

## **CHAPTER TWO: KEY STRATEGIC ISSUES: THE 10 POINT PLAN**

### **2.1 INTRODUCTION**

The key priorities of the Department of Health were laid out in the Health Sector Strategic Framework, 1999-2004 (also known as the Ten Point Plan). This chapter will provide an overview of these priorities, noting that we are almost at the end of the lifespan of this 5 year plan and that the outer two years of this strategic plan will reflect newly defined priorities based on our experiences of the past five years.

### **2.2 MAJOR ELEMENTS OF THE FRAMEWORK**

1. Reorganisation of certain support services
2. Legislative reform
3. Improving quality of care
4. Revitalization of hospital services
5. Speeding up delivery of an essential package of services through the district health system
6. Decreasing morbidity and mortality rates through strategic interventions
7. Improving resource mobilization and the management of resources without neglecting the attainment of equity in resource allocation
8. Improving health human resource development and management

9. Improving communication and consultation within the health system and between the health system and communities we serve
10. Strengthening co-operation with our partners internationally

The remainder of this chapter will provide more detail on each of the 10 points listed above.

## **1. Reorganisation of support services**

- 1.1. Strengthen Health Information Systems and improve data collection.
- 1.2. Develop the National Health Laboratory Service to integrate laboratory services from provincial health departments, the South African Institute for Medical Research, the national Department of Health and academic institutions into a public entity.
- 1.3. Develop an integrated food safety and control system.
- 1.4. Facilitate the transfer of medicolegal mortuaries from the South-African Police Service to the provincial departments of health to strengthen efficiency, effectiveness and accountability.
- 1.5. Transform the current fragmented blood transfusion services into a single national blood transfusion service.
- 1.6. Improve efficiency in the units of the compensation commissioner and the Medical Bureau of Diseases.

## **2. Legislative reform**

- 2.1. Strengthen the development of new or amended legislation to support strategic objectives of Department.
- 2.2. Ensure the proclamation of all subordinate legislation (regulations) linked with the Acts already passed or to be passed.
- 2.3. Facilitate the passing of Provincial Health Bills.
- 2.4. Develop health technology legislation.

## **3. Improving quality of care**

- 3.1. Strengthen the Batho Pele programme that has already been initiated.
- 3.2. The development and operationalisation of a National Policy on Quality.
- 3.3. Introduce mechanisms to advance patients rights and protection.
- 3.4. Improve clinical practice.
- 3.5. Strengthen governance structures to facilitate community and user participation.

#### **4. Revitalization of hospital services**

- 4.1. Develop a National Planning Framework to reduce disparities in health access and outcomes.
- 4.2. Ensure that hospital services are planned rationally, are affordable and sustainable.
- 4.3. Ensure long term planning for highly specialized services.
- 4.4. Improve rehabilitation of the Hospital Sector Infrastructure.
- 4.5. Improve hospital management efficiency.

#### **5. Speeding up delivery of an essential package of services through the district health system**

- 5.1. Strengthen the delivery of a Comprehensive Primary Health Care Package.
- 5.2. Strengthen programmes to ensure communities are active participants in their own health care.
- 5.3. Increase access to and availability of Primary Health Care services.
- 5.4. Incorporate the Integrated Sustainable Rural Development Strategy (ISRDS) with the implementation strategy of the PHC Package.
- 5.5. Ensure the incorporation of the Urban Renewal Programme (URP) with the delivery of PHC services.

## **6. Decreasing morbidity and mortality rates through strategic interventions**

- 6.1. Reduce the incidence and prevalence of childhood infectious diseases.
- 6.2. Reduce the incidence of health problems amongst the youth.
- 6.3. Decrease the incidence of HIV/AIDS, STDs and TB.
- 6.4. Strengthen Information, education, social mobilisation and communication on HIV/AIDS.
- 6.5. Promote safe sexual behaviour.
- 6.6. Improve the effectiveness of services for the treatment and management of HIV/AIDS.
- 6.7. Co-ordinate and facilitate role player partnership in the fight against HIV/AIDS.
- 6.8. Strengthen initiatives to decrease incidence of STDs.
- 6.9. Decrease the incidence and prevalence of tuberculosis.
- 6.10. Implement and evaluate a comprehensive prevention, care and support; package for HIV/AIDS/STD/TB.
- 6.11. Reduce the incidence of malaria.
- 6.12. Improve women's and maternal health.
- 6.13. Reduce the incidence of mental health problems.
- 6.14. Increase the availability and effectiveness of mental health care services

