

## SECTION 1: PERFORMANCE REVIEW

### 3. INFORMATION ON THE MINISTRY

#### 3.1. INSTITUTIONS REPORTING TO THE EXECUTIVE AUTHORITY

The following institutions report to the Minister of Health:

- Council for Medical Schemes
- National Health Laboratory Services (including the National Institute of Communicable Diseases)
- South African Medical Research Council
- Medicines Control Council

#### 3.2. BILLS SUBMITTED TO THE LEGISLATURE DURING THE FINANCIAL YEAR

Four pieces of legislation were processed through Parliament in 2008/09. The Medicines and Related Substances Bill and the Tobacco Products Control Amendment Bill were passed by Parliament. The Medical Schemes Amendment Bill and the National Health Amendment Bill were tabled in Parliament.

#### 3.3. MINISTERIAL VISITS ABROAD

The table below reflects the official visits by the two ministers of health during the 2008/09 financial year.

#### INTERNATIONAL TRIPS UNDERTAKEN BY THE MINISTERS DURING 2008-2009 FINANCIAL YEAR

DATE	ACTIVITY	COUNTRY
3-6 March 2008	First Global Forum on Human Resources for Health (Minister representing the AU at the Opening Ceremony)	Kampala, Uganda
23-24 April 2008	SADC Health Ministers' Meeting	Lusaka, Zambia
28-30 April 2008	Primary Health Care Conference	Ouagadougou, Burkina Faso
7 May 2008	High Level International Conference on Universal Health Coverage	Paris, France
19-24 May 2008	World Health Assembly	Geneva, Switzerland
9-11 June 2008	United Nations General Assembly	New York, United States of America
19 June 2008	SADC Intergrated Committee of Ministers Meeting	Manzini, Swaziland
24 June 2008	Visit to Windhoek Central Hospital to observe the first heart surgery	Windhoek, Namibia
28-30 July 2008	IBSA Trilateral meeting on co-operation in the field of health and medicine	New Delhi, India
4-5 August 2008	Official inauguration of the Namibian Cardiac Unit at Windhoek Central Hospital	Windhoek, Namibia
6 August 2008	SA-DRC Ministerial Review Meeting	Kinshasa, Democratic Republic of Congo
27-29 Aug 2008	Ministerial Conference on Environmental Health	Gabon
1-5 September 09	WHO Regional Committee for Africa	Yaounde, Cameroon
15-16 September 09	Signing of MOU with Burundi	Bujumbura, Burundi
2 - 3 March 2009	Malaria Elimination meeting	Windhoek, Namibia
14 - 16 March 2009	Zimbabwe Joint Permanent Cooperation Commission (JPCC)	Zimbabwe

#### 4. VISION AND MISSION OF THE DEPARTMENT OF HEALTH

##### Vision

An accessible, caring and high quality health system.

##### Mission

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

#### 5. LEGISLATIVE MANDATES

The legislative mandate of the department is derived from the Constitution and several pieces of legislation passed by Parliament.

In terms of the Constitutional provisions the department is guided by amongst others the following sections and schedules:

- Section 27(1) “Everyone has the right to have access to – (a) health care services, including reproductive health care; ...
- (3) No one may be refused emergency medical treatment”;
- Section 28 (1) “Every child has the right to ... basic health care services...”; and
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

##### 5.1. LEGISLATION FALLING UNDER THE MINISTER’S PORTFOLIO

- **National Health Act, 61 of 2003**  
The objective of this act is to provide a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health service and to provide for matters connected therewith.
- **Medical Schemes Act, 131 of 1998**  
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Medicines and Related Substances Act, 101 of 1965**  
Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy. The Act also provides for transparency in the pricing of medicines.
- **Mental Health Care Act, 17 of 2002**  
Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with emphasis on human rights for mentally ill patients.
- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**  
Provides a legal framework for termination of pregnancies based on choice under certain circumstances.
- **Sterilisation Act, 44 of 1998 (as amended)**  
Provides a legal framework for sterilisations, also for persons with mental health challenges.
- **South Africa Medical Research Council Act, 58 of 1991**  
Provides for the establishment of the South Africa Medical Research Council and its role in relation to health research.
- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**  
Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of

tobacco products as well as sponsoring of events by the tobacco industry.

- **National Health Laboratory Service Act, 37 of 2000**  
Provides for a statutory body that provides laboratory services to the public health sector.
- **Health Professions Act, 56 of 1974 (as amended)**  
Provides for the regulation of health professions, in particular, medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Pharmacy Act, 53 of 1974 (as amended)**  
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Nursing Act, 33 of 2005**  
Provides for the regulation of the nursing profession.
- **Allied Health Professions Act, 63 of 1982 (as amended)**  
Provides for the regulation of health practitioners like chiropractors, homeopaths, etc and for the establishment of a council to regulate these professions.
- **Dental Technicians Act, 19 of 1979 (as amended)**  
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Hazardous Substances Act, 15 of 1973**  
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**  
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular, quality standards that must be complied with by manufacturers as well as their importation and exportation.
- **Occupational Diseases in Mines and Works Act, 78 of 1973 (as amended)**  
Provides for medical examinations on persons suspected of having contracted occupational diseases especially in mines and for compensation in respect of those diseases.
- **Council for Medical Schemes Levy Act, 58 of 2000**  
Provides for a legal framework for the council to charge medical schemes certain fees.
- **National Policy for Health Act, 116 of 1990**  
Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.
- **Academic Health Centres Act, 86 of 1993**  
Provides for the establishment, management and operation of academic health centres.
- **Human Tissue Act, 65 of 1983**  
Provides for the administration of matters pertaining to human tissue.
- **The South African Red Cross Society and Legal Protection of Certain Emblems Act, 10 of 2007**  
The object of the Act is to provide for legislative framework to establish a formal relationship between South African Red Cross and Government in order to ensure that health efforts around rescue and disaster management are properly co-ordinated so as to avoid duplication of efforts of the two institutions.
- **Traditional Health Practitioners Act, 22 of 2007**  
The object of this Act is to create a legal framework for the regulation of the profession of traditional healers and also to create a statutory body that would see to the regulation of the profession.

## 5.2. OTHER LEGISLATION IN TERMS OF WHICH THE DEPARTMENT OPERATES

- **Constitution of the Republic of South Africa Act, 108 of 1996**  
Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Public Service Act, Proclamation 103 of 1994**  
Provides for the administration of the public service in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- **Promotion of Administrative Justice Act, 3 of 2000**  
Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- **Promotion of Access to Information Act, 2 of 2000**  
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- **Labour Relations Act, 66 of 1996**  
Regulates the rights of workers, employers and trade unions.
- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**  
Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, for death resulting from such injuries or disease.
- **Basic Conditions of Employment Act, 75 of 1997**  
Provides for the minimum conditions of employment that employers must comply with in their workplaces.
- **Occupational Health and Safety Act, 85 of 1993**  
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **The Division of Revenue Act, 7 of 2003**  
Provides for the manner in which revenue generated may be disbursed.
- **Skills Development Act, 97 of 1998**  
Provides for the measures that employers are required to take to improve the levels of skill of employees in workplaces.
- **Preferential Procurement Policy Framework Act, 5 of 2000**  
Provides for the implementation of the policy on preferential procurement pertaining to historically disadvantaged entrepreneurs.
- **Employment Equity Act, 55 of 1998**  
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **State Information Technology Act, 88 of 1998**  
Provides for the creation and administration of an institution responsible for the State's information technology system.
- **Child Care Act, 74 of 1983**  
Provides for the protection of the rights and well being of children.
- **The Competition Act, 89 of 1998**  
Provides for the regulation of permissible competitive behaviour, regulation of mergers of companies and matters related thereto.
- **The Copyright Act, 98 of 1998**  
Provides for the protection of intellectual property of a literary, artistic musical nature that is reduced to writing.
- **The Patents Act, 57 of 1978**  
Provides for the protection of inventions including the gadgets and chemical processes.
- **The Merchandise Marks Act, 17 of 1941**  
Provides for the covering and marking of merchandise, and incidental matters.

- **Trade Marks Act, 194 of 1993**  
Provides for the registration of, certification and collective trademarks and matters incidental thereto.
- **Designs Act, 195 of 1993**  
Provides for the registration of designs and matters incidental thereto.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**  
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- **State Liability Act, 20 of 1957**  
Provides for the circumstances under which the State attracts legal liability.
- **Broad Based Black Economic Empowerment Act, 53 of 2003**  
Provides for the promotion of black economic empowerment in the manner that the State awards contracts for services to be rendered, and incidental matters.
- **Unemployment Insurance Contributions Act, 4 of 2002**  
Provides for the statutory deduction that employers are required to make from the salaries of employees.
- **Public Finance Management Act, 1 of 1999**  
Provides for the administration of State funds by functionaries, their responsibilities and the incidental matters.
- **Protected Disclosures Act, 26 of 2000**  
Provides for the protection of whistle-blowers in the fight against corruption.
- **Control of Access to Public Premises and Vehicles Act, 53 of 1985**  
Provides for the regulation of individuals entering government premises, and incidental matters.
- **Conventional Penalties Act, 15 of 1962**  
Provides for the enforceability of penal provisions in contracts.
- **Intergovernmental Fiscal Relations Act, 97 of 1997**  
Provides for the manner of harmonisation of financial relations between the various spheres of government, and incidental matters.
- **Public Service Commission Act, 46 of 1997**  
Provides for the amplification of the constitutional principle of accountable governance, and incidental matters.

## 6. PROGRAMME PERFORMANCE BY BUDGET PROGRAMME

APPROPRIATION	MAIN APPROPRIATION	ADJUSTED APPROPRIATION	ACTUAL AMOUNT SPENT	UNDER EXPENDITURE
	R'000	R'000	R'000	R'000
National Department of Health Vote 14	15 851 169	15 851 169	15 464 470	386 699 (2,4%)
Responsible Minister: Minister of Health				
Administering Department: Department of Health				
Accounting Officer: Director-General of Health				

## 6.1. AIM OF THE VOTE

The aim of the National Department of Health is to promote the health of all people in South Africa through an accessible, caring and effective national health system based on the primary health care approach.

## 6.2. PROGRAMMES

For the financial year 2008/09, the budget structure of the National Department of Health consisted of six budget programmes *viz.*, Administration and Corporate Services; Strategic Health Programmes; Health Planning and Monitoring; Human Resources and Management Development; Health Services (Special Programmes and Health Entities Management); and International Relations, Health Trade and Health Product Regulation. The purpose of each programme and its measurable objectives are listed below. An overview of the major achievements of the department is noted in the director-general's report above. In addition, more detailed achievements and key challenges are described in the sections that follow.

### PROGRAMME 1: ADMINISTRATION AND CORPORATE SERVICES

#### Purpose:

*Administration and Corporate Services* conducts the overall management of the department. Activities include policy-making by the offices of the minister, and director-general, and the provision of centralised support services. The *Corporate Services* Programme includes transversal functions such as corporate finance, human resources, logistical services, office support, information technology, internal audit, and legal services.

### PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

*Strategic Health Programmes* co-ordinates a range of strategic national health programmes by developing policies and systems and manages and funds key health programmes.

