



### **PROGRAMME 3: HEALTH SERVICE DELIVERY**

Health Service Delivery supports the delivery of health services, primarily in the provincial and local spheres of government. There are five sub-programmes in Programme 3:

- Health Economics is a new sub-programme dealing with health economics research, medical schemes, social health insurance and public-private partnerships (PPPs)
- *Hospital Services* deals with policy on the provision and management of hospital services and emergency medical services. It is also responsible for the large conditional grants for the revitalisation of hospitals.
- *Health Information, Research and Evaluation* deals with the development and maintenance of a national health information system, and commissions and coordinates research. The sub-programme does disease surveillance and epidemiological analyses, and monitors and evaluates health programmes. It develops norms, standards and other mechanisms for improving the quality of health care services, and provides oversight of the activities of the Medical Research Council.
- *Primary Health Care, District Health and Development* promotes and coordinates the development of the district health system, monitors the implementation of primary health care and activities related to the integrated sustainable rural development programme and the urban renewal programme. It also deals with policy making and monitoring of health promotion and environmental health.
- *Office of Standards Compliance* deals with quality assurance, licensing and the certificates of need required in terms of the new National Health Act (2003). The cluster also deals with radiation control.

### **PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS**

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of the Health Service Delivery Programme.



## 12. HEALTH FINANCIAL PLANNING AND ECONOMICS

During 2007/08, the Department completed the costing of the district hospital package, which will serve as a useful guideline for resource allocation. A framework to conduct the District Health Expenditure Reviews (DHER) in all 52 health districts was also developed.

The regulations on the National Health Reference Price List (NHRPL) were also developed, and consultation processes commenced with stakeholders in the private health care industry. This was consistent with the target for 2007/08. The Department also published a notice in the Government Gazette inviting all stakeholders to submit information in preparation for the revision of the Reference Price List for 2009.

Progress was also made towards completing the National Health Accounts (NHA). A report on private sector expenditure was completed. The analysis of data from various government departments also commenced. Data collection tools for an Incidence Benefit Analysis (IBA) study were also piloted and field-tested, to facilitate data collection in 2008/09.

Amendments to the current Medical Schemes Act, 191 of 1998 were developed, and the amended bill was introduced in Parliament. A review of the current Prescribed Minimum Benefits was also conducted.

The Medical Schemes Amendment Bill proposes a framework for the creation of the National Health Insurance (NHI). The Bill is currently awaiting debate and passage, and the outcome of this process will significantly influence the implementation of NHI in South Africa.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HEALTH FINANCIAL PLANNING AND ECONOMICS	Determination of total costs of rendering a full district hospital package in South Africa	A comprehensive report outlining average costs on all district hospital efficiency indicators	A completed report on costing of district hospital package by September 2007	· Report on costing of district hospital package completed
	Regulations on National Health Reference Price List developed	A set of regulations accepted by all stakeholders in the private health care industry	March 2008	· Regulations on the National Health Reference Price List developed
	Publish tariffs to be charged by health care providers on service rendered	National Health Reference Price List published by the Minister of Health for 2008 tariffs	National Health Reference Price List for 2009 accepted by all stakeholders	· A notice was published in the Government Gazette inviting stakeholders to submit information in preparation of the Reference Price List for 2009.
	Determine the flow of health care resources by sources of funding and financing intermediaries	A report on national health accounts reflecting total health care expenditure in South Africa	Data collection and analysis to be completed by the end of 2007	· Report on private sector was completed. Challenges experienced in accessing information from various government departments
	To estimate the value of the benefit and identify the users of services and their socio economic characteristics in accessing health care services	A report on Incidence Benefit Analysis reflecting the benefit and access of health care services by various socio economic groupings	Data collection and analysis to be completed by the end of 2007	· Data collection tool pre-piloted and tested in certain communities. Data collection to commence in June 2008
	Development of a complete tool for the analysis of district Health Expenditure Reviews (DHERs)	Report on District Health Expenditure for all 53-health districts	District Health Expenditure Review tool ready and disseminated to all health districts	· Revised framework to conduct the DHER's developed by Health Financial Planning and Economics and Districts and Development cluster
	Implementation of the Modernisation of Tertiary Services Plan	Number of provinces and different hospitals that have started implementing the Modernisation of Tertiary Services	Nine provinces implementing phase one and two on diagnostic radiology and radiation oncology	· Provincial Department of Health implementation plans developed
	A developed consensus by National Health Council and the Technical Committee on strategic health care priorities that require funding during the Medium Term Expenditure Framework	Budget bids based on priorities as identified by the National Health Council	Health sector budget bid documents ready by June 2007	· Health sector budget bid for 2008/09 prepared



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
SOCIAL HEALTH INSURANCE	Policy accepted by Department	Policy framework to guide the development of low cost options in the prepaid environment	A completed policy framework	· Policy shift from Social Health Insurance to National Health Insurance and therefore activities were not carried out as planned.
	Legislation on Risk Equalisation Fund (REF) passed	Publication of the REF Bill for public comments	REF legislation proclaimed	· REF Bill review is on hold until the Amendments to the Medical Schemes Act, 191 of 1998 are finalised and enacted and will be reviewed in light of the policy shift from Social Health Insurance to National Health Insurance and the completion of the current review of PMBs
	Literature reviewed	Public hospitals contracting on capitation with medical schemes	Capitation contracts introduced in the public sector	· Policy proposal to be discontinued until discussions around National Health insurance are finalised



### 13. MEDICAL BUREAU FOR OCCUPATIONAL DISEASES (MBOD)

Access to Benefit Medical Examinations (BME) for both active and former mine-workers was expanded during the reporting period. A total of 24 624 miners underwent BME in 2007/08. Although this figure was lower than the 2007/08 target of 35 000, it reflected a significant increase from the 15 000 miners assessed in 2006/07.

Three roadshows were conducted for communities with high numbers of ex-mineworkers during 2007/08. This enhanced community awareness and contributed to the increased number of miners coming forward to undergo BME.

Significant progress was also made towards the establishment of Occupational Health Units (OHUs). Occupational Health Units (OHUs) were established at hospitals across six provinces namely: Johannesburg and Pretoria Academic Hospitals in Gauteng; Pelonomi Hospital in the Free State; Inkosi Albert Luthuli and King Edward Hospitals in KwaZulu-Natal; Polokwane Hospital in Limpopo; Kimberley Hospital in the Northern Cape and Groote Schuur Hospital in the Western Cape.

