National Department of Health Strategic Plan 2010/11-2012/13

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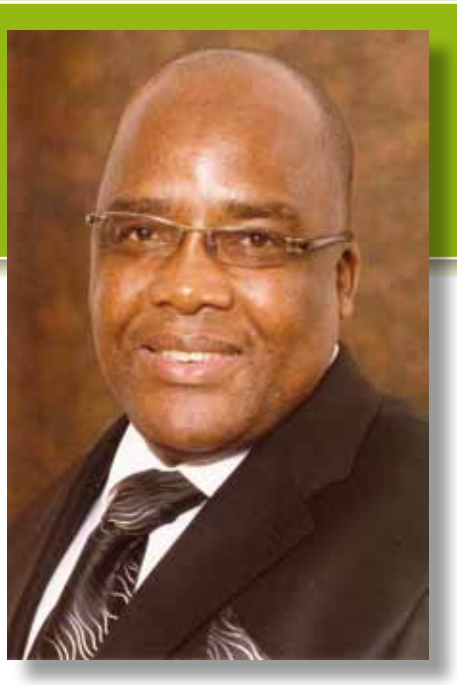
FOREWORD BY THE MINISTER OF HEALTH



South Africa faces a quadruple burden of diseases consisting of HIV and AIDS; communicable diseases; non-communicable diseases; and violence and injuries. The consequence of this is high levels of mortality and morbidity. In 2009, Statistics South Africa (STATSSA) estimated the life expectancy of South Africans to be 53,5 years for males and 57,2 years for females.

One of government's major goals in the Medium Term Strategic Framework (MTSF) for 2009–2014 is to improve the health profile of all South Africans. This Strategic Plan of the National Department of Health (DoH) for 2010/11-2012/13 ushers us into the second year of the implementation of the 10 Point Plan of the health sector for 2009-2014, which is aimed at creating a well functioning health system capable of producing improved health outcomes.

The 10 Point Plan consists of the following priorities:

i. Provision of Strategic leadership and creation of a social compact for better health outcomes;
ii. Implementation of National Health Insurance (NHI);
iii. Improving the Quality of Health Services;
iv. Overhauling the health care system and improve its management;
v. Improving Human Resources Management, Planning and Development;
vi. Revitalization of infrastructure;
vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
viii. Mass mobilisation for better health for the population;
ix. Review of the Drug Policy; and
x. Strengthening Research and Development.

In January 2010, Government adopted a new outcome-based approach to accelerate attainment of the objectives outlined in the MTSF 2009-2014. In keeping with this new approach, the health sector will devote particular attention to four key areas, namely: increasing life expectancy; combating HIV and AIDS; decreasing the burden of diseases from Tuberculosis and improving Health Systems Effectiveness. Focusing on these areas, the health sector must produce twenty (20) deliverables over the next five years. These are:

i. Increased Life Expectancy at Birth;
ii. Reduced Child Mortality;

iii. Decreased Maternal Mortality Ratio;
iv. Managing HIV Prevalence;
v. Reduced HIV Incidence;
vi. Expanded acccess to the PMTCT Programme;
vii. Improved TB Case Finding;
viii. Improved TB outcomes;
ix. Improved access to Antiretroviral Treatment for HIV-TB co-infected patients;
x. Decreased prevalence of Drug Resistant -TB;
xi. Revitalisation of Primary Health Care;
xii. Improved Physical Infra-structure for Healthcare Delivery;
xiii. Improved Patient Care and Satisfaction;
xiv. Accreditation of health facilities for quality;
xv. Enhanced perational Management of Health Facilities;
xvi. Improved access to Human Resources for Health;
xvii. Improved Health Care Financing;
xviii. Strengthened Health Information Systems (HIS);
xix. Improved health services for the Youth and
xx. Expanded access to Home Based Care and Community Health Workers.

The 10 Point of the Health Sector for 2009-2014 incorporates the 20 priority areas of the outcome-based MTSF, as well as the Millennium Development Goals (MDGs). These linkages are reflected in detail in this document. Focused and systematic implementation of the 10 Point Plan must yield the results desired by all three sets of priorities.

Ambitious targets have been set for these priorities. It can no longer be business as usual. Planning, organisation, and delivery of health services delivery must reflect an added sense of urgency.

Successful implementation of the priorities outlined above necessitates that we revitalize the health system using the Primary Health Care (PHC) approach. At the advent of democracy in 1994, a great vision existed for the transformation of the health system in South Africa from one characterised by social and economic injustices, poverty, waste, inefficiency, and lack of control by communities and individuals over all aspects of their health, into a new health system based on the PHC approach and characterized inter alia by the principles of equity; quality, efficiency, intergrated and comprehensive care, community involvement and intersectoral collaboration.

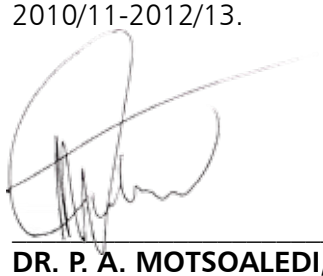
The White Paper for the Transformation of the Health System, released in 1997 accentuated the need to: decentralise management of health services; establish the District Health System to facilitate implementation of PHC; increase access to services for citizens; ensure the availability of good quality essential drugs in health facilities; strengthen disease prevention and health promotion in areas such as HIV and AIDS, and maternal, child and women's health; implement the Integrated Nutrition Programme to focus more on sustainable food security for the needy; and rationalise health financing through budget reprioritization. The health sector must return to this vision.

A new discourse on HIV and AIDS is being initiated. New policies and strategies will be implemented during 2010/11-2012/13 to combat the scourges of HIV and AIDS and Tuberculosis. All children less than 1 year of age who test positive for HIV will be initiated on treatment, irrespective of their CD4 count. Antiretroviral Treatment (ART) will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival and reduce the possibility of vertical transmission. ART will also be provided to people co-infected with TB and HIV at a CD4 count of 350 and less. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS. Most importantly, prevention must remain the mainstay of all efforts to combat HIV and AIDS. The delivery of HIV and AIDS and TB programmes will be integrated. This integration of services will also extend to the delivery of Antenatal Care and the Prevention of Mother to Child Transmission (PMTCT) of HIV.

The Ministry of Health will process through Parliament 3 pieces of legislation during 2010/11 and 2011/12. The National Health Amendment Bill will create space for the review of the powers and functions of both the National and Provincial Departments of Health; facilitate the establishment of an independent accreditation body for health facilities; and enable the review of the current position on the licensing of blood transfusion services. This Bill will be tabled before Parliament before September 2010. The Health Laws Amendment Bill will also be developed and tabled in Parliament in 2011. This Bill will cover all important amendments to all Acts administered by the National DoH, to ensure that existing legislation reflect the government's priorities, where they are found to be inconsistent with these. The Ministry of Health will also submit to Parliament the National Health Insurance Bill, which will create the legal framework for the implementation of National Health Insurance (NHI).

Through this legal framework, the governance of the national health system will be strengthened, to ensure that we have a single focus on a common set of goals, and that the system acts in unison at all levels.

Working collectively with the Deputy Minister and all 9 Provincial MECs for Health, I commit myself to provide the stewardship required to ensure the successful implementation of this Strategic Plan for 2010/11-2012/13.



DR. P. A. MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 25/02/2010

STATEMENT BY THE ACTING DIRECTOR-GENERAL

OVERVIEW OF PERFORMANCE IN 2009/10 AND PRIORITIES FOR 2010/11-2012/13

This Medium-Term Strategic Plan of the National Department of Health (DoH) sets out the planned performance of the Department during the period 2010/11-2012/13.

The National DoH remains firmly focused on the implementation of the 10 Point Plan for the heath sector, which as the Minister has indicated, consists of the following priorities:

i. Provision of Strategic leadership and creation of a social compact for better health outcomes;
ii. Implementation of National Health Insurance (NHI);
iii. Improving Quality of Health Services;
iv. Overhauling the health care system and improve its management;
v. Improving Human Resources Management, Planning and Development;
vi. Revitalization of infrastructure;
vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
viii. Mass mobilisation for better health for the population;
ix. Review of the Drug Policy; and
x. Strengthening Research and Development.

The Department will also accelerate delivery on the four key areas expected from the health sector in the revised outcome-based Medium-Term Strategic Framework (MTSF) for 2009-2014 namely, increasing life expectancy; combating HIV and AIDS; decreasing the burden of diseases from Tuberculosis and improving Health Systems Effectiveness, and produce 20 outputs. These focal areas are consistent with the health related Millennium Development Goals (MDGs), which the United Nations (UN) expects nations of the world to attain by 2015.

A review of milestones attained in the execution of the 10 Point Plan during 2009/10, which was the first year of implementation, reflects that steady progress is being made in important areas.

Provision of Strategic Leadership and the Creation of a Social Compact for better Health Outcomes

The key thrust has been the governance of the national health system. The National Health Council, led by the Minister, has provided stewardship for health sector policy formulation. New policies were developed in several areas including HIV and AIDS – aimed at massively scaling up access to Antiretroviral Treatment (ART); integration of related health programmes; and placement of a moratorium of the acquisition of Information Communication Technology (ICT) until the finalisation of the ICT strategy. This will assist the health sector to channel its resources efficiently, based on an agreed strategy. In 2010/11, the Department will convene a National Consultative Health Forum, at which a social compact with South Africans about measures to improve health outcomes, including active community participation, will be adopted.

Introduction of the National Health Insurance (NHI)

A solid foundation is being laid for the introduction of National Health Insurance (NHI). A dedicated NHI technical support unit was also established within the Department to steer the implementation of NHI. A 27-member Ministerial Advisory Committee on NHI was established in terms of the National Health Act of 2003 in September 2009. NHI policy proposals were also presented to Cabinet. During 2010/11, NHI policy will be finalised and public consultations conducted. The proposed NHI legislation will be submitted to Cabinet and processed through Parliament.

Improving Quality of Health Services

Continuous efforts will be made to prepare health facilities for the implementation of National Health Insurance (NHI). This implies, amongst others, improving the quality of our health services, Health Information Systems and our Information and Communication Technology (ICT). A draft ICT strategy has been produced. The National Core Standards for health facilities, which were first produced in 2008, and used to assess 27 hospitals, were revised in 2009. These standards will be finalised in 2010/11, and used to audit 75% of health establishments by 2012/13. Quality improvement plans will be developed in 70% of all public sector facilities by 2012/13, focusing on improving six key areas namely: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes. A survey will be also be commissioned in 2010/11 to assess waiting times in health facilities. By 2012/13, 90% of public sector hospitals will be conducting patient satisfaction surveys.

Overhauling the health care system and improving its management

The Department will over the next three years implement a two pronged approach to overhaul the health system. The first will entail refocusing the health system on primary health care. The second seeks to improve the functionality and management of the health system. The department will ensure that the health system is managed by appropriatly trained and qualified managers. Initial focus will be on hospital Chief Executive Officers (CEOs), senior managers and district managers. Their skills and competencies will be assessed independently and where skills gaps are identified, appropriate training will be provided. Appropriate delegations will also be given to eligible managers. One of the Department's key objectives for 2010/11 is to improve budget and expenditure monitoring, and the provision of support to Provinces. A Financial Management Improvement Plan has been developed to improve audit outcomes in all Provinces and provide dedicated support to all Provinces. This is intended to enhance financial management and improve audit outcomes.

Improving Human Resources Planning, Development and Management

During 2009/10, an agreement was reached in the bargaining council about the implementation of Occupation Specific Dispensation (OSD) for medical doctors, dentists, pharmacists and Emergency Medical Services (EMS) personnel. During 2010/11-2012/13, the Department will do even more to

strengthen Human Resources (HR) Planning, Development and Management. The review of the current Framework for HR Planning will be completed, and a revised and updated HR Plan will be produced. This will be informed by the needs of the country, as well as our capacity to produce health professionals. The Department will also continue to support all Provinces to finalise and implement their HR Plans consistent with the National Plan. The policy framework on Community Health Workers will be finalised in 2010/11.

Revitalisation of infrastructure

The National DoH commenced with the development of a comprehensive National Infrastructure Plan, in conjunction with National Treasury. Key aspects of this process include: (i) a review of the available Hospital Revitalisation and Infrastructure Grant Plans to show the current financial backlog; (ii) collection and collation of information on the remaining facilities that are not part of these grants; (iii) assessment of the backlog of facilities that need major upgrades and minor repairs. A need also exists to improve the maintenance of health facilities. A strategy will be developed to meet the set maintainance target of 3-5% of the infrastructure budget.

During 2010/11 the department will focus on three areas of infrastructure revitalisation. These are: (i) accelerating the delivery of health infrastructure through Publiuc Private Partnerships (PPPs) especially for the construction of the Tertiary Hospitals; (ii) Revitalising primary level facilities; and (iii) accelerating the delivery of Health Technology and Information Communication Technology (ICT) infrastructure.

Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases

Health programmes constitute the crux of service delivery to users of health services. Access to Antiretroviral Treatment (ART) was improved during 2009/10. By October 2009, a total of 939,722 patients had been initiated on ART, of which 83, 454 were children. This compares favourably to October 2008, when only 630,775 patients had commenced with ART, of which 56,279 were children.

As the Minister has indicated, the health sector will over the next planning cycle introduce new policies and strategies to combat HIV and AIDS and TB. This is in line with the announcement made by the President of the Republic on World AIDS Day 01 December 2009.

Antiretroviral Treatment will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival. Access to Antiretroviral Treatment (ART) for people co-infected with TB and HIV will also be enhanced, with ART being initiated at a CD4 count of 350 or less. Through implementation of these policies, it is anticipated that between 400, 000 and 550,000 new patients will be placed on treatment annually during 2010/11-2012/13. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS.

The provision of dual therapy to prevent mother to child transmission of HIV will also be strengthened. Primary prevention will also remain the mainstay of efforts to combat HIV and AIDS. Access to condoms at health facilities and non-clinical sites will be enhanced, and targeted behavior change strategies will be implemented. The South African National AIDS Council (SANAC) will continue to provide leadership over multisetoral interventions to provide care, support and treatment to people infected and affected by HIV and AIDS.

Mass mobilisation for better health for the population

The health sector will continue to ensure that children less than one year of age are fully vaccinated against Pneumococcal infection and Rotavirus. International evidence has shown this to be an effective intervention in ensuring child survival, together with other key strategies. The increased contribution

of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In South Africa, emerging evidence from empirical studies estimates that NCDs account for 11-13% of our BoD. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well co-ordinated intersectoral interventions to reduce intentional and unintentional injury.

Review of the Drug Policy

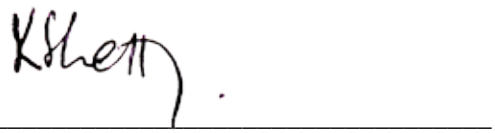
In terms of the drug supply and management system of the public health sector, the National DoH monitors ability of suppliers/tenderers to supply medicines. During 2009/10, a 12% stock out of the 45 Antiretroviral medicines (ARVs) on tender, measured in 9 provinces (405 items), and a 21.8% stock out of the 35 TB medicines on tender measured in 9 provinces (315 items) on tender were reported. Factors influencing drug stock outs included: financial constraints and insufficient budget allocation for pharmaceuticals at provincial level; suspension of accounts and suppliers not adhering to lead times. During 2009/10, the Department secured an additional R900 million from the national fiscus to support Provinces with the acquisition of ARVs, to ensure that patient care was not compromised. The Department will continue to support Provinces with accurate cost estimates for both ARVs and TB medicines.

Strengthening Research and Development

Two key objectives of the health sector for the next three years are to complete the South African Demographic and Health Survey (SADHS) 2010, as well as to initiate planning for the SADHS 2013. These national surveys which will provide reliable data on the health status of South Africans. Funding for this purpose has not been allocated from the national fiscus, and will be mobilised from other sources. The Department will also conduct the Annual National HIV and Syphilis Prevalence Surveys.

Conclusion

The health sector has started recording milestones towards the 10 Point Plan for 2009-2014. Key challenges remain, which were also outlined above, and which will be responded to in the interventions planned over the MTEF period. The Department's strategies for the planning and implementation cycle 2010/11-2012/13 are outlined in subsequent chapters of this Strategic Plan. Health and development are intricately linked. The goal of improving health outcomes and accelerating progress towards MDGs is not solely dependent on health sector interventions, but is equally determined by factors that lie outside the health sector, such as access to education, water and sanitation amongst others. Intersectoral action is required to accelerate progress towards achievement of the health-related MDGs.



DR. K.S. CHETTY
ACTING DIRECTOR-GENERAL
DATE: 24/02/2010

1 MISSION, VISION AND LEGISLATION

1.1 VISION

An accessible, caring and high quality health system

1.2. MISSION

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

1.3. HEALTH LEGISLATION

Legislation governing the functioning of the Department is outlined below, with a brief description of their provisions

1.3.1. LEGISLATION FALLING UNDER THE MINISTER'S PORTFOLIO

- **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.

- **National Health Act, 61 of 2003**
  Provides for a transformed national health system for the entire Republic

- **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.

- **Sterilization Act, 44 of 1998**
  Provides a legal framework for sterilizations, also for persons with mental health challenges.

- **SA Medical Research Council Act, 58 of 1991**
  Provides for the establishment of the SA Medical Research Council and its role in relation to health research.

- **Tobacco Products Control Amendment Act, 63 of 2008**
  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, 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 and others, and for the establishment of a council to regulate these professions.

- **Dental Technicians Act, 19 of 1979**
  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, setting quality and safety standards for the sale, manufacturing and importation thereof.

- **Occupational Diseases in Mines and Works Act, 78 of 1973**
  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.

- **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.

1.3.2. OTHER LEGISLATION IN TERMS OF WHICH THE DEPARTMENT OPERATES

- **Public Service Act, Proclamation 103 of 1994**
  Provides for the administration of the public 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 0f 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, 97of 1998**
  Provides for the measures that employers are required to take 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 0f 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 principles of accountability governance, and incidental matters.

2 SITUATION ANALYSIS

2.1. DEMOGRAPHIC PROFILE

Mid-year estimates released by Statistics South Africa (StatsSSA) reflect that South Africa estimated total population grew from 46,586,607 in 2004 to 49, 320, 500 in 2009. Table 1 and Figure 1 below reflect the distribution of the population across the 9 Provinces.

The lowest rates of population growth occured in the North West (-9,7%) and Eastern Cape (-6,1%)

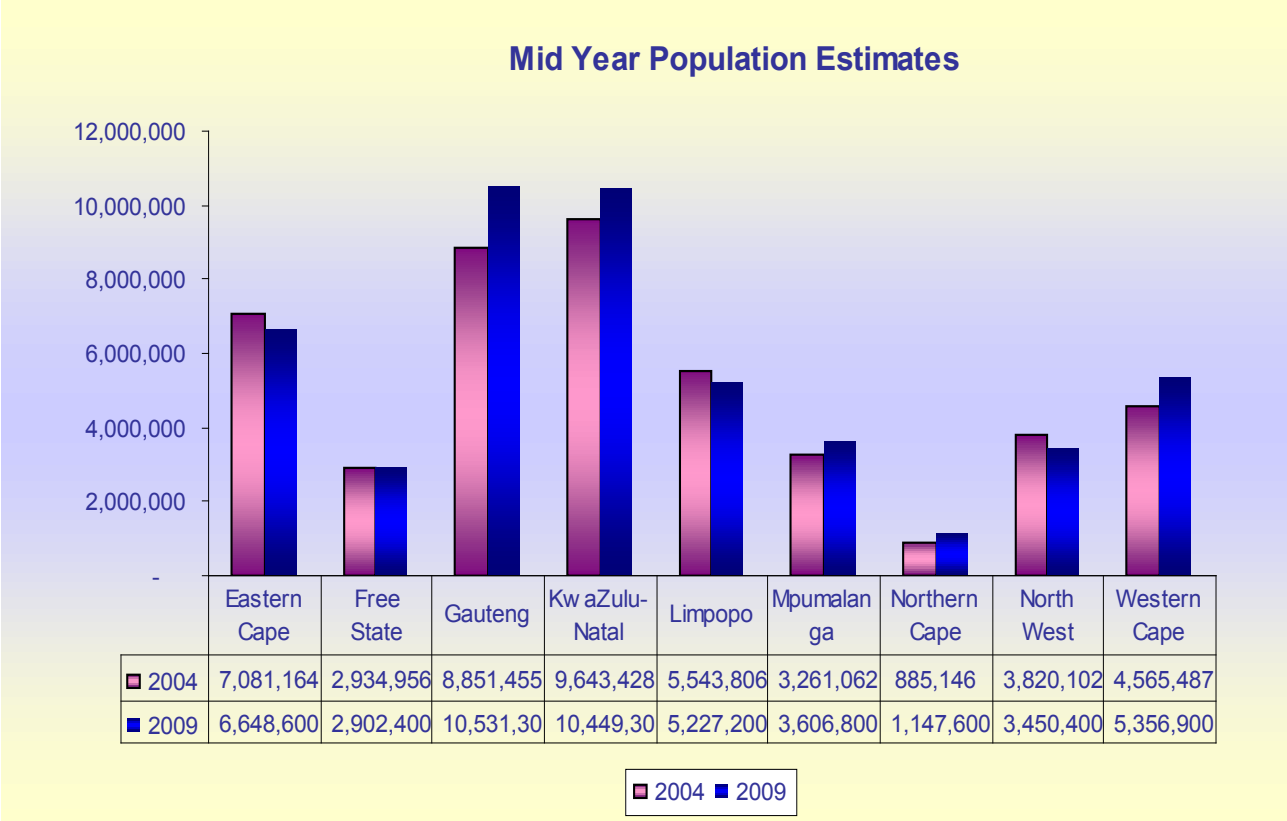
The Northern Cape experienced the highest rate of population growth of 29,7%, followed by Gauteng at 19,0% and the Western Cape Province at 17,3%.