In 2008/09, *Strategic Health Programmes* consisted of five sub-programmes to deal with its key policy areas:

- *Maternal, Child and Women's Health and Nutrition* formulates and monitors policies, guidelines, norms and standards for maternal, child and youth and women's health and nutrition.
- *HIV and AIDS* develops policy and administers the national HIV and AIDS and STI programmes, including co-ordinating the integrated plan for HIV and AIDS and the conditional grant.
- *Non-Communicable Diseases* establishes guidelines on the prevention, management and treatment of a range of chronic diseases, disability, older people, mental health care and oral health. The sub-programme is also responsible for: Revitalisation of forensic mortuaries that were transferred from the South African Police Service to provincial health departments; developing a national forensic pathology service; rationalising blood transfusion services; and liaising with the National Health Laboratory Service, including the National Institute of Communicable Diseases and the National Centre for Occupational Diseases.
- *Communicable Diseases* is responsible for the control of infectious diseases, and several occupational health functions, including the Medical Bureau for Occupational Diseases and the Compensation Commission for Occupational Diseases.
- *TB Control and Management* develops interventions to curb the spread of tuberculosis, provides support and oversight to the implementation of the *TB Crisis Management Plan*, and monitors and improves national TB performance indicators.

### PROGRAMME 3: HEALTH PLANNING AND MONITORING

*Health Planning and Monitoring* supports the delivery of health services, primarily in the provincial and local spheres of government. There are four sub-programmes in this programme:

- *Health Economics* is a new sub-programme dealing with health economics research, medical schemes, social health insurance and public-private partnerships (PPPs).
- *Health Information, Research and Evaluation* deals with the development and maintenance of National Health Information System, and commissions and co-ordinates 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 healthcare services, and provides oversight of the activities of the Medical Research Council.

- *Pharmaceutical Policy and Planning (PPP)* regulates and co-ordinates the procurement of pharmaceutical supplies to ensure that essential drugs are affordable and available, promotes rational drug use by consumers and healthcare workers, and administers legislation on food safety and related matters. PPP also deals with policy on the provision and management of health technology.
- *Office of Standards Compliance* deals with quality assurance, licensing and the certificates of need required in terms of the new National Health Act, 61 of 2003. The cluster also deals with radiation control.

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

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

In 2008/09, there were three sub-programmes:

- *Human Resources Development and Management* is responsible for developing human resource policies, norms and standards.
- *Sector Labour Relations and Planning* provides the resources and expertise for bargaining in the National Public Health and Social Development Sectoral Bargaining Council.
- *Human Resources Policy, Research and Planning* supports medium-to-long-range human resource planning in the national health system by conducting research and facilitating the production of provincial human resource plans.

#### **PROGRAMME 5: HEALTH SERVICES (SPECIAL PROGRAMMES AND HEALTH ENTITIES MANAGEMENT)**

*Special Programmes and Health Entities Management* is a new programme which consists of units previously located in other branches. It supports the delivery of health services in provinces including primary health care, hospitals, emergency medical services and occupational health.

In 2008/09 there were six sub-programmes:

- *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.
- *Primary Health Care, District Health and Development* promotes and co-ordinates the development of the district health system, monitors the implementation of primary healthcare 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.
- *Occupational Health* co-ordinates the delivery of Occupational Health Services, including the provision of benefit medical examinations.
- *Environmental Health Promotion and Nutrition* is responsible for the provision of environmental health services, health promotion and nutritional interventions.
- *Legal Services and Litigation* provides legal services to the department and the public sector.
- *Communication* provides linkages between the department and external stakeholders, including the media.

## PROGRAMME 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

*International Relations, Health Trade and Health Products Regulations* co-ordinates bilateral and multilateral international health relations, including donor support. It also regulates the procurement of medicines and pharmaceutical supplies. Regulate and provide oversight for trade in health products.

In 2008/09 there were four sub-programmes.

- *Multilateral, North-South Relations* North-South, facilitates the development and implementation of bi-lateral, trilateral and multilateral agreements with developed countries. It also co-ordinates donor support.
- *Food Control and Non-Medical Health Product Regulation* monitors the safety of food, cosmetics, disinfectants and related products.
- *Pharmaceutical and Related Product Regulation and Management* regulates trade in pharmaceutical and health related products.
- *Clinical Trials Management* provides oversight over clinical trials conducted in South Africa and ensures that all these are registered with the department.

### 6.3. OVERVIEW OF THE SERVICE DELIVERY ENVIRONMENT

During the reporting period, the public health sector continued to confront the triple burden of diseases, consisting of communicable diseases, non-communicable diseases and trauma and injuries. The imperative of accelerating progress towards the health-related Millennium Development Goals (MDGs) also guided the activities of the health sector.

While the country was still faced with the challenge of inadequate supply of human resources, emerging evidence began to suggest that the implementation of the Occupation Specific Dispensation (OSD) for professional nurses as from July 2007 had begun to attract more of them back to the public sector, especially to areas of direct service delivery and clinical settings. This was indeed the policy intent of OSD. However, its impact will have to be studied systematically and empirically in the next financial year.

The country also experienced an outbreak of cholera, which had huge impact on our northern neighbours, Zimbabwe, and also affected all provinces in the country, especially Limpopo, Mpumalanga and Gauteng. The provision of health care to people affected by cholera is a secondary intervention. The primary and fundamental intervention required is provision of good quality water and sanitation to communities. Thus, the department continued its established collaboration with other government departments such as water affairs and forestry, agriculture, education, public works and treasury, as well partnerships with civil society, will be sustained over the next MTEF period. An intersectoral approach to accelerating progress towards the health-related Millennium Development Goals is required.

The Commission on Social Determinants of Health established by the World Health Organisation (WHO) completed its work and submitted its report in 2008. The commission's findings accentuated the pivotal role that factors outside the health system play in influencing health outcomes.

### 6.4. OVERVIEW OF THE ORGANISATIONAL ENVIRONMENT DURING 2008/09

During 2008/09, the department implemented for the first time its new budget programme structure with six programmes. This enabled the department to dedicate increased focus on areas such as providing oversight over public entities, monitoring clinical trials and regulating health trade and trade in health related products.

The department also experienced a change of leadership midway through the financial year, in September 2008, following a Cabinet reshuffle. During this period, Minister B Hogan assumed leadership of the health portfolio, while former Minister Dr ME Tshabalala-Msimang became the Minister in the Presidency. The department provided all the necessary support to ensure a smooth process of transition.

## 6.5. STRATEGIC OVERVIEW AND KEY POLICY DEVELOPMENTS

During 2008/09, the emphasis of the department was on evaluating and strengthening policy implementation, rather on developing new policies. During the reporting period, the department commissioned an external review of the performance of the health sector during the 15-year period 1994-2008. This was conducted by a team of independent researchers who submitted their final report in December 2008. At the same time, the Development Bank of South Africa (DBSA) also conducted a systematic review of the performance of the health sector.

The 15-year review commissioned by the department identified diverse achievements of the health system, including amongst others, protecting public health through the tobacco control legislation, protecting South African children against vaccine preventable diseases, measles eradication, and the expansion of physical access to health services through expanded infrastructure development.

The review also highlighted a diversity of persistent challenges facing the health sector, and advanced a set of recommendations to address these. In the area of human resources, the recommendations included expanding the production of professional nurses and doctors, re-orientating the training curricula towards primary health care, finalisation of the community care givers framework, development of norms and standards for PHC and supportive supervision and clinical mentoring. In the area of health information, the key recommendations included the development of a macrostrategic framework for information.

In terms of management and leadership, the reviewers emphasised implementation of decentralised management and holding decentralised management structures accountable. They also called for a re-orientation of approach, and placing greater emphasis on monitoring.

With regard to the district health systems and primary health care, the external reviewers accentuated the need to revitalise PHC in South Africa, to improve the functioning of the DHS, to ensure support from the national and provincial health departments to district management teams (DMTs) and to hold DMTs accountable for performance.

These views were consistent with the resolutions of the National Primary Health Care Conference convened by the department at the Birchwood Conference Centre in Gauteng in April 2008, to commemorate 30 years since the PHC philosophy was adopted in Alma Ata, Russia. In the *Birchwood Declaration*, the health sector committed itself to the ideals of the PHC approach, and to ensuring that the implementation of PHC is vigilantly monitored and consistently reported on, with speedy interventions made to unblock areas of slow progress.

The findings and recommendations of the 15-year review commissioned by the department were largely consistent with the review conducted by the DBSA.

Few new policies that were introduced during the reporting period include the *Strategic Plan for Maternal, Neonatal, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2009-2014*, which was finalised in February 2009. Two new vaccines were also introduced to help prevent deaths from pneumonia and diarrhoea namely Prevenar and Rotatrix respectively. Due to resource constraints, these vaccines were implemented incrementally in the provinces.

## 7. DEPARTMENTAL REVENUE AND EXPENDITURE

### 7.1 COLLECTION OF DEPARTMENTAL REVENUE

The bulk of the revenue collected by the National Department of Health is derived from applications for registration of medicines. The balance originates from laboratory tests conducted by the forensic laboratories, which are under the control of the department. These fees are reviewed regularly and recovers cost.

### 7.2. DEPARTMENTAL EXPENDITURE FOR 2008/09

#### 7.2.1. Programme 1: Administration and Corporate Services

The programme shows an under expenditure of R3,9 million (1,6%) against a budget of R244,9 million. The under spending can mainly be ascribed to the delays experienced in the relocation to the newly upgraded Civitas Building due to incomplete processes between the contractors and the public works department. Although the funds are committed, the payments could not be made during the year.

### **7.2.2. Programme 2: Strategic Health Programmes**

The programme shows an under expenditure of R38 million (1%). The under spending can mainly be attributed to the slow progress on the building of mortuaries as well as payment of invoices with the forensic pathology services conditional grant at provincial level. Funds earmarked to NGOs could not be released in full before year-end.

### **7.2.3 Programme 3: Health Planning and Monitoring**

The programme has spent 100% of its allocated funds amounting to R342 million, with only R110 000 unspent.

### **7.2.4. Programme 4: Human Resources and Management Development**

The programme shows an under spending of R10 million (0,6%) against a budget of R1 716 billion. The under spending can mainly be ascribed to the delay in finalising a tender for an audit of nursing colleges project. A roll over of the funds has been requested.

### **7.2.5. Programme 5: Health Services (Special Projects and Health Entities Management)**

The programme has spent 96,4% of its allocated funds amounting to R8,945 billion, which resulted in an under expenditure of 3,6%, amounting to R334 million. The under expenditure can be attributed to withheld hospital revitalisation and the forensic pathology services conditional grants for some provinces due to delays with construction processes of approved projects as well as invoices which could not be paid before year end due to cash flow limitations. A roll over has been requested for the funds since the funds have been committed.

### **7.2.6. Programme 6: International Relations, Health Trade and Health Product Regulation**

The programme has spent 99,6% of its allocated funds amounting to R97 million with only R382 000 (0,4%) unspent. The Medicines Control Council surrendered an amount of R25, 416 million to the National Revenue Fund (NRF) on 27 March 2009, but at year end, an amount of R 279 313,80 reflected in the MCC's bank account that will be paid to the NRF during the 2009/10 financial year.

## **7.3. TRANSFER PAYMENTS TO TRADING ENTITIES AND PUBLIC ENTITIES**

### **Medical Research Council**

The Medical Research Council (MRC) undertakes scientific research on clinical and health systems issues. Core funding is provided through the health department with the allocations from government being determined as part of the overall science vote under control of the Minister of Arts, Culture, Science and Technology, advised by the National Council for Innovation. Funding from the department's vote amounted to R 236 million in 2008/09. The council is successful in attracting research funding from other sources. There was close co-operation with the health department in setting research priorities. A critical task is research into a vaccine against the strain of HIV that affects sub-Saharan Africa.

