



Director-General's Review

to tackle the problem of resistant strains of malaria. And various cross-border strategies have been adopted. The Department is optimistic that these interventions will reverse the upsurge in malaria.

The prevalence of HIV/AIDS continues to increase and we estimate that 4,7-million people in South Africa are HIV-positive. Most infections occur in the age range of 15 to 49 years, and close to 20% of individuals in this age group are estimated to be infected. The situation is serious and sobering — but there are some indications that prevention programmes are beginning to have an impact.

- Though the total number of infected persons continues to grow, for the last three years the rate of increase has been much slower than in the mid-90s.
- The prevalence of HIV among teenagers has dropped in the last two years. This age group is most likely to reflect recent infections and, in countries that have achieved a downturn in HIV, young people have always led the way.
- The rate of syphilis infection has halved in the last three years — which may also indicate the recent adoption of safer sex practices.

The Department contributes substantially to research for an AIDS vaccine and will invest increasing effort to improve treatment for people living with HIV and AIDS. But broad programmes of prevention will remain the foundation of our HIV/AIDS strategy. Details are provided in Section 2 of this report, but I would like to highlight a few features:

- HIV/AIDS prevention has become everybody's business. Initiatives are taken and responsibility is assumed at every level and in every corner of our country. This has become a truly national concern.
- There is a steady increase in resources flowing to this effort, from government, international donors and the private sector.
- Our surveillance systems, that track trends and help guide prevention work, are fundamentally sound and we are already moving into the more sophisticated "second generation" surveys that will give us better data.

It is, however, necessary to understand the impact that HIV/AIDS has on efforts to prevent and contain other infectious diseases. This can best be illustrated in relation to tuberculosis.

The number of active TB cases treated in 2000/1 was 75 652. This represented an increase on active cases in the previous year, despite the fact that cure rates for TB have increased steadily in the last few years. The fact that 50% of TB patients are also HIV-positive indicates the degree to which compromised immunity fuels the TB epidemic.

TB remains a curable disease even when there is co-infection with HIV.

So the Department has focused on reinforcing community based treatment by:

- Recruiting and training large numbers of volunteers to support patients during the six- to eight-month treatment programme.
- Pioneering the use of the combination tablet for TB.
- Building community food projects to improve the nutritional status of TB patients.

In addition, successful pilot projects for the integrated management of HIV and TB were introduced during 2000/1. At the pilot facilities patients who test HIV-positive and are at risk of developing active TB are placed on a preventive drug regime.

This sketch of preventive and promotive programmes is far from comprehensive. It has

focused on the biggest programmes dealing with communicable diseases and some diseases of lifestyle. However, many smaller, innovative projects have been instituted by the Department — designed, for instance, to prevent child abuse, domestic violence and suicide.

Improving efficiency

It is acknowledged that there is considerable room to improve efficiency and maximise available resources in the public health sector. The past year has seen initiatives on more effective mobilisation of resources and improved control of expenditure.

- A new Uniform Patient Fee Schedule has been introduced and will be rolled out nationally in the next year. It will improve the recovery of patient fees from medical schemes and other funds, in particular, and has the potential to reverse the marked decline in the collection of patient fees.
- An amount of R24-million was spent in 2000/1 to appoint chief financial officers or senior support staff in the big hospitals.
- Pilot projects on cost centre management were initiated at several major hospitals as part of the programme to decentralise hospital management.

Efficiency also relates to the rational organisation and appropriate use of services. Some of the measures discussed in relation equity — notably, service norms and standard packages of care — have a bearing here.

The principle of delivering services at the appropriate level of care is in part an efficiency measure and where primary care services have been shifted out of hospitals into clinics and community health centres there have usually been efficiency gains.

The rationalisation of support services — notably laboratory services and blood transfusion services — is also integral to improving efficiency in the health system.

- 2000/1 saw the passing of the National Health Laboratory Service Act that provided for the integration of provincial laboratories and specialised national laboratories as a single parastatal organisation. The groundwork for this rationalisation, which will commence later in 2001, was laid during the year under review.
- In October 2000 the South African National Blood Service (SANBS) was registered as a Section 21 company. Six regional services, handling 85% of demand, had joined SANBS by the end of the financial year and only the Western Province Blood Transfusion Service has still to join.