Table 1: Mid-year populations Estimates 2004 and 2009

PROVINCE	2004	2009	% CHANGE
Eastern Cape	7,081,164	6, 648, 600	-6.1%
Free State	2,934,956	2,902,400	-1.1%
Gauteng	8,851,455	10,531,300	19.0%
KwaZulu-Natal	9,643,428	10,449,300	8.4%
Limpopo	5,543,806	5,227,200	-5.7%
Mpumalanga	3,261,062	3,606,800	10.6%
North West	3, 820, 102	3,450,400	-9.7%
Northern Cape	885,146	1, 147,600	29.7%
Western Cape	4,565,487	5,356,900	17.3%
Grand Total	46,586,607	49,320,500	5.9%

(Source: Statistics South Africa, mid-year population estimates, July 2009)

Figure 1: Mid-year populations Estimates 2004 and 2009



(Source: Statistics South Africa, mid-year population estimates, November 2009)

The key implications for planning are that access to health service must be expanded to ensure consistency with the population growth. This also has implications for resource allocations between Provinces, to consistently ensure equitable distribution.

2.2. DISTRIBUTION OF HEALTH FACILITIES

Population growth between 2004-2009 appears to have outstripped the availability of health facilities. For instance, the country's population per clinic is 13,718, which is inconsistent with the WHO norm of 10,000 people per clinic. This is reflected in Table 2 below. However, this analysis cannot be conclusive without reviewing the utilization rate of public health facilities. By the end of 2008/09, the PHC utilization rate in the country was 2,5 visits per person. The usable bed occupancy rates of hospital were: 65,2% at District Hospitals; 77,1% at Regional Hospital; 71,5% at Tertiary Hospitals and 69,2% at Central Hospitals. Except for Regional Hospitals, these utilisation rates were inconsistent with national targets.

Table 2: Distribution of Public Health Facilities in South Africa, 2009

SOUTH AFRICA	NUMBER OF FACILITIES (2009)	POPULATION PER HEALTH FACILITY
Clinic	3595	13,718
Community Health Centre	332	148,553
District Hospital	264	186,817
National Central Hospital	9	5,479,966
Provincial Tertiary Hospital	14	3,522,835
Regional Hospital	53	930,560
Specialised Psychiatric Hospital	25	1,972,788
Specialised TB Hospital	41	1,202,919
Grand Total	4, 333	

Sources: Statistics South Africa (StatsSA), Statistical Release P0302, Mid-Year Population Estimates, 2009 & District Health Information System (DHIS).

2.3 ECONOMIC PROFILE

South Africa is regarded as a middle income country with a Gross Domestic Product (GDP) of $277 billion. As reflected in Table 3, South Africa's GDP per capita was ranked third highest amongst 10 selected countries, following Brazil and Bostwana.

Table 3: Gross Domestic Product (GDP) of selected developing countries

COUNTRY	GDP ($) 2008[1]	GDP per capita ($) 2008[1]	
Brazil	$ 1.61 trillion	$ 8,400	1
Botswana	$ 13 billion	$ 6,808	2
SA	$ 277 billion	$ 5,685	3
Angola	$ 83.4 billion	$ 4,627	4
Namibia	$ 8.56 billion	$ 4,051	5
Swaziland	$ 2.62 billion	$2,242	6
India	$ 1.22 trillion	$ 1,068	7
Lesotho	$ 1.62 billion	$ 804	8
Afghanistan	$ 10.2 billion	$500[2]	9
Sierra Leone	$ 1.95 billion	$ 351	10

1. Source: World Bank: Development Indicator (2008)
2. Source: CIA World Factbook (2009 estimates)

2.4. HEALTH PROFILE

As reflected in Table 4 below, South Africa's GDP per capita is ranked third highest amongst the ten selected countries. However, South Africa's health outcomes are not always commensurate with this ranking.

In 2008, South Africa's GDP per capita was five times higher than that of India. However, the average life expetancy in India was much higher (64 years) than that of South Africa (53,5 years for males and

57,2 for females).

Table 4: GDP and Health Outcomes of selected countries

COUNTRY	GDP ($) 2008[1]		LIFE EXPECTANCY[2]		CMR 2007[2]		MMR 2005[2]	
Brazil	$ 8,400	1	72	1	21.7	1	110	1
Botswana	$ 6,808	2	50	5	39.7	2	380	3
SA	$ 5,685	3	50 53.5 Males** 57.2 Females**	4	59	3	400	5
Angola	$ 4,627	4	42	9	158	8	1400	8
Namibia	$ 4,051	5	53	3	68	4	210	2
Swaziland	$ 2,242	6	40	10	90.9	7	390	4
India	$ 1,068	7	64	2	71.8	5	450	6
Lesotho	$ 804	8	42	7	83.5	6	960	7
Afghanistan	$500[2]	9	44	6	257	9	1800	9
Sierra Leone	$ 351	10	42	8	261.8	10	2100	10

1. Source: World Bank: Development Indicators
2. Source: Unicef Statistics: http://www.unicef.org/infobycountry/index.html
****Source: StatsSA: Mid year population estimates 2009**

Three important reports from Ministerial Committees were submitted to the Minister of Health during 2009/10. These were: (i) the Saving Mothers 2005-2007: Fourth Report on Confidential Enquiries into Maternal Deaths in South Africa, produced by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD); (ii) the First Report of the Committee on Morbidity and Mortality in Children under 5 Years (CoMMiC) and (iii) the National Perinatal Morbidity and Mortality Committee Report 2008.

The Saving Mothers' Report stated at the outset that CEMD systems are not epidemiological surveys such as the Demographic and Health Surveys or Burden of Disease Estimates, and could not report an accurate Maternal Mortality Ratio (MMR) for the country or Province. The Report also expressed concern that estimates of MMR in South Africa from different data sources varied from 150 per 100 000 live births; to 181-382 per 100 000 live births; to 240-400 per 100 000 live births and to 578 per 100 000 live births.

The Saving Mothers' Report indicated that the five major causes of maternal death had remained the same during 2005-2007 and 2003-2005, and these were: non-pregnancy related infections – mainly AIDS (43.7%), complications of hypertension (15.7%), obstetric haemorrhage (antepartum and postpartum haemorrhage; 12.4%), pregnancy related sepsis (9.0%) and pre-existing maternal disease (6.0%).
The Saving Mothers' Report also stated that 38,4% of the 4,077 maternal deaths reviewed were avoidable within the health care system. Key administrative weaknesses identified included poor transport facilities, lack of health care facilities and lack of appropriately trained staff. Avoidable factors associated with health care providers included failure to follow standard protocols and poor problem recognition and initial assessment.

The recommendations of the CEMD focused on four main areas of: knowledge development; quality of care and coverage of reproductive health services, establishing norms and standards and community involvement.

The First Report of the Committee on Morbidity and Mortality in Children under 5 Years (CoMMiC) estimated over 60,000 South African children between the ages of one month and five years

die each year. This translated into an under-five mortality rate for South Africa of between 57.6 and 94.7 deaths per 1,000 live births and an infant mortality rate of between 42.5 and 59.1 deaths per 1,000 live births. The CoMMiC indicated that these rates were highest in the Eastern Cape, KwaZulu-Natal, and Free State and lowest in the Western Cape, Gauteng and Northern Cape Province.

According to the CoMMIC, the major causes of childhood deaths were diarrhoeal disease, lower respiratory tract infections and perinatal conditions with HIV and AIDS and malnutrition contributing as both primary and underlying causes of child mortality. The CoMMiC recommended that clinical care be improved by strengthening the existing child survival programmes adopted by the National DOH including the Community Health Worker (CHW) programme, the Integrated Nutrition Programme; Expanded Programme on Immunisaiton; Prevention of Mother to Child Transmission (PMTCT); Integrated Management of Childhood Illnesses (IMCI); Essential Drug List (EDL); and 10 steps for the management of severe malnutrition. It further recommended that primary health care be strengthened by adopting and implementing the Household and Community component of IMCI (IMCI HHCC); introduction and roll out of standardized management and referral guidelines for general practitioners. Emergency referral and treatment capacity in all health facilities and districts should be strengthened through training in triage, assessment and resuscitation of critically ill children, and the development of suitable transport systems for the movement of critically ill children into and within the health system.

The National Perinatal Morbidity and Mortality Committee Report 2008 analsysed data on perinatal and neonatal deaths from the District Health Information System (DHIS) and the national Perinatal Problem Identifiifation Programme (PPIP). A perinatal death is that which occurs from 28 weeks of gestation (conception) to 7 days of life. A neonatal death is a death that occurs within the first 28 days (four weeks) of life. The Committee found that the PPIP database reflected 659,809 births and 25,060 perinatal deaths from 2244 sites, for the period 1st January 2006 to the 31st December 2007, which translated to 39,5% of all births in health institutions recorded in the DHIS. These were births and deaths that were recorded at all levels of health facilities, including PHC facilities namely Clinics and Community Health Centres; as well as District; Regional and Tertiary Hospitals.

The Committee found that the majority of births (59%) had occurred at CHC and district hospitals, and that most perinatal deaths had also occurred at these districts. The Committee classified circumstances surrounding mortality into non avoidable factors; possible avoidable factors and probable avoidable factors. 40% of deaths due to labour complications were classified as "probably avoidable" if appropriate action had been taken. The Committee found that the majority of recorded deaths had occurred at district hospitals; that the proportion of probably avoidable mortality was highest at these hospitals, and that the quality of intrapartum care was poorest at these hospitals.

The National Perinatal Morbidity and Mortality Committee Report 2008 made various recommendations, starting with the quality and comprehensiveness of DHIS data. The Committee stated that the DHIS must be supported to continue collecting data in healthcare facilities conducting births, as well as in its endeavours to improve quality of data collected.

The Committee also provided a set of 10 recommendations covering:

i. Clinical skills improvement (especially strengthening skills of interns; midwives; nurses);
ii. improving staffing, equipment and facilities;
iii. implementation of national maternal and neonatal guidelines;
iv. training and education;
v. transport and referral routes;
vi. normalization of HIV infection as a chronic disease;
vii. improving postnatal care;
viii. appointment of regional clinicians to establish, run and monitor evaluate outreach programmes for maternal and neonatal health;
ix. auditing, monitoring and evaluation and

x. constant health messages must be conveyed to all understand by all.

Another key finding of significance to the public is that the National Perinatal Morbidity and Mortality Committee found that babies of pregnant women aged 17 years or less, and of pregnant women aged 35 years or more, had significantly higher perinatal mortality rates than women between the ages of 20 and 34 years. The Committee recommended that contraceptive use be promoted amongst the former age groups.

HIV and AIDS have played a major role in increasing the mortality rates of mothers and children. Avoidable factors within the health system are also a major contributor. A significant proportion of children died due to malnutrition, severe malnutrition and diarrhoeal diseases, which accentuates the imperative to address determinants of health that lie outside the health sector.

It is evident from the recommendations of the three committees that radical action is required from the health sector to strengthen the quality of maternal and child care.

3. OTHER KEY HEALTH INDICATORS

Table 5 below reflects other key health status indicators of the South African population.

Table 5: Key Health Status Indicators

INDICATOR	INDICATOR VALUE
Life Expectancy at Birth	• 53,5 years for males (StatsSSA, 2009)
	• 57,2 years for males (StatsSSA,2009)
Child Mortality	• 69 per 1,000
Maternal Mortality Ratio	• 400-625 per 100,000
HIV Prevalence (amongst 15-24 year old pregnant women)	• 21,7%
HIV Incidence	• 1,3%
Percentage of eligible HIV positive women initiated on ART	• 30%
TB cases notified	• 341, 165
TB Cure Rate	• 64%
Percentage of TB patients with MDR-TB	• 2%

Sources: Presidency (2010): Improving Government's Performance, Developing the MTSF into a set of key outcomes with measurable outputs and agreed interventions; Statistics South Africa, Statistical releases P0302, Mid-year Population Estimates 2009

Chapters 3 and 4 outline interventions that the health sector will implement in 2010/11-2012/13 to improve the profile of all South Africans.

3 HEALTH SECTOR STRATEGIC FRAMEWORK: THE 10 POINT PLAN

3.1. THE 10 POINT PLAN

The health sector has adopted a 10 Point Plan for 2009-2014, which consists of the following priorities:

i. Provision of Strategic leadership and creation of a Social Compact for better health outcomes;
ii. Implementation of a National Health Insurance Plan (NHI);
iii. Improving Quality of Health Services;
iv. Overhauling the health care system and improve its management;
v. Improving Human Resources Planning, Development and Management;
vi. Revitalization of physical infrastructure;
vii. Accelerated implementation of HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007-11 and increase focus on TB and other communicable diseases;
viii. Mass mobilisation for better health for the population;
ix. Review of the Drug Policy;
x. Strengthening Research and Development

Table 6 below provides the key activities that will be undertaken for each of the priority areas of the 10 Point Plan:

TABLE 6: KEY PRIORITIES AND ACTIVITIES, 2009-2014

PRIORITY	KEY ACTIVITIES
1. **Provision of Strategic leadership and creation of Social compact for better health outcomes**	• Ensure unified action across the health sector in pursuit of common goals • Mobilize leadership structures of society and communities • Communicate to promote policy and buy in to support government programs • Review of policies to achieve goals • Impact assessment and program evaluation • Development and implementation of a social compact • Grassroots mobilization campaign
2. **Implementation of National Health Insurance (NHI)**	• Finalisation of NHI policies and implementation plan • Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation
3. **Improving the Quality of Health Services**	• Improve service delivery in all 52 districts, with a special ephasis on 18 priority districts • Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation • Consolidate and expand the implementation of the Health Facilities Improvement Plans • Establish a National Quality Management and Accreditation Body

PRIORITY	KEY ACTIVITIES
4. Overhauling the health care system and improving its management	
4.1 Refocus the Health System on Primary Health Care (PHC)	• Develop and implement a national model for the delivery of health services based on the PHC approach • Scale up community-based promotive and preventive health service, and massively expand immunisation programmes: antenatal care; postnatal care; nutrition and school health services
4.2 Improve the functionality and management of the Health System	• Assess the qualification, skills and competencies of Hospital CEOs; Hospital Senior Managers and District Managers • Training managers in leadership, management and governance • Decentralization of management • Development and implementation of an accountability framework for the public and private sectors • Establish a management and leadership academy for health managers
5. Improved Human Resources Planning, Development and Management	• Refinement of the HR plan for health • Re-opening of nursing schools and colleges • Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals • Focus on training of PHC personnel and mid-level health workers • Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG) • Manage the coherent integration and standardisation of all categories of Community Health Workers
6. Revitalization of physical infrastructure	
6.1 Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)	• Establish Public Private Partnerships, particularly for the construction and refurbishment of Tertiary Hospitals • Accept 13 new projects annually for delivery through the revised Hospital Revitalisation Project • Implement refurbishment and preventative maintenance of all hospitals
6.2 Revitalise Primary level facilities	• Complete the Audit of PHC infrastructure and services • Accelerate the delivery of infrastructure for primary level facilities • Implement refurbishment and preventative maintenance of all hospitals
6.3 Accelerate the delivery of Health Technology and Information Communication Technology (ICT) Infrastructure	• Finalise and implement the Health Technology Strategy • Finalise and implement the ICT Strategy for the Health Sector
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	• Implement new HIV and AIDS policies and strategies announced on World AIDS Day, 01 December 2009 • Urgently strengthen programs against TB, MDR-TB and XDR-TB • Implement new PMTCT Guidelines

PRIORITY	KEY ACTIVITIES
8. Mass mobilisation for the better health for the population	• Intensify health promotion programs • Place more focus on Maternal, Child and Women's Health • Place more focus on the programs to attain the Millennium Development Goals (MDGs) • Place more focus on non-communicable diseases and patients' rights, quality and provide accountability
9. Review of drug policy:	• Complete and submit proposals and a strategy, with the involvement of various stakeholders • Draft plans for the establishment of a State-owned drug manufacturing entity
10. Strengthen Research and Development	• Commission research to accurately quantify Infant mortality • Commission research into the impact of social determinants of health and nutrition • Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines

3.2. KEY OUTPUTS FROM THE OUTCOME-BASED MTSF 2009-2014

In keeping with the revised, outcome-based Medium Term Strategic Framework (MTSF) for 2009-2014, adopted by Cabinet in January 2010, the health sector will produce 20 key outputs and outcomes, which are outlined below:

i. Increased Life Expectancy at Birth;
ii. Reduced Child Mortality
iii. Decreased Maternal Mortality Ratio;
iv. Managing HIV Prevalence;
v. Reduced HIV Incidence;
vi. Expanded PMTCT Programme;
vii. Improved TB Case Finding;
viii. Improved TB outcomes;
ix. Improved access to Antiretroviral Treatment for HIV-TB co-infected patients;
x. Decreased prevalence of MDR-TB;
xi. Revitalisation of Primary Health Care;
xii. Improved Physical Infra-structure for Healthcare Delivery;
xiii. Improved Patient Care and Satisfaction;
xiv. Accreditation of health facilities for quality;
xv. Enhanced Operational Management of Health Facilities;
xvi. Improved access to Human Resources for Health;
xvii. Improved Health Care Financing;
xviii. Strengthened Health Information Systems (HIS);
xix. Improved health services for the Youth
xx. Expanded access to Home Based Care and Community Health Workers

These outcomes are consistent with the 10 Point Plan for 2010-2014

As reflected in Table 7, The 10 Point of the Health Sector for 2009-2014 incorporates the 20 priority areas of the outcome-based MTSF, as well as the Millennium Development Goals (MDGs). The 10 Point Plan remains the strategic framework of the health sector for producing the outcomes desired by all three sets of mandates. Other key interventions to improve health status include intersectoral collaboration with government departments responsible for key determinants of health such as education; water and sanitation and housing, as well as community participation.