Furthermore, Occupational Health Practitioners at Pelonomi Hospital were trained in risk assessment. Training will be expanded to other hospitals in the next financial year.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MEDICAL BUREAU FOR OCCUPATIONAL DISEASES (MBOD)	Advocacy programme on BME for both active and ex-mineworkers	Increase in the number of miners that undergo benefit medical examinations	35 000	· 24 624
	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	· Three
	Two new units set up in MBOD (IT and Quality Control)	Implementation of functional Quality Control Unit and a functional IT Management Unit	Implementation of Functional Quality Control Unit	· Quality control unit is operational, Computer (IT) under development
OCCUPATIONAL HEALTH	Develop and implement occupational health programmes in public hospitals	Number of public hospitals with OHS service unit	Four hospitals in each province with OHS services	· One Occupational Health Unit (OHU) was established at each of the following hospitals · Kimberley Hospital, Northern Cape · Groote Schuur Hospital, Western Cape · Polokwane Hospital, Limpopo · Pelonomi Hospital, Free State; · Two OHUs were established at the Johannesburg and Pretoria Academic Hospitals in Gauteng; and at the Inkosi Albert Luthuli and King Edward Hospitals in KwaZulu-Natal
	Training Occupational Health Practitioners in Risk Assessment	Number of institutions in which Occupational Health Practitioners trained in Risk Assessment	One institution	· Occupational Health Practitioners at Pelonomi Hospital were trained in risk assessment



#### **14. HEALTH INFORMATION EVALUATION MONITORING AND RESEARCH (HIER)**

Monitoring and Evaluation (M and E) systems of the Department were strengthened in various ways during 2007/08. The M and E Framework for the National Strategic Plan (NSP) for HIV and AIDS and STIs 2007-2011 was produced. Monthly data were consistently compiled on the outputs of the Comprehensive Plan for HIV and AIDS Care, Management Treatment (CCMT). A Mid-Term Evaluation of the implementation of the CCMT was also produced.

A Summary Report on the Ante-Natal Care (ANC) HIV and Syphilis Prevalence Survey 2007 was compiled. The Department also compiled and submitted to United Nations General Assembly Special Session (UNGASS) a Report on HIV and AIDS.

Progress was also made towards the National Burden of Disease survey conducted amongst a representative sample of public and private health facilities across the country. Data collection and analysis were completed. A report will be produced in the course of 2008/09, which will provide additional insights into the burden of diseases facing the country.

Significant progress was also made in providing stewardship to health systems research in the country. The National Health Research Committee (NHRC) was established and held three meetings during the reporting period. The National Health Research Priorities Report was compiled and printed. An electronic health research database, as well as an electronic system for registration and accreditation of research ethics committees were developed. A call for registration of Research Ethics Committees was published in February 2008. Regulations for the establishment of a National Health Research Ethics Council (NHREC) were also produced and submitted for legal guidance. The Department enhanced its oversight over clinical trials. Almost 100 clinical trials conducted in the country in 2007/08 were reviewed and registered. A central depository of all clinical trials conducted in South Africa was also developed.

The Department also produced Health Indicator Updates on various focal areas including Health Service Delivery; Hospital Services; the Integrated Sustainable Rural Development Strategy (ISRDP) and the Urban Renewal Programme (URP). The Annual Prevalence and Distribution of Malaria Report in South Africa 2007 was compiled.

With regard to strengthening health information systems, a bid for the development of an Electronic Health Record for South Africa (eHR.za) was awarded. A Draft eHealth White Paper was also completed, in line with the 2007/08 target.

The Department also conducted situation analyses of nosocomial infections surveillance systems at Tygerberg and Albert Luthuli Hospitals, and also compiled a nosocomial infection surveillance strategy. Furthermore, a strategy for strengthening the coordination and integration of the electronic disease surveillance systems was also produced.

Key challenges during the reporting period included delays in the development of the South African Diagnosis Related Group (DRG) pending a decision on the procedure code for South Africa. The expansion of telemedicine to 120 sites was also delayed due to a lack of funding.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Coordinate, support and conduct research and monitoring and evaluating activities	Monitoring and Evaluation (M and E) Policy Guidelines finalised	M and E Policy Guidelines finalised and implemented	<ul style="list-style-type: none"> <li>Data collection for an internal M and E Audit was completed. The findings will inform finalisation of the policy guidelines.</li> </ul>
		Number of health indicator updates produced	Four health indicator updates	<ul style="list-style-type: none"> <li>One Health Indicator Update on the Integrated Sustainable Rural Development (ISRDP) and Urban Renewal Project (URP) was completed and printed</li> <li>Two Health Indicator Updates on Health Service Delivery and Hospital Services were completed and approved for printing</li> <li>Maternal health indicators update was drafted</li> </ul>
			One key health statistics booklet	<ul style="list-style-type: none"> <li>Draft Key Health Statistics booklet was produced and reviewed internally</li> </ul>
		UNGASS report completed	Data collection	<ul style="list-style-type: none"> <li>The UNGASS report was approved and submitted to the United Nations</li> </ul>
		M and E Framework and Plan for the 2007-2011 HIV and AIDS Strategic Plan	M and E Framework for the 2007-2011 HIV and AIDS Strategic Plan finalised	<ul style="list-style-type: none"> <li>The M and E Framework was compiled in collaboration with stakeholders and approved by SANAC's Programme Implementation Committee</li> </ul>
		M and E Framework and Plan for Healthy Lifestyles programme	M and E Framework and Plan for Healthy Lifestyles programme finalised	<ul style="list-style-type: none"> <li>A Draft M and E Framework and Plan for Healthy Lifestyles was produced</li> </ul>
		M and E Framework and Plan for Health Promoting Schools	M and E Framework and Plan for Health Promoting Schools finalised	<ul style="list-style-type: none"> <li>A M and E Framework and Plan for Health Promoting Schools has been drafted</li> </ul>
		% of research projects funded for the Comprehensive HIV and AIDS plan completed within stipulated timeframes	100% of funded research projects (one-year projects) completed	<ul style="list-style-type: none"> <li>13 Research Projects of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT) were implemented during the financial year</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Coordinate, support and conduct research and monitoring and evaluating activities	Number of provinces submitting data for monitoring the implementation of the comprehensive HIV and AIDS Care, Management and Treatment Plan	All nine provincial data sets available nationally	<ul style="list-style-type: none"> <li>The monthly CCMT statistics up to March 2008 were compiled and circulated</li> </ul>
		Report on the evaluation of the implementation of the Comprehensive Plan	Report on the Process evaluation (midterm evaluation) of the implementation of the Comprehensive Plan	<ul style="list-style-type: none"> <li>Draft Midterm Review National Report produced</li> <li>Draft Province-specific Mid-term Review Reports were also circulated for comments to Provincial Managers responsible for the Comprehensive Plan</li> </ul>
		Number of M and E training workshops at national and provincial levels	One national and three provincial training workshops conducted	<ul style="list-style-type: none"> <li>A four-day M and E training workshop was conducted in November 2007</li> <li>A M and E Handbook/Guide for Health Managers was approved and printed</li> <li>23 officials attended a two day training session on the South African Statistical Quality Assurance Framework organised by Statistics South Africa</li> </ul>
		Report on PHC Facilities Audit	Conduct PHC Facilities audit by March 2008	<ul style="list-style-type: none"> <li>The National Primary Health Care (PHC) Audit was delayed due to withdrawal of funding for this project by a development partner</li> </ul>
	Functional National Health Research Ethics Council	Accreditation of Research Ethics	Commence with accreditation of Research Ethics Committees by August 2007	<ul style="list-style-type: none"> <li>The National Health Research Ethics Council finalised the process of accrediting Research Ethics Committees</li> <li>A call for the registration of Research Ethics Committees was published in February 2008</li> </ul>
	Functional National Health Research Committee	% of the Business Plans of public funded organisations and institutions presented to the NHRC	50% of the Business Plans of public funded research organisations and institutions presented to the NHRC	<ul style="list-style-type: none"> <li>National Health Research Committee (NHRC) established and functional, last meeting held in April 2008</li> </ul>
	Policy on intellectual property and copyright in health	% of policy on intellectual property and copyright in health implemented	Implement 25% of the policy	<ul style="list-style-type: none"> <li>Consultation process on the draft policy ongoing</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Regulations on the conduct of research on human subjects published	Regulations on the conduct of research on human subjects monitored and evaluated annually	Report on monitoring and evaluation produced	· Report produced
		National health research priorities revised and published	Refine the research priorities and set up a research agenda by June 2007	· In the process of being printed. The electronic copy is being used as a working document by NHRC
	Develop electronic system for registration and accreditation of research ethics committees	Electronic system for registration and accreditation of research ethics committees	All audited research ethics committees registered by March 2008	· Electronic system for registration and accreditation of research ethics committees
	Develop electronic health research database	Electronic health research database established and updated annually	Database updated annually	· Database development
	Develop regulations for the National Health Research Ethics Council and the National Health Research Committee	Regulations for the establishment of a National Health Research Ethics Council published	Regulations for the establishment of a National Health Research Ethics Council published by March 2008	· Regulations developed and submitted for legal advice
	Monitor and oversee the conduct of clinical trials and related activities	Electronic system for the registration of clinical trials accessible on the Department's website and reported on annually	Report on number of clinical trials conducted published bi-annually	· Close to 100 trials reviewed and registered to date
		A central depository of all clinical trials conducted in South Africa	25% of the depository	· Developed and in process of being finalised
		Guidelines for establishment and functioning of Community Advisory Boards in relation to clinical trials published	Guidelines published for comment March 2008	· Guidelines developed jointly with the Medical Research Council, and completed.
		Annual systematic reviews of clinical trials published	Quarterly systematic reviews conducted and reports published biannually	· No systematic reviews conducted, but plans are under way to implement these reviews in collaboration with Cochrane Library



