

# ANNUAL NATIONAL HEALTH PLAN 2008



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

**CHOOSE A HEALTHY LIFESTYLE**

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## FOREWORD BY THE MINISTER



As we enter the final financial year of the term of this government, we need to pause, take stock of our achievements and carefully plan to complete the tasks that remain. We must individually and collectively recommit ourselves to do everything possible to ensure that we complete those activities that we started in 2004, and which we set out to achieve by 2009. The Annual National Health Plan 2008/09 is therefore particularly important, as it reflects the final Integrated Plan of the Public Health Sector, and embodies our unflinching commitment to improving health service delivery to the people of South Africa, especially the poor, marginalized and indigent.

For the 2008/09 planning period, the National Health Council (NHC), has adopted the following 8 priorities for the National Health System (NHS): (i) Strengthening Health Programmes; (ii) Quality improvement through the development and implementation of Health Facility Improvement Plans; (iii) Developing an Integrated National Health Information System; (iv) Strengthening Health Financing; (v) Achieving further reduction in the prices of Medicines and Pharmaceutical products; (vi) Strengthening Human Resources for Health; (vii) Strengthening International Health Relations and (viii) Improving Management & Communication.

As is evident, the NHC seeks to strengthen not only health programmes or health support systems, but also to ensure effective management of health services. Challenges and constraints in management systems impact adversely on the performance of the health system.

This year also marks the 30<sup>th</sup> Anniversary of the adoption of the Declaration on Primary Health Care (PHC), in Alma Ata, in the former Soviet Union (USSR). As we join the nations of the world in celebration of this anniversary, it is important to take stock of what we have achieved, and what challenges still confront us in the mission of ensuring that Comprehensive PHC becomes a reality. Our vision steadfastly remains an accessible, good quality and caring health system, founded on the PHC approach. In this regard we hosted a national conference on primary health care to review our progress early in April 2008. We will also participate in a continent wide conference hosted by the WHO/AFRO at the end of April 2008.

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On behalf of the NHC, the collective leadership of the health sector in South Africa, I hereby endorse the ANHP 2008/09. The NHC expects regular reports on progress with the implementation of the 8 NHS priorities highlighted in this ANHP, from the both the National and Provincial Departments of Health.



**DR. M.E. TSHABALALA-MSIMANG, MP**  
**MINISTER OF HEALTH**  
**DATE: 05 MAY 2008**

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## STATEMENT FROM THE DIRECTOR-GENERAL



This document sets out the Annual National Health Plan (ANHP) of the Public Health Sector for 2008/09, developed in accordance with Section 21(5) of the National Health Act (NHA) of 2003. This legislation makes provision for the development of an annual integrated health plan, and for submission of this plan to the National Health Council (NHC) for discussion and adoption

This ANHP provides a high level view of key activities that focus on the National Health Systems (NHS) priorities adopted by the National Health Council (NHC) for 2008/09. As reflected in Chapter 1, this plan has been informed by a review of the performance of the health sector in 2007/08, as well as political and legal mandates of the health sector.

The 8 NHS priorities for 2008/09, presented in Chapter 2 of this ANHP for 2008/09, reflect the turn-key interventions that will take the health sector to higher levels of performance and improved outcomes, building on the achievements of 2007/08. The key activities to be implemented and the expected outputs are described in Chapter 3 and the details presented in Annexure 1 of this plan. We are also mindful of the challenges and constraints that continue to confront the health sector and these will be collectively addressed. The health sector will implement many more interventions and activities than are outlined in the ANHP 2008/09. This plan is a synopsis of the high level and high impact interventions, with additional details provided in the National Department's Strategic Plan and the Annual Performance Plan of Provincial Department's of Health for 2008/09-2010/11.

The Technical Committee of the NHC, the Director-General and the 9 Provincial Heads of Department (HoDs) are fully committed to ensuring the successful implementation of the ANHP 2008/09. This plan will be monitored vigilantly and consistently, and regular progress reports will be provided to the NHC.

A handwritten signature in black ink, appearing to read 'T.D. Mseleku'. The signature is stylized and written in a cursive-like font.

**MR. T.D. MSELEKU**  
**DIRECTOR-GENERAL**  
**NATIONAL DEPARTMENT OF HEALTH**  
**DATE: 01 MAY 2008**

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## CHAPTER 1

### VISION, MISSION AND REVIEW OF PROGRESS WITH THE IMPLEMENTATION OF THE ANHP 2007/08

#### 1.1. VISION

An accessible, caring and high quality health system.

#### 1.2. MISSION

To improve health status through the prevention of illnesses and promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

#### 1.3. POLITICAL AND LEGISLATIVE MANDATES

The production of the Annual National Health Plan (ANHP) for each financial year is a legal requirement in terms of the National Health Act (NHA) of 2003. Section 21 (5) of the NHA requires the Director-General of the National Department of Health (NDoH) to integrate the health plans of the National Department and Provincial Departments annually and submit integrated health plans to the National Health Council (NHC).

#### 1.4. REVIEW OF PROGRESS WITH THE IMPLEMENTATION OF THE ANNUAL NATIONAL HEALTH PLAN 2007/08

Significant progress was made in 2007/08 towards the attainment of the 5 priorities of the National Health System namely, *development of Provincial Service Transformation Plans (STPs); Strengthening Human Resources for Health; Improving Quality of Care; Strengthening the provision of Infrastructure for Clinics and Hospitals; and Strengthening Priority Health Programmes*, with a specific focus on healthy lifestyles, managing and controlling TB, HIV prevention, and maternal, child and women's health.

##### 1.4.1. DEVELOPMENT OF PROVINCIAL SERVICE TRANSFORMATION PLANS (STPS)

Having developed their service transformation plans (STPs) during 2006/07, the Provincial Departments of Health (DoH) updated and costed these plans during 2007/08. The aims of the STPs are to assist provinces to reshape and resize their health services and develop appropriate, adequately resourced and sustainable health service delivery platforms responsive to needs. The Provincial STPs reflect detailed analyses of the current shape and size of their services, and an attempt to review their health services and develop appropriate, adequately resourced and sustainable health service delivery platforms which are responsive to needs.