Table 7: 10 Point Plan 2009-2014 and the outcome-based MTSF 2009-2014

10 POINT PLAN 2009-2014		DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014
PRIORITIES	**KEY ACTIVITIES**	
1. Provision of Strategic leadership and creation of Social compact for better health outcomes	• Ensure unified action across the health sector in pursuit of common goals • Mobilize leadership structures of society and communities • Communicate to promote policy and buy in to support government programs • Review of policies to achieve goals • Impact assessment and program evaluation • Development of a social compact • Grassroots mobilization campaign	• Revitalisation of the Primary Health Care approach • Enhanced Operational Management of Health Facilities
2. Implementation of National Health Insurance (NHI)	• Finalisation of NHI policies and implementation plan • Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation • Finilise and implement an Information and Communication Technology (ICT) Strategy	• Improved Health Care Financing • Implementation of NHI • StrengthenedHealth Information Systems (HIS)
3. Improving the Quality of Health Services	• Improve service delivery in all 52 districts, with a special ephasis on 18 priority districts • Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation • Consolidate and expand the implementation of the Health Facilities Improvement Plans • Establish a National Quality Management and Accreditation Body	• Improved Patient Care and Satisfaction • Accreditation of health facilities for quality
4. Overhauling the health care system and improving its management		
4.1 Refocus the Health System on Primary Health Care (PHC)	• Develop and implement a national model for the delivery of health services based on the PHC approach • Scale up community-based promotive and preventive health service, and massively expand immunisation programmes: antenatal care post	• Revitalisation of the Primary Health Care approach • Enhanced Operational Management of Health Facilities

10 POINT PLAN 2009-2014		DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014
PRIORITIES	**KEY ACTIVITIES**	
4.2 Improve the functionality and management of the Health System	• Assess the qualification, skills and competencies of Hospital CEOs; Hospital Senior Managers and District Managers • Training managers in leadership, management and governance • Decentralization of management • Development and implementation of an accountability framework for the public and private sectors • Establish a management and leadership academy for health managers	• Revitalisation of the Primary Health Care approach • Enhanced Operational Management of Health Facilities
5. Improved Human Resources Planning, Development and Management	• Refinement of the HR plan for health • Re-opening of nursing schools and colleges • Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals • Focus on training of PHC personnel and mid-level health workers • Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG) • Manage the coherent integration and standardisation of all categories of Community Health Workers	• Improved access to Human Resources for Health
6. Revitalization of physical infrastructure		• Improved Physical Infra-structure for Healthcare Delivery
6.1 Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)	• Establish Public Private Partnerships, particularly for the construction and refurbishment of Tertiary Hospitals • Accept 13 new projects annually for delivery through the revised Hospital Revitalisation Project • Implement refurbishment and preventative maintenance of all hospitals	
6.2 Revitalise Primary level facilities	• Complete the Audit of PHC infrastructure and services • Accelerate the delivery of infrastructure for primary level facilities • Implement refurbishment and preventative maintenance of all hospitals	
6.3 Accelerate the delivery of Health Technology and Information Communication Technology (ICT) Infrastructure	• Finalise and implement the Health Technology Strategy • Finalise and implement the ICT Strategy for the Health Sector	

10 POINT PLAN 2009-2014		DELIVERABLES FROM THE OUTCOME-BASED MTSF 2009-2014
PRIORITIES	**KEY ACTIVITIES**	
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	• Implement new HIV and AIDS policies and strategies announced on World AIDS Day, 01 December 2009 • Urgently strengthen programs against TB, MDR-TB and XDR-TB • Implement new PMTCT Guidelines	• Managing HIV Prevalence; • Reduced HIV Incidence; • Expanded PMTCT Programme; • Improved TB Case Finding; • Improved TB outcomes; • Improved access to Antiretroviral Treatment for HIV-TB co-infected patients; • Decreased prevalence of MDR-TB • Expanded access to Home Based Care and Community Health Workers
8. Mass mobilisation for the better health for the population	• Place more focus on the programs to attain the Millennium Development Goals (MDGs) • Intensify health promotion programs • Place more focus on Maternal, Child and Women's Health • Place more focus on non-communicable diseases and patients' rights, quality and provide accountability	• Increased Life Expectancy at Birth • Reduced Child Mortality • Decreased Maternal Mortality Ratio • Improved health services for the Youth • Expanded access to Home Based Care and Community Health Workers
9. Review of drug policy:	• Complete and submit proposals and a strategy, with the involvement of various stakeholders • Draft plans for the establishment of a State-owned drug manufacturing entity	• Improved Patient Care and Satisfaction • Accreditation of health facilities for quality • EnhancedOperational Management of Health Facilities
10. Strengthen Research and Development	• Commission research to accurately quantify Infant mortality • Commission research into the impact of social determinants of health and nutrition • Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines	• Enhanced Operational Management of Health Facilities • Strengthened Health Information Systems (HIS)

Table 8 below reflects the 2009 baselines and 2014/15 targets for the 20 outputs entailed in the outcome-based MTSF.

TABLE 8: HEALTH SECTOR OUTPUTS 2009-2014: INDICATORS; BASELINES AND OUTPUTS

INDICATOR	BASELINE 2009	TARGET 2014/15
Life Expectancy at Birth	• 53.9 years for males (StatsSSA, 2008) • 57,2 years for females (StatsSSA, 2008)	• 58-60 years
Child Mortality	• 69 per 1,000 live births	• 30-45 per 1,000 live births
Maternal Mortality Ratio	• 400-625 per 100,000 live births	• 100 per 100,00 live births
HIV Prevalence (amongst 15-24 year old pregnant women)	• 21,7%	• Not Applicable
HIV Incidence	• 1,3%	• 0,6%
Mother to child transmission rate of HIV	• 10%	• 0% - < 5%
Percentage of eligible HIV positive women initiated on ART	• 37%	• All eligible pregnant women to be initiated on ART at a CD4 count of <350 or WHO stage III or IV
TB cases notified	• 341, 165	• 175,000
TB Cure Rate	• 64%	• 85%
Percentage of HIV-TB co-infected patients who are on ART	• 30%	• 100%
PHC service delivery model completed	• Strategy for accelerating progress towards health related MDGs through strengthening PHC developed	• Health service delivery model based on the PHC approach developed
Percentage of health facilities accredited for quality	• None	• 25% of health facilities accredited annually
Patient Care and Satisfaction	• 87,5%	• 90%
Improved access to Human Resources for Health	• Human Resources for Health (HRH) Plan produced	• Revised HRH Plan produced, which reflects an appropriate balance between health professionals and administrative personnel; re-introduces key PHC workers such as Infection Control Officers; Environmental Health Practitioners. • Monitor vacancy rates in the public sector on a quarterly basis
Improved Health Care Financing	• Creation of national Health Insurance comenced	• NHI policy finalised and implemented
Strengthened Health information systems (HIS);	• Draft e-Health Strategy produced	• Finalise e-Health Strategy finalised and implemented
	• National Indicator Dataset (NIDS) revised	• Finalise new NIDS
Improved health services for the Youth and	• Strategy to improve health levels of the youth population segments developed	• Strategy finalised • 70% of PHC facilities implementing Youth Friendly Services by 2014/15

INDICATOR	BASELINE 2009	TARGET 2014/15
Expanded access to Home Based Care and Community Health Workers	• Draft policy on Community Health Workers produced	• Strategy for Home and Community-based Care (HCBC) developed • Policy on Community Health Workers finalised

4 OUTLINE OF THE IMPLEMENTATION OF THE TEN POINT PLAN

4.1. PRIORITY 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES

(a) Ensure unified action across the health sector in pursuit of common goals

The Ministry of Health will assert stewardship over the entire National Health System (NHS), both the public and private sectors. The National Health Amendment Bill will be produced during 2010/11, which will achieve three objectives namely: the review of the powers and functions of both the National and Provincial Departments of Health; facilitate the establishment of an independent accreditation body for health facilities; and enable the review of the current position on the licensing of blood transfusion services. This Bill will be tabled before Parliament by September 2010. The Health Laws Amendment Bill will also be developed and tabled in Parliament in 2011. The Bill will cover all important amendments to all Acts administered by the National DoH, to ensure that existing legislation reflect the government's priorities, where they are found to be inconsistent with these.

Key reforms are required to transform the current health system into well oiled machinery that produces the desired health outcomes. The first is a return to Primary Health Care (PHC) as a fundamental approach to the delivery of health services. The White Paper for the Transformation of the Health System in South Africa, released by the democratic government in April 1997, espoused the PHC approach implemented through the District Health System (DHS). The second reform is to chart a new discourse on HIV and AIDS, which reflects an added sense of urgency in dealing with this pandemic, through a coherent and sustained programme of response.

To ensure coherence in health sector planning, an integrated national health plan will be produced annually, which outlines strategies for the implementation of the 10 Point Plan across the three levels of the health system. The Annual National Health Plan (ANHP) has been produced annually since 2007, in terms of the National Health Act of 2003. The key challenge that lies ahead is to complete the ANHP prior to commencement of the budget cycle, to inform resource allocation to the health sector. The priorities entailed in the integrated national health plan must provide the basis for the budget bid to National Treasury.

The health sector must also produce long-term plans, with a planning horizon of 10 years or longer, and which are aligned to the 10-Point Plan for 2009-2014.

As the health sector revises its HR Plans for 2010-2012, there will be a return to prominence of frontline cadres of health workers such as Community Health Workers; Environmental Health Officers, Infection control nurses; and other categories of mid-level workers.

(b) Mobilise leadership structures of society and communities

To strengthen consultation with leadership structures of society and communities, a National Consultative Health Forum (NCHF) will be held during the course of 2010, at which a social compact with South Africans to improve health outcomes will be adopted. The NCHF will include representatives from

Public Health Sector; the Private Health Sector; other Government Departments; Academic institutions; Research institutions; Community-based Organisations (CBOs); Non-Government Organisations (NGOs); Organised labour; and Faith based Organisations; International Development Partners, amongst others. Beyond 2010, the NCHF will be convened every 12 months, in keeping with the National Health Act of 2003. Amongst other objectives, the NCHF will monitor the implementation of the social compact. Provincial DoHs will also convene Provincial Health Consultative Fora.

Leadership structures of society and communities will also be strengthened. Training will also be provided to hospital board members to create capacity and enabling environment for them to perform their duties.

(c) Communicate to promote policy and buy in to support government programs

The Communication Strategy of the Ministry of Health will be finalised and disseminated to all key stakeholders. These will outline the mechanisms for regular interaction with the health leadership.

Opportunities will be provided to communities to articulate compliments and concerns, as well as their recommendations for improving health service delivery. This process will also assist in reviving grassroots participation in health service delivery, which was pervasive at the advent of democracy in 1994, but which subsequently subsided over time.

(d) Review of policies to achieve goals

Through the National Health Council (NHC), which is the highest decision making structure in the National Health System, health policies will continuously be reviewed to assess their impact on health care delivery. NHC will steadfastly monitor the performance of the health system at all levels, and investigate deviations from nationally adopted policies and programmes, and act swiftly to address these.

(e) Impact assessment and programme evaluation

External reviews of the implementation of health sector policies, plans and programmes will be commissioned at periodic intervals, and undertaken by academic institutions and independent a research organisations. This will generate useful findings to inform planning and implementation. Internally, the impact of policy implementation will be reviewed through regular analysis of data from the District Health Information System (DHIS). The South African Demographic and Health Survey (SADHS) will be completed in 2010, and the survey report released in 2011. The SADHS 2010 will provide an assessment of the health status of South Africans, and draw comparisons with the SADHS 2003. During the current term of office of government, the SADHS 2013 will also be undertaken.

(f) Develop a Social Compact and Grassroots mobilization campaigns

The Department will also strengthen its relations with all its stakeholders, including grassroots structures. A policy framework on Community Health Workers (CHWs), as well as guidelines for the implementation of Home and Community-based Care (HCBC) will be finalised by the end of 2010/11.

4.2. PRIORITY 2: IMPLEMENTATION OF NATIONAL HEALTH INSURANCE

(a) Finalisation of NHI Policies and implementation plans

The South African health system is characterized by a dichotomy between the public and private health sectors. This is a paradigm of inequity. In 2008/09, expenditure in the public sector, which

serves about 86% of the population (41,9 million uninsured people) was estimated at R84 589 billion. Expenditure in the private sector, which serves 14,9% insured South Africans (7,3million people) was R113 181 billion. This figure included R77, 7 billion which was expenditure from medical schemes; medical insurance and employer private contributions, and R35 468 billion from out -of -pocket expenditure. A solid foundation is being laid for the introduction of National Health Insurance (NHI). Extensive technical work on the NHI was conducted during 2009/10. The NHI policy document was presented to Cabinet.

During 2010/11, the Department will submit to Cabinet the proposed NHI legislation. Continuous efforts will be made to render public health facilities NHI-ready, amongst others, through improving the quality of our health services, Health Information Systems and our Information and Communication Technology (ICT).

(b) Implementation of Immediate implementation of steps to prepare for the introduction of the NHI (e.g. Budgeting, Initiation of the drafting of legislation)

Creation of the necessary institutional and organisational structures to start implementing NHI have commenced. A dedicated NHI technical support unit was also established within the Department to steer the implementation of NHI. A 27-member Ministerial Advisory Committee on NHI was established in terms of the National Health Act of 2003 in September 2009.

4.3. PRIORITY 3: IMPROVING THE QUALITY OF HEALTH SERVICES

(a) Stregthen service delivery in all districts starting with 18 Priority Districts

Programmes of support for the 18 priority health districts, as well as an implementation plan were produced. An analysis of the District Health Plans of the 18 priority districts reflected adverse performance on key coverage; health systems performance; as well as outcome indicators. Concerted effort will be devoted to providing systematic support in all 52 health districts to improve service delivery in all health districts, starting with the 18 priority districts.

(b) Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation

Several measures will be implemented to improve Quality of Care. A revised set of core standards was produced in 2009, building on the initial version produced in 2008 and used to assess the functioning of 27 hospitals. The revised core standards will be finalized in 2010/11, and implemented over the next 3 years. Health facilities will produce Quality Improvement Plans (QIPs) focusing on six priority areas: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes. Annual patient satisfaction surveys will also be conducted in public sector hospitals.

(c) Consolidate and expand the implementation of the Health Facilities Improvement Plans

The production of Health Facility Improvement Plans which commenced in 2008/09 will be sustained over the next three years.

(d) Establish a National Quality Management and Accreditation Body

The legislative framework for the establishment of the National Quality Management and Accreditation Body has been developed, and will be finalised in 2010/11. The National Health Act of 2003 will be amended to provide for an independent accreditation body.

About 25% of health facilities will be assessed annually, and accreditation will be granted to those that meet required quality standards.

4.4. PRIORITY 4: OVERHAULING THE HEALTH CARE SYSTEM AND IMPROVING ITS MANAGEMENT

(a) Refocusing the Health System on Primary Health Care

The Primary Health Care (PHC) approach is endorsed in key policy documents of the health sector as the strategic approach for ensuring an accessible, affordable, acceptable, equitable and efficient health system, with full community participation and intersectoral collaboration. However, uneven progress has been made with the implementation of PHC across the country.

An urgent need exists to revitalize PHC and to develop a model for the delivery of health services based on the PHC approach in South Africa. In 2009, the National DoH commissioned the development of a strategy for accelerating progress towards health related MDGs through strengthening PHC and DHS, which was produced. Key interventions to be implemented during 2010/11-2012/13 to revitalise PHC include: (i) producing a PHC-oriented service delivery model for South Africa; (ii) establishing PHC Teams in each District to improve access to health care; (iii) completing the audit of Primary Level Services and infrastructure (iv) establishing Governance structures for all health facilities; (v) improving the resource allocations for Primary Level health services; and (vi) finalising Provincial legislation governing the functioning of the District Health System.

To strengthen the decentralised management of health districts for local accountability, the health sector will ensure that District Management Teams (DMTs) are established in all 52 Districts, and that all Districts establish District Health Councils. Delegations for District Health Managers will also be finalised.

(b) Improving the functionality and management of the Health System

The health system will be overhauled to ensure that it is managed by appropriately trained and qualified managers. Initial focus will be on hospital Chief Executive Officers (CEOs); senior hospital managers and District Health Managers. The Development Bank of Southern Africa (DBSA) has been commissioned to assess their skills and competencies. Where skills gaps are identified, appropriate training will be provided. Appropriate delegations will also be given to eligible hospital managers.

In the last three years, more than 220 Hospital CEOs have enrolled in Hospital Management Training Programmes at the Universities of the Witwatersrand (WITS) and KwaZulu-Natal (KZN). These training programmes will be expanded to senior managers in all 400 hospitals in the next 3 years.

(c) Development of an accountability framework for the public and private sectors

The Department will collaborate with various stakeholders to develop an accountability framework for the health sector.

The Department will also enforce compliance of private and public establishments and agencies with national legislation and regulations. The National Core Standard for Quality will be applicable to both the public and private health sectors, and measures will be implemented to ensure compliance.

(d) Identify existing constitutional and legal provisions to unify the public health service; and draft proposals for legal reform

The National Health Amendment Bill will be produced to review the powers and functions of both the

National and Provincial Departments of Health. This legislation will be submitted to Cabinet in 2010. The National Department will also implement measures to reduce a proclivity towards 'federalism' in the public health sector and ensure that it functions coherently and in unison, as a single national health system envisaged in the National Health Act of 2003.

A process of organisational review and design will also be implemented, to ensure that structures of the public sector reflect the new mandate and priorities, particularly the 10 Point Plan for 2009-2014.

4.5. PRIORITY 5: IMPROVED HUMAN RESOURCES PLANNING, DEVELOPMENT AND MANAGEMENT

(a) Refinement of the Human Resources Plan for Health

A framework for the development of the revised National HRH Plan was produced in 2009. A Ministerial Committee or Working Group will be established during 2010 to guide the development of a new HRH Plan for South Africa. The revised HRH Plan to be produced by the end of 2010/11 will quantify the country's needs for health care workers, and specify training targets for the future.

(b) Re-opening of Nursing Schools and Colleges

The health sector will finalise the Audit of Nursing Schools and Colleges conducted in 2009, including costing of resources for recapitalisation. The sector will also strive to mobilise the resources required for recapitalising nursing schools and colleges for expanded production of nurses.

(c) Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals

The revised Human Resource Health Plan which will be produced during 2010/11 will also reflect comprehensive strategies for the recruitment and retention of health professionals; including urgent collaboration with countries that have excess of these professionals, as well as strategies to strengthening the training platform.

Following on the implementation of an Occupational Specific Dispensation (OSD) for nurses in the Public Service, an agreement was signed in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) on 7 August 2009 to give effect to the implementation of an OSD for medical doctors, dentists, medical and dental specialists, pharmacist assistants, pharmacists and emergency medical services personnel. A proposal for the establishment of an OSD for diagnostic, therapeutic and related allied health professionals was also tabled by the Employer in the PHSDSBC for implementation with effect from 1 July 2009 once an agreement has been reached with the labour unions.

A new policy for the recruitment and employment of foreign health professionals in view of various international recruitment protocols and SADC and AU agreements, and also to ensure that the employment of foreign health professionals do not prejudice health services in developing countries, was approved by the NHC in February 2010.

(d) Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG)

In 2009, a Health Sciences Review Committee established by the DoH and Department of Higher Education examined the utility of the Health Professions Training and Development Grant (HPTD) and

completed a series of investigations into the costs of maintaining current trends in the system, along with scenarios and costs of enrolment growth, using medicine as a tracer profession. Preliminary results of the study were released. Over the next planning cycle, a policy and funding mechanisms for the development of health professionals and delivery of tertiary hospital services will be presented to the National Health Council for adoption and implementation across Provinces.

(e) Manage the coherent integration and standardisation of all categories of Community Health Workers

A Draft Community Health Worker (CHW) Policy was produced in collaboration with National Departments of Social Development and Treasury. This policy will be finalized in 2010/11. Training curriculum and conditions of service of 60,000 CHWs should be standardized across the 9 Provinces during the next MTEF period.

4.6. PRIORITY 6: REVITALIZATION OF INFRASTRUCTURE

(a) Accelerate the delivery of health infrastructure through Public Private Partnerships (PPPs)

The National DoH will accept 2 projects per province per year (18 projects) for inclusion in the Hospital Revitalisation Programme (HRP) programme. Thirteen of these will be implemented through the revised HRP and five through Public Private Partnerships (PPPs). The National Infrastructure Plan will be used as a database as it will contain data on the backlogs of primary to tertiary health facilities, to inform the funding needs.

(b) Revitalise Primary Level Facilities

The development of a National Infrastructure Plan started in 2009/10. This plan will be completed in 2010/11, and implemented to fast-track the delivery of new health facilities with emphasis on primary level facilities. This process will be informed by the outcomes of the audit of primary health care infrastructure and services.

(c) Accelerate the delivery of Heath Technology and Information Communication Technology

The Department will develop and implement a National Health Technology Strategy. Improvement of health technology maintenance as a means to ensure safety will be prioritized. An audit of Essential Equipment will be completed in all 9 Provinces, and an Audit Report produced. Findings of this audit will inform the finalization of the National Health Technology Strategy.

An Information Communication Technology strategy will also be finalised and implemented.

(d) Urgent implementation of refurbishment and preventative maintenance of all health facilities

A process of data collection commenced in 2009/10 to determine the health facilities maintenance baseline. The aim is to achieve a 3-5% expenditure on preventative health facility maintenance. The health sector will also complete the audit of the capacity of Provinces to deliver infrastructure, with a view to further enhance capacity.

4.7. PRIORITY 7: ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS AND SEXUALLY TRANSMITTED INFECTIONS NATIONAL STRATEGIC PLAN AND THE INCREASED FOCUS ON TB AND OTHER COMMUNICABLE DISEASES

(a) Implementation of new HIV and AIDS and TB policies and strategies announced on World AIDS Day, 01 December 2009

HIV/AIDS and Tuberculosis continue to account for a significant burden of diseases in South Africa. WHO (2009) estimates that HIV and AIDS account for 41% of the Disability Adjusted Life Years (DALYs) in South Africa. The results of the National Antenatal HIV and Syphilis Survey for 2008 reflects a national HIV prevalence rate of 29,3%. While this figure reflects a stabilising epidemic, when viewed together with the 29,4% recorded in 2007, and the 29,1% prevalence recorded in 2006, the reality is that HIV prevalence in South Africa is still too high.

New policies and strategies will be implemented during 2010/11-2012/13 to combat the scourges of HIV and AIDS and Tuberculosis. All children less than 1 year of age who test positive for HIV will be initiated on treatment, irrespective of their CD4 count. Antiretroviral Treatment (ART) will be provided to pregnant women at CD4 count of 350 or less, to enhance maternal survival. ART will also be provided to people co-infected with TB and HIV at a CD4 count of 350 or less. Pregnant women who do not qualify for full HAART will receive dual therapy for PMTCT from 14 weeks of pregnancy until post delivery. This will contribute significantly to reducing morbidity and mortality associated with TB and HIV and AIDS. Most importantly, HIV and AIDS and TB will be treated under one roof. The health sector with SANAC will lead a massive campaign to mobilise all South Africans to get tested for HIV and AIDS, and put in place measures are to expand our response. This integration of services will also extend to the delivery of Antenatal Care and the Prevention of Mother to Child Transmission (PMTCT) of HIV.