## 15. PHC, DISTRICTS AND DEVELOPMENT

During 2007/08, communities across the nine provinces continued to show their confidence in the Primary Health Care (PHC) services provided by the public health sector. Access to PHC services, as measured by headcounts increased from 101 644 080 in 2006/07 to 101 748 188 in 2007/08. A national PHC utilisation rate of 2.2 visits per person was also achieved in 2007/08. Although this figure was lower than the 2007/08 target of 3.5 visits per person, it was slightly higher than the 2.1 visits per person achieved in 2006/07. Total separations at District Hospitals also increased between 2006/07 and 2007/08.

A national Primary Health Care (PHC) supervision rate of 70% was attained in 2007/08. Although it was lower than the 2007/08 target of 100%, it reflected significant improvement from the 48% reported in 2006/07. A functional referral system was established in 100% of districts.

Planning processes at district level were also strengthened, with 47 of the 52 health districts (90%) having produced District Health Plans (DHPs), in line with national guidelines. Close to 70% of these DHP's were aligned to the draft Integrated Development Plans (IDPs) of Local Government.

To contribute towards good nutrition and food security, 36 food garden projects were initiated by the National Department in the Eastern Cape, KwaZulu-Natal and Western Cape in 2007/08. A total of 1 800 schools were awarded Health Promoting Schools' Status. All Health Promoting Schools also developed education programmes on anti-tobacco and policy.

Formal partnerships between 17 Health Districts and Non-Profit Organisations (NPOs) were established. About 50% of NPO care workers were provided with accredited training according to the Health and Welfare SETA.

Key challenges during the reporting period included delays in conducting the PHC service and infrastructure audit, due to difficulties around funding. None of the 52 districts produced District Human Resources (HR) Plans, as required by the National Health Act of 2003. Only 30% of PHC facilities had a minimum of one documented committee meeting every second month, which was lower than the 40% achieved in 2006/07. Seventy percent (70%) of sub-districts provided the full PHC service package, against a 2007/08 target of 95%. Measures to address these challenges have been built into the Department's plans for the next planning cycle.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
PHC, DISTRICTS AND DEVELOPMENT	Develop functional Health Districts in South Africa	% of health districts with District Health Plans (DHP's) in line with the guidelines	100%	· 90%
		% of DHP's linked and aligned to Local Government Integrated Development Plans (IDP's)	40%	· 67%
		% of health districts with district human resource plans in line with the guidelines	50%	· 0%
		% of health districts reporting quarterly on Provincial Annual Performance Plans and DHP indicators	39%	· 50%
		% of PHC facilities with a minimum of one documented committee meeting every second month	60%	· 30%
		Number of health districts in which District Health Councils were established	42	· 31
		% of health districts including rural nodes with complete DHIS report and submitted quarterly	80%	· 80%
		% of districts with a completed PHC service and infrastructure audit	100%	· 0%
		% of nodes reporting quarterly on progress with regard to the health components of the joint ISRDP/URP work plan	50%	· 80%
		% of sub-districts offering full PHC service package	95%	· 70%
		% of facilities visited by a supervisor once a month (PHC supervisory rate)	70%	· 70%
		National PHC utilisation rate	2.5 visits per person per annum	· 2.2 visits per person per annum
		Target PHC per capita expenditure per district	R 278	· R 260
		% of districts with a functional referral system	70%	· 100%
% of health districts who are at Level II of the DHIS	80%	· 80%		



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
PHC, DISTRICTS AND DEVELOPMENT	Strengthen community based health services including Home Based Care (HBC)	Number of districts with formal partnerships with NGO's	16	· 17
		% of care workers with accredited training according to Health and Welfare SETA	40%	· 50%
ENVIRONMENTAL HEALTH	Monitor the devolution of MHS to municipalities	% of municipalities rendering MHS	80%	· 26%, (including six metros and six district municipalities) · These services are still rendered by the Local Municipalities
		% of districts reporting to the Department on use of Environmental Health Indicators (EHI)	80%	· Training on EHI was conducted during 2007/08 in the nine provinces. The EHI software has not been linked to the DHIS
	To strengthen the rendering of Port Health Services at Ports of Entry	% of Ports of Entry (POE) reporting quarterly on Port Health Services to Department	50%	· 15%
	Agreed cost recovery system	% of ports at which cost recovery system is implemented	50%	· 33%
	Agreed framework for three poison information centres to work together and to report to the Department	Number of monthly reports from each centre available at Department	One report per centre per month	· 12 reports submitted
HEALTH PROMOTION	Programme in each province	Number of Local Municipalities (LM) supported by each province with respect to healthy lifestyle programmes	Each province supports six LMs (total 54 LMs)	· Nine healthy lifestyle events were held during the last four quarters targeting an average of three municipalities per event. In total 27 municipalities were supported
	Move for Health programme	Number of Health Promoters trained to implement global strategy on diet, physical activity and health	100	· 300
		Number of community based physical activity projects	Five per province	· Project on Physical Activity established in WC province in support groups for the elderly and in Health Promoting Schools (12 schools in KZN) · During the nine healthy lifestyle events, five school based physical activity projects were supported per event. In total 57 projects in schools were supported (12 schools in KZN and 45 schools in other provinces)