### **National Health Laboratory Services**

The National Health Laboratory Service Act, 37 of 2000 came into operation in May 2001. The entity is now fully operational as the legislated preferred provider of laboratory services to public health facilities. The National Health Laboratory Services took over the laboratory services in KwaZulu-Natal during the year under review. The National Health Laboratory Service's major source of funding is the sale of analytical laboratory services to users such as provincial departments of health, but it continues to receive a transfer from the national department, which amounted to R 70, 2 million in 2008/09.

### **Medical Schemes Council**

The Medical Schemes Council regulates the private medical scheme industry in terms of the Medical Schemes Act, 131 of 1998, and is funded mainly through levies on the industry in terms of the Council for Medical Schemes Levies Act, 58 of 2000. During 2008/09 the department transferred R 6,1 million to the council.

### South African National AIDS Trust (SANAT)

During the period under review the SANAT was dormant. SANAC itself operates as planned with its activities funded by the HIV and AIDS cluster. SANAC, together with senior members of the National Department of Health, has drafted a restructuring plan, which has to obtain Cabinet approval.

### Trading Entity: Mines and Works Compensation Fund

The Compensation Commissioner for Occupational Diseases (CCOD) is responsible for the payment of benefits to miners and ex-miners who have been certified to be suffering from lung-related diseases because of working conditions. The Mines and Works Compensation Fund derives funding from levies (mine account, works account, research account, state account) collected from controlled mines and works, as well as appropriations from Parliament. Payments to beneficiaries are made in terms of the Occupational Diseases in Mines and Works Act, 78 of 1973. The value of the fund for the CCOD amounts to R1,1 billion while the department's transfer payment amounted to R2,355 million for the year under review. The entire financial system of the Compensation Commissioner for Occupational Diseases is being re-engineered.

## 7.4. CONDITIONAL GRANTS AND EARMARKED FUNDS

Ninety-eight percent (98%) of the budget of the National Department of Health consists of transfer payments to third parties. These can be classified as conditional grants and funding for non-governmental organisations (NGOs).

Conditional grants transfer the major conditional grants to provinces to fund specific functions. These are as follows:

CONDITIONAL GRANT	AMOUNT
National Tertiary Services Grant	R6, 134 billion
Health Professions Training and Development Grant	R1, 679 billion
Hospital Revitalisation	R2, 664 billion
Comprehensive HIV and AIDS Plan	R2, 885 billion
Forensic Pathology Services	R 594 million

These funds flow to provincial health departments from where spending takes place on items as contained in a pre-approved business plan. More details of the transfers per province are contained in **Annexure 1 C** of the financial statements.

The National Department of Health has no conditional grants to municipalities and can certify that all conditional grant funding, which was transferred, was in fact transferred into the primary bank account of the province concerned.

The performance of provinces was monitored by the National Department of Health in terms of the reports submitted by provinces and in terms of the frameworks which had been published in the DORA Bill for 2008/09. In support of the monitoring process officials from the National Department of Health also paid site visits to recipient provinces to verify progress. Based on the reports received from provinces, the allocations achieved the purpose and outputs outlined in the Act.

In the National Department of Health none of the amounts allocated in terms of the DORA was utilised for administrative purposes. Provincial reports indicated that the transferred funds were applied in terms of the framework and business plan for each of the grants. Where non-compliance occurred in terms of the Act it was rectified by means of discussion and in some cases delaying transfers. Funds were withheld for two grants viz; hospital revitalisation and forensic pathology services in consultation with the affected provinces.

Non-governmental organisations (NGOs) – NGOs range from national NGO's who are delivering services in the field of health and cover diverse institutions from LoveLife to Soul City to a range of smaller NGOs who are active in the field of HIV and AIDS. More details of the institutions funded can be found in **Annexure 1 K** of the annual financial statements.

## Public Private Partnership (PPP)

A PPP agreement with the BioVac Institute was concluded on 30 May 2003 and the partnership is valid from 1 April 2003. In terms of the contracts the National Department of Health holds 40% of the shares in the BioVac Institute Pty Ltd (BioVac). In exchange for the 40% share the National Department of Health transferred the staff and assets of the directorate, which housed the State Vaccine to the BioVac. The department foresees no significant future cash flows to the PPP entity. The National Department of Health has no business relations with BioVac, however as part of the PPP contracts, BioVac has the right to supply provincial health departments with EPI vaccines from 2004 to 2007 (four years) at competitive prices. There were changes in the structure of the PPP through the dilution of the 40% share holding to 30%. This has also been approved by National Treasury. Implementation of the change will only be done in the next financial year.

The transfers into the PPP were estimated to have a value of R13,5 million and a third party valuation done in July 2008 on the net assets value method of valuation placed a value of R18,8 million on the National Department of Health's stake in the PPP.

No valuation was done on BioVac for disclosure in the current financial year because the department is currently valuating the relationship with BioVac and once this process has been completed, the department will be in a position to disclose and to decide on a way forward beyond December 2009.

## 8. PROGRAMME PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow reflect the key objectives, indicators, targets and achievements for each sub-programme of the *Administration and Corporate Services Programme*.

### PROGRAMME PERFORMANCE

As already indicated, during the financial year 2008/09, the activities of the National Department of Health were organised around six budget programmes, namely:

Programme 1: Administration and Corporate Services

Programme 2: Strategic Health Programmes

Programme 3: Health Planning and Monitoring

Programme 4: Human Resources and Management Development

Programme 5: Health Services (Special Programmes and Health Entities Management)

Programme 6: International Relations, Health Trade and Health Product Regulation

### PROGRAMME 1: ADMINISTRATION AND CORPORATE SERVICES

#### PURPOSE

The aim of this programme is to provide overall management and leadership of the department and provide strategic planning, monitoring and reporting services. *Corporate Services* manages the financial and human resources of the department. It provides financial management services, develops the budget, monitors expenditure, conducts internal audits, ensures appropriate supply chain management, renders information technology support, and develops and implements internal policies for the management of departmental human resources.

#### PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of the *Administration and Corporate Services Programme*.

#### 1. STRATEGIC PLANNING

Health sector planning, monitoring and reporting on the implementation of plans were fortified during 2008/09. The department provided technical assistance to provincial health departments to update their long-term service transformation plans (STPs) in 2008. The STPs outlined the envisioned shape and size of health services in the respective provinces, the efficiency gains, as well as the resource envelope required for the transformation of services.

The *Annual National Health Plan (ANHP) for 2008*, which is a single integrated annual plan for the entire public health sector, was produced in terms of the National Health Act, 61 of 2003. The basis for the ANHP was the eight national

health systems (NHS) priorities adopted by the National Health Council (NHC) for the planning cycle. A bi-annual progress report on the implementation of the ANHP was also produced in October 2008.

The department also produced four analytical quarterly progress reports on the implementation of its *Strategic Plan for 2008/09-2010/11*, and four reports on the progress made by provincial health departments with their annual performance plans (APPs).

To strengthen policy development and analysis, the department produced three policy briefs, which focused on the following issues: *Illness-induced Poverty*, *Integrated Management of Childhood Illnesses: Lessons for Strengthening Future Implementation*, and *WHO's Health Systems Responsiveness Framework*.

The department also continued to entrench the project management approach in the implementation of its plans and programmes. A total of 22 projects were implemented in accordance with the project management approach during the reporting period. A total of 84 managers at national level were trained, 59 in project management principles and 25 managers in project management software in Q4.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>STRATEGIC PLANNING</b>	Implement an integrated strategic planning framework	Provincial service transformation plans (STPs) updated	Provincial STPs updated in May 2008, ahead of the budget bid process for 2009/10, commencing in June 2008	<ul style="list-style-type: none"> <li>Service transformation plans (STPs) were completed in 2008/09</li> <li>Most provinces updated their STPs ahead of the budget bid process for 2009/10, which commenced in June 2008</li> </ul>
		Annual national health plan (ANHP) of the health system produced	Annual National Health Plan 2008 produced by May 2008	<ul style="list-style-type: none"> <li>Annual National Health Plan 2008 was produced and widely disseminated, and also placed on the department's website</li> </ul>
		Annual national health plan (ANHP) of the health system produced	Annual national health plan informs bid to Treasury in June 2008	<ul style="list-style-type: none"> <li>Budget bid for 2009/10 was aligned to the NHS priorities identified by the NHC and reflected in the ANHP 2008</li> </ul>
			Comments on all APPs provided in April and December 2008	<ul style="list-style-type: none"> <li>Partially achieved, due to delays in the finalisation of provincial APP's, resulting from the withdrawal of and re-issuing of allocation letters for 2009/10-2011/12</li> </ul>
	Monitor implementation of national and provincial strategic plans	Provincial annual reports analysed and trends compiled	Report on all provincial annual reports compiled in May 2008	<ul style="list-style-type: none"> <li>Database with quantitative data was developed based on the provincial annual reports 2007/08</li> </ul>
		Quarterly reports	Quarterly progress reports produced in September and December 2008 and in January and June 2009	<ul style="list-style-type: none"> <li>Four summary reports on the performance of national health department clusters and provincial health departments during all four quarters of 2008/09 were compiled</li> </ul>
		Strengthen the use of information for planning	Monthly DHIS reports	<ul style="list-style-type: none"> <li>Monthly reports based on the data from district health information system (DHIS)</li> <li>With the assistance of the health information systems project (HISP), DHIS data were received, analysed and used for triangulation</li> </ul>
		Strengthen and support health policy development	Number of analytical reports on proposed health policies and their possible impact	Three analytical reports (policy briefs) produced

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
STRATEGIC PLANNING	Strengthen awareness of strategic planning issues within the national health system by producing a quarterly newsletter	Number of strategic planning newsletters produced	Four editions of the quarterly strategic planning newsletter produced	<ul style="list-style-type: none"> <li>Newsletters were produced for the first three quarters of 2008/09</li> </ul>
	Strengthen the use of a project management approach	Number of projects implemented in accordance with a project management approach	Four projects implemented	<ul style="list-style-type: none"> <li>22 projects were implemented namely: EDMS, CCMT programme (nine provincial projects), forensic pathology services conditional grant (nine provincial projects), hospital revitalisation, 3535 data capturer project; and relocation to Civitas Building</li> </ul>
		Number of consolidated reports on the implementation of projects by the national and provincial departments of health	Four quarterly reports produced	<ul style="list-style-type: none"> <li>Four quarterly reports were produced</li> </ul>
		Number of donor programmes and projects utilising the project management approach in collaboration with official development assistance (ODA) rules and procedures	Quarterly feedback reports on donor programmes and projects	<ul style="list-style-type: none"> <li>Quarterly reports were produced on the implementation of two programmes namely: partnerships for the delivery of primary health care including HIV and AIDS (EU) and the support to the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (SuCoP) (EU)</li> </ul>
		Number of departmental managers trained in project management principles	40 department managers trained by March 2009	<ul style="list-style-type: none"> <li>59 managers</li> </ul>
		Number of departmental managers trained in project management software	20 department managers trained by March 2009	<ul style="list-style-type: none"> <li>25 managers</li> </ul>

## 2. FINANCIAL SERVICES AND DEPUTY CFO

During the reporting period, the department developed and implemented measures to improve its audit outcomes and to also reduce the concerns expressed by the Office of the Auditor-General (AG). One of the key pillars of the planned measures was to reduce the average time taken to respond to queries from the Auditor-General (AG). In keeping with the target set for 2008/09, the average turn-around time for queries from the AG was within 10 working days. The response times also varied on the basis of the urgency of the query, the complexity of the information required, and the levels of the health system involved in generating a comprehensive and appropriate response to the AG.