In keeping with the National Strategic Plan for HIV and AIDS, and STIs, the health sector will strive to contribute to the efforts of SANAC to reduce the incidence of HIV by 50%, from 1,3% in 2008 to 0,6% in 2014/15. HIV prevalence will also be monitored, but no specific targets will be set given that the large numbers of patients on ARVs, prevalence will increase (due to people living longer). The key objective is to improve the quality of life and life expectancy of people living with AIDS.

The health sector will continue to implement the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT). By October 2009, 939, 722 patients were on ART treatment. Of these, 856,265 were adults and 83,454 were child patients. The health sector aims to place a total of between 400 000 and 550,000 South Africans living with AIDS on ART annually from 2010/11 to 2012/13. Most importantly, primary prevention will remain the mainstay of all efforts to combat HIV and AIDS.

(b) Urgently strengthen programs against TB, MDR-TB; XDR-TB and Malaria

The management of TB will be strengthened. A total of 3,000 health professionals will be trained annually in the management of TB. 2,500 non-health professionals (Community Care-Givers) will also be will be trained annually to support TB patients and to facilitate successful treatment completion.

In keeping with the outcome-based approach, the health sector will strive to achieve 5 key outcomes in TB management and control. These include: decreasing the number of TB from 341, 165 in 2008/09 to 175,000 in 2012/13; decreasing the TB defaulter rate from 7.9% in 2009 to $\leq$5% in 2012/13; increasing the TB cure rate from 64% in 2007 to 80% in 2012/13; and decreasing the percentage of TB patients with MDR-TB.

The health sector will strive to reduce the incidence of local malaria transmission from 0.7 cases per 1000 population at risk in 2009 to 0.56 by 2012/13, by implementing diverse strategies such as ensuring optimal indoor spraying; definitive diagnosis of malaria cases; as well as effective malaria case management.

4.8. PRIORITY 8: MASS MOBILISATION FOR THE BETTER HEALTH FOR THE POPULATION

(a) Intensify Health Promotion Programmes

A draft National Integrated Health Promotion Strategy was produced in 2009, which aims to identify priorities for health promotion in the country, and to provide a mechanism for enhancing existing health promotion strategies and initiatives. Key elements of the strategy include creating supportive environments; developing personal skills on health promotion; building health public policies strengthening community participation securing infrastructure for health promotion; and mobilizing appropriate resources. The Health Promotion Strategy will be incorporated into all 9 Provincial Health Strategies, and implemented in all 52 Districts going forward.

The National Implementation Guidelines for promoting Healthy Lifestyles Programmes were also produced and disseminated. These guidelines identify 5 priority lifestyle programmes namely: tobacco control; physical activity, nutrition; preventing alcohol and substance abuse, and safer sexual practices. 52 districts across the country started implementing the guidelines.

(b) Strengthen programmes focusing on Maternal, Child and Women's Health

In keeping with the outcome-based approach, the set target is to reduce the Maternal Mortality Ratio from the estimated 400-625 per 100,000 in 2009 to 100 or less per 100,000 live births. Key interventions to achieve this include: (i) increasing access to health care facilities; (ii) increasing the percentage of pregnant women who book for antenatal care before 20 weeks gestation; (iii) increasing the percentage of mothers and babies who receive post-natal care within 3 days of delivery; (iv) increasing the percentage of maternity care facilities which review maternal and perinatal deaths and address identified deficiencies; and (v) enhancing the clinical skills of health workers and improve the use of clinical guidelines and protocols.

With regard to improving child health, the set target is to reduce child mortality from 69 per 1,000 in 2009 to 30-45 per 1,000 by 2014/15. Key interventions to achieve this include (i) increasing the percentage of infants requiring dual therapy for PMTCT who actually receive it; (ii) increasing the percentage of mothers and babies who receive post-natal care within 3 days of delivery; (iii) increasing the percentage of maternity care facilities which review maternal and perinatal deaths and address identified deficiencies; (iv) ensuring that 90% of children under 1 year of age are vaccinated with pneumococcal and rotavirus vaccines; (v) increasing the percentage of districts in which 90% of children are fully immunized at one year of age; (vi) increasing the proportion of Nurse Training institutions who teach the Integrated Management of Childhood Illnesses (IMCI); (vii) increasing the proportion schools which are visited by a School Health Nurse at least once a year; (viii) conducting health screening of learners in Grade 1 in Quintile schools for eyes, ears and teeth; (ix) and providing penicillin for prevention of rheumatic heart disease.

(c) Place more focus on the programs to attain the Millennium Development Goals (MDGs)

The health sector will continue with the implementation of the National Strategic Plan (NSP) for HIV and AIDS and Sexually Transmitted Infections (STIs) 2007-2011, which was adopted by the South African National AIDS Council (SANAC) in 2007, the NSP for Tuberculosis Management 2007-2011, also adopted in 2007. In addition the 5-year NSP for Maternal, Child and Women's Health (MCWH), will be finalised in 2009.

Successful implementation of these Strategic Plans three NSPs provide an important vehicle to steer the public health sector in South Africa towards attainment of the outcomes outlined above, namely reduction of childhood mortality by two-thirds by 2015, which is consistent with MDG4; reduction of maternal mortality by three-quarters (75%), which is consistent with MDG 5; as well as halting the

incidence of HIV and managing HIV prevalence, which is consistent with MDG 6.

A major challenge that faces the health sector is to increase life expectancy, from the 53,3 years males and 57,2 years for females in 2009/10 to 58-60 in 2014/15. To accelerate progress towards this goal, the health sector will implement diverse interventions including: (i) increasing the number of new patients initiated on Antiretroviral Therapy (ART); (ii) initiating people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD 4 count of 350 on ART (iii) strengthening the integrated TB Control Programme (iii) increasing the national average TB cure rate (iv) Implement co-ordinated intersectoral interventions to reduce intentional and unintentional injury (iv) Halting malaria transmission nationwide and prevent re-introduction of malaria in non-endemic areas (v) conducting ARV drug resistance baseline study; (vi) enhancing the implementation of the National Epidemic Preparedness and Response Plan in line with International Health Regulations.

(d) Place more focus on Non-Communicable Diseases

The increased contribution of Non-Communicable Diseases (NCDs) to the Burden of Disease (BoD) is being recognised globally. In South Africa, emerging evidence from empirical studies estimates that NCDs account for 11-13% of our BoD. The health sector will therefore implement enhanced programmes for prevention and treatment of diseases of lifestyle, as well co-ordinated intersectoral interventions to reduce intentional and unintentional injury.

To improve the management of Non-Communicable Diseases (NCDs), the Department will implement a long-term care model. The primary focus will be on hypertension and diabetes, but not to the exclusion of other NCDs. Particular focus will be placed on the implementation of the Diabetes Declaration and Strategy for Africa of 2006.

Co-ordinated intersectoral interventions will be implemented to reduce intentional and unintentional injury.

4.9. PRIORITY 9: REVIEW OF DRUG POLICY

The Review of the Drug Policy was completed in 2009/10. Over the next 3 years, the health sector aims to improve monitoring systems for drug supply and management, and ensure a zero stock out rate for essential medicines, including TB drugs and Anti-retroviral Treatment (ART).

4.10. PRIORITY 10: RESEARCH AND DEVELOPMENT

Two key objectives of the health sector for the next 3 years are to complete the South African Demographic and Health Survey (SADHS) 2010, as well as the SADHS 2013. These national surveys which will provide reliable data on the health status of South Africans. Infant and maternal mortality will be more accurately quantified. The Department will also conduct the Annual National HIV and Syphilis Prevalence Surveys.

The health sector will also commission research studies and surveys to generate key information for health planning, health service delivery and monitoring.

5 MEASURABLE OBJECTIVES, INDICATORS, TARGETS AND BUDGETS

5.1. INTRODUCTION TO THE DEPARTMENT'S BUDGET STRUCUTRE

The organizational structure of the Department consists of 6 Branches and 6 corresponding budget programmes. These are: Administration; Strategic Health Programmes; Health Planning and Monitoring; Human Resources Development and Management; Health Service Delivery; and International Relations, Health Trade and Health Product Regulation.

Programme 1: Administration
Purpose: Administration provides overall management of the department and centralised support services.

Programme 2: Strategic Health Programmes

Purpose: Strategic Health Programmes coordinates, manages and funds strategic national health programmes and develops policies, systems, and norms and standards.

Objectives and measures

- Reduce infant, child and youth morbidity and mortality by improving immunisation coverage from 88 per cent in 2009/10 to 95 per cent by 2013; increasing the number of health districts with more than 95 per cent immunisation coverage from 38/52 (70 per cent) in 2009/10 to 48/52 (90 per cent) in 2009/10; ensuring that 85 per cent of primary health care facilities are saturated with health care providers trained in the Integrated Management of Childhood Illness 2012/13.
- Increase the tuberculosis cure rate from 64 per cent in 2008/09 to $\geq$ 80 per cent in 2012/13 by improving interventions for tuberculosis control and management and reducing the tuberculosis defaulter rate by 1 per cent annually, from 8.5 per cent in 2008/09 to 5.5 per cent (or less) in 2012/13.
- Decrease the malaria incidences per 1000 population at risk from 0,7 per cent in 2009/10 to 0,56% in 2012/13.

Programme 3: Health Planning and Monitoring

Purpose: Health Planning and Monitoring Programme plans and monitors health services and coordinate health research programmes.

Objectives and measures

- Improve information on population health and heath services by doing the 2010 health and demographic survey.
- Monitor HIV and syphilis prevalence by doing the 2010 and 2011 national HIV survey and

publishing reports.

- Improve the quality of health services by developing and refining quality standards for the health sector; strengthening the national office of standards compliance and developing a national quality accreditation body by March 2012.
- Ensure a zero stock-out of antiretroviral medicines, tuberculosis medicines, malaria medicines, vaccines for immunisation, and medicines for the integrated management of childhood illness and chronic diseases by improving logistical systems by March 2012.
- Review drug policy especially on the procurement of medicines and the management of associated risks.

Programme 4: Human Resources Management and Development

Purpose: Human Resources Management and Development plans and co-ordinates human resources for the health sector

Objectives and measures

- Improve the human resource capacity in the health sector by: developing and publishing the revised national human resources for health plan by March 2012; strengthening human resource planning in all provinces by supporting the development of provincial human resource plans and training health professionals in new categories (mid-level workers) to support clinical service delivery during 2010/11.
- increase the number of student clinical associates in the training programme from 99 in 2009/10 to 180 in 2012/13.
- Increase access to Emergency Medical Services by increasing the number of colleges offering the ECT Programme from 8 in 2009/10 to 13 in 2010/11.
- Finalise the policy on community health workers by March 2010/11 to ensure coherent integration and standardisation of all categories of community health workers
- Recruit health professionals through specific agreements with countries that have an excess of these professionals.
- Finalise (in the Public Service Coordinating Bargaining Council) the implementation of the occupation specific dispensation for diagnostic, therapeutic and related allied health professionals in 2010.

Programme 5: Health Services

Purpose: The Health Services Programme supports health service delivery in provinces including in hospitals and districts; and strengthens emergency medical services and occupational health.

Objectives and measures

- Strengthen primary health care and identify needs and service gaps through an audit of primary health care services and infrastructure in all provinces by December 2010.
- Expand access to health infrastructure by developing a plan to add 18 hospitals to the hospital revitalisation project, to be delivered through public private partnerships.
- Improve the delivery of health services in the 18 priority districts by March 2012.

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

Purpose: International Relations, Health Trade and Health Product Regulation coordinates bilateral and multilateral international health relations including donor support, regulation of procurement of medicines and pharmaceutical supplies, and
regulation and oversight of trade in health products.

- Strengthen co-operation on health matters with SADC countries by developing, implementing and monitoring bilateral and multilateral agreements with Tunisia, Congo Brazzaville; Mozambique, Zambia, Mali, Ethiopia, Cameroon, Zimbabwe, Burundi and Rwanda, including agreements on the recruitment of health workers from other countries and the exchange of technical capacity in fields such as health technology management and surveillance systems.
- Accelerate the registration of medicines every 5 years by implementing an electronic document management system for medicine registration by March 2011.
- Improve the regulation of medicines and health products by appointing a Ministerial Task Team in 2010 to assist with establishing the new South African Health Products Regulatory Authority; and developing legislation to support the establishment of the authority

EXPENDITURE TRENDS

PROGRAMME	AUDITED OUTCOME			ADJUSTED APPRO-PRIA-TION	REVISED ESTIMATE	MEDIUM-TERM EXPENDITURE ESTIMATES		
R' MILLION	2006/07	2007/08	2008/09	2009/10		2010/11	2011/12	2012/13
Administration	175.6	213.6	241.0	260.4	260.4	264.8	299.9	330.9
Strategic Health Programmes	2 658.8	3 096.3	4 129.5	5 791.3	5 791.3	7 294.9	8 774.4	10 147.6
Health Planning and Monitoring	301.3	309.1	342.1	396.4	396.4	406.9	426.1	454.2
Health Human Resources Man-agement and Development	1 576.0	1 613.6	1 705.3	1 799.0	1 799.0	1 897.1	2 011.7	2 111.8
Health Services	6 566.7	7 465.8	8 949.9	10 086.1	10 086.1	11 528.8	12 083.5	12 681.7
International Relations, Health Trade and Health Product Regula-tion	59.7	64.3	96.6	90.2	90.2	104.5	112.4	118.5
TOTAL	**11338.0**	**12 762.7**	**15 464.5**	**18 423.5**	**18 423.5**	**21 497.0**	**23 707.9**	**25 844.7**
CHANGE TO 2009 BUDGET ESTIMATE				1 365.4	1 365.4	1 883.0	2 845.1	3 944.3

Highlights of Expenditure Trends

For the 2010/11 MTEF period, the Department received additional allocations of R1.9 billion for 2010/11, R2.8 billion for 2011/12 and R3.9 billion for 2012/13, for spending on the following policy priorities, including transfers to public entities:

- HIV and AIDS conditional grant (R1.7 billion, R2.8 billion and R3.9 billion) to expand treatment, and to commence treatment for patients of specified subgroups (tuberculosis, antenatal and new born) at CD4 levels less than 350

- Hospital revitalisation conditional grant (R140 million for the Mitchell's Plain Hospital)
- Office of Standards Compliance (R2 million, R8 million and R18 million) for the hospital quality assurance programme to increase functioning and number of hospitals audited
- Establishment of a provincial finance and budget support unit (R2 million, R4 million and R6 million) to build up internal capacity to monitor and support provinces
- Stabilising personnel expenditure (R22 million, R24 million and R30 million)
- Addressing backlogs in forensic chemistry laboratories (R2 million, R3 million and R5 million)
- Developing a new hospital reimbursement mechanism linked with case mix (R1 million per annum over the MTEF period)
- Improving the conditions of service for employees in the department, including the National Health Laboratory Service and South African Medical Research Council.

PROGRAMME 1: ADMINISTRATION

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Administration Programme.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PRO-GRAMME OUTPUTS	INDICA-TORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
STRATEGIC PLANNING	Provision of Strategic Leadership and creation of a Social Compact for better health outcomes	Support the development, implementation, monitoring and reporting on integrated health sector plans, which focus on National Health Systems (NHS) priorities (the 10 Point Plan)	Unified focus of the health sector on implementing, monitoring and reporting on NHS Priorities	Annual National Health Plan (ANHP) of the National Health System produced, focusing on NHS priorities	Annual National Health Plan produced for each year of the planning cycle	Annual National Health Plan 2009/10 produced	Annual National Health Plan 2010/11 produced by the end of June 2010	Annual National Health Plan 2011/12 produced by the end of June 2011	Annual National Health Plan 2012/13/10 produced by the end of June 2012
			Enhanced quality and alignment of Provincial Strategic Plans and Annual Performance Plans (APPs) with NHS Priorities	9 Provincial APPs analysed and written feedback provided	9 Provincial APPs analysed and written feedback provided	9 Provincial APPs and Strategic Plans analysed	Written comments provided to all 9 provinces on the APPs for 2011/12 to 2013/14 in September 2010 and January 2011	Written comments provided to all 9 provinces on the APPs for 2012/13 to 2014/15 in September 2011 and January 2012	Written comments provided to all 9 provinces on the APPs for 2013/14 to 2015/16 in September 2012 and January 2013

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
STRATEGIC PLANNING	Provision of Strategic Leadership and creation of a Social Compact for better health outcomes	Support the development, implementation, and monitoring of long-term plans of the health sector	Long term plans of the Health Sector produced to inform medium term and short-term planning	1 National and 9 Provincial STPs produced based on NHS priorities (10 Point Plan)	No of STPs produced	9 Draft STPs produced	1 National and 9 Provincial STPs finalised and aligned to the 10 Point Plan	National and Provincial STPs inform the development of APPs	National and Provincial STPs inform the development of APPs
		Strengthen health planning in the 18 Priority Districts	Quality of the District Health Plans (DHPs) of the 18 Priority Districts and alignment with NHS priorities improved	DHPs of 18 Priority Districts reviewed annually and feedback	No of DHPs of 18 Priority Districts Health reviewed and written feedback provided	18 DHPs	18 DHPs	18 DHPs	18 DHPs
		Track the performance of Health System consistently and systematically	Enhanced performance of the Health System in keeping with Strategic Plans and APPs	4 quarterly progress reports produced annually reflecting the performance of the National DoH on its Medium-Term Strategic Plans	No of progress reports produced annually	4 quarterly reports produced	4 quarterly reports	4 quarterly reports	4 quarterly reports
				4 quarterly progress reports produced annually reflecting the performance of Provincial DoHs on their APPs	No of progress reports produced annually	4 quarterly reports produced	4 quarterly reports	4 quarterly reports	4 quarterly reports
		Strengthen the use of the project management approach in the health system	Projects managed according to the project management processes as described in the Project Management Body of Knowledge (PMBOK	12 projects implemented in accordance with a project management approach by 2012/13	No of projects implemented in accordance with a project management approach	4 Projects	8 projects	10 projects	12 projects
				4 quarterly reports produced annually on the implementation of projects by the National and Provincial Departments of Health Departments	No of consolidated reports on the implementation of projects	4 quarterly reports	4 quarterly reports	4 quarterly reports	4 quarterly reports

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
FINANCIAL SERVICES AND DEPUTY CFO	Overhauling the Health Care System and Improving its Management	Implement a turn around strategy for improving audit outcomes and reducing the concerns raised by the Auditor General	Improved financial management and budget control, in compliance with the Public Finance Management Act of 1999; Treasury Regulations and related Prescripts	National DoH obtaining an Unqualified Audit Opinion from the Auditor-General during 2010/11-2012/13	Audit opinion of the Auditor General: National DoH	Qualified	Unqualified	Unqualified	Unqualified
				Financial Management Improvement Plan finalised and implemented in all Provinces	Project Plan accepted by the Technical Advisory Committee (TAC) of the National Health Council (NHC)	Project Plan accepted by the TAC of the NHC in October 2009	Financial Management Improvement Plan implemented in all 9 Provinces	Financial Management Improvement Plan implemented in all 9 Provinces	Financial Management Improvement Plan implemented in all 9 Provinces
				All 9 Provincial DoHs obtaining an Unqualified Audit Opinion from the Auditor-General by March 2013	Audit opinion of the Auditor General: Provincial DoHs	1/9 Provincial DoHs with Unqualified Audit Opinions	4 Provincial DoHs with Unqualified Audit Opinions	6 Provincial DoHs with Unqualified Audit Opinions	9 Provincial DoHs with Unqualified Audit Opinions

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
LEGAL SERVICES AND LITIGATION CLUSTER	Provision of Strategic leadership and creation of social impact for better health outcomes Overhauling the Health Care System and Improving its Management	Prepare the National Health Amendment Bill for submission to Cabinet and Parliament	The Bill will facilitate the: (i) Creation of an independent accreditation body for health facilities (ii) Review of the current position on the licensing of blood transfusion services (iii) Review of the powers and functions of both the National and Provincial Departments	National Health Amendment Bill tabled in Parliament by September 2010	National Health Amendment Bill passed by Parliament	National Health Act of 2003 promulgated	National Health Amendment Bill submitted to Cabinet for approval in April 2010 National Health Amendment Bill tabled in Parliament in September 2010		
	Provision of Strategic leadership and creation of social impact for better health outcomes Overhauling the Health Care System and Improving its Management	Prepare the Health Laws Amendment Bill for submission to Cabinet and Parliament	The Bill will cover all important amendments to all Acts administered by the National Department of Health. The amendments will ensure that the existing Acts reflect the Government's priorities, where they are found to be inconsistent with these priorities	Health Laws Amendment Bill introduced in Parliament in 2011	Health Laws Amendment Bill passed by Parliament		Health Laws Amendment Bill submitted to Cabinet for approval in September 2010	Health Laws Amendment Bill tabled in Parliament 2011	