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HEALTH PROMOTION	Nutrition Campaign	Number of community based food garden projects	Twenty per province	<ul style="list-style-type: none"> <li>36 community based food garden projects established</li> <li>Six events in six provinces were supported during the healthy lifestyle campaign namely Eastern Cape; Gauteng; KwaZulu-Natal; Limpopo; Northern Cape and Western Cape</li> </ul>
		Mass media campaign to promote nutrition	SABC radio stations in 11 languages (four key messages) and 30 community radio stations	<ul style="list-style-type: none"> <li>Health messages were disseminated through 12 regional SABC radio stations and 60 community radio stations. Topics covered in these messages included: mental health, hepatitis, breast feeding, immunisation, oral health, rabies, meningitis, multiple sclerosis, stroke and cancer</li> </ul>
		Number of major employers assisted to develop an Employee Wellness Programme (HP in the workplace)	Five	<ul style="list-style-type: none"> <li>Not achieved</li> </ul>
		Number of employees reached	5 000	<ul style="list-style-type: none"> <li>Not achieved</li> </ul>
	Implementation of the amended tobacco law	% reduction in smoking prevalence amongst adults and the youth, compared to 1999	Five percent reduction youth	<ul style="list-style-type: none"> <li>The Medical Research Council (MRC) conducts the Global Youth Tobacco Survey (GYTS) every five years in order to update and compare trend data. The MRC conducted this survey in 2002, and will repeat this survey in August 2008</li> </ul>
		% of schools with smoking policies that are implemented	Five percent of schools	<ul style="list-style-type: none"> <li>All Health Promoting Schools have developed education programmes on anti-tobacco and policy</li> </ul>
	Expansion of Health Promoting Schools	Number of primary schools identified as Health Promoting Schools	3 500	<ul style="list-style-type: none"> <li>1 800 schools awarded Health Promoting Schools status</li> </ul>
	Distribution of IEC material in targeted sites	% of distribution outlets receiving IEC materials	35% schools 35% clinics 20% major supermarkets	<ul style="list-style-type: none"> <li>100% of IEC materials produced were distributed to all provinces for further distribution</li> </ul>
		Regulations on lead in paint	Regulations in place	<ul style="list-style-type: none"> <li>Draft Regulations produced</li> </ul>



## 16. HOSPITAL SERVICES AND EMS

As part of the Department's continuous efforts to enhance the delivery of hospital services, hospital infrastructure was expanded in 2007/08. A total of 20 business cases for hospital revitalisation prepared by Provincial Departments were approved by the National Department. The Department also reached a decision that all business cases for tertiary hospitals should be approved by both the Modernisation of Tertiary Services (MTS) and Hospital Revitalisation teams to ensure alignment between the two processes, and also to verify the type of services that need to be provided. Hospital business cases also had to be consistent with the Provincial Service Transformation Plans. During the reporting period, a total of 33 hospitals were under construction and 11 in the planning phase, as part of the Hospital Revitalisation Project. Three hospitals were nearing completion, namely Dilokong and Nkhensani in Limpopo Province, and Barkley West in the Northern Cape.

Steady progress was also made towards strengthening hospital information systems. An audit conducted in 2007 indicated that 56% of hospitals had appointed information officers. This exceeded the 2007/08 target of 50%.

Emergency Medical Services (EMS) were also strengthened. All nine Provincial Departments completed their EMS Business Plans. A national business case for the implementation of national norms and standards for EMS were developed. Also, a draft integrated and intersectoral operational plan for the FIFA World Cup 2010 was developed. Two Provincial Departments, KwaZulu-Natal and the Western Cape developed their Draft Health Disaster Management Plans. The 2007/08 target was for three provinces to produce these plans.

Key challenges during the reporting period included a relatively slower pace of strengthening hospital management. Just over 120 Hospital Managers were enrolled into hospital management training programmes at the Universities of KwaZulu-Natal (UKZN) and the Witwatersrand (WITS), which translated to about 25% of all hospital CEOs in the country. The target for 2007/08 was 50%. Also, only 14 hospitals (4%) implemented electronic standardised cost centres, against a 2007/08 target of 10%. To accelerate progress, capacity was strengthened in all participating provinces by employing dedicated consultants per speciality areas such as Information Technology (IT) and Accounting.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HOSPITAL SERVICES AND EMS	Improve management of hospitals	% of hospitals with managers enrolled for a hospital management training programme	50%	· 25%
		% of hospitals implementing electronic standardised cost centres	10%	· Four percent (14 hospitals) These were: three hospitals in the Eastern Cape; two hospitals in KwaZulu-Natal; two hospitals in the Northern Cape; three hospitals in the North West and four hospitals in the Western Cape
		% of hospitals that have held at least four hospital boards meetings per annum	50%	· There were difficulties quantifying progress towards this target due to the transition between the old Provincial Legislation and the new National Health Act of 2003



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HOSPITAL SERVICES AND EMS	Improve quality of Information for decision making	% of hospitals with appointed information officers	50%	· 56%
	Expand the hospital revitalisation programme	Number of business cases for hospital revitalisation accepted by the Department	20 additional Business cases accepted by the Department	· 20 business cases approved
	Implement Web Based System to improve monitoring and evaluation system	Availability of Web Based reporting system in 2007/08	April 2007	· Procurement of Web-Based reporting system delayed, to consolidate the requirements of all Departmental Units with similar needs
	Improve health infrastructure	% of hospitals that allocate 3% of the budget to maintenance	10% of hospitals allocating a minimum three percent of their budget to maintenance	· Not achieved. Provinces using the BAS system will in future be able to allocate coding to track expenditure on maintenance down to facility level
	Develop norms and standards for health infrastructure	Agreed national norms and standard document standards for health infrastructure	Draft national norms and standard document completed and approved	· Lack of capacity prevented the commencement of norms and standards analysis. The priority list for norms and standards has been set in the Department's Strategic Plan for 2008-09
	Provinces using standardised planning and briefing documents for infrastructure projects	Standardised Planning and Briefing Documents developed		· Lack of capacity prevented the commencement of service planning documentation. The priority list for briefing documents has been set in the Department's Strategic Plan for 2008-09
	Deliver EMS as guided by the National EMS Strategic Framework	Number of Provincial EMS Plans developed	Nine	· Nine



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HOSPITAL SERVICES AND EMS	Deliver EMS as guided by the National EMS Strategic Framework	National Business case for the implementation of national norms and standards for EMS developed and presented to Treasury	National Business case presented to Treasury Implementation plan adopted by the NHC	· Business Plans completed
	Implementation of the National EMS Information System in all nine provinces	% of hospitals monitored with a Web based bureau mechanism	10%	· 15%
	Implement Emergency Centre Regulations	Number of provinces where Emergency Centre Regulations have been implemented		· Emergency Centre Regulations were 50% towards completion. Not yet implemented by provinces
	Provide an Integrated Disaster Management Plan for the Health Sector in terms of the Disaster Management Act, 57 of 2002	Number of provinces where a Disaster Management Plan for Health Sector has been completed	Three	· Three provinces, KwaZulu-Natal, North West and Western Cape
	Develop regulations on health services at Mass Crowd Gatherings	Regulations on health services at Mass Crowd Gatherings completed	Draft regulations developed	· 20% progress made towards completion of regulations
	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	Intersectoral operational plan for the FIFA 2010 World Cup developed	· Intersectoral operational plan 50% towards completion



## 17. OFFICE OF STANDARDS COMPLIANCE

Various measures were implemented to improve Quality of Care during the reporting period. As already indicated, a national Primary Health Care (PHC) supervision rate of 70% was attained in 2007/08. With regard to the development of Quality Improvement Tools for the Infection Prevention and Control (IPC) Programme, the Department appointed the University of KwaZulu-Natal (UKZN) to develop a National Comprehensive Manual on IPC. This work commenced during the reporting period. The Comprehensive manual will be ready for use in 2008/09. Training on the IPC Assessment Tools also started, and had already been concluded in four of the nine provinces.