- 6.15. Reduce the level of alcohol and substance abuse.
- 6.16. Reduce the incidence and impact of violence with special focus on women and children.
- 6.17. Prevent chronic diseases of lifestyle and preventable cancers and blindness.
- 6.18. Reduce the prevalence and burden of chronic diseases/ conditions and cancers.
- 6.19. Improve accessibility of health facilities to people with disabilities.
- 6.20. Promote poverty alleviation and food security strategies.
- 6.21. Strengthen nutrition interventions to prevent and manage malnutrition.
- 6.22. Develop integrated rural development strategies in collaboration with other partners.
- 6.23. Improve the safety of food, drugs and biological products.
- 6.24. Improve the effectiveness of Emergency Medical Services.
- 6.25. Strengthen the development of disaster management strategies.
- 6.26. Strengthen health promotion programmes.
- 6.27. Reduce the incidence of infectious diseases.
- 6.28. Reduce child malnutrition.

**7. Improving resource mobilization and the management of resources without neglecting the attainment of equity in resource allocation**

- 7.1. Reduce inter and intra provincial inequity in resource allocation.
- 7.2. Strengthen funding for Primary Health Care.
- 7.3. Improve management of budget expenditure.
- 7.4. Improve revenue generation.
- 7.5. Facilitate the implementation of the New Medical Schemes Regulations.
- 7.6. Consolidate inter-departmental collaboration on comprehensive Social Security of which Social Health Insurance is a component part.
- 7.7. Finalise the public-private partnership framework.
- 7.8. Strengthen effective management of health technology.

**8. Improving health human resource development and management**

- 8.1. Determine human resource requirements of the country by level of care.
- 8.2. Determine the most appropriate and affordable skill mix needed at each level of care.
- 8.3. Develop strategies to reduce inequities in the training, and distribution of personnel.

8.4. Develop a human resources strategy to address organizational structures, management systems and culture, recruitment and retention of personnel, and training and retraining;

**9. Improving communication and consultation within the health system and between the health system and communities we serve**

9.1. Improve communication both within the public health system and with other stakeholders.

9.2. Increase effective use and availability of electronic communication tools.

**10. Strengthening co-operation with our partners internationally**

10.1. Ensure effective participation to fulfil international treaties and agreements made e.g. WHO (especially in the Africa Region) and UNICEF.

10.2. Consolidate and revitalise bi-lateral and multi-lateral agreements entered into over the last five years.

10.3. Strengthen and expand agreements with Africa and the Middle East, the Americas, Asia and the South Seas, all the UN agencies and other multilateral organisations.

### **2.3 THREE YEAR PRIORITIES AGREED WITH PROVINCIAL DEPARTMENTS OF HEALTH**

In an effort to refresh and further harmonise the priorities for the 2004-2007 planning period a meeting was held with provincial and local government officials. Whilst these priorities are yet to be tabled and discussed by the Health MINMEC it is worth recording in this document as it relates to the 10 point plan but indicates a higher order of priorities.

The overarching priorities that were applicable throughout the health system included: equity; the development of leadership, planning and management capacity; and quality of care. The key priorities identified were: (a) communicable diseases notably HIV and AIDS, TB and childhood illness viz., immunisable conditions (EPI), pneumonia and diarrhoeal diseases; (b) non-communicable diseases, including under-nutrition, diseases of lifestyle and trauma and violence; (c) production, distribution and retention of human resources, in particular clinical and community-based personnel; (d) revitalisation of health facilities at all levels of care; (e) development of the district health system with a focus on increased funding for PHC, health promotion and community and home-based care; (f) creation of strategic partnerships with NGOs and CBOs and the private sector through private-public partnerships; and (g) increase funding for the public health sector.