Significant lessons for planning and budgeting have emerged from this process. First, all of these plans affirmed Primary Health Care (PHC) delivered through the District Health System (DHS) as the fundamental approach to the delivery of health care services. Second, Provinces presented an integrated approach to strengthening PHC services, which includes enhancing infrastructure for PHC service delivery, and re-classifying some Level 1 Hospitals which are significantly under-utilised. Third, the STPs provided a good basis for identifying infrastructural needs in the different provinces, and prioritizing hospitals for the Hospital Revitalization Programme.

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The STPs reflect work in progress, and there is still room for Provincial DoHs to proceed much further in the transformation of their health service delivery platforms.

#### **1.4.2. STRENGTHENING THE PROVISION OF HUMAN RESOURCES**

The public health sector also continued to fortify its efforts to improve the working conditions and motivation levels of health workers, to adequately respond to the needs of communities using public health services. A new remuneration system known as the Occupational Specific Dispensation (OSD) for all categories of nurses was agreed to with National Treasury and the DPSA and signed into a collective agreement in September 2007. The agreement is applicable to 100 000 nurses in the public service, at a cost of R1,458 billion. The development of OSD was a joint venture between the DPSA and the Departments of Health, both at National and Provincial levels. It also includes the Departments of Defence and Correctional Services. Work also started to prepare OSD proposals for medical doctors, dentists, medical and dental specialists, pharmacists and emergency medical personnel in 2008/09. The remaining health occupational categories will be addressed in 2009.

A technical agreement on the recruitment of Tunisian doctors was signed in May 2007. Two ophthalmologists from Tunisia were deployed in the Eastern Cape, and played a key role in conducting 198 cataract operations. A further 312 Tunisian doctors were assessed by the Health Professions Council of South Africa (HPCSA) and 258 of them were selected to be deployed in South Africa, in identified Provinces. By January 2008, there were 22 Tunisian doctors in hospitals in the Eastern Cape, Northern Cape and Free State Provinces.

Community Service for professional nurses commenced in 2008, and this is anticipated to be a richly rewarding experience for both the health workers and the communities in which they will work.

#### **1.4.3. IMPROVING QUALITY OF CARE**

Efforts to improve Quality of Care were also strengthened during 2007/08. Quality improvement tools for the Infection Prevention and Control (IPC) Programme were developed and piloted in the Northern Cape and North West Provinces. The national infection control policy was published and disseminated nationally.

However, limited progress was made with the development of systems to monitor the quality of clinical care in public health facilities, as well as mechanism for monitoring complaints for the users of health services, the key clients of the health services. An urgent need exists to develop reliable systems for monitoring clinical audits in all hospitals, especially regional and tertiary hospitals. Infection Control Policies (including TB infection control, as well as the management of infections in postnatal and neonatal units and maternity units) must also be fully implemented. Monthly morbidity and mortality meetings must be conducted consistently.

About 70% of PHC facilities were visited by a supervisor on a monthly basis in 2007/08. Moving into 2008/09, PHC supervision must reach the national target of 100%.

#### **1.4.4. STRENGTHENING THE PROVISION OF INFRASTRUCTURE**

The provision of Infrastructure was also strengthened, with a total of 8 new hospitals having been constructed through the Hospital Revitalization Project since its inception. These are: Mary Theresa

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in the Eastern Cape; Lebowakgomo and Jane Furse in Limpopo Province; Piet Retief in Mpumalanga Province; Calvinia and Colesburg in the Northern Cape Province; Swartruggens in the North West and George Hospital in the Western Cape. Three hospitals were officially opened in 2006/07 namely, Madikana Ka Zulu Memorial Hospital in the Eastern Cape (8 September 2006) and George Hospital in the Western Cape (30 June 2006) and Lebowakgomo Hospital in Limpopo (30 March 2007). Three hospitals will be completed during 2008/09. These are Dilokong and Nkhensani in Limpopo Province, and Barkley West in the Northern Cape. It is important that this newly acquired health infrastructure is appropriately maintained.

#### **1.4.5 STRENGTHENING PRIORITY HEALTH PROGRAMMES**

Under the stewardship of the National Health Council (NHC), the Public Health Sector made significant strides towards improving the health status of South Africans, during the financial year 2007/08.

During 2007, the midpoint of the period of achieving the Millennium Development Goals (MDGs), the public health sector reviewed progress towards the attainment of the Goals. The focus of the review was on the five health related MDGs namely: *eradicate extreme poverty and hunger; reduce child mortality; improve maternal health; combat HIV and AIDS, malaria and other diseases and develop a global partnership for development*. A publication reflecting the key findings was produced and used as a basis of discussion during the 2007 National Consultative Health Forum. In September 2007, the national government also submitted to the UN a comprehensive progress report on the country's milestones towards all the eight MDGs.

Priority Health Programmes were also strengthened in various ways. Strategies to reduce morbidity and mortality among infants, children under five years and mothers were implemented, and the outputs of some of these interventions showed that some gains were made. Interventions to curb the impact of both communicable and non-communicable diseases were also implemented.

##### **Child Health**

During 2007/08, strategies to reduce morbidity and mortality among infants, children under five years and mothers continued to be implemented and strengthened. A routine national immunization coverage of 84% was achieved in 2007/08, which marked significant progress from the 78% achieved in 2002, and the 82% recorded in 2006/07. Notwithstanding this achievement, there were still districts and sub-districts with low immunisation coverage, which require focused intervention. These have been identified, and the public health sector has begun implementing the WHO strategy known as Reach Every District (RED), aimed at improving coverage and protecting South Africa's children against vaccine preventable diseases.