To improve the monitoring of complaints (and compliments) from the users of health services, and the turn around time for resolving their complaints, a bid was awarded to an external service provider to develop a Business Plan for setting up a National Call Centre.

Progress was also made towards the development of a National Incident (adverse event) Management System (NIMS). The Australian Adverse Incident Management System Model (AIMS) was piloted in the Free State Province.

Key challenges during the reporting period included the lack of systems to monitor quality of care in hospitals that are part of the Hospital Revitalisation Project.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
OFFICE OF STANDARDS COMPLIANCE	Implement a revised national Complaints Management System	Functional National Complaints Management System	Revised NHCMS implemented and functional. All role players comply with standards	· Bid specifications to outsource Complaints Contact Centre for three years was prepared, but placed on hold until completion of Business Plan
	Harmonise the Complaints Management Information Communication (IC) Technologies used in the NHS	Provincial and National IC Technologies are linked	Business plan developed and approved	· Tender has been awarded to the Dipale Connexions to assist the Department with the Business Plan
	Monitor quality related requirements of the Division of Revenue Act (DORA) as set out for the Hospital Revitalisation Programme (HRP)	% HRP hospitals per province conducting at least one patient satisfaction survey per annum	100%	· Monitoring system not yet in place that could provide accurate
		% HRP hospitals per province conducting at least one clinical audit per annum (in any clinical discipline)	80%	· Monitoring system not yet in place that could provide accurate data needed to calculate %
		% HRP hospitals per province conducting on a monthly basis, morbidity and mortality reviews	80%	· Monitoring system not yet in place that could provide accurate data needed
		% HRP hospitals per province that annually identify the top ten conditions treated at the hospital and that are treated according to national/ provincial guidelines	50%	· Monitoring system not yet in place that could provide data needed
	Develop QI tools for the Infection Prevention and Control (IPC) Programme	A National Comprehensive Manual on IPC Guidelines	Manual ready for use and launched nationally in 2008/09	· Bid to develop an IPC Manual has been awarded to KZN University.
		A National IPC Assessment Manual	A National IPC Assessment Manual ready for use and launched nationally	· Training on the IPC assessment tools has started and was concluded in four provinces
	Develop a National Incident (adverse event) Management System (NIMS)	Number of provinces reporting adverse events in accordance with the NIMS	Five in 2008/09	· Piloting the Australian Adverse Incident Management System Model (AIMS) has started in the Free State



#### **PROGRAMME 4: HUMAN RESOURCES PLANNING, DEVELOPMENT AND MANAGEMENT**

The Human Resources Planning, Development and Management sub-programme supports the planning, development and management of human resources for health at both the national and provincial levels. It also includes activities to coordinate international health relations, including donor support.

In 2007/08, there were three sub-programmes:

- Human Resources is responsible for developing human resource policies, norms and standards, and for ensuring the efficient management of the employees of the National Department of Health
- Bargaining Council and Employee Relations provides the resources and expertise for bargaining in the national Public Health and Welfare Sectoral Bargaining Council
- International Health Liaison liaises with the international health community, manages participation in international organisations, coordinates regional health cooperation with members of the Southern African Development Community (SADC), and identifies and coordinates donor and foreign assistance resources. The SADC sub-programme has been incorporated in this sub-programme.

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of the Human Resource Planning, Development and Management sub-programme.



## 18. HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT

In 2007/08, the Department achieved numerous key milestones in its efforts to ensure a reliable supply of adequately trained, appropriately remunerated and motivated human resources for health. These included the implementation of Community Service for nurses; implementation of Occupation Specific Dispensation (OSD) for professional nurses; and the recruitment and deployment of 36 Tunisian doctors in five provinces, Eastern Cape; Free State; KwaZulu-Natal, North West and Northern Cape. Two key mid-level worker programmes, the Clinical Associates Programme and Emergency Care Technicians (ECT) were established. The ECT Qualification was approved by the South African Qualifications Authority (SAQA) and registered on the National Qualifications Framework (NQF). The South African Military Health Services (SAMHS) also commenced with the ECT programme, with an intake of 107 learners.

Together with the DPSA and Treasury, the Department also started with preparatory work for OSD for Medical and Dental Practitioners, Specialists, Pharmacists and EMS Practitioners. Significant progress was also made towards the development of the Codes of Remuneration (CORE) for mid level worker categories with appropriate salary grading. Grading for occupational categories such as: Porters, Supplementary Diagnostic Radiographers; Occupational Therapy Technicians; Mortuary Assistants; and Ward Attendants was finalised. An electronic database for workforce management (service placements and foreign health professionals) was developed.

The placement of all health professionals for internship and community service in 2008 was also successfully completed.

Key challenges during the reporting included a lack of capacity, which impeded the finalisation of the Policy on Foreign Recruitment. This also affected the development of regulations for foreign recruitment. Limited progress was made towards the establishment of a Regulatory Framework for Community Health Workers (CHWs).