The department also set itself the objective of acquiring an unqualified audit opinion for the AG for 2008/09, and ensuring that the Compensation Commissioner for Occupational Diseases (CCOD) and the South African National AIDS Trust (SANACT) achieved the same feat. However, for reasons outlined in the financial section of this annual report, this was not achieved. This remains a key priority of the department going forward.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>FINANCIAL SERVICES AND DEPUTY CFO</b>	Implement a turn-around strategy for improving audit outcomes and reducing the concerns expressed by the Auditor-General	Reply to Auditor-General (SA) queries	10 working days	<ul style="list-style-type: none"> <li>• Within 10 working days</li> </ul>
		Audit opinion of the Auditor-General (SA): National Department of Health	Unqualified	<ul style="list-style-type: none"> <li>• Qualified</li> </ul>
		Audit opinion of the Auditor General (SA): CCOD	Unqualified	<ul style="list-style-type: none"> <li>• Disclaimer</li> </ul>
		Audit opinion of the Auditor-General (SA): SANAC	Unqualified	<ul style="list-style-type: none"> <li>• Unqualified</li> </ul>

### 3. SUPPLY CHAIN MANAGEMENT

For the first time ever, the department included supply chain management issues in its strategic plan for 2008/09, and monitored performance in this area across all quarters of the financial year. The aim was to accentuate the significance to service delivery of the procurement of goods and services.

In keeping with its target for 2008/09, the department maintained an average period of between four and five weeks for the procurement of major goods and services (value above R 500 000), after the closing date of the bid process. Similarly, the average procurement period for goods and services with a value below R500 000, was between one and three working days. This was consistent with the 2008/09 target of seven days.

Progress was also made with the payment of suppliers of goods and services to the department. The average period taken for placement of an order from the date a request memo was received by logistic management was within five working days, if the supplier was already registered on LOGIS. However, placement of an order would take about three weeks or longer if supplier was not registered on LOGIS.

The department maintained an average period of 10 days for the processing of payment from the date an invoice was received by logistics management, if the supplier was registered on LOGIS. This was in keeping with the 2008/09 target. However, the processing of payments to suppliers not registered on LOGIS, took much longer, up to 60 days. This was due to the fact that the supplier must first be created on the department's databases, LOGIS and Iqual.

Key challenges occurred with regard to the processing of bookings for local and foreign travel. With regard to local travel, the average period taken from the date a request for a booking was received by the transport unit until the confirmation of a booking, was between 24 to 48 hours, whereas the target for 2008/09 was 24 hours. In terms of foreign travel, the average period from the date request was received by the transport unit until the confirmation of a booking was between 24 to 72 hours, whereas the 2008/09 target was 48 hours. Factors influencing this pattern included last minute bookings and changes, which delayed the normal flow of work.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
SUPPLY CHAIN MANAGEMENT	Improve procurement of goods and services	Average period taken for the procurement of major goods and services (value above R 500 000) prescribed bid procedures (advertisement) is five weeks	Between three to six weeks after closing date (depending on evaluation process)	<ul style="list-style-type: none"> <li>Between four and five weeks</li> </ul>
		Average period taken for the procurement of minor goods and services (value below R 500 000)	Within seven working days	<ul style="list-style-type: none"> <li>Between one and three working days</li> </ul>
	Improve processes issuing of orders	Average period taken for the placement of an order from date request memo is received by logistics management	Within five working days	<ul style="list-style-type: none"> <li>Within five working days if supplier is already registered on LOGIS</li> </ul>
	Improve payment to suppliers	Average period taken for the processing of a payment from date invoice is received by logistics management	Within 10 working days	<ul style="list-style-type: none"> <li>Within 10 working days if supply is already registered on LOGIS.</li> </ul>
	Improve transport and accommodation arrangements	Local: average period taken from date request is received by transport unit till confirmation of booking	Within 24 hours	<ul style="list-style-type: none"> <li>Between 24 to 48 hours</li> </ul>
		Foreign: Average period taken from date request is received by transport unit till confirmation of booking	Within 48 hours	<ul style="list-style-type: none"> <li>Between 24 to 72 hours</li> </ul>
		Venues: average period taken from date request is received by transport unit till confirmation of booking	Within five working days	<ul style="list-style-type: none"> <li>Between 8 to 14 days</li> </ul>

#### 4. INFORMATION AND COMMUNICATION TECHNOLOGY

Reliable availability of information and communication technology to the department posed a serious challenge in 2008/09. Network availability in the department was on average at 80%, depending on Telkom lines and support. The target for 2008/09 was 90%. Challenges encountered included dilapidated ICT infrastructure, which resulted in constant power failures in server rooms, which in turn caused hardware damage, which was costly to repair.

The department also struggled to achieved its targets of 100% PERSAL availability, 100% BAS availability and 100% LOGIS availability. The department experienced delays in receiving the VPN proposal from the State Information Technology Agency (SITA), which affected systems availability.

Personnel shortages also hampered the provision of helpdesk support to the department. Four senior network controller posts were later created and the recruitment and selection processes were set in motion. It is anticipated that these posts will be filled in the new financial year, and this will go some way towards ensuring reliable provision of helpdesk support to diverse components of the department.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
INFORMATION AND COMMUNICATION TECHNOLOGY	Provide help desk support to department	Response to calls logged at help desk	First line (on-line) support calls resolved immediately	<ul style="list-style-type: none"> <li>Not achieved due to personnel shortages</li> <li>Three helpdesks posts submitted for conversion and advertisement</li> </ul>
	To provide desktop support to the department	Response time to technical faults on workstations	Calls resolved within three working days	<ul style="list-style-type: none"> <li>Not achieved due to personnel shortages</li> <li>Four senior network controller posts created</li> </ul>
	Provide network services to department	Network availability	90% network availability	<ul style="list-style-type: none"> <li>80% network availability [depending on Telkom lines and support ]</li> </ul>
	Develop and maintain new and existing systems	System availability	70% system availability (dependency on SITA for support of transversal systems)	<ul style="list-style-type: none"> <li>Systems availability affected by delays in the finalisation of the SITA VPN proposal</li> </ul>
			100% PERSAL availability	<ul style="list-style-type: none"> <li>Not achieved due to personnel shortages</li> </ul>
			100% BAS availability	<ul style="list-style-type: none"> <li>Not achieved due to personnel shortages</li> </ul>
			100% LOGIS availability	<ul style="list-style-type: none"> <li>Not achieved due to personnel shortages</li> </ul>

#### 5. NATIONAL DEPARTMENT OF HEALTH HUMAN RESOURCE MANAGEMENT

The department enhanced its internal human resource management in diverse ways during the reporting period. The competency assessment system was implemented, and all candidates that were short-listed for senior management services (SMS) posts were required to undergo the assessment. This was consistent with the set targets.

The department also produced two important internal policies, namely the recruitment policy, and the job evaluation policy. This was in keeping with the set target. These policies will be taken through finalisation processes in the next reporting cycle.

A draft *Integrated Employee Health Wellness (EHW) Strategy* was also produced. The target for 2008/09 was for the employee wellness centre to be established and functional by March 2009. This centre will become operational when the department relocates to its renovated premises at Civitas Buidling in the course of 2009/10.

Mechanisms were also implemented to improve the management of conflict, grievances and discipline. Diverse employment relations matters were addressed including disciplinary cases, appeals against dismissals and sanctions of dismissal and grievances. Almost all these cases were concluded within reasonable time frames. The only exceptions were two cases, one case of fraud and forgery, and one case of bribery which were still outstanding from 2005/2006 and 2007/2008 respectively.

The department also produced a draft *Disability Strategy*, and also revived its disability task team. A database of people with disabilities within the department was also developed.

One of the key challenges faced by the department during the reporting period was the submission of performance management agreements (PMAs) for 2008/09 by only 63 of the 100 SMS members employed. A total of 37 SMS members did not submit. To address this situation, the department implemented the Public Service Act and its regulations, and ensured that all SMS members who did not submit their PMAs for 2008/09 were not considered for both the annual package progression as well as performance bonuses.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>HUMAN RESOURCE MANAGEMENT</b>	Develop and implement a performance management and development system (PMDS)	Performance agreement signed by all members of senior management services (SMS) annually	Signing of performance agreements by all SMS members by 30 April 2008	<ul style="list-style-type: none"> <li>63 SMS members have submitted their performance agreements out of a total 100</li> </ul>
	Implement a competency assessment system for SMS members	Competency assessment system implemented	Competency assessment system implemented for all newly appointed SMS members by 31 March 2009	<ul style="list-style-type: none"> <li>All SMS members recruited during 2008/09 were subjected to competency assessment</li> </ul>
	Develop and implement a job evaluation policy to ensure correct grading and remuneration of all posts	Job evaluation policy developed, approved and implemented	Finalise job evaluation policy by 31 October 2008	<ul style="list-style-type: none"> <li>The job evaluation policy was completed</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>HUMAN RESOURCE MANAGEMENT</b>	Develop and implement a departmental recruitment policy to fast-track the filling of vacant posts	Departmental recruitment policy in place	Departmental recruitment and selection policy finalised by March 2009	<ul style="list-style-type: none"> <li>The recruitment policy was completed</li> </ul>
	Develop and implement a turn around strategy on conflict, grievance and discipline	Turn around strategy on conflict, grievance and discipline developed	Turn around strategy on conflict, grievance and discipline finalised by March 2009	<ul style="list-style-type: none"> <li>The turn around strategy was implemented during the 2008/09 financial year</li> <li>Diverse employment relations matters were addressed including disciplinary cases, appeals against dismissals and sanctions of dismissal and grievances</li> </ul>
	Implement diversity and change management programmes	Diversity and change management programmes implemented	Three diversity and change management programmes implemented by March 2009	<ul style="list-style-type: none"> <li>Diversity and change management workshops focusing on disability mainstreaming, as well as gender mainstreaming training programmes were conducted</li> </ul>
	Monitor and evaluate the implementation of policies pertinent to labour relations, employment equity and wellness	Existence and implementation of disability strategy	Disability strategy in place by March 2009	<ul style="list-style-type: none"> <li>Draft disability strategy produced and departmental disability task team revived</li> <li>Review of the departmental employment equity plan commenced, and an updated plan was produced</li> </ul>
	Establish an employee wellness centre	Employee wellness centre established	An Employee wellness centre established and functioning by March 2009	<ul style="list-style-type: none"> <li>Draft integrated employee health wellness strategy developed</li> <li>Employee wellness centre to be established at Civitas Building</li> </ul>

## PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

### PURPOSE

*Strategic Health Programmes* co-ordinates a range of strategic national health programmes by developing policies and systems and manages and funds key health programmes.

### PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of *Strategic Health Programmes*.

#### 6. MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

The department continued to provide leadership to the public sector to improve maternal, child and women's health and nutrition in 2008/09. One of the key outputs for the reporting period was the production of the *Strategic Plan for Maternal, Neonatal, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2009-2014*, which was finalised in February 2009.

Significant strides were also made towards enhancing child health. To improve immunisation coverage, 44 of the 52 districts implemented the reach every district (RED) strategy, which exceeded the 2008/09 target of 30 of the 52 districts. Also, 38 of the 52 districts achieved a full immunisation coverage of 80% and above, against a 2008/09 target of 40/52 districts furthermore, full immunisation coverage for children under one year of age increased nationally from 85,2% in 2007/08 to 88,8% in 2008/09.

The department submitted the country's polio-free certification documentation to the Africa regional certification committee (ARCC) of the WHO on 22 August 2008. The wild poliovirus outbreak and importation preparedness plan was also updated, which was in keeping with the target for 2008/09.

No measles outbreaks occurred in the country during 2008/09. Only isolated cases occurred. All suspected and laboratory confirmed measles were investigated and followed up. This was consistent with the national target of ensuring that 80% of outbreaks were investigated within one week by provincial teams and within two weeks by national teams.