In July 2007, the Department submitted South Africa's Annual Update Report to the Africa Regional Certification Committee (ARCC). The ARCC is a sub-committee of the WHO that declared South Africa as being Polio Free in October 2006. However, Polio Free Certification will only occur once the whole Africa Region of WHO has achieved polio-free status. Moving into 2008/09, the need for regional collaboration on disease prevention will be critical for each country in the continent

Significant milestones were achieved towards eradicating malnutrition amongst South African children, especially those under 5 years of age. As reflected in the *Development Indicators Mid-term Review* released by the Presidency in June 2007, severe malnutrition amongst children under-5 years of age decreased from 88 971 cases in 2001 to 30 082 in 2005. Health sector interventions have included the

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provision of Vitamin A supplementation to children and mothers. During 2007/08, 100% of children aged 6-12 months (who were seen at public health facilities) and 61% of post-partum mothers had received these supplements. The provision of Vitamin A supplementation to children aged 13-60 months, which had reached 26% of these children during 2007/08, will have to be strengthened in the next planning cycle. Other interventions included the provision of food parcels and the establishment of food gardens at health facilities, schools and communities. It is acknowledged that whilst the provision of micro and macro nutrition supplementation was important, it is more important to ensure food security for poor households in particular.

### **Maternal and Women's Health**

With regard to maternal health, the 1998 SADHS survey found that the maternal mortality ratio (MMR) was 150/100 000. In 2002, StatsSA reviewed all registered deaths and estimated MMR to be at 124/100 000. This figure suggested that the country was on track towards decreasing MMR over time. However a MMR of 124/100 000 is considered high for a middle-income country such as South Africa. The *Saving Mothers: Third Report on Confidential Enquiries into Maternal Deaths in South Africa 2002-2004*, made 10 recommendations for improving maternal health and reducing maternal mortality. By the end of 2007/08, 85% of health institutions were implementing the recommendations from Saving Mothers Report. Future Confidential Enquires into Maternal Deaths (CEMD) Reports will highlight the extent to which the implementation of these recommendations contributed to the further decline in maternal mortality.

### **Communicable Diseases**

The management and control of malaria continued to be one of the key areas of success of the public health sector in South Africa. A total of 5 210 malaria cases were reported during the 2007/08 season, compared to 12 163 in 2006/07. This reflects a 57% decrease. However, the case fatality rate of 0.92% reported in 2007/08 was slightly higher than the 0.73% recorded in 2006/07.

The 2006 Antenatal HIV Survey showed a statistically significant decrease in HIV prevalence amongst pregnant women that used public health facilities, from 30.2% in 2005 to 29.1% in 2006. It is for the first time after several years of relative stability, that the survey results show evidence of a decline in HIV prevalence.

During 2007/08, 90% of health facilities provided VCT and PMTCT. Furthermore, by the end of January 2008, a cumulative total of 437 844 patients had been initiated on antiretroviral treatment, in 316 sites of the Comprehensive Programme for HIV and AIDS Management, Care and Treatment (CCMT) across the 9 Provinces. The National Strategic Plan for HIV and AIDS 2007-2011 was also developed and implemented.

In keeping with the World Health Organisation (WHO) AFRO resolution of 2005, South Africa continued to implement its national tuberculosis (TB) crisis management plan in 2007/08, in four of the poorly performing districts in three provinces namely, Amathole District and Nelson Mandela Metro (Eastern Cape), City of Johannesburg (Gauteng) and Ethekwini Metro (KwaZulu-Natal). They were provided with systematic and targeted support in accordance with their locally developed plans. The aim of the interventions was in the short term, to increase the number of TB patients testing negative for TB within three months of treatment, and to increase the cure rates in the medium term. The advent of extreme drug resistant TB (XDR-TB) in 2006 posed yet another challenge.

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In terms of the WHO recommended reporting system for tuberculosis control programmes, treatment outcomes can only be measured after a year. During 2007/08, the National DoH invested considerable effort and resources in improving the quality of TB data. This process revealed that TB cure rates have been steadily improving in the country, between 2002-2005, albeit not at the rate desired by the Department. National TB cure rates improved from 50.1% in 2002, to 50.8% in 2004, and to 57.7% in 2005.

Furthermore, TB cure rates improved in the TB crisis management districts in the 2006 reporting cycle. In the Nelson Mandela Metro the cure rate improved from a baseline of 42% to 53.3% in 2006, which was consistent with the set target of 50%. In Amathole District, the cure rates increased from a baseline of 31% to 52.5%, which was also in keeping with the target of 50%. The City of Ethekwini recorded a cure rate of 45.5%, which was higher than the baseline of 42%, but lower than the target of 50%. Lastly, the City of Johannesburg continued to be the beacon of success, with a TB cure rate of 74.4%, exceeding both the baseline of 61% and the target of 70%.

During 2008/09, the Department will implement the 5-year TB Strategic Plan for the period 2007-2011, to improve TB Management and Control throughout the country. Over 3600 health workers across the country will be trained in the management and control of TB. Efforts will be strengthened to decrease defaulter rates from 10% to 7% in 2008.

### **Non-Communicable Diseases**

The incidence of non-communicable diseases has significantly increased in developing countries, including South Africa, thus contributing to the burden of disease. These diseases include various types of cardiovascular diseases, cancers, diabetes and hypertension. Self reported data from the 1998 SADHS indicated that 2.4% of men and 3.7% of women (15 years+) reported they had diabetes (type unspecified). StatsSA has also reported an increase in deaths due to diabetes in the period 2002-2004. The number of deaths from diabetes as recorded in death certificates increased from 15,705 deaths in 2002 to 16,718 deaths in 2003, and to 16,902 deaths in 2004. During 2007/08, the public health sector has spearheaded a number of *Healthy Lifestyles* activities to reduce the burden of disease from non-communicable diseases.

It is also critical to continuously review the management of NCDs in the health sector, to ensure adherence to management guidelines and protocols. This is particularly important in the management of conditions such as hypertension and diabetes.

In 2007/08, the Department commissioned a national Burden of Diseases (BoD) Survey to be conducted in a representative sample of public and private facilities. The objectives of this survey are to: describe the pattern and distribution of diseases, disabilities and injuries seen in the public and private health facilities using the ICD10 classification system, and to describe the pattern and distribution of risk factors recorded for diseases, disabilities and deaths. The Survey Report, which will be completed in 2008/09, will provide reliable estimates of the national burden of disease.