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT	Strengthen Provincial Skills Development Structures to deliver on National Skills Development Strategy (NSDS) II	Skills Development Structures in Health Sector being able to implement NSDS II	All nine provincial SDF's trained on capacity building programmes from April - December 2007	<ul style="list-style-type: none"> <li>Five provinces namely Gauteng, Free State, North West, Northern Cape and Western Cape; as well as the National Department, conducted training of Skills Development Facilitators</li> </ul>
			Forum of Skills Development Facilitators in Health Sector established by January 2007	<ul style="list-style-type: none"> <li>The Forum of Skills Development Facilitators (SDFs) was established on 13 June 2006. During 2007/08, six SDF meetings were held to discuss challenges experienced by both the National Department and provinces in the implementation of skills development. The HWSETA has joined the Forum as permanent member</li> </ul>
	Develop a new remuneration framework for health professionals	Framework approved for implementation by DPSA	Professional Nurses, Medical and Dental Practitioners, Specialists and Pharmacists. July 2007	<ul style="list-style-type: none"> <li>Occupation Specific Dispensation (OSD) developed and implemented for Nurses</li> <li>Preparations for OSD for Medical and Dental Practitioners, Specialists and EMS Practitioners in progress</li> </ul>
	Develop a new policy on foreign recruitment	Policy approved by NHC	July 2007	<ul style="list-style-type: none"> <li>Policy on foreign recruitment was reviewed, will be submitted to the National Health Council for approval</li> </ul>
	Develop regulations for foreign recruitment	Regulations submitted to Legal Services	July 2007	<ul style="list-style-type: none"> <li>Policy on foreign recruitment was reviewed</li> <li>Regulations will be developed based on the approved policy</li> </ul>
	Implement a new electronic database for workforce management (service placements and foreign health professionals)	Database implemented	April 2007	<ul style="list-style-type: none"> <li>Database developed but not activated due to inadequate personnel</li> </ul>
	Harmonise job evaluation across the public health sector	Benchmarks for all transversal occupational categories	September 2007	<ul style="list-style-type: none"> <li>Process overtaken by the work to establish OSD for the Public Service</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT	To develop codes of remuneration for mid level worker categories with appropriate salary grading	CORE developed	1 October 2007	<ul style="list-style-type: none"> <li>Grading for the following occupational categories was finalised: Porters; Darkroom Operators; Supplementary Diagnostic Radiography; Occupational Therapy Technician; Mortuary Assistants; and Ward Attendants</li> </ul>
	Ensure that community service and medical internship programmes are finalised	Annual allocations finalised	November 2007	<ul style="list-style-type: none"> <li>Allocations and placements for 2008 were finalised</li> </ul>
	Implementation of Community Service for Nurses	Nurses allocated to accredited Community Service sites	July 2007	<ul style="list-style-type: none"> <li>All eligible nurses commenced with Community Services in January 2008</li> </ul>
	Approval of Qualification by Department of Education	Number of students enrolled into the Clinical Associate programme in the four universities	36 students to be enrolled nationwide as first pilot programme	<ul style="list-style-type: none"> <li>Walter Sisulu University commenced training with 23 students</li> <li>Regulations for the registration of the Clinical Associate and the student Clinical Associate completed and register were developed</li> <li>Recruitment and selection of two staff members for the University Pretoria was completed</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCES DEVELOPMENT AND MANAGEMENT	Implementation of the Emergency Care Technician (ECT) programme by five provincial EMS Colleges. Qualification approved in February 2007	Qualification registered by SAQA	Implementation of the ECT programme by five provincial EMS Colleges, in February 2007	<ul style="list-style-type: none"> <li>Qualification was approved by SAQA and registered on the NQF</li> <li>KZN, Gauteng, North West and South African Military Health Services (SAMHS) were provisionally accredited to offer the ECT programme</li> <li>KZN, Gauteng, North West and SAMHS commenced training</li> </ul>
	Review and implementation of CHW Policy framework	CHW Policy implemented in all provinces	Implement the policy in two provinces by December 2007	<ul style="list-style-type: none"> <li>Concept document was produced for the review and implementation of the CHW policy framework</li> </ul>
	Establish a Regulatory Framework for CHWs	Regulatory Body in place to implement and oversee the Regulatory Framework for CHWs	April 2007	<ul style="list-style-type: none"> <li>Regulations to be included into concept document</li> </ul>
	Approval of Minimum Skills Sets for CHW from NQF level 1-4	Registered Skills programmes for CHWs		<ul style="list-style-type: none"> <li>Currently being reviewed based on stakeholder inputs</li> </ul>



## **19. HUMAN RESOURCE (HR) POLICY RESEARCH AND PLANNING**

In 2007/08, the Department developed a Nursing Strategy, which will guide the health sector in ensuring a sustainable availability of appropriately trained and skilled nurses, to meet the needs of the country. An implementation plan for the strategy was also developed.

The Department also conducted a study into the production capacity of training institutions, with a view to use the research findings to support long-range human resource planning. A framework for human resource stakeholder management was also produced.

Progress was also made with regard to the implementation of the Human Resource Management Information System (HRMIS). The methodology for the development of the HRMIS was piloted, and provincial visits undertaken for purposes of information sharing, information gathering and stakeholder analysis.

With regard to strengthening stakeholder management and coordination on human resources issues, the Department continued its collaboration with statutory bodies such as the South African Nursing Council (SANC) and the Pharmacy Council on Continuous Professional Development (CPD).

The Department also contributed to the human resource planning in the region. The Department constituted part of the Human Resource Technical Committee that drafted a SADC Regional Human Resource Plan, which was adopted by the SADC Health Ministers. With regard to the development and adoption of a health sciences education and training funding policy, a draft strategy on Health Sciences Education and training was developed, and consultation with various stakeholders undertaken.

Key challenges during the reporting period included delays in institutionalising the Human Resources for Health (HRH) Plan as a framework for Human Resource planning in the National Health System. Resource constraints also impeded the production of a National HRH Plan status report, which would have incorporated an evaluation of the plan.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCE (HR) POLICY RESEARCH AND PLANNING	Implementation , management and advocacy of the National Human Resources for Health (HRH) plan	HRH plan used as framework for HP planning in the national health system	Consultation and refinement of performance indicators for the implementation of the plan at national and provincial level	<ul style="list-style-type: none"> <li>Funding for development of performance indicators mobilised and secured</li> <li>Project implementation delayed by change to alternative service provider</li> </ul>
			National HRH plan status report produced incorporating evaluation of the plan completed	<ul style="list-style-type: none"> <li>Evaluation of implementation of plan to be carried over to next financial year, due to resource constraints</li> </ul>
	To facilitate research and analysis in order to support long-range planning	Studies, interventions and investigations carried out to support policy and planning in HR	Production capacity study result released and used to guide the refinement of production targets for health professionals	<ul style="list-style-type: none"> <li>Investigation into production capacity of training institutions ongoing</li> </ul>
			Report on the health workforce produced	<ul style="list-style-type: none"> <li>Work on workforce profiling continuing</li> </ul>
	Strengthening of HR stakeholder management and coordination to support policy and planning in the health system	Strengthened stakeholder management and coordination on HR issues	Incorporation of key curriculum issues into education and training programmes through stakeholder interaction and coordination	<ul style="list-style-type: none"> <li>Implementation plan for Nursing Strategy developed with key stakeholders</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCE (HR) POLICY RESEARCH AND PLANNING	Strengthening of HR stakeholder management and coordination to support policy and planning in the health system	Strengthened stakeholder management and coordination on HR issues	Mid level worker policy approved, consulted on and implemented	· Policy document finalised
			Stakeholder Management Framework implemented for improved coordination and liaison with health professions	· Framework for HR stakeholder management completed
			Agreement secured with councils on components and specifications of a functioning Continuing Professional Development (CPD) monitoring system secured	· Collaboration with SANC and Pharmacy Council on CPD initiated and ongoing
	Health sciences education and training funding policy developed and adopted	Health sciences education and training funding policy developed and adopted	Recruitment strategies developed for young people to attract them into the health sciences at FET and HE level	· Benchmarking with departments using similar strategy initiated
			Implementation and advocacy of the revised Health Professions Training Development Grant (HPTDG) with key performance indicators according to the policy framework	· Draft strategy on Health Sciences Education and training developed and consultation with various stakeholders undertaken
	Develop and updating projections of HR needs to strengthen HRH supply	Supply and demand projections developed for health workers	Projections developed on the need and supply of health workers in different categories	· Health workforce planning tools being developed
	Development and implementation of a management information system for the health workforce	Implementation of the HR management information system	Implementation in key pilot sites At least one statutory body is used as pilot for the new management information system	· Conference Room Pilot 1 was completed · Preparations for Conference Room Pilot 2 were finalised · Provincial visits were conducted for information sharing, information gathering and stakeholder analysis



