care
- Priority health programmes.

These priorities arise out of our review of the challenges that confronted us in the past few years and that continue to plague the transformation process. These challenges include the need for service transformation plans in each province which highlights the quantum of services to be provided and the resources needed to provide and manage these services; the human resource for health needs in the country, including the effective use of health professionals in the private health sector; improving the quality of health facilities so that both patients and staff enjoy a better environment; improvement in quality of care, with respect to both clinical care and the so-called hotel facilities; and finally with respect to priority health programmes, a TB crisis plan will be developed and implemented as will be an accelerated HIV prevention plan and a strengthened healthy lifestyle programme.

As is evident from the above, the priorities include a focus on planning and management of the system as a whole as well as a focus on the assets of the sector (health professionals and buildings) as well as curative care and health promotion and the preventive care.

## Conclusion

The sections that follow provide details with respect to the objectives, outputs to be achieved as well as the indicators that will be used to monitor achievement. In addition, the audited expenditure for each year for the period 2002/03 to 2004/05, the adjusted appropriation for 2005/06 as well as the medium term budget estimates for 2006/07-2008/09 will be provided for each of the budget programmes.



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