### **Health promotion and Healthy Lifestyles**

The public health sector also sustained the momentum of the healthy lifestyles movement. Food garden projects were started in the Eastern Cape, KwaZulu-Natal and Western Cape Provinces. Multimedia campaigns were conducted to promote health literacy. Messages were broadcast on a range of topics including nutrition, obesity, mental health, hepatitis, breastfeeding, immunisation, oral health, rabies,

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meningitis, multiple sclerosis, stroke and cancer. A total of 1800 schools were identified as Health Promoting Schools during 2007/08. Amongst others these schools also assisted in the implementation of smoking cessation programmes. The first ever national Healthy Lifestyles Day was held in February 2008 and will become an annual event to be held on the last Friday in the month of February each year.

### **Primary Health Care (PHC), Hospital Services and Emergency Medical Care**

South African citizens have continued to show confidence in public health services. Access to primary care services, as measured by headcounts, increased systematically over the 10-year period 1998/99-2007/08. Headcounts increased from 67,021,961 in 1998/99 to 99,365,898 in 2004/05; then to 101,758,377 in 2005/06 and stabilised at 101,644,080 in 2006/07. During the first three quarters of 2007/08, more than 72 million people used primary care services in the public sector. An audit of PHC infrastructure and services will be conducted during 2008/09, to assess the extent to which our primary care services are adequately equipped to respond to the needs of our communities.

An area that needs strengthening going forward is PHC supervision. A PHC supervisory rate of almost 70% was recorded in 2007/08. It is essential that monthly supervisory visits are conducted in all primary care facilities and documented, to continuously improve the quality of health care.

An integrated and intersectoral operational plan for the FIFA World Cup 2010 will also be developed. This relates to the provision of medical care to participants and spectators during the World Cup.

### **Improving access to safe and affordable medicines**

Over the recent few years, South Africa has made concerted efforts to ensure access to safe and affordable drugs, dispensed by appropriately trained personnel. Medicine pricing regulations were also reviewed and published for public comment. However, these were challenged by the pharmaceutical industry. Despite the legal challenges, the Department succeeded during 2007/08 to reduce the prices of medicine by about 20%.

The National DoH gazetted a draft International Benchmarking Methodology in December 2006, which compared medicine pricing policies and practices in 5 countries namely: South Africa, Canada, Spain, New Zealand and Australia. The other 4 countries were chosen on the basis of three criteria namely: existence of sound policies on the pricing of medicines; membership of OECD countries; and existence of recognised and reputable medicines registration authorities. Moving into 2008/09, the results of the benchmarking exercise will be used to ensure that local people do not pay more for their medicines compared to the citizens in these countries.

## **1.6. CONCLUSION**

As the foregoing account illustrates, key achievements were recorded in 2007/08, against the 5 NHS priorities adopted by the NHC for this period. In this process, significant progress was also made towards improving access to good quality health services for all South African in 2007/08.

However, several key challenges remain, and these have informed the identification of the new NHS priorities for 2008/09, which are presented in Chapter 2.

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## CHAPTER 2

### NATIONAL HEALTH SYSTEM (NHS) PRIORITIES FOR 2008/09

#### 2.1. NATIONAL HEALTH SYSTEM PRIORITIES

For the financial 2008/09, the National Health Council (NHC) adopted 8 priorities for the National Health System, which will be implemented by the National and Provincial Departments of Health. These are:

- 2.1.1. Health Programme Priorities, focusing on Communicable and Non-Communicable Diseases;
- 2.1.2. Quality improvement through the development and implementation of Health Facility Improvement Plans;
- 2.1.3. Implementation of an integrated national health information system;
- 2.1.4. Health financing, including designing the national health insurance system and reducing the rate of increase of tariffs in the private health care sector;
- 2.1.5. Further reduction in the prices of pharmaceutical products;
- 2.1.6. Strengthening human resources for health;
- 2.1.7. Improving international health relations; and
- 2.1.8. Strengthening management and communication.

#### 2.2. HEALTH PRIORITIES IN GOVERNMENT'S PROGRAMME OF ACTION

The Public Health Sector has committed itself to two broad categories of priorities within the Programme of Action (PoA) that is a focus on Communicable and Non-Communicable Diseases (NCDs). Key interventions to curb Communicable Diseases include: **implementing the updated strategy on HIV and AIDS**, and **intensifying the campaign against various TB strains and other diseases**. Interventions to address NCDs include **ongoing implementation of the Healthy Lifestyles programme for South Africa**.

## CHAPTER 3

### KEY ELEMENTS OF THE ANNUAL NATIONAL HEALTH PLAN (ANHP) 2008/09

This Chapter presents a summary of the ANHP 2008/09, and highlights the key outputs that are expected from all those responsible for implementation, within the National and Provincial Departments of Health in particular.

#### 3.1. IMPLEMENTATION OF KEY HEALTH PROGRAMMES

In keeping with the Programme of Action (PoA) of the National Government, National and Provincial DoHs are required to accelerate the implementation of the updated strategy on HIV and AIDS, and to intensify the campaign against various TB strains and other diseases. Interventions to address NCDs include ongoing implementation of the Healthy Lifestyles programme for South Africa.

The key activities required from the National and Provincial DoHs are as follows:

##### 3.1.1. Implementation of the Updated strategy on HIV and AIDS

- (a) Strengthen the monitoring of outcomes of the implementation of the National Strategic Plan for HIV and AIDS;
- (b) Develop and implement policy and programmes for an integrated and comprehensive package of HIV prevention services;
- (c) Implement life skills, Sexual and Reproductive Health (SRH) education and HIV prevention programmes in primary and secondary schools;
- (d) Increase the number condoms distributed;
- (e) Roll out integrated microfinance and gender education interventions;
- (f) Increase the number of community food gardens;
- (g) Increase the percentage of adults who have ever tested for HIV;
- (h) Increase the number of eligible adults starting Anti-Retroviral Treatment (ART);
- (i) Increase the number of eligible children initiated on ART; and
- (j) Support research on the efficacy of traditional and complementary medicines

##### 3.1.2. Intensifying Campaign against Tuberculosis (TB) Strains

- (a) Strengthen social mobilization in all provinces to support the National TB Control Programme;
- (b) Reduce the TB defaulter rate to improve TB treatment outcomes
- (c) Train personnel in the clinical management of TB;
- (d) Improve treatment coverage of patients diagnosed with drug resistant TB; and
- (e) Improve laboratory support to the National TB Control Programme.