Despite the non-occurrence of measles outbreaks during the reporting period, the immunisation of South African children against measles will have to be strengthened going forward. This is in the light of the fact that only 27 of 52 health districts had a measles 1 vaccine coverage of 80% and above, against a 2008/09 target of 40 of the 52 districts. Furthermore, only five of the 52 districts had a DPT3 to a measles 1 vaccine drop out rate of 10% or less. The target for 2008/09 was 28/52 districts.

A weighing coverage of 73,4% for children under-five years of age was reported during April to December 2008, which exceeded the 2008/09 target of 65%. A weighing rate of 80,5% for children under-five was achieved, which was consistent with the 2008/09 target of 80%. The provision of Vitamin A supplementation to children was also strengthened. 95,4% of children aged 6 to 11 months, 30,3% of children aged 12 to 59 months and 74,8% of post-partum mothers received Vitamin A supplementation. These figures were slightly below the targets for 2008/09, which were to provide Vitamin A supplementation to 100% of children aged 6 to 11 months, 35% of those aged 12 to 59 months, and to 75% of post-partum mothers. The Perinatal Problem Identification Programme (PPIP) was implemented in 76% of health institutions, which exceeded the 2008/09 target of 60.

To improve birth defects surveillance, 44 of the 52 districts implemented the new standardised birth defects data collection tool, which exceeded the 2008/09 target of 39 of the 52. The training of health care providers in medical genetics will have to be further strengthened in next planning cycle. During 2008/09, 33 of the 52 districts had at least one genetically trained health care provider. The 2008/09 target was 36 of the 52 (70%). The second part of the medical genetics education programme (MGEP) was conducted in Kwazulu-Natal in March 2009, but this did not have an impact on the number of districts with trained health providers.

To improve maternal health, 89% of institutions implemented the recommendations from *Saving Mothers and Saving Babies Reports*. The target for 2008/09 was 90%. This was however, a challenging indicator for the department to monitor, due to the complexity of measuring which of the 10 recommendations were being implemented. A new approach for measuring this indicator was presented to the Technical Committee of the National Health Council.

The department also continued to provide nutritional support to people living with HIV and AIDS. A total of 734 409 people living with HIV, AIDS and TB were provided with nutritional supplements. This exceeded the 2008/09 target of 500 000.

Limited progress was made with the implementation of and reporting on youth friendly services. Fifty percent (50%) of primary health care (PHC) facilities implemented these services, against a target of 70%.

Relatively slow progress was also made with early identification of cervical cancer. A cervical cancer screening rate of 22% was recorded in 2008/09, which was lower than the target of 40%. It was also lower than the 30% achieved in 2007/08. In discussions between the department and the national health laboratory services (NHLS), it was realised that about 50% of pap smears sent by facilities were either inadequate or unsuitable for analysis. The department and the NHLS agreed to conduct joint training workshops with provincial programme officials aimed at improving the smear quality.

Forty-five percent (45%) of community health centres provided the choice on termination of pregnancy (CTOP) services during 2008/09, against a target of 50%. This figure has remained the same for both 2007/08 and 2008/09. Key challenges included a high turnover rate amongst nurses trained to provide first trimester terminations of pregnancy.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION</b>	Reduce infant and under five morbidity and mortality	Percentage of facilities that are saturated with IMCI health care providers i.e. 60% of health care providers managing children trained in IMCI	70%	<ul style="list-style-type: none"> <li>IMCI saturation of 60% achieved in third quarter of 2008/09. Challenges were experienced with the data for fourth quarter of 2008/09</li> </ul>
		Number of HIV-exposed children commencing Cotrimoxazole at six weeks of age	90 000	<ul style="list-style-type: none"> <li>Data collection systems not yet in place</li> </ul>
		HIV PCR tests done for early infant diagnosis	150 000	<ul style="list-style-type: none"> <li>145 591</li> </ul>
		Percentage of people on ARVs that are children below 14 years	10%	<ul style="list-style-type: none"> <li>9%</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION</b>	Improve immunisation coverage of children under one year	Number of health districts with full immunisation coverage of 80% and above	40 of the 52 districts	<ul style="list-style-type: none"> <li>38 of the 52 districts</li> </ul>
		Number of health districts with measles 1 vaccine coverage of 80% and above	40 of the 52 districts	<ul style="list-style-type: none"> <li>27 of the 52 districts</li> </ul>
	Decrease vaccination drop out rate	Number of districts with DPT3 to measles 1 vaccine drop out rate of 10% or less	28 of the 52 districts	<ul style="list-style-type: none"> <li>5 of the 52 districts</li> </ul>
	Implement the reach every district (RED) strategy	Number of districts implementing the RED strategy	30 of the 52 districts	<ul style="list-style-type: none"> <li>44 of the 52 districts</li> </ul>
	Declared polio free by the African Regional Certification Commission (ARCC)	Polio free certification documentation accepted by the ARCC	Annual update of polio free certification documentation submitted to ARCC	<ul style="list-style-type: none"> <li>Report to ARCC submitted in August 2008</li> </ul>
	Achieve polio free certification indicators	Number of Acute Flaccid Paralysis (AFP) cases detected and % stool adequacy <sup>1</sup>	AFP case detection: two cases per 100 000 of the <15 year old population and 80% stool adequacy	<ul style="list-style-type: none"> <li>Non Polio AFP rate of 2,0 and 84% stool adequacy achieved</li> </ul>
	Polio outbreak and importation preparedness	Wild poliovirus outbreak and importation preparedness plan compiled and operationalised	Update the polio outbreak and preparedness plan. Conduct campaigns as necessary	<ul style="list-style-type: none"> <li>Polio outbreak and preparedness plan produced and updated</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION</b>	Control measles outbreak. Note: a high routine measles coverage will lead to the control of outbreaks both in the numbers and the size of the outbreaks	Prompt outbreak response: provincial outbreak team investigate within one week of confirmed outbreak, national team investigate within two weeks of confirmed outbreak	80% of outbreaks investigated within one week by provincial and two weeks by national teams	<ul style="list-style-type: none"> <li>No outbreaks. All suspected and laboratory confirmed measles cases were investigated and followed up</li> </ul>
	Reduce adolescent and youth morbidity and mortality	Percentage of primary health care (PHC) facilities implementing youth friendly services (YFS)	70%	<ul style="list-style-type: none"> <li>50%</li> <li>Not all provinces report on a regular basis</li> </ul>
		Percentage of health care workers in PHC facilities trained on adolescent and youth friendly services (YFS)	25%	<ul style="list-style-type: none"> <li>30%</li> <li>Technical support was received from LoveLife to conduct YFS training for provincial masters trainers to facilitate transfer of skills</li> </ul>
		Percentage of PHC facilities accredited as providing adolescent and youth friendly services	20%	<ul style="list-style-type: none"> <li>22%</li> </ul>
	Reduce infant and under five morbidity and mortality	Number of health districts implementing the household and community component of IMCI	52	<ul style="list-style-type: none"> <li>46 of the 52 districts implemented the household and community component of IMCI</li> </ul>
	Reduce infant, child youth and adult morbidity and mortality caused by genetic disorders/ birth defects	Number of districts with at least one genetically trained health care provider	36 of the 52 (70%) districts	<ul style="list-style-type: none"> <li>33 of the 52 districts</li> <li>Delays were experienced in arranging genetics training at provincial level</li> </ul>
	Improve birth defects surveillance	Number of districts implementing the new standardised birth defects data collection tool	39 of the 52 (75%)	<ul style="list-style-type: none"> <li>44 of the 52</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION</b>	Increase cervical cancer screening	Cervical cancer screening coverage	40%	• 22%
	Facilitate increase of access of termination of pregnancy services	Percentage of community health centres providing TOP services	50%	• 45%
	Improve women's health and reduce maternal and neonatal mortality and morbidity	Percentage of institutions implementing recommendations from Saving Mothers and Saving Babies Reports	90%	• 89%
		Percentage of facilities conducting monthly maternal and morbidity review meetings	70%	<ul style="list-style-type: none"> <li>• 53%</li> <li>• This indicator has been included in the new draft implementation plan for the recommendations from the Saving Mothers Report and will be monitored and evaluated by the national department and provinces</li> </ul>
		Percentage of institutions implementing the Perinatal Problem Identification Programme (PPIP)	60%	• 76%
		Percentage of PCR tests done to all babies born to HIV positive mothers	40%	• 55%
		Improve implementation of growth monitoring and promotion	Weighing coverage under five years	65%
		Weighing rate under five years	80%	• 80,5%
	Monitor the coverage of Vitamin A supplementation	Percentage of children 0 to 60 months and post partum mothers receiving Vitamin A supplementation	6-11 months:100% 12-59 months: 35% post-partum:75%	<ul style="list-style-type: none"> <li>• 95,4%</li> <li>• 30,3%</li> <li>• 74,8%</li> </ul>
	Monitor millers for food fortification	Percentage of millers complying with fortification regulations	40% (120\300)	<ul style="list-style-type: none"> <li>• Data submitted by EHPs on food fortification not part of the DHIS</li> <li>• Sample runs to be conducted in 2009</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION</b>	Implement nutrition framework for PLWHA	Number of people with HIV, AIDS and TB who receive a nutritional supplement (2007/08 baseline is 480 000 out of 600 000)	500 000	<ul style="list-style-type: none"> <li>734 409</li> </ul>
		Percentage (%) of accredited service points implementing the nutrition framework	100%	100%
	Conduct campaigns on key nutrition priorities such as obesity	Number of media articles on childhood obesity published	Two	<ul style="list-style-type: none"> <li>Articles on obesity not published</li> <li>28 000 copies of existing obesity booklets were re-printed</li> </ul>
	Support and facilitate introduction of new baby-friendly hospital initiative tool	Percentage of health facilities with maternity beds declared as baby-friendly	45% (245 of 545)	44% (238 of 545)

## 7. HIV AND AIDS AND STI MANAGEMENT

During 2008/09, multisectoral efforts to combat HIV and AIDS gained momentum, under the leadership of the South African National Aids Council (SANAC). A total of 11 SANAC meetings took place during the reporting period, of which six were programme implementation committee (PIC) and five were plenary meetings. This exceeded the 2008/09 target of four meetings.

During the reporting period, the department achieved key milestones in the implementation of the *National Strategic Plan for HIV and AIDS and the Management of Sexually Transmitted Infections (STIs) for 2007-2011*.

Prevention continued to be the cornerstone of the department's efforts to combat HIV and AIDS. A total of 96% of public health facilities offered voluntary counselling and testing (VCT) services, and 95% of public health facilities provided prevention of mother-to-child transmission (PMTCT) services, against a target for 100%. The uptake of VCT remained a key challenge.

A total of 721 female condom distribution sites were operational, which exceeded the 2008/09 target of 385. About 245 of these were primary distribution sites managed by the department, while the rest were secondary distribution sites that provincial departments were responsible for. Through all these sites, a total of 4 276 000 female condoms were distributed, which exceeded the 2008/09 target of 3,5 million.

A total of 283,4 million male condoms were also distributed, which was lower than the 2008/09 target of 450 million. Male condom distribution was affected by delays in the awarding of new tender by National Treasury, which impacted on the number of condoms available on a quarterly basis.

Appropriate management of STIs continued to receive priority. Hundred percent (100%) of STI services in the public sector were offered by adequately trained staff using syndromic management guidelines. Private sector figures were not available. The target for 2008/09 was that 60% of public and private sector STI services would be offered by adequately trained staff using these guidelines. A national STI partner notification rate of 100% was achieved. However, the national STI partner tracing rate was much lower at 21,2%, against a target of 40%.