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
HUMAN RESOURCE (HR) POLICY RESEARCH AND PLANNING	Improve health workforce morale	Recognition of excellence in the health profession	Annual Service Excellence in Health Care Awards held successfully	· Annual Service Excellence in Health Care Awards held successfully in November 2007
	Promote cooperation between the South African Health System and other health systems regionally and internationally	Contribution to the development of health systems regionally and continentally	Programmes of partnership with national and international stakeholders developed and implemented	· SADC regional HR Plan adopted by SADC Health Ministers. South Africa was a member of the HR Technical Committee that drafted the plan



## 20. SECTOR LABOUR RELATIONS AND PLANNING

The Department as the employer, continued to strengthen its relations with health sector labour unions. Ten meetings of the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) were held in 2007/08. The Department also conducted workshops at the PHSDSBC on the OSD for Dentists, Doctors, Pharmacists; EMS personnel and Social Workers. A request for a mandate on the proposed amendments to the full-time shop-stewards agreement was submitted to the Minister of Health in 2007/08. A chamber meeting was also held in January 2008, to improve communication with and provide support to departments comprising the employer.

Quarterly meetings of the Employment Equity Forum were held during 2007/08. A draft Disability Strategy was also produced.

Key challenges during the reporting period included the strike action by public servants including health workers, which impacted adversely on service delivery. This industrial action also hindered the implementation of joint service delivery improvement projects by the Department in and partnerships with the labour unions in the PHSDSBC.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
SECTOR LABOUR RELATIONS AND PLANNING	Constructively engage with trade unions admitted to the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) on matters affecting employees	Formal engagements between trade unions and the employer in the different forums of the PHSDSBC	At least six meetings of the PHSDSBC annually	· 10 meetings held
			Three bilateral discussions per trade union per quarter	· None held. The wage negotiations and subsequent strike action necessitated a change of action
		Disseminate information on Strategic Health and Social Development HR policy areas	At least one presentation on strategic health and/or social development HR policy issues per quarter	· Workshop was conducted on the Occupation Specific Dispensation (OSD) for Medical Doctors, Dentists, Pharmacists and EMS personnel · Three presentations delivered on OSD for Pharmacists and Social Workers
		Shortened turn-around time in the attainment of mandates	Eight week turn-around time for attaining mandates	· Not achieved due to lack of support staff to initiate these processes
		Develop proposals for and engage in negotiations on the basis of attained mandates	Engage in negotiations and conclude collective agreements on the basis of attained mandates	· Negotiated and concluded two agreements: Resolution 2 of 2007- Alignment of Chambers and Resolution 3 of 2007- OSD for Nurses
	Improve communication with and provide support to Departments comprising the employer	Conducting regular provincial chamber visits	At least one chamber visit per province per annum	· One chamber meeting held in January 2008
	Support collective bargaining in the PSCBC	Render support to the Chief Negotiator for the Employer in the PSCBC	Constructively support the Chief Negotiator in negotiations to conclude collective agreements in the PSCBC	· Supported the Chief Negotiator during the negotiations and conclusion of Resolution 1 of 2007- Wage Agreement and subsequent activities emanating from the agreement
		Participate in Council and committees of the PSCBC	Attend the required meetings of the PSCBC, PSCBC EXCO and Labour Relations Forum of the PSCBC Employer	· Attended all duly constituted meetings of PSCBC, PSCBC EXCO and Labour Relations Forum of the PSCBC
	Provide strong leadership to an effectively functioning employer caucus	Regular meetings of the employer caucus attended by Health and Social Development representatives nationally and provincially	At least six employer caucus meetings annually	· One meeting of the employer caucus held



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
SECTOR LABOUR RELATIONS AND PLANNING	Analyse and review all collective agreements of the PHSDSBC	Analysis and review of collective agreements conducted	Analysis and review of collective agreements concluded between 2000 and 2004	· Workshop held with Labour on the proposed amendments to the Agreement on Full-Time Shop-Stewards
	Participate in service delivery projects jointly with trade unions in the PHSDSBC	Number of joint service delivery/ improvement projects undertaken in partnership with trade unions in the PHSDSBC	At least one joint service delivery/ improvement project per annum during the week of 1 May 2007	· None. Wage negotiations and subsequent strike action necessitated a change of focus
	Build a harmonious workforce	Specific team development programmes implemented	Programme on diversity management in place	· Diversity management audit was conducted
	Develop relevant labour policies and procedures	Establish Employee Health and Wellness (EHW) centre, as per the DPSA's policy framework	Model, policy, location and staff establishment of EHW centre completed	· Consultation on Phase one regarding the Integrated Four-Pillar Model and EHW Strategy were completed
		Effective management of discipline and grievances in the Department	Code of Conduct Policy completed. A labour relations advocacy programme initiated	· Code of Conduct policy, which introduced affidavit system as policy tool for investigations of cases to improve propensity of evidence in hearings and arbitrations, was approved
	Ensure effective implementation of EE plan	Quarterly Reports on the implementation of the EE plan	Four quarterly reports on compliance with relevant legislation	· No quarterly management reports were submitted, as more than 50% of clusters did not comply with the Employment Equity requirement to submit quarterly reports to the Employment Equity Consultative Forum
Develop and implement the Disability Strategy	Disability Strategy implemented	50% of disability strategy implemented	· Draft Disability Strategy produced	



## 21. INTERNATIONAL HEALTH LIAISON (IHL)

Significant progress was made in 2007/08 towards strengthening existing bilateral, trilateral and multilateral relations with other countries in the region, continent and globally, and establishing new relations. Key milestones included the development of cooperation agreements and implementation plans; hosting of technical delegations and development of Memoranda of Understanding (MoUs).

The Department completed agreements with developing countries such as Sudan, Guinea Bissau, Cameroon, Burundi and Mali. Project implementation plans were also finalised with Burundi, Cameroon and Gabon.

Technical delegations from Botswana; Congo Brazzaville; Lesotho; Rwanda; Guinea Bissau and Tanzania also visited South Africa to study the country's national health system. A Ministerial delegation from South Africa also visited Uganda in March 2008, to attend the Global Health Workforce Forum. This process of mutual learning between South Africa and other developing countries will be sustained into the future.

A protocol on the recruitment of Tunisian doctors was also signed, which facilitated the appointment of 36 doctors, who were deployed to five provinces namely Eastern Cape, Free State, KwaZulu-Natal, Northern Cape and North West.

The Department also contributed to the implementation of the NEPAD Accelerated Malaria Control Programme for Africa (NAMCA). Five countries, Botswana, Malawi, Namibia, Tanzania and Uganda, were assisted to embark on Indoor Residual Spraying (IRS) using DDT for malaria control. A total of 16 African countries were also supported to implement the Confidential Enquiry into Maternal Deaths, which South Africa instituted in 1997.