##### 3.1.3. Strengthening Malaria Control

- (a) Ensure maximum coverage of indoor residual spraying to prevent malaria transmission; and
- (b) Strengthen malaria awareness through health promotion activities in affected provinces.

### **3.1.4. Ongoing implementation of the Healthy Lifestyles programme**

- (a) Establish community-based food gardens projects; and
- (b) Expand the number of health promoting schools

### **3.1.5. Non-Communicable Diseases**

- (a) Complete the Burden of Disease (BoD) survey to accurately quantify the contribution of NCDs to the National BoD;
- (b) Improve the management of NCDs at PHC level;
- (c) Develop appropriate interventions to curb the impact of NCDs;
- (d) Expand the cataract surgery project; and
- (e) Further reduce the waiting period for a wheelchair.

### **3.1.6. MCWH&N**

- (a) Cascade the Reach Every District (RED) Strategy to sub- district level;
- (b) Improve Acute Flaccid Paralysis (AFP) surveillance to satisfy the certification criteria;
- (c) Improve cold chain capacity for implementation of new vaccines;
- (d) Scale up the provision of Vitamin A supplementation; and
- (e) Ensure that all public health facilities with maternity units implement the recommendations of the Saving Mothers Report.

## **3.2. QUALITY IMPROVEMENT THROUGH THE IMPLEMENTATION OF A HEALTH FACILITIES IMPROVEMENT PLAN**

- (a) Develop a National Health Facility Improvement Plan, focusing initially on 32 health facilities, 28 hospitals and 4 Community Health Centres;
- (b) Integrate Quality Assurance Strategies in the National Health Facility Improvement Plan;
- (c) Develop a detailed Implementation Plan; and
- (d) Monitor and report on the implementation of the National Health Facility Improvement Plan.

## **3.3. IMPLEMENTATION OF AND INTEGRATED NATIONAL HEALTH INFORMATION SYSTEM**

- (a) Improve Data Management and Use;
- (b) Implement the Electronic Patient Record; and
- (c) Implement the Human Resources for Health Database.

## **3.4. HEALTH FINANCING, INCLUDING DESIGNING THE NATIONAL HEALTH INSURANCE SYSTEM AND REDUCING THE RATE OF INCREASE OF TARIFFS IN THE PRIVATE HEALTH CARE SECTOR**

- (a) Design the National Health Insurance System (NHI);
- (b) Increase funding for the Public Health Sector; and
- (c) Decrease costs of health care in the Private Health Sector.

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### **3.5. FURTHER REDUCTION IN THE PRICES OF PHARMACEUTICAL PRODUCTS**

- (a) Investigate the potential for a state-owned pharmaceutical Company to reduce the costs of pharmaceuticals;
- (b) Develop a Policy and Legislation on African Traditional Medicine; and
- (c) Develop a policy and legislation for the restructuring of the Medicines Control Council (MCC).

### **3.6. STRENGTHENING HUMAN RESOURCES FOR HEALTH**

- (a) Implement recruitment and retention strategies, including Memoranda of Understanding (MoUs) to regulate recruitment of South African health professionals by other countries;
- (b) Implement the Clinical Associates Programme;
- (c) Fast-track the filling of vacant posts;
- (d) Finalise Provincial Organograms;
- (e) Implement the Occupation Specific Dispensation (OSD) for Doctors, Dentists, Pharmacists and emergency medical service practitioners; and
- (f) Strengthen implementation of Performance Management Systems.

### **3.7. INTERNATIONAL HEALTH RELATIONS**

- (a) Implement African Union (AU) Bureau Priorities;
- (b) Assume the Chairpersonship of SADC Ministers of Health and implement key activities;
- (c) Prioritise implementation of key Agreements
- (d) Provide support to the post-conflict reconstruction process in countries such as the Democratic Republic of Congo (DRC); and
- (e) Successfully host key International Conferences and Meetings.

### **3.8. STRENGTHENING MANAGEMENT & COMMUNICATION**

- (a) Strengthen communication between the Health Sector and its key stakeholders, including the media;
- (b) Implement strategies to deal with qualified audits.

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## CHAPTER 4

### CONCLUSION

The Annual National Health Plan 2008/09 has been outlined in the foregoing chapters. The detailed objectives, activities, outputs and areas of responsibility, are highlighted in Annexure 1. As indicated earlier, the public health sector will implement many more interventions, than are reflected in this ANHP, which is a synopsis of high level interventions.

The improvement of the health status of all South Africans, and the attainment of good health, is a journey, not a destination. None of us can claim to have arrived. However, it is through the development, implementation and monitoring of plans such as the ANHP 2008, that it is possible to take stock of the milestones that reach on an annual basis.

Lastly, there are many determinants of health that lie outside the health sector, which impact on the health status of South Africans, such as food security, access to clean water and proper sanitation, access to education and adequate housing. These must also be improved, as we sharpen the health sector specific interventions, to facilitate the achievement of good health for all South Africans.

## ANNEXURE 1: DETAILED ANNUAL NATIONAL HEALTH PLAN 2008/09

### PRIORITIES, OBJECTIVES, PLANNED ACTIVITIES, OUTPUTS AND RESPONSIBLE ENTITIES

#### PRIORITY 1: HEALTH PROGRAMME PRIORITIES: INTENSIFYING THE CAMPAIGN ON BOTH COMMUNICABLE DISEASES, INCLUDING HEALTHY LIFESTYLES