Significant health system inefficiencies also exist in the private sector, as the ratio of spending to service load reveals. The Department will continue, through legislation like the Medicines Control Act and the Medical Schemes Act, continue to promote rational practices, cost containment and accountability in the private sector.

Inside the Department of Health

Human resources

The Department of Health employs just over 1 300 people and has a post vacancy rate of about 17%. Personnel are structured within three programmes: Administration, accounting directly to the Director-General or the Chief Financial Officer; Strategic Health Programmes and Health Service Delivery, each of which is headed by a Deputy-Director General. The functional units in each of these programmes are summarised on Page 12.





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During the course of 2000/1, Dr Kamy Chetty was appointed as Deputy Director-General for Health Service Delivery and Ms Nthari Matsau as Deputy Director-General for Strategic Health Programmes. Mr Gerrit Muller was appointed Chief Financial Officer in line with the Public Finance Management Act.

Relatively small but significant adjustments to the organisational structure were effected during the year.

- The most substantial of these was the upgrading of the HIV/AIDS component to the level of a Chief Directorate, and the clustering of the STD and tuberculosis programmes in this chief directorate.
- There were changes in the organisation of Medicines Regulation, which gained quite a number of posts. This section provides technical and administrative back up for the Medicines Control Council and its reorganisation has helped to reduce backlogs related to medicines registration.
- The Internal Audit Unit was strengthened and given directorate status.
- A Gender Desk was initiated in accordance with a Cabinet decision.

Accounting to the Director-General

Internal Audit
Policy Analysis and Co-ordination
SADC Desk

Accounting to the Chief Financial Officer

Financial Management
Health Financing and Economics
Information Technology
Project Management
Social Health Insurance

Accounting to Deputy Director-General for Health Service Delivery

Communication
Disease Prevention and Control
Employment Relations
Health & Welfare Bargaining Chamber
Hospital Services
Human Resources
Legal Unit
Non-personal Health Services

Accounting to the Director-General for Strategic Health Programmes

District Health System
Gender Desk
Health Monitoring and Research
HIV/AIDS, STDs and TB
International Health Liaison
Maternal, Child and Women's Health
Medicines Regulation
Mental Health and Substance Abuse
Pharmaceutical Policy and Planning

Progress towards equity

The Department has seriously addressed the challenges of transformation, among them the need to improve the representation of designated groups, notably women and black people, in management positions. The gender and racial composition of our personnel at various levels is reflected on pages 14 and 15.

Minimum targets for representation of women and black people at management level, set by the White Paper on the Transformation of the Public Service, were met by the 1999 deadline. At senior management level these targets have been exceeded by a good margin, whereas middle management appointments only just meet the minimum requirement in relation to race.

Government departments have until 2005 to meet the minimum target for employing personnel with disabilities. The Department acknowledges that it has made insufficient progress in this regard.

During 2000/1, 92% of appointments and transfers and 93% of promotions benefited black personnel. Slightly more than half the persons promoted were women and nearly all females promoted were also black.

The management team that has resulted from affirming women and black candidates is an interesting - and sometimes challenging - combination of individuals with long experience of public sector management and newcomers, often with excellent qualifications and exposure to different countries and other health systems. In many cases the quality of their work is reflected in their appointment to various international committees and working groups in their fields of specialisation. (See page 16)

Personnel turnover

In total 130 people left the Department during the year, representing an attrition rate of 10%. A small number retired or died (22) and only eight people were dismissed, two for misconduct and six for reasons of ill health. Exit interviews conducted with some personnel showed that about 60% moved for promotion, better pay and improved working conditions.

The department had 13 cases of serious misconduct investigated during 2000. Not all of these had been resolved by year-end. The concluded cases resulted in the dismissals indicated above and seven suspensions.

No grievances were referred to the Commission for Conciliation, Mediation and Arbitration but 30 formal grievances were lodged. Two-thirds of these were resolved within the year. The greatest single cause of disputes is a failure to do performance assessments.

Financial management

The Department was allocated a budget of R6,776-billion for 2000/1. Of this amount close to 90% — R6,037-billion — was transferred to provincial health departments in the form of conditional grants. Overall 98,6% of the budget was spent.

For several consecutive years, the Department has received a clean bill of health from the Auditor-General who has certified our financial records without any qualifying remarks.

A comprehensive financial report and set of financial statements for 2000/1 are presented in Section 3 together with the Auditor-General's comments.