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
LEGAL SERVICES AND LITIGATION CLUSTER	National Health Insurance (NHI) System introduced	Prepare the National Health Insurance Bill for submission to Cabinet and Parliament	The Bill will create a legal framework for National Health Insurance (NHI)	National Health Insurance Bill introduced in Parliament in 2011	National Health Insurance Bill passed by Parliament		National Health Insurance Bill submitted to Cabinet for approval in September 2010	National Health Insurance Bill tabled in Parliament 2011	

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
COMMUNICATION	Provision of Strategic leadership and creation of social impact for better health outcomes	Develop a Communication Policy for the Health Sector, aligned to the 10 Point Plan for 2009-2014	Effective communication practices implemented by all Health Communicators in Public Health	Communication Policy approved by the National Health Council and disseminated by March 2011	Approved Communication Policy available	None	Communication Policy approved National Health Council and published	Communication Policy implemented in all 9 Provinces	Communication Policy evaluated and report produced
		Develop a Five-year Communication Strategy for the health sector, aligned to the 10 Point Plan for 2009-2014	Effective communication practices implemented by all Health Communicators in Public Health	Five-year Communication Strategy approved by the National Health Council and disseminated by March 2011	Approved Five-year Communication Strategy available	Draft Five-year Communication Strategy produced	Five-year Communication Strategy approved by the National Health Council and published	Five-year Communication Strategy implemented in all 9 Provinces	Report on the review of the implementation of the Five-year Communication Strategy

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
NATIONAL DOH HUMAN RESOURCES MANAGEMENT	Overhauling the health system and improving its management	Review and redesign the organisational structure of the National DOH to enhance its capacity to implement the 10 Point Plan for 2009 - 2014 and the outcome-based MTSF	Enhanced capacity of the National DOH to deliver on the priorities of the 10 Point Plan for 2009 - 2014 and the outcome- based MTSF	Revised organisational structure of the National DOH completed by the end of 2010/11	Approved revised organisational structure of the National DOH available	Organisational structure last reviewed in 2008/09	Revised organisational structure approved by the Minister and implemented by the department	Revised orgasational structure aligned to the budget structure of the department implemented, and capacity to deliver on the 10 Point Plan enhanced	Revised orgasational structure aligned to the budget structure of the department implemented, and capacity to deliver on the 10 Point Plan enhanced

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) SERVICES	Overhaul the Health System and improve its management	Improve the provision of Network services to NDOH by upgrading the current Network Operating System (NOS); replacing obsolete NOS and obsolete hardware and upgrading the Novell Linux platform	Improved network services and accessibility to NDoH uses	90% network uptime and accessibility achieved annually	Percentage availability of NDOH Network	90% network availability	90% network availability	90% network availability	90% network availability
		Establish a stable and sustainable network connectivity	Improved connectivity to the transversal system.	90%Transversal System availability achieved annually (Dependent on SITA & LOGIK support).	Percentage availability of transversal systems	80% Transversal System availability	90%Transversal System availability	90% Transversal System availability	90% Transversal System availability

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
GENDER FOCAL POINT	Provision of Strategic leadership and creation of Social compact for better health outcomes	Conduct a gender audit for the National Department of Health to contribute towards	Gender responsive policies and programmes within the National DoH	4 Gender Audit Reports produced annually	Number of Audit Reports produced	4 Quarterly Audit reports	4 Quarterly Audit reports	4 Quarterly Audit reports	4 Quarterly Audit reports
		Support all provinces in implementing the gender audit to ontribute towards promoting women empowerment and gender equality	Gender responsive policies and programmes implementing the public health sector.	All 9 Provinces producing 4 quarterly Gender Audit Reports by 2012/13	Number of Provinces producing Quality Audit Reports	1 out of 9 provinces	Annual Gender Audit Reports produced by 9 Provinces.	5 Provinces producing 4 Quarterly Gender Audit Reports	9 Provinces producing 4 Quarterly Gender Audit Reports

EXPENDITURE ESTIMATES

TABLE: ADMINISTRATION

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Minister 1	0.9	1.0	1.1	1.7	1.8	1.9	2.0
Deputy Minister 1	0.7	0.3	0.6	1.4	1.5	1.6	1.7
Management	16.4	19.7	22.9	25.9	28.9	33.6	36.6
Corporate Services	123.8	154.5	174.9	184.9	181.0	207.5	231.8
Office Accommodation	33.8	38.2	41.6	46.5	51.6	55.3	58.8
Total	**175.6**	**213.6**	**241.0**	**260.4**	**264.8**	**299.9**	**330.9**
Change to 2009 Budget estimate				23.8	4.7	19.0	35.2

1. From 2008/09, the current payments relating to the total remuneration package of political office bearers are shown, before this, only salary and car allowance are included.

Administrative and other subprogramme expenditure may in addition include payments for capital assets as well as transfers and subsidies.

Economic classification

Current payments	**171.3**	**206.1**	**218.5**	**252.0**	**257.7**	**291.8**	**322.4**
Compensation of employees	67.9	75.6	86.7	98.1	111.7	126.7	151.7
Goods and services	103.4	130.6	131.8	153.9	146.0	165.2	170.7
of which:							
Administrative fees	0.1	0.1	0.1	0.2	0.1	0.1	0.1
Advertising	8.7	11.3	7.2	18.5	8.0	9.0	9.3
Assets less than the capitalisation threshold	0.9	0.7	0.5	2.2	0.6	0.7	0.7
Audit cost: External	5.8	5.4	12.7	7.0	14.0	15.9	16.4
Bursaries: Employees	0.5	0.5	0.5	0.9	0.6	0.7	0.7
Catering: Departmental activities	1.4	1.0	1.0	1.4	1.1	1.2	1.3
Communication	9.8	9.4	8.6	6.7	9.5	10.8	11.1
Computer services	2.4	8.0	4.8	5.2	5.3	6.0	6.2
Consultants and professional service: Business and advisory services	2.8	6.8	2.8	7.0	3.1	3.5	3.6
Consultants and professional service: Laboratory service	–	0.0	–	–	–	–	–
Consultants and professional service: Legal costs	3.6	5.8	7.2	7.6	8.0	9.0	9.3
Contractors	1.8	1.5	3.3	5.4	3.6	4.1	4.2
Agency and support / outsourced services	–	–	0.9	1.1	1.0	1.1	1.2
Entertainment	0.0	0.1	0.1	0.3	0.1	0.1	0.1

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Inventory: Other consumables	0.3	0.2	0.4	0.7	0.5	0.5	0.5
Inventory: Stationery and printing	6.6	5.5	7.0	8.0	7.8	8.8	9.1
Lease payments	34.2	39.2	42.5	47.8	47.1	53.2	55.0
Property payments	1.0	0.2	–	–	–	–	–
Transport provided: Departmental activity	0.1	0.0	–	0.0	–	–	–
Travel and subsistence	18.5	29.1	28.5	24.0	31.6	35.7	36.9
Training and development	0.7	0.9	1.9	5.5	2.1	2.4	2.5
Operating expenditure	1.7	2.0	1.4	2.2	1.5	1.7	1.8
Venues and facilities	2.0	2.3	0.3	1.9	0.4	0.4	0.4
Transfers and subsidies	**0.4**	**0.4**	**0.4**	**0.3**	**0.4**	**0.4**	**0.4**
Provinces and municipalities	0.1	–	–	–	–	–	–
Departmental agencies and accounts	0.2	0.3	0.3	0.3	0.4	0.4	0.4
Households	0.1	0.2	0.1	–	–	–	–
Payments for capital assets	**3.9**	**7.0**	**22.0**	**8.1**	**6.8**	**7.7**	**8.0**
Buildings and other fixed structures	0.3	–	–	–	–	–	–
Machinery and equipment	2.7	7.0	22.0	8.1	6.8	7.7	8.0
Software and other intangible assets	0.9	0.0	–	–	–	–	–
Payments for financial assets	**0.1**	**0.0**	**0.1**	**–**	**–**	**–**	**–**
Total	**175.6**	**213.6**	**241.0**	**260.4**	**264.8**	**299.9**	**330.9**
Details of selected transfers and subsidies							
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current	**0.1**	–	–	–	–	–	–
Regional services council levies	0.1	–	–	–	–	–	–
Departmental agencies and accounts							
Departmental agencies (non-business entities)							
Current	0.2	0.3	0.3	0.3	0.4	0.4	0.4
Service Sector Education and Training Authority	0.2	0.3	0.3	0.3	0.4	0.4	0.4
Households							
Social benefits							
Current	**0.1**	**0.2**	**0.1**	–	–	–	–
Leave gratuity	0.1	0.2	0.0	–	–	–	–
Leave gratuity	–	–	0.0	–	–	–	–

PROGRAMMES 2. STRATEGIC HEALTH PROGRAMMES

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from Strategic Health Programmes.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MATERNAL CHILD AND WOMEN'S HEALTH	Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	Accelerate the provision of Cotrimoxazole prophylaxis to HIV exposed infants	Improved access to Cotrimoxazole to reduce infant and child morbidity and mortality due to HIV and AIDS	70% of HIV exposed infants initiated on Cotrimoxazole prophylaxis from 6 weeks by 2012/13	% HIV exposed infants initiated on Cotrimoxazole prophylaxis from 6 weeks	50%	60%	70%	80%
		Implement PMTCT treatment guidelines	Reduction in maternal, infant and under 5 morbidity and mortality due to HIV and AIDS	100% of pregnant women tested for HIV in all Maternal Care Facilities (Hospitals, CHC,PHC services) by 2012/13	% pregnant women who are tested for HIV	95%	100%	100%	100%
	Mass mobilization for the better health for the population	Increase routine immunisation coverage for children under 1 year of age	Protection of children against vaccine preventable diseases	90% of children <1 year of age fully immunised by 2012/13	Percentage of fully immunised for children <1 year	88%	90%	≥90%	≥95%
		Increase coverage of targeted children immunized with new vaccines	Protection of children against vaccine preventable diseases	Over 80% of targeted children immunized with new vaccines (PCV & RV) by 2012/13	% targeted children immunised with the new vaccines	40%	60%	75%	≥80%
		Conduct a national measles immunisation campaign in all 9 Provinces	Protection of children against measles	Measles campaign conducted in all 9 Provinces by end May 2010	Measles campaign conducted in 9 Provinces	91% measles coverage achieved in 2008/09	Measles campaign conducted in all 9 Provinces end of May	Annual immunisation campaigns against polio; measles; rota virus; and pneumonia conducted in all 9 Provinces	Annual immunisation campaigns against polio; measles; rota virus; and pneumonia conducted in all 9 Provinces
		Increase the proportion of mothers and babies reviewed within 6 days postnatally	Improved quality of postnatal care	80% of mothers and babies reviewed within 6 days postnatally by 2012/13	% mothers and babies reviewed within 6 days postnatally (Post discharge from health facilities)	20%	40%	60%	80%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MATERNAL CHILD AND WOMEN'S HEALTH	Mass mobilization for the better health for the population	Increase the proportion of maternity facilities conducting perinatal review meetings	Reduction in maternal, infant and under 5 morbidity and mortality	100% of maternity facilities conducting monthly maternal and perinatal morbidity & mortality meetings	% of maternity facilities conducting perinatal review meetings by 2012/13	53%	100%	100%	100%
		Increase the proportion of primary level health facilities providing BANC	Improved quality of Antenatal Care (ANC) Services provided in primary level health care facilities	Basic Antenatal Care (BANC) implemented in 95% of primary level health care by 2012/13	% of primary level health facilities providing BANC	42%	60%	70%	95%
		Increase access to HAART for HIV positive pregnant women	Reduced mortality in HIV positive women	100% of eligible HIV pregnant women placed on HAART by 2012/13	% of pregnant women on HAART	37%	70%	85%	100%
		Improve early diagnosis of HIV-exposed infants diagnosed early using DBS-PCR	Reduced mortality in HIV positive babies	80% of HIV-exposed infants diagnosed early using DBS-PCR	% of HIV-exposed infants diagnosed early using DBS-PCR	70%	73%	75%	80%
		Increase the proportion of primary level facilities in which health care providers are skilled in managing childhood illness	Reduced infant and child morbidity and mortality	85% of primary level care facilities with IMCI trained health care providers by 2012/13	Percentage of primary level care facilities with IMCI health care providers managing children	70%	75%	80%	85%
		Improve access to quality care for women and children, by increasing the proportion of primary level care facilities with health care providers trained in Emergency Obstetric Care (EmOC) and CEmOC Comprehensive Emergency Obstetric Care (CEmOC)	Reduced infant and child morbidity and mortality	70% of primary level care facilities with health care providers trained in EmOC and CEmOC	Percentage of primary level care facilities with health care providers trained in and EmOC and CEmOC	Baseline to be determined	25%	40%	70%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MATERNAL CHILD AND WOMEN'S HEALTH	Mass mobilization for the better health for the population	Facilitate implementation of Household and Community Component (HHCC) of the Integrated Management of Childhood Illnesses (IMCI) in all districts by March 2012	Increased community and household involvement in securing and promoting the health of children	Household and Community Component of IMCI (HHCC) implemented in 52 of districts by 2011/12	Number of districts where the HHCC services are provided	31	36	42	52
		Implementation of school health services in health sub-districts	Improved health care for school going children	200 sub-districts implementing school health services by 2012/13	Number of sub districts implementing School Health Services	60/232	100/232	150/232	200/232
		Improve monitoring of prevention, diagnosis and management of birth defects	Improved diagnosis and management of birth defects by health care providers	52 Districts with trained Human Genetics (HG) care Providers by 2012/13	% districts with trained HG care providers	33/52	40/52	45/52	52/52
		Increase access to any Choice of Termination of Pregnancy (CTOP) services	Improved access for women to Choice on Termination of Pregnancy (CTOP) services	TOP implemented in 70% designated health care facilities by 2012/13	% designated health facilities who provide TOP services	30%	40%	50%	70%
		Accelarate the implementation of Youth and Adolescent friendly Health services, (YFS) in all PHC facilities	Increase % of PHC facilities implementing YFS	70% of PHC facilities implementing YFS by 2012/13	% of PHC facilities implementing YFS	41%	50%	65%	70%
		Finalise Youth Health Strategy	Improved health status of young South Africans	Youth Health Strategy finalised by March 2011	Youth strategy avaliable	Draft Youth Strategy produced in 2009	Youth Health Strategy finalised by March 2011		

SUB-PRO-GRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	MEASURABLE OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PRO-GRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET (2011/12)	TARGET (2012/13)
HIV & AIDS& STI	Accelerated implementation of HIV and AIDS strategic plan	Providing quality and an appropriate package of treatment care and support to 80% of HIV positive people and their families	Improve access to ART treatment for adults	1,450 million new adult patients initiated on ART by 2012/13	New Adults initiated on ART (>15yrs)	380 000 new adults	400 000 new adults	500 000 new adults	550 000
			Improve access to ART treatment for children	130 000 children	New children (0 to <15yrs)	38 000 new children	40 000 new children	45 000 New children	45 000 New children
		Development of the standardise peer education training programme	Introduce customised curricula to promote STI, PMTCT, HCT and consistent correct of condom usage	10 400 peer educators trained in reproductive health issues and HIV by 2012/13	Curriculum developed	Revise current guidelines to meet new requirements	Train 2000 peer educators	Train 3600 peer educators	Train 4, 800 peer educators

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	MEASURABLE OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET (2011/12)	TARGET (2012/13)
HIV & AIDS& STI	Accelerated implementation of HIV and AIDS strategic plan	Provide CPT to co infected patients	Reduce morbidity and mortality due to HIV associated TB	95% of TB/ HIV co infected patients started on CPT by 2012/13	% of TB/HIV co infected patients who start CPT	71%	80%	90%	95%
		Provide IPT to people living with HIV (PLWHIV)	Prevention of progression of latent TB infection to active TB	30% of eligible PLWHIV started on IPT by 2012/13	% of TB/HIV co infected patients who start IPT	10%	40%	60%	80%
		Preventing HIV in TB patients	Reduce prevalence of HIV in TB patients	100% of TB patients counseled and tested for HIV by 2012/13	% of TB patients tested for HIV	73%	90%	100%	100 %
		Facilitate the expansion of Step Down Care (SDC) facilities in District Hospitals from 93 in 2009 to 117 by 2012/13	Improved quality of care for sub-acute patients	117 SDC facilities established in districts by 2012/13	No of SDC facilities in districts	93	98	113	117
		Improve access to quality male and female condoms	Reduction in incidence of HIV and STIs	1 billion male condoms distributed annually	No of male condoms distributed	365m as end Nov 2009	1 billion	1 billion	1 billion
				22.5 million female condoms distributed during 2010/11-2012/13	No of female condom distributed	3m as end Nov 2009	6m	7.5m	9m

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HIV & AIDS & STIs	Accelerated implementation of HIV and AIDS strategic plan	Facilitate the payment of nationally determined stipend to 47 937 community care givers by 2012 (as determined by framework)	Strengthening of community-based PHC services	47 937 community care givers receiving stipends by March 2012	Number of community care givers receiving stipends	27 000	36 106	47 937	47 937
		Review and Finalise HCBC policy and guidelines to ensure access to comprehensive care by 2010/11	Improved delivery of HCBC services	Final policy framework for HCBC and guidelines available by 2010/11	Revised policy and guidelines approved and implemented	Draft policy and guidelines produced	Approved policy and guidelines implemented in all 9 Provinces	Approved policy and guidelines implemented in all 52 Districts	Approved policy and guidelines implemented in all 52 Districts

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET 2010/11	TARGET 2011/12	TARGET 2012/13
COMMUNICABLE DISEASE CONTROL	Provision of strategic leadership and creation of a social compact for better health outcome	Implement malaria elimination strategy	Reduction in malaria cases in endemic provinces	key strategies for malaria elimination effectively implemented	Malaria incidence per 1000 population at risk	0.71	0.66	0.61	0.56
		Improve management of communicable diseases	Scale up communicable disease epidemic preparedness and response in line with the International Health Regulations	Development and implementation of IHR action plan for preparedness and response	IHR Action Plan in place	No action plan	50% of the plan implemented (policy & guidelines on priority conditions developed)	100% of the action plan implemented (Outbreak Response Teams established at all levels; training and capacity building conducted; and surveillance and data management systems in place)	Action Plan reviewed
				Implementation of the Communicable Disease Control Strategic Plan for the 2010 Soccer World Cup	% implementation of the strategic plan for the World Cup	Draft strategic plan produced	100% implemented during the World Cup	Action Plan reviewed	

SUB-PROGRAMME:	NHS PRIORITIES (10 POINT PLAN 2009-2014)	NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12	EXPECTED OUT-COMES	PROGRAMME OUTPUTS	INDICATOR	BASELINE	TARGET (2010 -2011)	TARGET (2011-2012)	TARGET (2012-2013)
TUBERCULOSIS CONTROL AND MANAGEMENT	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; Improving the quality of health services	Strengthen the implementation of the DOTS Strategy	Reduced number of new PTB cases	Decrease in number of new TB cases reported from 320, 026 in 2009 to 150, 000 in 2012/13	Number of new TB cases reported	320,026[1]	405,512[2]	290,256[2]	175,000[2]
			Improved treatment outcomes	More than 80% of TB patients cured by 2012/13	Cure rate	64%[3]	70%	75%	≥80%
				Less than 5% of TB patients defaulting from treatment by 2012/13	Default rate	7.9%	7%	6%	5%
				More than 90% of patients successfully completing treatment by 2012/13	Percentage of patients successfully completing their treatment	75%[3]	80%	85%	90%
			Improved implementation of TB & Drug Resistant TB guidelines by health facilities	100% of health facilities appropriately implementing TB guidelines by 2011/12	Percentage of PTB patients diagnosed with smear & culture[4]	76%[5]	90 %	100%	100%
	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; Improving the quality of health services	Strengthen the implementation of the DOTS Strategy	Improved implementation of TB & Drug Resistant TB guidelines by health facilities	20/20 (100%) of health facilities appropriately implementing DR-TB guidelines by 2011/12	Number of DR-TB facilities diagnosing & putting DR-TB patients on appropriate treatment regimen[6]	5[7]	15	20	20

(Footnotes)
1 Case finding in 2008
2 It is expected that new cases will increase in the first instance (due to vigorous contact tracing), before they start dropping 2 years later
3 Treatment outcomes for 2007
4 Bacteriological coverage is used as a proxy measure for implementation of guidelines
5 Based on Q1 & Q2 QRS
6 Treatment regimen is used as a proxy measure for implementation of guidelines
7 Based on clinical audits conducted in 2008/8