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/ OUTPUTS (2008/09)	RESPONSIBILITY
Implement the updated strategy on HIV and AIDs and intensify campaign against various TB strains as well as other communicable diseases	· Strengthen the monitoring of outcomes of the implementation of the National Strategic Plan for HIV and AIDS	· Report on 2007 indicators completed by December 2008	· National DoH
	· Implement life skills, SRH education and HIV prevention programmes in primary and secondary schools	· Programmes implemented in 80% of primary and secondary schools by March 2009	· Provincial DoHs, with support from National DoH
	· Increase the number condoms distributed	· Increase the number of male condoms distributed from 425m to 450m and distribute at least 3.5m female condoms	· National DoH to procure and supply to Provincial DoHs · Provincial DoHs to ensure distribution
	· Roll out integrated microfinance and gender education interventions	· Integrated microfinance and gender education interventions initiated in 4 provinces by March 2009	· National DoH and 4 Provinces working with the lead department (Social Development)
	· Increase the percentage of adults who have ever tested for HIV	· Percent of adults ever tested increased from 25% to 35% by March 2009	· National and Provincial DoHs
	· Increase the number of community food gardens	· Additional 30 community food gardens established by March 2009	· National and Provincial DoH
	· Increase the percentage of adults starting ART	· Increase the percentage of adults starting ART by 10% (from 2007 figures)	· National and Provincial DoHs
	· Increase the number of eligible children initiated on ART	· Increase from 17000 to 24000 the number of eligible children initiated on ART	· National and Provincial DoHs
	· Strengthen social mobilization in all provinces to support the National TB Control Programme	· All provinces implemented advocacy, communication and social mobilization plans by July 2008	· National and Provincial DoHs

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Implement the updated strategy on HIV and AIDS and intensify campaign against various TB strains as well as other communicable diseases	· Reduce TB defaulter rate to improve TB treatment outcomes through the appointment of TB tracer teams	· TB defaulter rate reduced from 10% to 7% by March 2009	· National and Provincial DoHs
	· Train personnel in clinical management of TB	· At least 3600 health personnel trained in clinical management of TB, including drug resistant TB	· National and Provincial DoHs
	· Improve treatment coverage of patients diagnosed with drug resistant TB	· All laboratory diagnosed drug resistant patients initiated on treatment	· National and Provincial DoHs
	· Improve laboratory support to the National TB Control Programme	· National TB Reference Laboratory fully functional by March 2009	· National DoH & the NHLS
Strengthening Malaria Control	· Ensure maximum coverage of indoor residual spraying to prevent malaria transmission	· More than 85% of targeted dwellings sprayed before the beginning of the malaria season (August/September 2008)	· National and Provincial DoHs
	· Strengthen malaria awareness health promotion activities in affected provinces	· Malaria awareness health promotion activities implemented in the affected provinces commenced in July 2008	· National and Provincial DoHs
Ongoing implementation of the healthy lifestyles programme for South Africa	· Establish community-based food gardens projects	· Finalise a government wide integrated comprehensive programme on health promotion targeting the youth by July 2008  · 30 community based food garden projects established by March 2009	· National and Provincial DoHs
	· Expand the number of health promoting schools	· Number of health promoting schools expanded from 3500 to 5000  · Increase the percentage of schools that implement anti-smoking policies to at least 10% by March 2009	· National DoH and Provincial DoHs working with the Department of Education

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/ OUTPUTS (2008/09)	RESPONSIBILITY
Improving the management and curbing the impact of Non-Communicable Diseases (NCDs)	· Complete the Burden of Disease Study in Public and Private Health Care facilities, to adequately quantify the BoD from NCDs	· BoD Report finalized and presented to the Technical Committee of the National Health Council by March 2009	· National DoH
Improve the management of NCDs at PHC level	· Support Provincial DoHs to adhere to NCD Management Guidelines at PHC level	· Improved adherence to NCD Management Guidelines at PHC level; better outcomes for people living with NCDs	· National DoH · Provincial DoHs
Improve the quality of life of the elderly through sight restoration	· Expand the cataract surgery project	· 1600 cataract operations performed per million population by March 2009	· National DoH · Provincial DoHs · Private Health Sector and NGOs
Improve service delivery to people with disabilities	· Further reduce the waiting period for a wheelchair	· All 9 Provinces implement a waiting period of not longer than 6 weeks for wheelchair	· National DoH · Provincial DoHs
Improve Maternal, Child, and Women's Health and Nutrition	· Improve Women's Health and reduce maternal mortality	· 90% of health institutions implement the recommendations of the Saving Mothers and Saving Babies Reports	· National DoH · Provincial DoH
	· Strengthen provision of Vitamin A supplementation to children and post-partum mothers	· Vitamin A supplementation provided to 100% of children aged 6-11 months; 35% of children aged 12-59 months; and 75% of post-partum mothers	· National DoH · Provincial DoH
	· Improve Immunization Coverage	· 40/52 Districts with full immunization coverage of 80% and above	· National DoH · Provincial DoH
		· 30/52 districts implement the Reach Every District (RED) Strategy	· National DoH · Provincial DoH
	· Maintain South Africa's Polio-free Status	· Annual Update of Polio-free Certification submitted to the Africa Regional Certification Committee (ARCC)  · Polio outbreak and preparedness plan updated and campaigns conducted	· National DoH

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/ OUTPUTS (2008/09)	RESPONSIBILITY
Improve Maternal, Child, and Women's Health and Nutrition	· Improve cold chain capacity for new vaccines	· Conduct a cold chain audit in all 9 Provinces, with the assistance of WHO	· National DoH · Provincial DoH

**PRIORITY 2: QUALITY IMPROVEMENT THROUGH THE IMPLEMENTATION OF A HEALTH FACILITIES IMPLEMENTATION PLAN**

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
<p>Improve the Quality of Care provided through the Public Health System</p>	<p>· Develop an implement a National Health Facilities Improvement Plan</p>	<p>· National Health Facilities Improvement Plan developed, initially targeted at improving Quality of Care in 32 facilities, 28 hospitals and 4 Community Health Centres (CHCs)</p>	<p>· National DoH with Provincial DOHs</p>
		<p>· National Health Facilities Improvement Plan implemented in 32 facilities, and focusing on key domains including safety; clinical care; governance; patient perceptions and experience of care received; access to care; infrastructure, environment and facilities management; and health promotion, prevention and public health. .</p>	<p>· All 9 Provincial DoHs  · 32 Facilities across the 9 Provinces</p>
		<p>· Implementation monitored and results from the 32 facilities used to inform the development of Health Facility Improvement Plans to be rolled out progressively with full management</p>	<p>· National and Provincial DoHs</p>