In keeping with the target for 2008/09, 100% of donated blood units had been screened for HIV in a quality assured

manner. The number of HIV positive pregnant women referred for and receiving CD4 testing increased from 78 888 in 2007/08 to 82 091 in 2008/09, reflecting a 4% increase.

The department also continued to expand service points for the comprehensive plan for HIV and AIDS care. Eighty-eight percent (88%) of sub-districts had at least one accredited service point for the CCMT. Although this figure was lower than the 2008/09 target of 100%, it was higher than the 84% achieved in 2007/08. Home and community based care (HCBC) programmes were established in 80% of sub-districts across the country, against a target of 100%.

Access to antiretroviral treatment for people living with HIV and AIDS was also expanded. By the end of April 2009, a cumulative total of 781 465 patients had been initiated on antiretroviral therapy (ART), compared to 483 084 by April 2008. This represents a 38,2% increase.

A total of 718 907 adults were on treatment in April 2009, compared to 440 070 in April 2008, which reflects a 38,8% increase. Finally, a cumulative total of 62 558 children had been placed on ARV treatment by April 2009, which was an increase of 31,2% from the 43 014 recorded by April 2009.

Constraints experienced by the department during the reporting period included the fact that only one report was generated from the National Microbiological Surveillance (NMS) System, against a target of four.

Furthermore, only 50% of sub-districts had programmes focused on people living with HIV and AIDS, against a target of 100% for 2008/09. Only 45% of HIV positive clients were screened for TB. The target for 2008/09 was 60%. Strategies to overcome these challenges will be implemented during the next planning cycle.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>HIV AND AIDS AND STI MANAGEMENT</b>	Improved interventions to deal with HIV and AIDS	National Strategic Plan for HIV and AIDS for 2007-2011 completed	Implementation and monitoring of NSP 2007-2011	<ul style="list-style-type: none"> <li>NSP was implemented and monitored during the reporting period</li> </ul>
		Percentage of public health facilities offering VCT	100%	<ul style="list-style-type: none"> <li>96%</li> </ul>
		Number of male condoms distributed	450 million	<ul style="list-style-type: none"> <li>283,4 million</li> </ul>
		Number of condoms distributed to male population 15 years and above per annum	11,5 million	<ul style="list-style-type: none"> <li>12,3 million</li> </ul>
		Number of female condom distribution sites	385 million	<ul style="list-style-type: none"> <li>721</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>HIV AND AIDS AND STI MANAGEMENT</b>	Improved interventions to deal with HIV and AIDS	Number of female condoms distributed	3,5 million	• 4 276 000
		Number of operational high transmission area sites	253	• 281
		National microbiological surveillance (NMS) system reports	Four reports	• One
		National STI partner notification rate	100%	• 100%
		National STI partner tracing rate	40%	• 21,2%
		Percentage of public and private sector STI services offered by adequately trained staff using syndromic management guidelines	60% of services	• 100% of public sector
		Percentage of health facilities offering PMTCT	100%	• 95%
		Expanded PMTCT guidelines	Guidelines printed and disseminated	• PMTCT guidelines were printed and disseminated
		Proportion of pregnant women counselled and tested for HIV	90%	• 63,3%
		Proportion of HIV positive women receiving PMTCT prophylaxis	80%	• Data collection system not yet in place
Percentage of infants born to HIV positive mothers who are infected	<5%	• Data collection system not yet in place		
Proportion of HIV positive pregnant women referred for and receiving CD4 testing	80%	• Number of HIV positive pregnant women referred for and receiving CD4 testing increased from 78 888 in 2007/08 to 82 091 in 2008/09, reflecting a 4% increase		
Proportion of donated blood units screened for HIV in a quality assured manner	100%	• 100%		

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HIV AND AIDS AND STI MANAGEMENT	Improved interventions to deal with HIV and AIDS	Proportion of adults (15 to 49 years) tested for HIV in the past 12 months	18%	• 7,6%
		Proportion of districts with turn around time of six days or less for CD4 tests	100%	• 95%
		Percentage of sub-districts with at least accredited service point for the comprehensive plan	100%	• 88%
		Percentage of sub-districts with HCBC programmes	100%	• 80%
		Percentage of sub-districts with palliative care centres	100%	• 7%
		Percentage of sub-districts with PLHIV focused programmes	100%	• 50%
	Improved case detection amongst PLWHA	Proportion of HIV positive clients screened for TB	60%	• 45%
	Improved management of patients co-infected with TB and HIV	Proportion of HIV positive patients put on TB preventive therapy	10%	• 3%
	Strengthened partnerships and improved national multisectoral response to HIV and AIDS in South Africa	Number of SANAC multisectoral meetings held	Four	• 11 SANAC multisectoral meetings were held (six programme implementation committee and five plenary meetings)

## 8. TB CONTROL AND MANAGEMENT

The incidence of tuberculosis (TB) in South Africa has increased from 739,6 per 100 000 population in 2007 to 948 per 100 000 population in 2008, this translates to 1 in 105 people in the country with TB. As a result South Africa is one of the 22 countries with the highest burden of TB disease contributing 80% of the global TB burden. The country conducted a review of the *TB Strategic Plan 2002–2005*, and developed a new *National TB Strategic Plan for 2007–2011*, to effectively and comprehensively address TB, in line with the global plan to stop TB and Millennium Development Goals. This plan was costed, published and widely disseminated.

During 2008/09, the management and control of TB continued to steadily reflect positive outcomes. In terms of the WHO recommended cohort system of analysis of TB data, treatment outcomes can only be measured and reported a year later. A TB cure rate of 64% was achieved in 2007, against a target of 65%. The defaulter rate also improved from 9,1% in 2006 to 8,5% in 2007. The department also continued to monitor the four districts in which the TB crisis management plan was implemented, namely Amathole and the Nelson Mandela Metro in the Eastern Cape, eThekweni in KwaZulu-Natal and the City of Johannesburg in Gauteng. The TB cure rate for the City of Johannesburg for 2007 was 76,1%, which exceeded the 2007/08 target of 70%, and moved towards the 2008/09 target of 80%. However, the cure rates achieved by the other three districts (Amathole: 54,8%, eThekweni: 49,2% and Nelson Mandela Metro: 56,6%) were much lower than the set targets.

In 2008, the national case detection rate was 83%, which exceeded the target of 59%. Also, 73,8% of all TB patients were tested for HIV in 2008/09, which exceeded the target of 60%. The smear conversion rate was 69,6% against a target of 65%. The sputum result turnaround time remained long with only 53% of health facilities receiving the results within 48 hours, against a 2008/09 target of 65%.

Seventy-two TB tracer teams (a total of 228 people) were appointed and placed in districts across the country to assist in reducing the defaulter rates. During the year the teams traced 52 958 TB treatment defaulters and 34 345 of these (65%) were re-started on treatment.

Of all drug resistant patients diagnosed in 2008/09, 88,8% of MDR patients and 93,5% of X-DR patients were started on treatment, against a target of 100% for both.

Training of health care workers as well as non professionals in TB control and management was conducted continuously, focusing on clinical management of TB and drug resistant TB, TB infection control, data management and the use of the TB electronic register. A total of 6 441 health care professionals were trained in 2008/09.

The key challenges during 2008/09 included poor access to TB laboratory services in the remote areas which resulted in a delay in the initiation of treatment due to long turnaround times for results, high mobility of patients resulting in loss to follow up particularly in the urban areas, poor functional integration of provincial and local government services and inadequate social mobilisation and community engagement.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)	
TB CONTROL AND MANAGEMENT	Increase case detection from 55% in 2007/08 to 66% by 2010/11	Case detection rate	59%	• 83%	
	Increase the proportion of health facilities with a sputum result TAT of less than 48 hours from 55% in 2007/08 to 80% by 2010/11	Sputum result TAT	65%	• 53%	
	Reduce the TB defaulter rate from 10% to below 5% by 2010/11	Defaulter rate	7%	• 8,5% (2007)	
	Increase the smear conversion rate for new smear positive PTB patients from 55% in 2007/08 to more than 75% by 2011	Smear conversion rate	65%	• 69,6%	
	Increase the cure rates for new smear positive PTB patients from 56% in 2007/08 to 75% by 2010	Cure rate	65%	• 64% (2007)	
	Reduce the mortality rates as a result of TB from 71 to 62 per 100 000 population by 2011	Mortality rate (Number of TB deaths per 100 000 population)	68 per 100 000	• 22,2 per 100 000 (2007)	
	Ensure that all confirmed MDR-TB patients started on treatment by 2008	Proportion of MDR-TB patients started on treatment	100%	• 88,8%	
	Ensure that all confirmed XDR-TB patients started on treatment by 2008	Proportion of XDR-TB patients started on treatment	100%	• 93,5%	
	Increase the HIV testing rate among TB patients from 41% to 100% by 2011	Proportion of TB patients tested for HIV	60%	• 73,8%	
	Improve the TB treatment outcomes in the four crisis districts	<b>Smear conversion rates:</b> Amathole Distric		85%	• 60,6%
		City of Johannesburg		100%	• 75,1%
eThekwini			85%	• 85%	

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
TB CONTROL AND MANAGEMENT	Improve the TB treatment outcomes in the four crisis districts	Nelson Mandela Metro	90%	• 54,8%
		<b>Cure rates</b>	70%	• 54,8% (2007)
		Amathole District		
		City of Johannesburg	80%	• 76,1% (2007)
		Ethekwini	70%	• 49,2% (2007)
		Nelson Mandela Metro	70%	• 56,6% (2007)

## 9. COMMUNICABLE DISEASE CONTROL

During the reporting period, the department continued to achieve major milestones in the management of communicable diseases, particularly malaria.

A 29,5 % decrease in malaria cases was achieved between 2007/08 and 2008/09, which exceeded the 2008/09 target of 10%. The number of malaria cases decreased from 8 743 in 2007/08 to 6 167 in 2008/09. The case fatality rate also decreased from 0,8 in 2007/2008 to 0,6 in 2008/2009. There were 40 deaths in 2008/2009 compared to 68 deaths in 2007/2008.

The department also continued to share its technical skills in malaria control with neighbouring countries including Mozambique through the Lubombo Spatial Development Initiative (LSDI), Lesotho and Zimbabwe. The target for 2008/09, which was achieved, was to harmonise malaria control policies with these countries. The department also finalised and costed a *Communicable Disease Control Strategic Plan* for the Soccer World Cup in 2010.

The implementation of the communication/health promotion strategy on priority communicable diseases was overtaken by the urgent need to respond to the cholera outbreak that occurred during the reporting period. To raise awareness 500 000 cholera information pamphlets were distributed to all nine provinces.

Challenges encountered during the reporting period included the outbreak of cholera across the country. By February 2009, about 8 100 cases had been confirmed with about 51 deaths having occurred. The highest number of cases and deaths were reported in Mpumalanga, Limpopo, and Gauteng provinces respectively. The national case fatality rate was 0,63%. Joint intervention between the national and the provincial health departments, as well as other government departments such as home affairs, defence and water affairs, assisted in curbing the impact of cholera. Access to good quality water and proper sanitation is one of the key determinants of health that lie outside the health sector. Others include education, housing and safety and security.