SUB-PROGRAMME:	NHS PRIORITIES (10 POINT PLAN 2009-2014)	NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATOR	BASELINE	TARGET (2010-2011)	TARGET (2011-2012)	TARGET (2012-2013)
TUBERCULOSIS CONTROL AND MANAGEMENT	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases Improved human resources planning, development and management	Increase the number of health professional and non-professional (CHW) workers trained annually	Improved availability of community-based TB care	150 recruited treated TB patients serving as ambassadors for TB by 2012/13	Number of treated TB patients serving as ambassadors for TB[8]	5[9]	80	120	150
			Improved laboratory services	90% of health facilities with a Turn-around-time (TAT) of no more than 48 hours by 2012/13	Percentage of health facilities with TAT of no more than 48 hours	60%	75%	85%	90%
			Improved TB management and support skills amongst health professional & non-health professional workers trained	3, 500 health professionals trained annually	Number of healthprofessionals trained in TB management control	3,127[10]	3,500	3,500	3,500
				2, 500 non-professional (CHWs) workers trained annually	Number of non-professional workers trained	1,905[10]	2,500	2,500	2,500
		Increase the number of district & sub-district TB coordinators	Enhanced capacity for DOTS implementation	52 district TB coordinators employed by 2010/11	Number of district TB coordinators employed	47[11]	52	52	52
				232 sub-district TB coordinators employed by 2012/13	Number of sub-district TB coordinators employed	77[11]	135	200	232

8 A proxy measure
9 Those formally appointed by the Minister
10 Based on Q1 & Q2 QRS
11 From questionnaires completed by provincial TB managers

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	NATIONAL DOH MEASURABLE OBJECTIVES FOR 2009/10-2011/12	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATOR	BASELINE	TARGET (2010 -2011)	TARGET (2011-2012)	TARGET (2012-2013)
TUBERCULOSIS CONTROL AND MANAGEMENT	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases; Improving the quality of health services	Implement best-practice model of collaboration on TB & HIV at PHC level	Improved management of TB & HIV co-infected patients	90% of Co-infected patients started on ARVs by 2012/13	Percentage of TB & HIV co-infected patients with CD 4 less than and equal to 350 started on ARVs	30%[12]	70%	80%	90%
		Initiate all eligible MDR & XDR patients on ARVs	Reduced morbidity & mortality among MDR & XDR patients	100% of MDR & XDR patients started on ARVs annually	Percentage of HIV positive MDR patients started on ARVs	55%[13]	100%	100%	100%
					Percentage of HIV positive XDR patients started on ARVs	84%[13]	100%	100%	100%

12 This is a new policy. Data on this revised indicator was previously not collected
13 Based on average of Q1 & Q2 2009/10 financial year

EXPENDITURE ESTIMATES

TABLE: STRATEGIC HEALTH PROGRAMMES

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Maternal, Child and Women's Health	19.3	20.0	23.5	46.5	57.3	50.0	31.1
HIV and Aids and STIs	1 953.3	2 385.1	3 359.8	4 877.7	6 489.3	7 935.8	9 303.4
Communicable Diseases	5.8	5.3	8.1	208.9	12.1	14.0	14.5
Non-Communicable Diseases	669.2	676.7	727.0	636.2	706.0	749.3	784.8
TB Control and Management	11.2	9.2	11.1	21.9	30.2	25.3	13.8
Total	**2 658.8**	**3 096.3**	**4 129.5**	**5 791.3**	**7 294.9**	**8 774.4**	**10 147.6**
Change to 2009 Budget estimate				1 098.9	1 707.7	2 793.9	3 874.4

	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Economic classification							
Current payments	**291.5**	**300.5**	**405.5**	**570.6**	**441.3**	**449.3**	**447.9**
Compensation of employees	55.9	63.2	70.2	78.5	89.5	96.1	95.7
Goods and services	235.7	237.3	335.4	492.1	351.8	353.2	352.2
of which:							
Administrative fees	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Advertising	30.1	11.2	6.6	19.4	7.1	7.1	7.1
Assets less than the capitalisation threshold	0.6	0.7	0.7	4.0	0.7	0.7	0.7
Bursaries: Employees	–	–	–	0.1	–	–	–
Catering: Departmental activities	1.0	0.7	1.5	1.2	1.5	1.5	1.5
Communication	3.1	2.0	1.3	1.7	1.4	1.4	1.4
Computer services	0.0	1.4	4.3	0.8	4.6	4.6	4.6
Consultants and professional service: Business and advisory services	6.8	93.1	104.0	97.8	105.6	110.7	110.7
Consultants and professional service: Laboratory service	0.5	0.1	–	0.2	–	–	–
Consultants and professional service: Legal costs	–	–	–	0.2	–	–	–
Contractors	6.5	2.8	21.4	11.0	22.8	22.8	22.8
Agency and support / outsourced services	–	–	0.8	9.0	0.8	0.8	0.8
Entertainment	0.0	0.0	0.0	0.2	0.1	0.1	0.1
Inventory: Fuel, oil and gas	–	0.0	0.0	0.4	0.0	0.0	0.0
Inventory: Materials and supplies	0.1	0.1	0.2	0.2	0.2	0.2	0.2
Inventory: Medical supplies	133.5	80.8	103.8	266.4	110.5	110.5	109.6
Property payments	0.5	0.5	–	–	–	–	–

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Transport provided: Departmental activity	0.0	0.0	0.1	0.2	0.1	0.1	0.1
Travel and subsistence	21.3	24.8	33.3	32.0	35.4	31.6	31.5
Training and development	1.2	0.8	21.4	4.5	22.7	22.7	22.7
Operating expenditure	16.8	2.6	24.4	17.7	26.0	26.0	26.0
Venues and facilities	6.4	9.0	1.3	4.1	1.4	1.4	1.4
Transfers and subsidies	**2 350.3**	**2 783.7**	**3 709.1**	**5 209.7**	**6 837.3**	**8 307.8**	**9 681.5**
Provinces and municipalities	2 177.9	2 558.0	3 479.9	4 928.1	6 568.7	8 023.3	9 384.5
Departmental agencies and accounts	54.9	72.1	70.6	76.5	77.7	82.2	84.6
Universities and technikons	–	0.4	0.7	1.0	1.1	1.1	1.2
Non-profit institutions	117.3	153.1	157.6	202.2	189.8	201.2	211.2
Households	0.2	0.2	0.3	2.0	–	–	–
Payments for capital assets	**16.8**	**12.1**	**14.8**	**10.9**	**16.3**	**17.3**	**18.2**
Machinery and equipment	15.5	11.9	14.8	10.9	16.3	17.3	18.2
Software and other intangible assets	1.3	0.2	–	–	–	–	–
Payments for financial assets	**0.2**	**–**	**0.0**	**–**	**–**	**–**	**–**
Total	**2 658.8**	**3 096.3**	**4 129.5**	**5 791.3**	**7 294.9**	**8 774.4**	**10 147.6**

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Details of selected transfers and subsidies							
Provinces and municipalities							
Provinces							
Provincial Revenue Funds							
Current	**1 942.7**	**2 259.5**	**3 479.9**	**4 928.1**	**6 568.7**	**8 023.3**	**9 384.5**
Comprehensive HIV and Aids grant	1 616.2	2 006.2	2 885.4	4 376.2	6 011.8	7 433.0	8 764.6
Forensic pathology services grant	326.5	253.2	594.5	501.9	557.0	590.4	619.9
Disaster Management: Cholera	–	–	–	50.0	–	–	–
Capital	**235.2**	**298.6**	**–**	**–**	**–**	**–**	**–**
Forensic pathology services grant	235.2	298.6	–	–	–	–	–
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current	**0.0**	**–**	**–**	**–**	**–**	**–**	**–**
Regional Services Council levies	0.0	–	–	–	–	–	–
Departmental agencies and accounts							
Departmental agencies (non-business entities)							
Current	**54.9**	**72.1**	**70.6**	**76.5**	**77.7**	**82.2**	**84.6**
Human Sciences Research Council	5.6	3.0	0.4	–	–	–	–
National Health Laboratory Services	49.3	69.1	70.2	76.5	77.7	82.2	84.6
National Health Laboratory Services (Cancer register)	–	–	–	–	–	–	–
Universities and technikons							

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Current	**–**	**0.4**	**0.7**	**1.0**	**1.1**	**1.1**	**1.2**
MEDUNSA	–	0.4	0.5	0.5	0.5	0.6	0.6
University of Cape Town	–	–	0.2	0.5	0.5	0.6	0.6
University of Limpopo	–	–	–	–	–	–	–
Non-profit institutions							
Current	**117.3**	**153.1**	**157.6**	**202.2**	**189.8**	**201.2**	**211.2**

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Council for the Blind	0.5	0.5	0.5	0.6	0.6	0.6	0.7
HIV and Aids: Non-governmental organisation	52.3	53.6	58.1	61.4	65.1	69.0	72.5
Life Line	14.0	15.0	16.0	11.6	12.2	13.0	13.6
loveLife	35.0	40.0	55.0	94.0	77.4	82.0	86.1
Mental Health: Non-Governmental Organisations	–	–	–	0.1	0.1	0.2	0.2
Soul City	11.1	17.0	14.0	16.0	17.0	18.0	18.9
South African Aids Vaccine Initiative	–	23.0	10.0	13.0	11.7	12.4	13.0
South African Community Epidemiology Network on Drug Use	0.2	0.2	0.2	0.5	0.4	0.4	0.4
South African Federation for Mental Health	0.2	0.2	0.2	0.2	0.3	0.3	0.3
Tuberculosis: Non-governmental organisations	3.1	2.9	3.5	3.7	3.9	4.1	4.3
Maternal, Child and Women's Health: NGO	0.9	0.6	–	1.1	1.1	1.2	1.3
Households							
Social benefits							
Current	**–**	**–**	**0.1**	**–**	**–**	**–**	**–**
Leave gratuity	–	–	0.0	–	–	–	–
Leave gratuity	–	–	0.1	–	–	–	–
	–	–	–	–	–	–	–

PROGRAMME 3. HEALTH PLANNING AND MONITORING

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Health Planning and Monitoring Branch.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HEALTH INFORMATION EVALUATION AND RESEARCH	Accelerate the implementation of the HIV and AIDS and STIs National Strategic Plan 2007-2011 and increase focus on TB and other communicable disease	Prepare and submit South Africa's Report to the United Nations General Assembly Session (UNGASS) on HIV and AIDS	South Africa's progress towards combating HIV and AIDS documented	2010-2011 UNGASS report prepared and submitted by March 2013	UNGASS report submitted timely	2007-2008 UNGASS country report submitted to the United Nations	2008-2009 UNGASS country report submitted in 2010	Consultation, data collation and data analysis for the 2010-2011 UNGASS Report completed	South Africa's 2010-2011 UNGASS Report submitted
		Conduct annual national antenatal HIV and Syphilis prevalence survey	Annual National HIV and Syphilis prevalence estimates and trends available, at national, provincial and district levels, disaggregated for age and geotype	Annual National HIV prevalence estimates and trends report published annually	Annual National HIV prevalence estimates and trends report published HIV incidence measuring tool developed	2008 National HIV and Syphilis prevalence estimates and trends report published in 2009	2010 national HIV and Syphilis prevalence estimates and trends report published by March 2011	2011 national HIV and Syphilis prevalence estimates and trends report published by March 2012	2012 national HIV and Syphilis prevalence estimates and trends report published by March 2013
		Finalise and publish the DOH HIV and AIDS notification strategy	Functional HIV and AIDS notification system in place	HIV and AIDS notification strategy approved by 2010/11, and database on AIDS morbidity and mortality clinical outcomes established by 2011/12	HIV and AIDS notification strategy produced	Draft HIV and AIDS notification strategy produced	HIV and AIDS notification strategy approved and implemented	Database on AIDS morbidity and mortality clinical outcomes established	Database on AIDS morbidity and mortality clinical outcomes established

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HEALTH INFORMATION EVALUATION AND RESEARCH	Strengthen Research and Development	Conduct the South Africa Demographic Health Survey (SADHS)	Reliable empirical data on the health status of South Africans produced	Third SADHS completed and report produced by September 2011	Conduct SADHS by 2011	Data collection tools for the Third SADHS completed	Data collection and analysis for the Third SADHS completed by March 2011	Third SADHS Report produced by September 2011	Results of the Third SADHS incorporated into National and Provincial Health Plans
		Establish an integrated national cancer registry	Annual report on the epidemiology of cancer in South Africa published	Annual epidemiology of cancer in South Africa produced by March 2011/12	Annual report on the epidemiology of cancer in South Africa produced by March 2011	Cancer Registry Regulation Gazetted for public comment	Mechanism established to coordinate and integrate all existing cancer registries in SA	Annual epidemiology of cancer in SA compiled	Annual epidemiology of cancer in SA published
		Support and monitor the functioning National Health Research Ethics Council (NHREC)	Improved functioning of the NHRC and NHREC	Work plans and Annual Reports of the NHREC and NHRC produced	New NHREC and new NHRC appointed according to NHA and fully functional	NHREC and NHRC Workplans and Annual Reports reports produced	NHREC and NHRC Workplans and Annual Reports reports produced	NHREC and NHRC Workplans and Annual Reports reports produced	NHREC and NHRC Workplans and Annual Reports reports produced
		Commission diverse research projects in collaboration with the Department of Science and Technology (DST); Human Science Research Council (HSRC); Health System Trust (HST) and academic institutions	Improved collaborative research between government departments and academic institutions	Data produced on: Social Determinants of Health and Nutrition by 2011/12, and on Indigenous Knowledge Systems and Traditional Medicines; and Audit of research skills in academic by 2012/13	Reports on the Social determinants of Health and Nutrition and Indigenous Knowledge Systems and Traditional Medicines produced	None	Report on the Social determinants of Health and Nutrition produced by March 2012 in collaboration with research institutions	Report on Indigenous Knowledge Systems and Traditional Medicines produced by March 2013 collaboration with research institutions	

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HEALTH INFORMATION EVALUATION AND RESEARCH	Strengthen Research and Development	Establish the Disease Control Hub that will enable the synthesis and analysis of existing and collected information from numerous data systems that currently operate separately.	Comprehensive health information from diverse sources available in a single, integrated hub	Disease Control Hub registered as Public Entity in 2010/11, and Business Plans of the Hub are produced as from 2011/12	Disease Control Hub established and registered as a Public Entity	Business Plan for Establishment of the Disease Hub produced	Governance Boards, Technical Advisory Forum and Public Entity established Disease Control Hub established and registered as a Public Entity	Annual Business Plans and Annual Reports of the Disease Control Hub produced	Annual Business Plans and Annual Reports of the Disease Control Hub produced
		Conduct DHIS data quality assessment jointly with Statistics South Africa (StatsSA)	Improved quality of data	Data quality assessment conducted in 42 Districts by March 2013	Report on the data quality assessment produced annually	Project implementation plan developed and Data Quality Assessment tools designed	Report on list of indicators meeting SASQAF criteria in 18 districts produced	Report on list of indicators meeting SASQAF criteria in 30 districts produced	Report on list of indicators meeting SASQAF criteria in 42 districts produced
		Commission National, provincial and district level estimates burden of disease	Reliable empirical data on the Burden of Diseases (BoD) in South Africa produced	National Conceptual Framework and methodology for BoD produced by 2011 Estimates of BoD conducted	Final Burden of Disease Report produced	Burden of Disease Survey conducted by Walter Sisulu University and independent consultants	Appointment of a SA National BoD Study Group and National Conceptual Framework and methodology for BoD	Estimates of burden of disease conducted	Estimates of burden of disease completed and final report produced
		Monitor and oversight the conduct of clinical trials and related activities	Improved monitoring and oversight over the conduct of clinical trials and related activities	Mandatory registration of all prospective clinical trials and accessible publicly	Availability of published reports on the number of clinical trials conducted published bi annually	Report on the number of clinical trials conducted published bi annually	Report published on a number of clinical trials conducted published bi annually	Report on the number of clinical trials conducted published bi annually	Report the number of clinical trials conducted published bi annually

SUB PROGRAMME	10 POINT PLAN PRIORITIES 2009-2014	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRA-MME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET (2011/12)	TARGET (2012/13)
HEALTH INFORMATION EVALUATION AND RESEARCH	Implementation of National Health Insurance (NHI).	e-Enablement of Healthcare	Telemedicine support of rural healthcare	Expanded Telemedicine sites	Number of functional Telemedicine sites	86 Telemedicine sites	Telemedicine Strategy revised All 86 telemedicine sites fully functional	3 additional telemedicine sites established in Gauteng and 1 in KwaZulu-Natal	90 telemedicines fully functional
			Web access to National data sets	50 additional hospitals using Patient Administration and Billing (PAAB) system by 2012/13	Number of hospitals with PAAB system	2 provinces using PAAB	Two versions of PAAB consolidated and rollout strategy developed	20 additional hospitals using PAAB	50 additional hospitals using PAAB
				Health facilities in 36 districts implementing the Primary Health Care Information System (PHISC)	Number of facilities implementing the PHISC	One province using PHISC	PHISC consolidated and rollout strategy developed	PHISC implemented in PHC facilities in 18 districts	PHISC implemented in PHC facilities in 36 districts
		Delivering Health and management information	Improved Health and Management information	eHealth Agency establishment by 2010/11	eHealth Agency establishedwith the requisite staff and capacities	eHealth Agency conceptualised in 2009	eHealth Agency structure established and staff recruited	eHealth Agency personnel trained in diverse programmes	eHealth Agency optimized
			Improved Health and Management information	ICT standards implemented in all 9 provinces by 2011/12	Approved ICT Standards available	None	ICT standards developed and approved by March 2011	ICT standards implemented in all 9 provinces	ICT standards implemented in all 9 provinces
			Improved classification of diseases using ICD-10	ICD-10 coding standards implemented in all public and private	ICD-10 Unit Standards implemented by March 2012	ICD-10 Unit standards registered with SAQA	Implementation of the registered unit standards	Monitoring of the ICD-10 Curriculum implementation	Evaluation of the ICD-10 Curriculum implementation
			Support the development of an Information Hub	Information from the Hub available for planning	Strategy for the development of the Information Hub finalized by March 2011	Draft strategy produced in 2009	Strategy finalized Business Plan produced by the Information Hub	Information Hub fully functional	Information Hub fully functional

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
OFFICE OF STANDARDS COMPLIANCE	Implementation of National Health Insurance	Establish Ministerial Committee for Quality	Improved accountability for quality health care	Ministerial Advisory Committee for quality established and functional by March 2012	Ministerial Advisory Committee established	None	Ministerial Committee established	Ministerial Advisory Committee provides oversight on quality assurance	Ministerial Advisory Committee provides oversight on quality assurance
		Provide the legislative framework for the establishment of an independent accreditation body	Improved Accountability for providing quality health care	National Health Act (NHA) amended in 2010/11 to provide for the establishment of an independent accreditation body	NHA of 2003 amended	None	National Health Act amended Regulations published for public comment	Regulations promulgated Independent Accreditation Body established	Accreditation body fully functional
		Conduct an audit of all health establishments to determine if they meet Core Standards	Eligible health establishments accredited as Core Standards	75% of all health establishments audited by 2012/13	Percentage of health establishments audited annually	None	20% of 4, 333 health establishments audited	40% of 4 333 health establishment audited	75% of 4 333 health establishments audited

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
OFFICE OF STANDARDS COMPLIANCE	Implementation of National Health Insurance	Conduct accreditation of health establishments (Public and Private)	Eligible health establishments accredited as meeting Core Standards	65% of all health establishments (Public and Private) accredited by 2012/13	Percentage of health establishments (Public and Private) accredited	None	10% of 4, 500 health establishments audited	30% (1,800) of 4, 500 health establishment audited	65% of health establishments audited
		Develop National Core Standards for Non - Health establishments and EMRS	Common vision for expected performance in key areas	National Core Standards for Non-Health establishments and EMRS approved by 2011/12	National Core Standards for Non - Health establishments and EMRS	None	National Core Standards for Non - Health establishments and EMRS drafted	National Core Standards for Non - Health establishments and EMRS approved	National Core Standards for Non - Health establishments and EMRS disseminated
				Support for implementation of National Core Standards for health establishments in South Africa in 80% of 4 333 public sector facilities by 2013	Percentage of facilities supported for National Core Standards	54 facilities (pilot)	20% of 4 333 public health facilities establishments supported	40% of 4 333 public health facilities establishments supported	80% of all health establishments supported

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
OFFICE OF STANDARDS COMPLIANCE	Improving Quality of Health Services	Implement a national adverse event reporting and response system	Improved quality of care, patient safety and reliability across the health system	75% of 400 hospitals reporting on and responding to adverse events by March 2013	Percentage of public hospitals reporting on and responding to adverse events	None	35% of 400 hospitals	50% of 400 hospitals	75% of 400 hospitals
		Facilitate the development and implementation of Quality Improvement Plans (QIPs) covering patient safety, infection prevention and control, waiting times, positive and caring attitudes, cleanliness, and availability of medicines	Improved quality of care, patient safety and reliability across the health system	QIPs implemented in 70% of 4 333 of public health facilities by March 2013	Percentage of public health facilities with QIPs being implemented	27 hospitals	50% of 4, 333 facilities	60% of 4, 333 facilities	70% of 4, 353 facilities
				National system to monitor waiting times at key areas in public facilities established	Average waiting time per key area	No baseline	National survey to establish baseline and targets commisioned	25% of establishments meeting targets for waiting times	50% of establishments meeting targets for waiting times
		Establish and manage a national customer care programme	Improved satisfaction and trust in the health system	75% of complaints resolved within 25 by 2012/13	Percentage of complaints resolved within 25 days	25%	40%	60%	75%
				National Ombuds Office established to investigate, analyse and report on complaints	National Ombuds Office established	None	Ombuds Office established	Ombuds Office functional and produces annual business plans	Ombuds Office functional and produces annual business plans
				90% pf public sector hospitals conducting at least one satisfaction survey per annum by 2012/13	Percentage of public sector hospitals conducting at least one satisfaction survey per annum	None	30% of 400 public sector hospitals	60% of 400 public sector hospitals	90% of 400 public sector hospitals