### PRIORITY 3: IMPLEMENTATION OF INTEGRATED NATIONAL HEALTH INFORMATION SYSTEMS

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Review and enforce current data flow policy and include data management and ownership guidelines	<ul style="list-style-type: none"> <li>· Conduct a baseline audit of all data collection systems in the country;</li> <li>· Review current data flow policy in line with the outcomes of the audit;</li> <li>· Develop data management guidelines;</li> </ul>	<ul style="list-style-type: none"> <li>· Report on the Baseline Audit</li> <li>· Data flow policy revised</li> <li>· Data management guidelines finalised</li> <li>· Strengthened data ownership, including utilization at the point of collection, and signing-off of the data prior to sending to the next level</li> </ul>	<ul style="list-style-type: none"> <li>· National Department of Health to design and conduct the Audit, in consultation with Provinces</li> <li>· Provincial DoHs to provide the required data</li> </ul>
Conduct an audit of health information posts and post requirements in each province and monitor provincial progress on an ongoing basis	<ul style="list-style-type: none"> <li>· Include resources for strengthening health information system in the budget bid to Treasury in June 2008</li> <li>· Ensure that health information posts are created and filled</li> </ul>	<ul style="list-style-type: none"> <li>· Health Information System Budget Bid prepared and presented to National Treasury for 2009/10</li> <li>· Increased supply of health information personnel</li> </ul>	<ul style="list-style-type: none"> <li>· National DoH and provinces</li> </ul>
Improve Quality of Health Information	<ul style="list-style-type: none"> <li>· Provide appropriate ICT infrastructure</li> <li>· Creation of Posts for Health Information Officers (HIOs) at all levels of the health system</li> <li>· Provide appropriate training and supervision</li> <li>· Harmonize data collection tools;</li> <li>· Provide standard definitions of data elements and indicators</li> <li>· Conduct data quality assessment workshops with provinces</li> </ul>	<ul style="list-style-type: none"> <li>· Improved ICT infrastructure</li> <li>· HIOs appointed and trained</li> <li>· Standard definitions available</li> <li>· Reports on quality assessment workshops</li> </ul>	<ul style="list-style-type: none"> <li>· National DoHs</li> <li>· 9 Provincial DoHs</li> </ul>

Strengthen surveillance systems in the Public Health Sector	· Conduct training on the WHO surveillance system	· DoH officials in all 9 Provinces trained	· National DoH
	· Conduct capacity building workshops on the new regulations on Notifiable Medical Conditions, (communicable diseases and non-communicable diseases of public health importance)	· Provincial DoH officials in all 9 Provinces trained	· National DoH

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
<p>Link National Health laboratory system to patient linked systems</p>	<ul style="list-style-type: none"> <li>· Develop a single data warehouse to accommodate all parallel disease data collections systems</li> <li>· Ensure that partners &amp; stakeholders (NHLS, Private sector, etc.) that collect health data report on an ongoing basis.</li> </ul>	<ul style="list-style-type: none"> <li>· Single data warehouse</li> </ul>	<ul style="list-style-type: none"> <li>· National DoH</li> <li>· NHLS</li> <li>· Private Sector</li> </ul>
<p>Promulgate all regulations of the National Health Act(NHA) of 2003 dealing with the National Health Information System, including Provincial committees, discharge summary, referral system and health information standards committee.</p>	<ul style="list-style-type: none"> <li>· Draft and publish regulations of sections 74 and 75 of the National Health Act (NHA) which, empower the Minister to prescribe: (i) the categories or types of data to be collected; the format in which these must be collected and collated; and the time frames for submission (ii) the creation, maintenance or adaptation of databases within the National Health Information System;</li> </ul>	<ul style="list-style-type: none"> <li>· Regulations of Sections 74 and 75 of the NHA of 2003 published</li> </ul>	<ul style="list-style-type: none"> <li>· National DoH, in consultation with Provincial DoHs &amp; other stakeholders</li> </ul>

**PRIORITY 4: HEALTH FINANCING, INCLUDING DESIGNING THE NATIONAL HEALTH INSURANCE SYSTEM AND REDUCING THE RATE OF INCREASE OF TARIFFS IN THE PRIVATE HEALTH CARE SECTORS**

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Implementation of the National Health Insurance System	· Design and implement NHI	· NHI Proposals finalized  · Legislation drafted (National Health Amendment Bill) to create an enabling environment for NHI	· National DoH
	· Medical Schemes Amendment Bill introducing the Risk Equalisation Fund (REF) will be tabled in Parliament.	· Medical Schemes Amendment Bill approved by Parliament.  · REF implemented	· National DoH
	· National Health Reference Price List published	· National Health Reference Price List 2008 and 2009 published	· National DoH
	· Amend legislation to eliminate User Fees in Public Health Facilities for additional categories of users	· National Health Act amended and sent to Parliament for debate	· National DoH, with inputs from Provincial DoHs

## PRIORITY 5: STRENGTHENING HUMAN RESOURCES FOR HEALTH

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Achieve Further Reduction in the Prices of Medicines, from the 20% achieved in 2007/08	· Benchmark medicine prices in South Africa against those of 4 countries, Australia, Canada, New Zealand and Spain	· Results of benchmarking exercise published  · Results of benchmarking exercise used to influence the further reduction in prices of medicines	· National DoH
Restructure the Medicines Control Council (MCC)	· Finalise the policy and draft legislation to restructure the MCC	· Report of the Ministerial Committee on the restructuring of MCC finalised	· National DoH