During the reporting period, the Department also produced reports on its relations with developed countries such as Canada; Sweden; Belgium; Switzerland; Greece and the Netherlands.

A Biennial Plan between South Africa and the World Health Organisation (WHO) was signed.



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
AFRICA AND SOUTH – SOUTH RELATIONS	Strengthen, expand and establish trilateral and multi-lateral relations	Number of progress reports on implementation of bilateral agreements submitted to the Minister	Four progress reports	<ul style="list-style-type: none"><li>· National Department signed a Protocol on Recruitment of Tunisian doctors. A total of 36 Tunisian doctors were recruited and employed in SA Hospitals in five provinces namely: Eastern Cape, Northern Cape, North West, KwaZulu-Natal and Free State. As part of the SA-Tunisia Ophthalmology Programme, two Tunisian ophthalmologists performed 198 surgeries at Butterworth Hospitals during September 2007</li><li>· Agreements with five countries were completed and prepared for signature namely: Sudan, Guinea Bissau, Cameroon, Burundi and Mali</li><li>· National Department visited the following countries to finalise agreements and project implementation plans: Burundi, Cameroon and Gabon</li><li>· National Department hosted the following technical delegations whose aim was to learn about the South African Health System and develop project implementation plans: Botswana, Congo Brazzaville, Lesotho, Rwanda, Guinea Bissau and Tanzania</li></ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE(07/08)
AFRICA AND SOUTH – SOUTH RELATIONS	Strengthen, expand and establish bilateral and multi-lateral relations	Number of progress reports on implementation of bilateral agreements submitted to the Minister	Four progress reports	<ul style="list-style-type: none"> <li>Four progress reports</li> </ul>
	Mobilise the flow of international resources for consolidation of Africa Agenda	Number of international resources mobilised for consolidation of Africa Agenda	Two international resources mobilised for consolidation of Africa Agenda	<ul style="list-style-type: none"> <li>The Ministers of Health of South Africa and the Democratic Republic of Congo met at the African, Caribbean and Pacific (ACP) Ministers of Health meeting during 24 to 26 October 2007, and discussed the possibility of funding identified projects</li> <li>Meetings were also held with the EU (both in Brussels and South Africa) to discuss the possibility of funding identified projects</li> </ul>



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE 07/08)
AFRICA AND SOUTH – SOUTH RELATIONS	Strengthen and coordinate the Department's participation in various multilateral activities, meetings and other fora	Number of major multilateral meetings and conferences coordinated (SADC, IBSA, AU, and G77)	Two major multilateral meetings and conferences coordinated	<ul style="list-style-type: none"> <li>· Successfully facilitated the hosting the African Health Minister's Conference: 9-13 April 2007 which resulted in the adoption of the Africa Health Strategy</li> <li>· Successfully hosted the Cape Town preparatory meeting for the 1st Global Forum on Human Resources (10 -12 February, 2008)</li> <li>· Successfully facilitated the hosting of AU Meeting on Pharmaceutical Manufacturing Plan for Africa (18 to 20 February 2008)</li> <li>· Ministerial delegation participated in the SADC Health Ministers' meetings and also technical meeting</li> <li>· Facilitated Department participation at the WHO-AFRO meeting, which was held in Congo Brazzaville during 27-31 August 2007</li> <li>· A Ministerial delegation visited Uganda, Kampala during 2 to 7 March 2008 for the purpose of attending the Global Health Workforce Forum</li> </ul>
		Number of strategic documents on multilateral activities developed and implemented	One strategy document developed	South Africa was instrumental in the development and adoption of the African Union (AU) Health Strategy during the African Health Ministers Conference which was held in Johannesburg on 9-13 April 2007



SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (07/08)	ACTUAL PERFORMANCE (07/08)
MULTILATERAL RELATIONS, NORTH- SOUTH	Improve the Department's bilateral relations with strategic countries (United Kingdom, Japan)	Plan of Action with key/ strategic countries in place and implemented	Two plans	<ul style="list-style-type: none"> <li>Agreement reached with the United Kingdom (UK) Embassy to extend the Memorandum of Understanding (MoU) between the two countries, which expires in October 2008</li> <li>Evaluation of the Swedish-SA Health Forum completed</li> <li>Department also met with CIDA and National Treasury to discuss progress on the HIV and AIDS CIDA funded project (SA/ CIDA Annual Consultations)</li> </ul>
	Improve the Department's bilateral relations with strategic countries	Reports on progress of relationships submitted to Minister	Two reports	<ul style="list-style-type: none"> <li>Report on the SA-Canada Annual Consultation;</li> <li>Report on the Swedish Binational Health Forum;</li> <li>Report on the extension of SA-Belgium cooperation; and</li> <li>Report on Switzerland, Greece and Netherlands, were compiled</li> </ul>
		Number of Plans of Action in place	One Plan of Action developed	<ul style="list-style-type: none"> <li>Action plan was developed towards the development of the CCS</li> </ul>
		New CCSs developed	One CCS	<ul style="list-style-type: none"> <li>CCS developed and approved by Minister</li> </ul>
		Existing CCSs reviewed	Two CCSs reviewed	<ul style="list-style-type: none"> <li>The old CCS was reviewed and a new strategy was developed and approved by Minister</li> <li>Belgian Second Indicative programme was developed</li> <li>DFID Cooperation strategy was reviewed</li> </ul>
NEPAD COORDINATION	Strengthen NAMCA (NEPAD Accelerated Malaria Control Programme for Africa) Activities in SADC and AU countries	Number of countries Indoor Residual Spraying (IRS) with DDT for Malaria control	Five additional countries to implement IRS	<ul style="list-style-type: none"> <li>Five countries, Tanzania; Uganda; Namibia; Malawi and Botswana used IRS for malaria control.</li> </ul>
	Enhancing programmes to reduce Maternal mortality -in collaboration with SADC countries	Number of SADC countries assisted to establish and implement the Confidential Enquiry into Maternal Deaths (CEMD)	Three SADC countries assisted to implement the CEMD  Commemoration of a decade of CEMD held in SA	<ul style="list-style-type: none"> <li>Workshop held in April 2008 to prepare for the implementation of the CEMD in African countries. A total of 16 countries participated in this workshop.</li> <li>A commemoration of the decade of the CEMD was held in April 2008</li> </ul>
	Enhancing programmes to reduce Maternal mortality -in collaboration with relevant clusters	Percentage of countries within SADC and Africa with programmes for neonatal care and resuscitation	50% of countries within SADC and Africa with programmes for neonatal care and resuscitation	16 countries participated in a workshop to develop strategies to reduce neonatal deaths in April 2008



## **Conclusion**

As this Report has shown, the Department of Health has seen much progress in health service delivery in 2007/08, despite many challenges. This achievement was made possible through guidance from the Minister and Director-General.

Objectives and targets that were not achieved during the reporting period will be addressed through interventions outlined in the Departmental Strategic Plans for 2008/09.

The successful implementation of health sector objectives, and improvement of the health status of South Africans are largely dependent on the availability of adequate resources for the health system (especially human resources and finances). Furthermore many determinants of health also fall outside the health sector, such as access to education, water and sanitation. Intersectoral collaboration across government and with key stakeholders is therefore crucial.