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HEALTH FINANCIAL PLANNING & ECONOMICS	Introduce National Health Insurance (NHI) System	The establishment of a National Health Insurance Fund	An equitably finance health system that promotes the progressive realisation of the right to health care for all	A National Insurance Fund Established by 2012/13	A National Insurance Fund Established	Comprehensive costing work for the National Health Insurance conducted	Detailed implementation plan for the introduction of the a National Insurance System developed	Establishment of structures and institutions of the national, provincial and district health insurance fund	Implementation of the NHI system including population registration and pilot testing exercise
		Investigate and develop and alternative reimbursement structures for use in the implementation of the NHI.	Availability of a Grouper for reporting and reimbursement purposes acceptable to all stakeholders	DRG Algorithm for South Africa developed and tested by 2012/13	DRG Algorithm suitable for use as a reporting tool and for the reimbursement of hospitals produced	None	Options for the DRG Algorithm for South Africa investigated by March 2011	DRG Algorithm for the South African market developed	DRG Algorithm for the South African market tested in parallel to the current RPL based fees.
	Provide strategic leadership and create a social compact for better health outcomes	Publish a Reference Price Lists for all healthcare providers in the private healthcare sector .annually within the regulated timelines	Improved regulation of private health sector prices through benchmarking of tariffs	Reference Price List for medical devices published annually	Reference Price Lists that guide prices for medical services	Publish RPL 2010	Publish RPL 2011	Publish RPL 2012	Publish RPL 2013
	Overhauling the health care system and improving its management	Implement a turn around strategy for improving the management of the tertiary services	Improved management and accountability for the National Tertiary Service Grant (NTSG)	Business Plan for improving the management of the NTSG accepted by NDoH and National Treasury by January 2011, and implemented in Provinces	Draft customized business plan	None	Business Plan finalised by January 2011 and accepted by NDoH and Treasury	Business plan implemented in all 9 Provinces	Report on the Review of the Implementation of the Business Plan
				NTSG is rescheduled in the Division of Revenue Act (DORA)	Grant Schedule of NTSG as per the DORA	NTSG is a schedule 4 grant	NTSG is rescheduled to Schedule 5 grant	Assessment and review of performance under schedule 5	Assessment and review of performance under schedule 5

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HEALTH FINANCIAL PLANNING & ECONOMICS	Overhauling the health care system and improving its management	Develop a sustainable revenue model which includes tarrifs, collection and debt management	Effective revenue management Increase in revenue to augment Provincial Budgets	9 Provinces comply with a National Revenue Model by 2012/13	Number of Provinces that comply with a National Revenue Model	National Revenue Model not developed PFMA National Treasury Regulations and Public Audit Act in place	National Revenue Model developed Revenue model implemented in 3 Provinces	Revenue model implemented in 7 Provinces	Revenue model implemented in 9 Provinces

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
PHARMACEUTICAL PLANNING AND MANAGEMENT	Accelerate implementation of the HIV and AIDS and Sexually Transmitted Infections and increase focus on TB Review of Drug Policy Improving the quality of health services Mass mobilization for better health for the population	Management of procurement and distribution of medicines and medical related items on contract (Drug Supply Management).	Availability of an efficient procurement system for essential medicines.	Adequate stock levels of medicines	Reported % stock outs out of total number of Antiretroviral medicines on tender (45) measured in 9 provinces (405)	12%	$\leq$ 5%	0%	0%
					Reported % stock-outs out of total number of TB medicines on tender (35) measured in 9 provinces (315)	21.8%	$\leq$ 5%%	0%	0%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
PHARMACEUTICAL PLANNING AND MANAGEMENT	Improve the quality of health services	Review of Standard Treatment Guidelines and	Rational selection and use of essential medicines	Review of Hospital Level STG/EML for Paediatrics completed by 2011/12	% of book reviewed	30%	80%	100%	
		Review the Essential Medicines Lists	Improved availability of Essential Medicines for Primary level facilities and Hospitals	Hospital Level STG/EML for Adults completed by 2011/12	% of book reviewed	30%	80%	100%	
				90% of Tertiary and quaternary EML list compiled by 2012/13	% of drugs reviewed out of a total number of motivations received	0%	75%	90%	90%
				60% of PHC STG/EML 5th edition reviewed by 2012/13	% of book reviewed	0%	0%	10%	60%
	Improving the quality of health services.	Licensing of premises for pharmacies in terms of the Pharmacy Act, 1974	Access to safe and effective medicines	80% of pharmacy premises licensed by 2012/13	Percentage of pharmacy license applications finalized out of total number of applications that meet requirements for licensing received in a quarter, (Compliant with legislation)	69%	80%	80%	80%
		Licensing of Public & Private Sector authorised prescribers to dispense medicines in terms of Section 22C of the Medicines and Related Substances Act, 1965	Access to safe and effective medicines	90% of eligible Authorised prescribers licensed to dispense by 2012/13	Percentage of dispensing licence applications finalized out of total number of applications that meet requirements for licensing received in in a quarter. (Compliant to legislation).	82%	90%	90%	90%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
PHARMACEUTICAL PLANNING AND MANAGEMENT	Improving the quality of health services.	Inspection in terms of legislation of the premises of licensed authorised prescribers to determine compliance to legislation	Access to safe and effective medicines	15% of premises of licensed dispensing authorised prescribers inspected by 2012/13	Percentage of premises of licensed dispensers inspected	0%	5%	10%.	15%
	Mass mobilization for better health for the population	Institutionalization of African Traditional Medicine (ATM) into the national Health Care System	Policy of ATM	Policy on ATM produced and translated into 10 languages by 2012/13	Signed Policy on ATM	Policy on ATM	Publication of ATM Policy	Translation of the Policy into 5 languages	Translation of the policy into other 5 languages

EXPENDITURE ESTIMATES

TABLE: HEALTH PLANNING AND MONITORING

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Health Information Research and Evaluation	233.4	251.4	266.4	278.1	304.0	321.0	335.5
Financial Planning and Health Economics	27.6	16.0	24.4	62.4	36.4	24.4	25.3
Pharmaceutical Policy and Planning	11.9	14.4	13.9	14.9	15.5	17.0	17.6
Office of Standards Compliance	28.4	27.3	37.4	41.1	51.0	63.8	75.8
Total	**301.3**	**309.1**	**342.1**	**396.4**	**406.9**	**426.1**	**454.2**
Change to 2009 Budget estimate				39.4	24.1	28.0	36.1

	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Economic classification							
Current payments	**68.7**	**78.3**	**94.8**	**105.5**	**126.0**	**130.7**	**145.1**
Compensation of employees	38.5	43.2	50.0	56.2	64.6	71.5	80.3
Goods and services	30.2	35.0	44.7	49.4	61.4	59.3	64.9
of which:							
Administrative fees	0.0	0.0	0.1	0.2	0.2	0.2	0.3
Advertising	1.3	1.3	1.4	0.9	1.1	1.1	1.3
Assets less than the capitalisation threshold	0.6	0.5	0.7	1.2	1.5	1.5	1.8
Bursaries: Employees	–	–	–	0.1	0.1	0.1	0.1
Catering: Departmental activities	0.2	0.2	0.4	0.5	0.7	0.7	0.8
Communication	0.8	0.8	0.9	1.6	2.1	2.1	2.4
Computer services	0.4	2.8	1.8	4.1	5.2	5.2	6.1
Consultants and professional service: Business and advisory services	8.7	13.0	8.4	10.6	12.6	12.4	9.0
Consultants and professional service: Laboratory service	–	0.0	–	–	–	–	–
Consultants and professional service: Legal costs	–	0.0	1.0	0.1	0.1	0.1	0.1
Contractors	1.6	0.1	1.6	0.8	1.0	1.0	1.2
Agency and support / outsourced services	–	–	4.5	7.3	9.2	7.3	8.8
Entertainment	0.0	0.0	0.0	0.2	0.3	0.3	0.3
Inventory: Materials and supplies	0.0	0.0	0.0	0.1	0.1	0.1	0.1
Inventory: Medical supplies	0.1	0.1		0.0	0.1	0.1	0.1
Inventory: Other consumables	0.0	0.0	0.0	0.1	0.2	0.2	0.2
Inventory: Stationery and printing	3.4	2.5	2.4	3.7	4.7	4.7	5.6
Lease payments	0.3	0.3	0.5	0.7	0.8	0.8	1.0
Transport provided: Departmental activity	0.0	0.0	–	–	–	–	–

R million	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Venues and facilities	0.4	1.1	0.3	1.6	2.0	2.0	2.3
Transfers and subsidies	**230.0**	**229.6**	**245.3**	**288.2**	**277.8**	**292.1**	**305.6**
Provinces and municipalities	0.0	–	–	30.0	–	–	–
Departmental agencies and accounts	227.5	226.9	242.7	255.4	274.9	289.0	302.4
Non-profit institutions	2.4	2.5	2.6	2.8	2.9	3.1	3.3
Households	0.1	0.2	0.0	–	–	–	–
Payments for capital assets	**2.6**	**1.2**	**2.0**	**2.8**	**3.1**	**3.3**	**3.4**
Machinery and equipment	2.6	1.2	2.0	2.8	3.1	3.3	3.4
Software and other intangible assets	0.0	0.0	–	–	–	–	–
Payments for financial assets	**0.0**	**0.0**	**0.1**	**–**	**–**	**–**	**–**
Total	**301.3**	**309.1**	**342.1**	**396.4**	**406.9**	**426.1**	**454.2**

R million	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Details of selected transfers and subsidies							
Provinces and municipalities							
Provinces							
Provincial Revenue Funds							
Current	**–**	**–**	**–**	**30.0**	**–**	**–**	**–**
2010 World Cup Health Preparation Strategy Grant	–	–	–	30.0	–	–	–
	–	–	–	–	–	–	–
Capital	**–**	**–**	**–**	**–**	**–**	**–**	**–**
	–	–	–	–	–	–	–
	–	–	–	–	–	–	–
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current	**0.0**	**–**	**–**	**–**	**–**	**–**	**–**
Regional Services Council levies	0.0	–	–	–	–	–	–
Departmental agencies and accounts							
Departmental agencies (non-business entities)							
Current	227.5	226.9	242.7	255.4	274.9	289.0	302.4
Council for Medical Schemes	15.0	3.3	6.2	3.9	4.0	4.2	4.3
Medical Research Council	212.1	223.3	236.1	251.1	270.5	284.4	297.6
National Health Laboratory Services (cancer register)	0.3	0.4	0.4	0.4	0.4	0.4	0.5
Non-profit institutions							
Current	**2.4**	**2.5**	**2.6**	**2.8**	**2.9**	**3.1**	**3.3**
	–	–	–	–	–	–	–
Health Systems Trust	2.4	2.5	2.6	2.8	2.9	3.1	3.3

PROGRAMME 4: HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Human Resources Management and Development Programme.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HUMAN RESOURCES POLICY PLANNING AND RESEARCH	Improved Human Resources Planning, Development and Management	Coordinate the review of the national HRH plan and ensure alignment with the 10 Point Plan	Revise National HRH Plan produced and implemented by March 2011	Review of National planning framework	Revised National HRH plan produced and implemented	Framework for the review of the HRH Plan developed	Revised National HRH plan drafted by 2010	Implementation of National HRR plan monitored and reported annually	Implementation of National HRH plan monitored and reported annually
		Increase enrolment of Chief Executive Officers (CEO) into Hospital Management Training Programme annually.	Improved management of hospitals	240/400 CEOs enrolled in to the Hospital Management Training Programme by 2012/13	Number of hospital managers enrolled for a hospital management training programme	140/400	150/400	200/400	240/400
	Improved Human Resources Planning, Development and Management	Commission audit of public and private nursing colleges and schools in the country	Comprehensive review of production of nursing personnel in the country	Comprehensive audit reports on production of nursing personnel in the country produced by 2010/11 and business plans for the revitalization of public sector colleges developed by 2011/12	Audit reports finalized	Audit of nursing colleges commenced in October 2009	Business plans developed for the revitalization of public sector nursing colleges. Resources.	First phase of revitalization of nursing colleges implemented	Second phase of revitalisation of nursing colleges implemented

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HUMAN RESOURCES POLICY PLANNING AND RESEARCH	improved Human Resources Planning, Development and Management	Establish a Management and Leadership Academy for Health Managers	Enhanced management and leadership skills among health managers	Management and Leadership Academy accredited by the Council for Higher Education (CHE) and South Africa Qualifications Authority (SAQA) in 2011/12, and first intake of students enrolled in 2012/13	Management and Leadership Academy established and students enrolled	Manangement and Leadership Academy conceptualised	Feasibility Study for the Management and Leadership Academy completed by March 2011 Business Plan for the Management and Leadership Academy produced and costed by March 2011, and used to mobilize resource	Bench-marking exercise completed and report produced Training standards developed Curricula developed for different training levels Accreditation for Management and Leadership Academy obtained from CHE and SAQA by March 2012	First intake of students into the Management and Leadership Academy by February 2013 Commencement of management training and capacity development by February 2013

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT	Improved Human Resources Planning, Development and Management	Strengthen human resource capacity in district hospitals	Improved clinical skills mix in support of family physicians	180 Clinical Associates enrolled within the dregree programme by 2012/13 .	Number of clinical associates enrolled within the degree programme	99	125	125	180
		Strengthen human resource capacity for the delivery of emergency care services	Increase access to Emergency Medical Services	Increase production of Emergency Care Technicians ECT's in provincial colleges	Number of colleges offering the ECT programme	8	5 additional colleges	6 additional colleges	7 additional colleges
		Finalise and implementation of Occupation Specific Dispensation (OSD) for Therapeutic, Diagnostic and Allied health professionals	Improved recruitment and retention of Therapeutic Diagnostic and Allied health professionals in the public sector	Agreement reached by 2010/11 in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) about implementation of OSD for Therapeutic, Diagnostic and Allied health professionals	OSD Agreement for diagnostic, therapeutic and related allied health professionals signed in the PHSDSBC	OSD Agreement tabled by government in the PHSDSBC in October 2009	OSD Agreement signed by government and organised labour, and implemented by March 2011		

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
SECTOR LABOUR RELATIONS AND PLANNING	Improved Human Resources Planning, Development and Management	Manage disputes between organised labour and the employer in the Public Health and Social Development Sectoral Bargaining Council (PHSDSB)	Improved management of disputes between organised labour and the Public Health and Social Develoment Sector	Improved proportion of mutual interest disputes between organized labour and employer at the PHSDSBC managed and finalised	Percentage of mutual interest disputes lodged at the PHSDSBC managed and finalised	75%	75% by March 2011	75% by March 2012	75% by March 2013
	Improved Human Resources Planning, Development and Management	Manage disputes between organised labour and the employer in the Public Health and Social Development Sectoral Bargaining Council (PHSDSB)	Labour peace and improved relations between organized and the employer	Six (6) collective agreements concluded for implementation in the PHSDSBC by March 2012/13	Number of collective agreements tabled for negotiation over 3 years	Two collective agreements tabled for negotiation	Two collective agreements tabled for negotiation	Two collective agreements tabled for negotiation	Two collective agreements tabled for negotiation
				Progress reports produced on implementation of collective agreements concluded at PHSDSBC and PSCBC	Number of progress reports produced on implementation of collective agreements concluded at PHSDSBC and PSCBC	4 quarterly reports	4 quarterly reports	4 quarterly reports	4 quarterly reports

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
SECTOR LABOUR RELATIONS AND PLANNING	Improve Human Resources Planning, Development and Management	Manage disputes between organised labour and the employer in the Public Health and Social Development Sectorial Bargaining Council (PHSDSB)	Collective bargaining initiatives at national and provincial level improved	Collective agreements concluded at the PHSDSBC reviewed, assessed for efficacy and amended over a period of 3 years	Twelve PHSDSBC collective agreements reviewed and their efficacy assessed for amendment	Four collective agreements reviewed, their efficacy assessed for amendment	Four PHSDSBC collective agreements reviewed, their efficacy assessed for amendment	Four PHSDSBC collective agreements reviewed, their efficacy assessed for amendment	Four PHSDSBC collective agreements reviewed, their efficacy assessed for amendment

EXPENDITURE ESTIMATES

TABLE: HEALTH HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Human Resources Policy, Research and Planning	3.3	3.9	7.5	19.8	8.9	9.6	10.0
Sector Labour Relations and Planning	1.9	2.0	2.9	6.0	3.5	3.8	4.0
Human Resources Development and Management	1 570.7	1 607.7	1 695.0	1 773.1	1 884.7	1 998.2	2 097.8
Total	**1 576.0**	**1 613.6**	**1 705.3**	**1 799.0**	**1 897.1**	**2 011.7**	**2 111.8**
Change to 2009 Budget estimate				12.8	2.9	3.9	3.6

	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Economic classification							
Current payments	13.5	17.2	26.1	38.5	31.1	33.8	35.1
Compensation of employees	8.9	11.9	13.8	17.0	17.2	17.8	18.7
Goods and services	4.6	5.3	12.3	21.4	13.9	16.0	16.3
of which:							
Administrative fees	–	(0.0)	–	0.0	–	–	–
Advertising	0.2	0.2	0.5	1.0	0.5	0.7	0.7
Assets less than the capitalisation threshold	0.3	0.1	0.1	0.8	0.1	0.1	0.1
Catering: Departmental activities	0.2	0.2	0.1	0.7	0.2	0.2	0.2
Communication	0.1	0.1	0.1	0.4	0.1	0.1	0.1
Computer services	0.1	0.0	6.2	0.1	6.0	7.1	7.5
Consultants and professional service: Business and advisory services	0.8	0.2	0.1	11.0	0.1	0.1	0.1
Contractors	0.1	0.1	0.5	0.1	0.6	0.7	0.7
Agency and support / outsourced services	–	–	0.0	0.0	0.0	0.0	0.0
Entertainment	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Inventory: Materials and supplies	–	–	0.0	0.0	–	–	–
Inventory: Other consumables	–	–	0.0	0.1	–	–	–
Inventory: Stationery and printing	0.5	1.4	0.5	1.2	0.6	0.7	0.7
Lease payments	0.2	0.3	0.2	0.5	0.3	0.3	0.3
Transport provided: Departmental activity	0.0	0.0	–	–	–	–	–
Travel and subsistence	1.6	2.0	3.0	4.0	3.4	3.5	3.1
Training and development	0.3	0.2	0.1	–	0.1	0.1	0.2
Operating expenditure	0.2	0.2	0.7	0.4	0.8	0.9	1.0
Venues and facilities	0.1	0.2	0.1	1.1	1.2	1.4	1.5
Transfers and subsidies	**1 520.2**	**1 596.2**	**1 679.1**	**1 759.8**	**1 865.4**	**1 977.3**	**2 076.2**
Provinces and municipalities	1 520.2	1 596.2	1 679.1	1 759.8	1 865.4	1 977.3	2 076.2
Households	0.0	0.0	0.0	–	–	–	–

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Payments for capital assets	**42.3**	**0.2**	**0.2**	**0.7**	**0.5**	**0.6**	**0.6**
Machinery and equipment	0.5	0.2	0.2	0.7	0.5	0.6	0.6
Software and other intengible assests	41.8	-	-	-	-	-	-
Payments for financial assets	**0.0**	**0.0**	**–**	**–**	**–**	**–**	**–**
Total	**1 576.0**	**1 613.6**	**1 705.3**	**1 799.0**	**1 897.1**	**2 011.7**	**2 111.8**
Details of selected transfers and subsidies							
Provinces and municipalities							
Provinces							
Provincial Revenue Funds							
Current	**1 520.2**	**1 596.2**	**1 679.1**	**1 759.8**	**1 865.4**	**1 977.3**	**2 076.2**
Health professions training and development grant	1 520.2	1 596.2	1 679.1	1 759.8	1 865.4	1 977.3	2 076.2
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current	**0.0**	**–**	**–**	**–**	**–**	**–**	**–**
Regional Services Council levies	0.0	–	–	–	–	–	–