Limited progress was also made towards enhancing the country's capacity to prevent and respond to food-borne diseases. The department had to amend its focus and attach higher priority to conducting training in cholera management in several provinces such as Gauteng, Limpopo and Mpumalanga, due to the outbreaks that occurred.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
COMMUNICABLE DISEASE CONTROL	Reduce malaria morbidity and mortality	Percentage reduction in malaria cases and deaths annually	10% reduction in malaria cases and deaths annually	<ul style="list-style-type: none"> <li>A 10% reduction target was exceeded. There was a 29,5 % decrease in cases in 2008/09 (6 167 cases compared to 8 743 cases in 2007/08)</li> <li>There were 40 deaths in 2008/2009 compared to 68 deaths in 2007/08</li> <li>The case fatality rate decreased from 0,8 in 2007/08 to 0,6 in 2008/2009</li> </ul>
	Strengthen inter-country and cross border malaria control initiatives	Number of countries with which policies are harmonised	Three countries	<ul style="list-style-type: none"> <li>A Joint Malaria Elimination 8 (E8) resolution with seven SADC countries-Botswana, Namibia, Zambia, Zimbabwe, Angola, Mozambique and Swaziland was implemented</li> <li>South Africa continued collaborating with Matabeleland Province (Zimbabwe) Ministry of Health to avert malaria epidemics across common borders</li> </ul>
		Number of countries with which technical skills were shared	Three countries	<ul style="list-style-type: none"> <li>Three countries, Lesotho, Zimbabwe and Mozambique through the Lubombo Spatial Development Initiative (LSDI)</li> <li>Collaboration was also initiated with Zambia, Namibia, Botswana, Tanzania, Zanzibar, Swaziland through the SADC Malaria managers meeting</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>COMMUNICABLE DISEASE CONTROL</b>	Maintain country preparedness for an influenza pandemic	Multisectoral influenza implementation plans implemented in the nine provinces	<ul style="list-style-type: none"> <li>• Desktop modelling/ simulation for influenza conducted implementation of preparedness tool</li> </ul>	<ul style="list-style-type: none"> <li>• Desktop review report produced and sent to stakeholders for action and input</li> </ul>
	Ensure country capacity to prevent and respond to food-borne diseases	Percentage of environmental and communicable disease co-ordinators trained	50%	<ul style="list-style-type: none"> <li>• Training on food poisoning incidents was conducted in Gauteng, Limpopo Mpumalanga and Northern Cape</li> <li>• Planned training workshops in other provinces had to be postponed due to cholera outbreaks</li> <li>• Cholera outbreaks experienced in the country diverted attention and resources away from training on food poisoning, toward cholera response activities</li> </ul>
	To ensure preparedness for 2010 Soccer World Cup	Strategic plan developed and implemented	Plan finalised and costed	<ul style="list-style-type: none"> <li>• Preparedness plan for the 2010 Soccer World Cup and budget was finalised and reviewed</li> <li>• Malaria case management training was provided to health workers from four provinces</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>COMMUNICABLE DISEASE CONTROL</b>	Implement multi-media awareness campaigns	Communication / health promotion strategy on priority communicable diseases implemented	Three campaigns held 30% of schools covered	<ul style="list-style-type: none"> <li>• Campaigns conducted focusing on raising awareness about cholera and malaria</li> <li>• 500 000 cholera pamphlets were distributed to all nine provinces</li> <li>• SADC Malaria Day (14 November) was commemorated in KwaZulu Natal province and attended by members of community and SADC health ministers</li> <li>• Inputs were made into print and electronic media presentations for World Malaria Day on 25 April 2009</li> <li>• Radio talks were conducted on SABC radio stations on cholera, malaria, meningitis and rabies</li> </ul>

## 10. NON-COMMUNICABLE DISEASES

Evidence emerging internationally and from South Africa points to an increased contribution of non-communicable diseases (NCDs) to the burden of disease (BoD).

A BoD survey was commissioned by the department and conducted by independent researchers, with the aim of describing the pattern and distribution of diseases, disabilities and injuries seen in the public and private health facilities using the ICD10 classification system. The survey was completed in 2008/09. Amongst others, the survey found that NCDs accounted for about 30% of broad patient diagnosis. Thirty-two percent (32%) of patients who visited PHC facilities, and 29,3% of those who utilised hospital services were found to have presented with NCDs.

During the reporting period, the department also contributed towards improving the quality of life of the elderly, through sight restoration. A total of 45 243 cataract operations were performed giving a cataract surgery rate (CSR) of 1 237 per million population by December 2008. CSR was lower than the target of 1 600 per million population, due to a shortage of relevant personnel, consumables and insufficient theatre time for cataract surgery.

The provision of refractive services and low vision services were further interventions to improve sight. The target for the provision of refractive services was that seven of the nine provinces should provide refractive services in one district per province. This target was exceeded. KwaZulu-Natal provided services in 11 districts, Limpopo in five districts, Gauteng in five districts, Mpumalanga in three districts, Eastern Cape in two districts and Western Cape and North West each in one district.

The target for low vision services, which was that seven of nine provinces would provide services in one district per province was not reached. Only six provinces provided these services. However, Eastern Cape provided services in three districts, Mpumalanga and Limpopo each in two districts and KwaZulu-Natal, Western Cape and Gauteng each in one district.

The department produced and disseminated additional guidelines and tools for the provision of free health care to people with disabilities. These were implemented by all hospitals, in keeping with the 2008/09 target, but to varying degrees.

The department produced and disseminated new guidelines and tools for the provision of free health care to people with disabilities. These were implemented by all hospitals, keeping with the 2008/09 target, but varying degrees.

Quality control measures in forensic chemistry laboratories were significantly enhanced, in support of justice. Proficiency testing revealed that in all three laboratories (Cape Town, Johannesburg and Pretoria), quality assurance measures were 100% up to standard for blood alcohol, and 66% up to standard for toxicology.

Key challenges during the reporting period include the department's inability to acquire the services of an appropriate researcher to assess the accessibility of public health facilities to people living with disabilities. The department advertised for a service provider to conduct this assessment and compile a report, but no suitable bidder was found. The 2008/09 target was to assess 100% of public health facilities.

The waiting period for a wheelchair in the public sector was eight weeks or more, which was inconsistent with the 2008/09 target of not longer than six weeks.

Limited progress was made with the implementation of information technology (IT) in mortuaries. The key challenge was to access funding for rolling out the IT project. The 2008/09 target was to implement the IT system in mortuaries in five provinces.

Backlogs were also experienced in processing of laboratory results for alcohol samples. Backlogs increased in the period April 2008 to March 2009, by 4% in Cape Town, 12% in Johannesburg and 48% in Pretoria.

All these unattained objectives will be pursued in the planning cycle.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>NON-COMMUNICABLE DISEASES</b>	To expand the cataract surgery project	Number of operations conducted per million population (cataract surgery rate/ CSR)	1 600/million population by December 2008	<ul style="list-style-type: none"> <li>A CSR for 2008: of 1 237 operations per million population by December 2008</li> </ul>
	To expand low vision services (LVS)	Number of provinces with at least one district providing LVS	Seven of nine provinces with at least one district providing LVS	<ul style="list-style-type: none"> <li>Six provinces namely. Mpumalanga (Gert Sibande and Nkangala Districts), KwaZulu-Natal (Ethekwini Metropolitan), Limpopo (Capricorn and Vhembe Districts), Western Cape (Metropole), Gauteng Province (Tshwane) and Eastern Cape (Nelson Mandela Metro, Amathole, OR Tambo)</li> </ul>
	To strengthen refractive services (RS)	Number of provinces offering refractive services in one or more districts	Seven of nine provinces with at least one district providing refractive services	<ul style="list-style-type: none"> <li>Seven provinces namely:</li> <li>KwaZulu-Natal (11 of 11 districts), Mpumalanga (Gert Sibande, Ehlanzeni and Nkangala Districts), Limpopo (5 of 5 districts), North West (Dr Kenneth Kaunda District), Gauteng (JHB Metro, Tshwane, Ekurhuleni, Westrand and Sedibeng Districts)</li> <li>Western Cape (Metropole)</li> <li>Eastern Cape (Nelson Mandela Metro and Amathole)</li> </ul>
	To adherence to national guidelines	Number of provinces adhering to NCD management guidelines at PHC facilities	Three provinces supported to adhere to NCD guidelines	<ul style="list-style-type: none"> <li>Five provinces: Free State, North West, Eastern Cape, Limpopo and Northern Cape</li> </ul>
	Reduce waiting period for wheelchairs	Waiting period for wheelchairs in all provinces	Nine provinces with not more than six weeks waiting period for wheelchairs	<ul style="list-style-type: none"> <li>All provinces had a waiting period of eight weeks or more</li> </ul>
	Improve accessibility of all healthcare facilities to persons with disabilities	Percentage of public facilities assessed for accessibility	100% of all health facilities assessed for accessibility	<ul style="list-style-type: none"> <li>Health facilities were not assessed for accessibility</li> <li>Procurement process of acquiring an external service provider to assist with this assessment has started</li> </ul>
	Strengthen free healthcare for disabled persons at hospital level	Percentage of hospitals implementing guidelines and tools for free healthcare	100% of hospitals implementing guidelines and tools	<ul style="list-style-type: none"> <li>Guidelines and tools distributed were distributed</li> <li>Plans are in place to re-print posters as well</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>NON-COMMUNICABLE DISEASES</b>	Strengthen awareness of elder abuse and the prevention thereof	Number of provinces monitoring the promotion of dignity and rights of older persons	Monitoring tool developed in collaboration with social development	<ul style="list-style-type: none"> <li>Draft screening tool was circulated to all role players for comments.</li> </ul>
	Legalise water fluoridation (WF)	Regulations on WF promulgated	Regulations on fluoridating water supplies finalised	<ul style="list-style-type: none"> <li>Not achieved</li> <li>Water affairs and Forestry still to provide inputs on the regulations</li> </ul>
	Determine the possible influence of WF in areas to fluoridate water	WF implemented to the point of resolving the possible influence of WF in the areas to be fluoridated	Department of Water Affairs and Forestry, and DPLG should have determined the possible influence of WF in areas to fluoridate water	<ul style="list-style-type: none"> <li>Not achieved. DWAF and DPLG have not determined the influence of WF in areas to be fluoridated</li> </ul>
	Strengthen oral health promotion	National oral health promotion framework (NOHPF) approved and implemented	NOHPF approved by TC of NHC and printed	<ul style="list-style-type: none"> <li>NOHPF was approved by the Technical Committee of NHC</li> <li>NOHPF will be printed in next year due to lack of funds in current year</li> </ul>
	To improve secondary and specialised oral health care services	National secondary and specialised oral health care norms and standards approved and implemented	Approved by TC of NHC	<ul style="list-style-type: none"> <li>National secondary and specialised oral health care norms and standards document was submitted to the TC of the NHC</li> </ul>
	To strengthen school oral health services	Preventive school oral health programmes in nine provinces implemented	Implemented in two schools per province	<ul style="list-style-type: none"> <li>Seven provinces with own funding reached the target</li> <li>Two provinces that relied on WHO funding did not reach target</li> </ul>
	Remove private funeral directors from FPS services	Number of cases handled by private funeral directors	Less than 20%	<ul style="list-style-type: none"> <li>Not achieved. Some provinces still need to complete their infra structure development projects</li> </ul>
	Institute an inspection programme for mortuaries	Number of mortuaries inspected	All mortuaries visited	<ul style="list-style-type: none"> <li>Provincial visits undertaken to all provinces, inspection done</li> <li>All mortuaries visited</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>NON-COMMUNICABLE DISEASES</b>	Develop and implement a national FPS IT system	Percentage of mortuaries in which IT system implemented	Five provinces	<ul style="list-style-type: none"> <li>Limited progress was made with the implementation of information technology (IT) in mortuaries</li> </ul>
	Develop and implement a national training course for forensic officers	Percentage of staff trained or in training	25%	<ul style="list-style-type: none"> <li>Awaiting final HPCSA approval for training curriculum</li> </ul>
	Provide analyses which comply with international quality assurance standards	Improved quality of results as determined by proficiency testing	Quality maintained	<ul style="list-style-type: none"> <li>Quality control measures in all three laboratories are 100% up to standard for blood alcohol, and 66% up to standard for toxicology</li> </ul>
	Reduce backlog to one month and turnaround time to two weeks for alcohol and one month for toxicology	Reduction and elimination of backlog	Toxicology backlog reduced by 50%	<ul style="list-style-type: none"> <li>Toxicology backlog increased as follows from April 2008 to March 2009</li> <li>Cape Town: 4% increase in backlog</li> <li>JHB: 12% increase in backlog</li> <li>PTA: 48% in backlog</li> </ul>
	SANAS accreditation obtained	Achievement of SANAS accreditation	Toxicology and food laboratories accredited	<ul style="list-style-type: none"> <li>SANAS to audit Pretoria and Cape Town blood alcohol laboratories in June 2009</li> </ul>
		Improved turnaround time for analyses	Turnaround times reduced to two weeks (alc) and one month toxicology	<ul style="list-style-type: none"> <li>Turnaround times for alcohol samples were as follows: Johannesburg: 35-42 days, Pretoria: 70-84 days, and Cape Town: 70-84 days</li> <li>Toxicology turn around times were as follows: Johannesburg: eight weeks; Pretoria: two - four weeks; and Cape Town: two weeks</li> </ul>
	Develop and implement a laboratory information system (LIMS) in all three laboratories	System installed and functional	System linked with forensic pathology IT system	<ul style="list-style-type: none"> <li>Some of the equipment in the Cape Town laboratory, the Gas Chromatograph with Flame Ionisation Detector (GCFID) and Automated Fluoride meters was interfaced into the Laboratory Information Management System (LIMS)</li> <li>CFID in the Pretoria laboratory not yet fully interfaced, and interfacing of the GCFID in the Johannesburg laboratory still needs to be validated</li> </ul>
Clinical forensic medicine (CFM) services implemented in all provinces	Number of CFM centres established	30	<ul style="list-style-type: none"> <li>All nine provinces developed or identified dedicated CFM units</li> </ul>	