## PRIORITY 6: STRENGTHENING HUMAN RESOURCES FOR HEALTH

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Implement recruitment and retention strategies for Health Workers, including Memoranda of Understanding to regulate recruitment	<ul style="list-style-type: none"> <li>Finalize Occupational Specific Dispensation (OSD) for Medical Officers, Medical specialists, Dentists, Dental Specialists, Pharmacists and Emergency Care Practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Finalise OSD negotiations by 01 May 2008</li> <li>Full implementation of OSD for these categories by March 2009</li> </ul>	<ul style="list-style-type: none"> <li>National and Provincial DoHs in collaboration with National Treasury &amp; DPSA</li> </ul>
	<ul style="list-style-type: none"> <li>Finalise OSD for Dieticians, Physiotherapists; Occupational Therapists; psychologists; Radiographers; Audio and Speech Therapists; Dental Therapists; Dental Technicians; Medical Technical Officers; Medical Orthotists and Prothetists, Oral hygienists, Chiropodist, Environmental Health Practitioners, Health Technologists, Forensic Pathology Officers</li> </ul>	<ul style="list-style-type: none"> <li>OSD to be effective as from 01 July 2009</li> </ul>	<ul style="list-style-type: none"> <li>National &amp; Provincial DoHs in collaboration with National Treasury &amp; DPSA</li> </ul>
Implement the Clinical Associates Programme	<ul style="list-style-type: none"> <li>Clinical Associates Programme Implemented by 4 Universities: Walter Sisulu, Pretoria, WITS and the University of Limpopo</li> </ul>	<ul style="list-style-type: none"> <li>36 students enrolled for the Clinical Associates Programme</li> </ul>	<ul style="list-style-type: none"> <li>National DoH</li> <li>4 Universities</li> <li>Provincial DoHs</li> </ul>
Fast-track the filling of vacant posts	<ul style="list-style-type: none"> <li>Develop and implement a Departmental recruitment strategy to fast-track the filling of vacant posts in the health sector, including the use of recruitment agencies where required</li> </ul>	<ul style="list-style-type: none"> <li>Departmental recruitment and selection strategy finalized</li> </ul>	<ul style="list-style-type: none"> <li>National DoH</li> <li>Provincial DoH</li> </ul>
Finalise Provincial Organograms	<ul style="list-style-type: none"> <li>Finalise the organograms of all 9 Provincial DoHs</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Organograms finalised by end of June 2008</li> </ul>	<ul style="list-style-type: none"> <li>Provincial DoHs</li> </ul>



<p>Strengthen the implementation of Performance Management Systems</p>	<ul style="list-style-type: none"><li>· Signing of Performance Management Agreements (PMAs) by all Senior Management Services (SMS) members in the Public Health Sector</li></ul>	<ul style="list-style-type: none"><li>· All SMS Members to have signed PMAs for 2008/09 by 30<sup>th</sup> April 2008</li></ul>	<ul style="list-style-type: none"><li>· National DoH</li><li>· Provincial DoH</li></ul>
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## PRIORITY 7: STRENGTHENING INTERNATIONAL HEALTH RELATIONS

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Facilitate implementation of African Union (AU) CAMH3 Bureau Priorities	<ul style="list-style-type: none"> <li>· Facilitate implementation of the Africa Health Strategy Implementation Plan Priority 3-strengthen and promote child survival towards meeting MDG 4</li> <li>· Convene AU Continental workshop to enhance programmes to reduce neonatal and under-five mortality and to improve child survival in Africa- in collaboration with SADC Countries and other African Union Member States</li> </ul>	<ul style="list-style-type: none"> <li>· Availability of harmonised tools for data collection and mortality assessment for neonates and children under-five finalised by March 2009</li> <li>· 15 AU countries assisted to establish neonatal and under-five mortality assessment programmes by March 2009</li> <li>· 15 Countries implementing the harmonised mortality assessment tool by March 2009</li> </ul>	· National DoH
Commemorate AU Decade on African Traditional Medicine (ATM)	<ul style="list-style-type: none"> <li>· Facilitate formulation of the ATM Pharmacopeia</li> <li>· Commemoration of African Traditional Medicine (ATM)</li> </ul>	<ul style="list-style-type: none"> <li>· Draft document on ATM Pharmacopeia available for discussion</li> <li>· Successful commemoration of ATM</li> </ul>	· National DoH
Strengthen SADC Health Activities	<ul style="list-style-type: none"> <li>· Take up the Chairpersonship of SADC Health Ministers</li> <li>· Implementation of key SADC Programmes such as malaria, HRH, reproductive health, and African Traditional Medicine</li> </ul>	<ul style="list-style-type: none"> <li>· Reduction in malaria cases and deaths in SADC countries</li> <li>· Improvement in the implementation of key interventions to improve women's, maternal and child health</li> <li>· Exchange of knowledge and experiences related to African Traditional Medicine within SADC</li> </ul>	· National DoH
Assist African Countries with Post-conflict Reconstruction	<ul style="list-style-type: none"> <li>· Develop Agreements and Implementation plans with the Democratic Republic of the Congo (DRC), Burundi &amp; Sudan</li> </ul>	<ul style="list-style-type: none"> <li>· 3 Agreements signed, implementation plans developed and work commenced</li> </ul>	· National DoH
	<ul style="list-style-type: none"> <li>· Mobilise international resources to implement plans with DRC, Sudan &amp; Burundi</li> </ul>	<ul style="list-style-type: none"> <li>· 3 trilateral funding Agreements signed</li> </ul>	· National DoH



<p>Host International activities in South Africa</p>	<ul style="list-style-type: none"><li>· Facilitate various multilateral activities, meetings and other fora taking place in South Africa (for example CODEX, AU CWOMCAT, Red Cross, Conference of the parties on Tobacco)</li></ul>	<ul style="list-style-type: none"><li>· At least 5 multilateral meetings and activities successfully held in South Africa</li></ul>	<ul style="list-style-type: none"><li>· National DoH</li><li>· Provincial DoHs</li></ul>
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## PRIORITY 8: STRENGTHEN MANAGEMENT AND COMMUNICATION

OBJECTIVES	PLANNED ACTIVITIES	TARGETS/OUTPUTS (2008/09)	RESPONSIBILITY
Implement Turn-Around-Strategy for improving Audit Outcomes	· Improve the response time to queries raised by the Auditor General (A-G)	· Queries raised by the A-G responded within 10 days (maximum)	· National DoH · Provincial DoHs
	· Achieve an Unqualified Audit Opinion from the A-G	· Unqualified Audit Opinions achieved for the Financial Year 2008/09	· National DoH · Provincial DoHs
Strengthen Communication with stakeholders	· Convene Ministerial Izimbizo	· At least 10 Ministerial Izimbizo held in community settings in 2008/09	· National DoH · Provincial DoHs