## 11. MENTAL HEALTH AND SUBSTANCE ABUSE

Significant strides were made with the implementation of the Mental Health Care Act, 17 of 2002 during the reporting period. The implementation of regulations pertaining to the labelling of alcohol beverages commenced in February 2009.

Nationally, 63% of hospitals were equipped and listed as 72-hour assessment facilities in terms of the Mental Health Care Act, 17 of 2002, against a target of 70%.

Also, all nine provinces had at least one psychiatric hospital in the revitalisation programme.

Community-based mental health services were strengthened, with all nine provinces having established programmes for community-based mental health care, which exceeded the 2008/09 target of six provinces. Seven of nine provinces produced draft provincial mini master plans for addressing substance abuse.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>	Implementation of the Mental Health Care Act, 17 of 2002	Number of psychiatric facilities in the revitalisation programme	One additional site in each province per year	<ul style="list-style-type: none"> <li>All nine provinces have one psychiatric hospital undergoing revitalisation</li> </ul>
		Percentage of hospitals that are listed and equipped as 72-hour assessment services	70%	<ul style="list-style-type: none"> <li>63% nationally. Some provinces have equipped and listed above 70%</li> </ul>
		Number of provinces with a programme for community based mental health care	Six provinces	<ul style="list-style-type: none"> <li>All nine provinces</li> </ul>
	Develop mini drug master plan	Number of provinces with a provincial plan for substance abuse	Provincial mini master plan for substance abuse finalised in six province	<ul style="list-style-type: none"> <li>Seven provinces have completed draft provincial mini master plans for substance abuse</li> </ul>
	Promulgate and implement and regulations pertaining to the labelling of alcohol beverages	Proportions of alcohol beverage companies that are compliant to regulations	Regulations implemented 18 months after promulgation	<ul style="list-style-type: none"> <li>Regulations fully implemented by 24 February 2009</li> </ul>

## PROGRAMME 3: HEALTH PLANNING AND MONITORING

### PURPOSE

The *Health Planning and Monitoring Programme* supports the delivery of health services, primarily in the provincial and local spheres of government.

### PERFORMANCE AND SERVICE DELIVERY ACHIEVEMENTS

The sections that follow below reflect the key objectives, indicators, targets and achievements for each sub-programme of the *Health Planning and Monitoring Programme*.

#### 12. HEALTH INFORMATION, EVALUATION, EPIDEMIOLOGY AND RESEARCH

During the reporting period, the department also enhanced its monitoring and evaluation systems, as well as its research activities.

The department continued to monitor systematically the implementation of the *Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT)*. Amid challenges of delayed submission, all provinces continued to submit to the national department datasets reflecting progress with the implementation of the CCMT during 2008/09. In keeping with the 2008/09 target, the department also conducted quality assessment visits for CCMT data in health facilities in the Free State, KwaZulu-Natal, Mpumalanga and Northern Cape. An independent process evaluation of the CCMT commissioned by the department was also completed, and a report was submitted to the department, as well as the Technical Advisory Committee of the National Health Council (NHC).

A team of independent researchers completed a burden of disease (BoD) survey and presented its findings to the department in April 2009, and were provided with feedback. The target for 2008/09, which will be achieved in the new financial year, was for the researchers to present the final report of the BoD survey to the Technical Team of the NHC.

The department also collaborated with other government departments to strengthen health information. A memorandum of understanding (MoU) was signed by the department and Statistics South Africa (StatsSA), to enhance collaboration around improving the quality of health information. This MoU will in future facilitate the designation of certain health statistics as official statistics, including notifiable disease statistics, vital statistics, and health status statistics. A link to the District Health Information System (DHIS) was also created for an official from STATSSA. A draft e-Health White Paper was developed jointly by the department and the Presidential National Commission on Information.

To improve the integration of disease data and strengthen reporting, all provinces installed and received training on the new District Health Information System (DHIS) 1.4 Notification system. Twelve statistical notes on notifiable medical conditions were published, which was consistent with the target for 2008/09.

In keeping with the target for 2008/09, as well as international obligations, the department consistently sent AFP weekly data and monthly measles data to the WHO AFRO region.

The department also completed the data collection, analysis and validation for the *2008 HIV and Syphilis Antenatal Survey*, and produced a draft report. A discussion document on HIV and AIDS notification was developed and discussed within the department. A consultation meeting on HIV or AIDS notification will be convened in the next financial year.

The department produced four quarterly reports on the provision of choice of termination of pregnancy (CTOP) services in the public sector. This was consistent with the 2008/09 target.

Progress was made towards the development of the ICD-10 curriculum. In keeping with the target for 2008/09, clinical coding unit standards and qualification were registered with SAQA, and also published in the *Government Gazette* for public comments.

Several challenges were also experienced during the reporting period. The *South African Demographic and Health Survey (SADHS) for 2008*, and the *Primary Health Care (PHC) Facilities Audit* were not completed, due to resource constraints. A national study on health inequalities also could not be commissioned. The department also did not

appoint a South African national BoD study group.

The National Health Research Committee (NHRC) was functional during the reporting period, and convened meetings according to the set schedule. However, the regulations on the establishment of the NHREC were not completed and implemented as anticipated.

The strategy for the South African diagnosis related grouper (DRG) was delayed due to the (non) adoption of a procedure code for both the public and private sectors.

The implementation of the start-up phase of the Electronic Health Record for South Africa (eHR.ZA) did not commence in 2008 as anticipated. Relevant documentation for the start-up phase of the Electronic Health Record for South Africa (eHR.ZA) was finalised with the State Information Technology Agency (SITA) and the SITA Board. The start-up phase will commence in the new financial year.

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Co-ordinate, support and conduct re-search and monitoring and evaluating activities	Report on PHC facilities audit	Conduct PHC facilities audit in by September 2008	<ul style="list-style-type: none"> <li>Not achieved due to lack of funding</li> </ul>
		Report on the SADHS 2008	Conduct SADHS by October 2008	<ul style="list-style-type: none"> <li>Not achieved due to lack of funding</li> </ul>
		Establish a policy on intellectual property	Policy on intellectual property and copyright in health	<ul style="list-style-type: none"> <li>Stakeholders consultation report drafted</li> </ul>
	Appoint the National Health Research Ethics Council	Functional National Health Research Ethics Council	Registration and Research Ethics Committees completed by June 2008	<ul style="list-style-type: none"> <li>NHREC is functional and has met several times in 2008/09</li> <li>NHREC Annual Report drafted</li> </ul>
		Regulations for the establishment of a National Health Research Ethics Council published	Regulations for the establishment of a National Health Research Ethics Council published for implementation by June 2008	<ul style="list-style-type: none"> <li>Regulations finalised, but not published for implementation</li> </ul>
	Appoint the National Health Research Committee	Functional National Health Research Committee	Publish national priority setting report by June 2008	<ul style="list-style-type: none"> <li>National priority setting document was published</li> </ul>
			50% of the business plans of public funded research organisations and institutions presented to the National Health Research Committee by March 200	<ul style="list-style-type: none"> <li>Previous financial year annual reports of publicly funded research institutions were assessed by the committee</li> </ul>

SUB PROGRAMME	MEASURABLE OBJECTIVE	INDICATOR	TARGET (2008/09)	ACTUAL PERFORMANCE (2008/09)
HEALTH INFORMATION, EVALUATION AND RESEARCH	Appoint the National Health Research Committee	Functional National Health Research Committee	Regulations on the establishment of a National Health Research Committee implemented by June 2008	<ul style="list-style-type: none"> <li>NHRC was functional and convened several meetings in 2008/09</li> <li>Development of regulations was not completed, still in process</li> </ul>
		Regulations on the conduct of research on human subjects published	Regulations on the conduct of research on human subjects published for implementation by September 2009	<ul style="list-style-type: none"> <li>Regulations not completed, in process</li> </ul>
	Co-ordinate, 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 treatment Plan (CCMT)	All nine provincial data sets available nationally	<ul style="list-style-type: none"> <li>CCMT statistics up to April 2009 were compiled and circulated</li> </ul>
		Report on the evaluation of the implementation of the comprehensive plan	Final report: Process evaluation of the implementation of the comprehensive plan printed	<ul style="list-style-type: none"> <li>Report was circulated to the meeting of the Technical Advisory Committee of the NHC</li> </ul>
		Number of monitoring and evaluation training workshops at national and provincial levels	One monitoring and evaluation training workshops conducted	<ul style="list-style-type: none"> <li>Three training workshops on evaluation techniques for the financial year 2008/09 were held in February/March 2009</li> <li>A total of 61 provincial and national officials attended the training workshops out of the 82 that were planned initially</li> <li>A draft handbook for health managers on evaluation was also produced</li> </ul>
			A manager's guide on evaluation developed	<ul style="list-style-type: none"> <li>Draft handbook for health managers on evaluation was produced and is being revised</li> </ul>
		National burden of disease (BoD) survey	Final report: national burden of disease (BoD) survey presented to Technical Team of the NHC	<ul style="list-style-type: none"> <li>Draft national BoD framework was revised with inputs from Statistics South Africa and circulated for further comments</li> </ul>
			Appointment of a SA national BoD study group	<ul style="list-style-type: none"> <li>Not achieved due to resource constraints</li> </ul>
		National study on health inequalities	National study on health inequalities commissioned	<ul style="list-style-type: none"> <li>Not achieved due to resource constraints</li> </ul>