PROGRAMME 5: HEALTH SERVICE DELIVERY

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the Health Service Delivery Programme.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
DISTRICT HEALTH SERVICES	Overhaul the health system and improve its management	Implement appropriately decentralised and accountable operational management model	Revised PHC package	New revised PHC package produced by 2012/13	PHC package revised	PHC Package of 2000 available	Review of PHC Package commissioned	Revised PHC Package developed	Revised PHC Package implementad in all 9 provinces
			Establish multidisciplinary PHC teams in the districts	PHC teams established in 9 Provinces by 2012/13	PHC team strategy developed	Nil	PHC team strategy produced and approved by the National Health Council	PHC teams established in 9 Provinces	PHC teams established in 9 Provinces
			Model developed	PHC model developed by 2010/11	PHC service delivery model developed	Nil	PHC service delivery model developed	Revised PHC model available	Revised PHC model implemented
		Implement appropriately decentra-lised and accountable operational management model	Conduct PHC audit	PHC audit report available by 2012/13	No of provinces where PHC audit was conducted	0	6	3	Audit results for all provinces available
			Improved utilization of the PHC services by the communities	Increased proportion of patients utilising PHC services.	PHC utilization rate	2.4 visits per person per capita	2.6 visits per person per capita	2.7 visits per person per capita	2.7 visits per person per capita

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET (2011/12)	TARGET (2012/13)
DISTRICT HEALTH SERVICES	Overhaul the health system and improve its management	Implement appropriately decentralised and accountable operational management model	Improved decentralized management of health districts for local accountability.	52 functional Districts annually	No of Districts with full complement of DMT	31	52	52	52
				52 DHP's received annually	No of Districts with District Health Plans (DHP's) received from provinces	25	52	52	52
	Overhaul the health system and improve its management	Implement appropriately decentralised and accountable operational management model	Improved management of health districts	52 District Management Teams with delegations in Finance, HR, SCM	No of DMT's with written delegations	36	52	52	52
			Trained District Management Teams	52 District Management Teams trained by 2012/13	No of Districts where Management Teams are trained in district management programmes	10	20	35	52
			PPHC services rendered effectively under a single authority.	PPHC provincialised in all 9 provinces by 2012/13	Number of Provinces where PPHC services has been provincialised.	4	7	9	9
			Improved performance of the all 52 districts starting with 18 priority districts	Strategy on 18 priority Districts implemented and expanded to 52 districts	No of quarterly performance reports received from districts	18 priority districts	18 priority districts	52	52
			Improved community participation in the governance of health Districts	52 District Health Councils established in 2011/12	No of District Health Councils established and functional.	43	52	52	52
				52 Trained of Districts Health Council annually	No of district health councils trained	None	52	52	52

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
DISTRICT HEALTH SERVICES	Overhaul the health system and improve its management	Implement appropriately decentralised and accountable operational management model	Improved community participation in the governance of PHC facilities.	Establishment of PHC facilities committees	No of Districts with PHC Facilities where Committees are established and functional.	11	52	52	52
				Training of PHC facilities committees	No of districts where committees have been trained	11	52	52	52
			Improved supervision and management of PHC facilities.	Facilities visited and supervised in line with the manual	% of PHC facilities visited by a supervisor once a month	70%	80%	100%	100%
			Improved expenditure PHC services per capita.	Increased funding of PHC services.	PHC per capita expenditure per district.	R300	R350	R380	R400

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HOSPITAL SERVICES	Implement comprehensive revitalisation of physical infrastructure	Accelerate revitalisation of health facilities	Improving Hospital Services through functional and designed improved infrastructure	4 additional hospitals included in the Hospital Revitalisation Programme (HRP) annually	Number of health facilities accepted in the program per financial year	54 hospitals are currently funded from the HRP	18 additional hospitals to be accepted (5 tertiary hospitals constructed or refurbished through PPPs: one tertiary hospital in the Eastern Cape, Dr George Mukhari Hospital and Chris Hani Baragwanath Hospital in Gauteng, King George VIII Hospital in KwaZulu-Natal, and Limpopo Academic Hospital and 13 from the Hospital Revitilsation Project)	18 additional hospitals to be accepted (5 hospitals through PPP and 13 from the Hospital Revitilsation Project	18 additional hospitals to be accepted (5 hospitals through PPP and 13 from the Hospital Revitilsation Project
		Determine infrastructure area and cost norms for health facilities based on approved National Policies	Improving Hospital Services through functional, well designed improved infrastructure	Availability of an NHC approved Area and Cost Norms policy document by 2010/11	NHC approved Area and Cost norms policy document	Nil	Draft Cost Norms policy document submitted to NHC for approval, (based on NHC approved Norms Policy document.)	Area and Cost norms implemented in 5 provinces	Area and Cost norms implemented in 9 provinces
		Determine infrastructure standards for health facilities based on approved National Policies	Improving Hospital Services through functional, well designed improved infrastructure	Availability of preventative maintenance plans per per province by 2010/11	Provinces target 3-5% of Health operational budget for preventative maintenance by 2013	Nil	Implementation on Plans of preventative maintenance developed by the provinces based on set target of 3-5%	Implementation Plans of preventative maintenance by developed the provinces based on set target of 3-5%	Implementation Plans for preventative maintenance monitored based on set target of 3-5%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HOSPITAL SERVICES	Revitalisation of physical infrastructure	Strengthen Health infrastructure delivery capacity in provinces	Improve delivery of infrastructure and health facilities maintenance	Availability of approved infrastructure delivery model which is implemented in 9 Provinces by 2012/13	Number of health department implementing Infrastructure Delivary Model	Nil	Develop, approved and pilot the Infrastructure Delivery Model in 3 provinces health departments	5 provinces are implementing the improved Infrastructure Delivery Model	9 provinces are implementing the improved Infrastructure Delivery Model.
	Improve the quality of health services	Develop & implement disaster management policy Implement Hospital Emergency Preparedness Plan	Effective management of disasters Improved hospital emergency preparedness	Availability of a National Disaster management policy implemented in 9 Provinces by 2012/13 45% of hospitals implementing hospital emergency preparedness by 2012/13	Number of provinces implementing disaster management policy	Nil	3	7	9
					% of hospitals implementing hospital emergency preparedness	Nil	15%	40%	45%
		Development and implementation of a National Information Management system	Improved quality of data management systems	9 Provinces implementing a standardized (uniform) data management system by 2012/13	No of Provinces implementing a standardised [uniform] data management system	Nil	4	8	9
		Provide strategic and technical support to emergency services	Effective and efficient emergency medical services	Improved quality of emergency medical services	No of Provinces complying with Emergency medical services Norms and standards	Nil	4	8	9

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVE	OUTCOMES	PROGRAM OUTPUT	INDICATORS	BASELINE	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HOSPITAL SERVICES	Overhauling the healthcare system and improving its management Introduction of NHI	Development of the Health Technology (HT) Planning System	Equitable access to & distribution of HT	HT Planning Strategy and Standards developed by 2011/12 and HT Tools produced by 2012/13	Planning standards and relevant tools % provinces complying with the standards	Nil	HT Planning structures established at District, Provincial and National levels of the health system Essential Health Technology Packages (EHTP) updated	National HT Planning Strategy and Standards developed and implemented	Comprehensive HT Plans, Standards and Planning Tools (EHTP, Essential Equipment List)
		Development of a National HT Acquisition system	Containment of spiraling HT cost	Restructured HT Acquisition System in place by 2012/13	Restructured HT Acquisition System in place	No coherent national HT Acquisition system	HT Value Chain Analysis (including pricing and/or cost drivers, supply and demand) completed and report produced	Strategic sourcing and national tendering mechanism implemented	HT Acquisition System (esp Pricing) Restructured Implementation of "knowledgeable buyer" concept
		Develop a National HT Management System	Improved HT Safety and Efficacy	100% of Hospitals complying with Good Management Practice (GMtP) Standards by 2012/13	% of hospitals complying to the standards	No GMtP standards enforced	GMtP Standards developed by March 2011	50% of Hospitals (193/386) complying with GMtP Standards	100% of Hospitals (386/386) complying with GMtP Standards
		Establishment of a National Health Technology Assessment (HTA) System	Evidence-based introduction of new HT in the health system	National HT Assessment Agency established by 2011/12 and HTA assessment institutionalised in 5/9 Provinces	Number of provinces that have institutionalized HTA	Nil	HTA Strategy approved by the National Health Council	National HT Assessment Agency established	HTA assessment institutionalised in 5/9 Provinces

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVE	OUTCOMES	PROGRAM OUTPUT	INDICATORS	BASELINE	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HOSPITAL SERVICES	Overhauling the healthcare system and improving its management Introduction of NHI	Development of the Health Technology (HT) Planning System	Equitable access to & distribution of HT	HT Planning Strategy and Standards developed by 2011/12 and HT Tools produced by 2012/13	Planning standards and relevant tools % provinces complying with the standards	Nil	HT Planning structures established at District, Provincial and National levels of the health system Essential Health Technology Packages (EHTP) updated	National HT Planning Strategy and Standards developed and implemented	Comprehensive HT Plans, Standards and Planning Tools (EHTP, Essential Equipment List)
	Improving quality of care	Implement HT Regulations	Affordable, safe & equitably distributed HT	Development & Implementation of HT Regulations	HT Regulations finalised	Draft HT regulations published	Final HT regulations published for public comment	Final HT Regulations gazetted	HT Regulations implemented

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
HOSPITAL SERVICES	Improve the quality of health services	To support the implementation of Hospital Improvement Plan	Improved performance and effective quality of care	Availability of Hospital Improvement Plan project reports.	% of hospitals implementing the Hospital Improvement Plan.	Nil	20% of the hospitals implementing the Hospital Improvement Plan.	50% of the hospitals implementing the Hospital Improvement Plan.	100% of hospitals implement-ing the plan
	Overhaul the health system and improve its management	Improve the capacity of Hospital Board members through the development of a National training manual	Improved community participation in Public Sector matters	100% of hospital boards trained by 2012/13	Percentage of hospital boards trained.	10%	80%	95%	100%
		Develop framework for the delegation of authorities to CEO's.	Improved service delivery in Public hospitals.	Availability of frameworks for delegations of authorities to CEO's.	Percentage of CEO's who have signed delegation of authorities.	6/9 Provinces have assigned delegation to hospital CEOs	100%	100%	100%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION	Provision of strategic leadership and creation of a social compact for better health outcomes	Strengthen Environmental and Municipal Health Services	Well functioning Environmental and Municipal Health Services	100% of District and Metro Municipalities rendering Municipal Health Services	Number of District and Metro Municipalities rendering Municipal Health Services	20 %	100 %	100 %	100 %
	Provision of strategic leadership and creation of a social compact for better health outcomes	Strengthen Port Health Management	Implementation International Health Regulations at Ports of Entries	9 Provinces complying with the International Health Regulations by 2010/11	Number of Provinces implementing the International Health Regulations	3	9	9	9
		Implementation of NEMA	Well supported and guided implementation of NEMA	9 Provinces implementing the NEMA by 2010/11	Number of Provinces implementing the NEMA	Nil	9	9	9

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION	Improved Human Resources Management	Strengthen Human resource capacity	Allocation of Community Service Environmental Health Practitioners (EHPs) to Provinces and Municipalities	45 Municipalities accepting Community Service Environmental Health Practitioners ((EHPs) by 2012/13	Number of municipalities accepting community service Environmental Health Practitioners	5/6 Metropolitan Municipalities accepting Community Service EHPs	27 (Metropolitan and District Municipalities)	36 (Metropolitan and District Municipalities)	45 (Metropolitan and District Municipalities)
	Mass mobilization for better health for all	Support districts and in the implementation of the Health promotion Strategy with (special focus on the 5 pillars of the Healthy lifestyles programme)	Improved health awareness and enhance health literacy	All 52 districts implementing healthy lifestyle programmes	No of districts implementing the 5 pillars of the healthy lifestyles programme	None	52 districts	52 districts	52 districts

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION	Improve the quality of health services	Implement an integrated strategy on the management of severe malnutrition in district hospitals	Reduction in case fatality rate and under 5 mortality rate	200 district hospitals implementing the WHO ten steps in Management of severe malnutrition	Number of district hospitals implementing the WHO ten steps for the management of severe malnutrition	84 district hospitals	118 district hospitals	152 district hospitals	200 district hospitals
		Improve infant feeding practices for infants younger than six months	Reduced infant and child morbidity and mortality rate	20% of infants 0-6 months who are exclusively breastfed by 2012/13	Percentage of infants 0-6 months who are exclusively breastfed	8%	10%	15%	20%
	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases	Provide nutritional care and support to people living with HIV, AIDS and TB	Improved nutritional status of people living with HIV, AIDS and TB	90% primary health care facilities providing nutritional care and support to people living with HIV, AIDS and TB by 2012/13	Percentage of primary health care facilities providing nutritional care and support to people living with HIV, AIDS and TB	50%	65%	80%	90%

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
ENVIRONMENTAL HEALTH, HEALTH PROMOTION AND NUTRITION	Accelerated implementation of the HIV and AIDS strategic plan and an increased focus on TB and other communicable diseases	Improve quality of care of HIV exposed infants younger than six months by increasing the proportion of primary care level facilities with health care providers trained in infant and Young Child Feeding in the context of HIV and AIDS	Reduced infant mortality due HIV and AIDS	70% of primary care level facilities with Infant and Young Child Feeding trained health care provider by 2012/13	Percentage of primary care level facilities with health care providers trained on Infant and Young Child Feeding in the context of HIV and AIDS	55%	60%	65%	70%
	Mass mobilization for better health for the population	Increase routine coverage of Vitamin A supplementation among children 12-59 months	Reduced infant morbidity and mortality	80% of children 12-59 months receiving 2 doses of Vitamin A	% coverage of Vitamin A supplementation in children aged 12 – 59 months	50% of children 12-59 months receiving 2 doses of Vitamin A	60% of children 12-59 months receiving 2 doses of Vitamin A	70% of children 12-59 months receiving 2 doses of Vitamin A	80% of children 12-59 months receiving 2 doses of Vitamin A

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
OCCUPATIONAL HEALTH SERVICES	Improve quality of health services	Increase numbers of ex-mine workers who undergo Benefit Medical Examination (BMEs)	Improved access to BMEs for ex-mine workers	28 000 number of ex-mine workers undergo benefit medical examination (BME) by 2012/13	Number of ex-mine workers who undergo BMEs	20 000	23 000	26 000	28 000
		Expand Comprehensive Occuptional Health Units (OHU) in District Hospitals	Improved access to Occupational Health Services	Comprehensive Occupational Health Units (OHU) established in 150 district hospitals	Number of district hospitals with comprehensive OHU	50/264	70/264	100/264	150/264

EXPENDITURE ESTIMATES

TABLE: HEALTH SERVICES

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
District Health Services	6.7	7.9	11.7	30.3	34.7	30.3	27.4
Environmental Health Promotion and Nutrition	18.2	18.7	26.6	19.0	20.2	22.5	23.2
Occupational Health	20.3	24.9	27.3	30.5	32.5	35.2	36.6
Hospitals and Health Facilities	6	7	8	10 006.3	11	11	12 594.6
Management	521.5	414.4	884.3		441.4	995.5	
Total	**6 566.7**	**7 465.8**	**8 949.9**	**10 086.1**	**11 528.8**	**12 083.5**	**12 681.7**
Change to 2009 Budget estimate				187.2	139.8	1.7	(4.1)
Economic classification							
Current payments	**51.7**	**63.1**	**75.8**	**93.6**	**103.1**	**104.9**	**104.2**
Compensation of employees	29.9	32.2	35.9	39.7	43.9	46.2	48.6
Goods and services	21.8	30.9	39.9	54.0	59.2	58.7	55.7
of *which:*							
Administrative fees	0.0	0.1	0.0	0.2	0.2	0.2	0.2
Advertising	4.7	6.4	0.7	1.9	2.1	2.2	2.4
Assets less than the capitalisation threshold	0.4	0.3	0.6	1.2	1.4	1.4	1.5
Audit cost: External	0.5	0.7	0.6	0.8	0.9	0.9	1.0
Bursaries: Employees	–	–	–	0.0	0.0	0.0	0.0
Catering: Departmental activities	0.3	0.3	0.3	0.8	0.9	1.0	1.0
Communication	1.4	1.3	1.5	1.6	1.8	1.9	2.0
Computer services	0.0	0.1	0.4	2.2	2.4	2.5	2.7
Consultants and professional service: Business and advisory services	1.9	4.9	3.9	19.8	21.5	18.8	13.7
Consultants and professional service: Laboratory service	0.7	0.9	–	–	–	–	–
Consultants and professional service: Legal costs	–	–	–	0.1	0.1	0.1	0.1
Contractors	0.2	0.2	3.6	1.6	1.7	1.8	1.9
Agency and support / outsourced services	–	–	0.5	1.6	1.8	1.9	2.0
Entertainment	0.0	0.0	0.0	0.1	0.1	0.1	0.1
Inventory: Fuel, oil and gas	–	–	–	0.0	0.0	0.0	0.0
Inventory: Materials and supplies	0.0	0.1	0.0	0.1	0.1	0.1	0.1
Inventory: Medical supplies	0.1	0.1	0.0	0.7	0.8	0.8	0.9
Inventory: Other consumables	0.0	0.0	0.3	3.2	3.6	3.8	4.0
Inventory: Stationery and printing	0.7	0.7	2.0	0.4	0.5	0.5	0.5
Lease payments	0.2	0.2	0.4	–	–	–	–
Property payments	0.0	0.0	–	–	–	–	–
Transport provided: Departmental activity	0.0	0.1		13.3			16.3
Travel and subsistence	7.3	8.3	13.5	0.1	14.7	15.5	0.1
Training and development	1.0	0.3	0.2	2.3	0.1	0.1	2.9
Operating expenditure	1.2	3.9	8.7	1.7	2.6	2.7	2.1
Venues and facilities	1.0	2.0	2.7		1.9	2.0	
Transfers and subsidies	**6 509.3**	**7 401.6**	**8 872.2**	**9 989.4**	**11 422.4**	**11 975.1**	**12 573.9**
Provinces and municipalities	6	7	8	9	11	11	12 569.7
Departmental agencies and accounts	508.5	398.5	869.7	984.6	418.7	971.2	2.9
	0.1	2.6	2.4	3.7	2.6	2.8	

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Non-profit institutions	0.4	0.5	–	1.1	1.1	1.2	1.3
Households	0.3	0.0	0.1	–	–	–	–
Payments for capital assets	**2.4**	**1.0**	**1.9**	**3.1**	**3.2**	**3.4**	**3.6**
Machinery and equipment	1.5	1.0	1.9	3.1	3.2	3.4	3.6
Software and other intangible assets	1.0	0.0	–	–	–	–	–
Payments for financial assets	3.2	0.0	–	–	–	–	–
Total	**6 566.7**	**7 465.8**	**8 949.9**	**10 086.1**	**11 528.8**	**12 083.5**	**12 681.7**

Details of selected transfers and subsidies

Provinces and municipalities							
Provinces							
Provincial Revenue Funds							
Current	**4 981.1**	**5 321.2**	**6 134.1**	**6 614.4**	**7 398.0**	**7 798.9**	**8 188.8**
Hospital management and quality improvement grant	–	–	–	–	–	–	–
National tertiary services grant	4 981.1	5 321.2	6 134.1	6 614.4	7 398.0	7 798.9	8 188.8
Capital	**1 527.3**	**2 077.3**	**2 735.6**	**3 370.2**	**4 020.7**	**4 172.3**	**4 380.9**
Hospital revitalisation grant	1 527.3	2 077.3	2 735.6	3 370.2	4 020.7	4 172.3	4 380.9
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current	**0.0**	**–**	**–**	**–**	**–**	**–**	**–**
Regional Service Council Levies	0.0	–	–	–	–	–	–
Departmental agencies and accounts							
Social security funds							
Current	**–**	**2.6**	**2.4**	**3.7**	**2.6**	**2.8**	**2.9**
Compensation Commissioner	–	2.6	2.4	3.7	2.6	2.8	2.9

	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Departmental agencies and accounts							
Departmental agencies (non-business entities)							
Current	**0.1**	**–**	**0.0**	**–**	**–**	**–**	**–**
Donation	0.1	–	0.0	–	–	–	–
Non-profit institutions							
Current	0.4	0.5	–	1.1	1.1	1.2	1.3
Health Promotion: NGO	0.4	0.5	–	1.0	1.0	1.1	1.2
Environmental Health: NGO	–	–	–	0.1	0.1	0.1	0.1
Households							
Social benefits							
Current	**0.3**	**0.0**	**0.0**	**–**	**–**	**–**	**–**
Leave Gratuity	–	–	0.0	–	–	–	–
Poverty Relief	–	–	–	–	–	–	–
Leave Gratuity	0.3	0.0	–	–	–	–	–

PROGRAMMES 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

The tables below summarise the key measurable objectives, indicators and three-year targets for the various sub-programmes funded from the International Relations, Health Trade and Health Product Regulation Programme.

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MULTILATERAL RELATIONS	Improved human resources planning, development and management	Contribute towards post-conflict reconstruction & development	Improved provision of health services in underserved areas.	45 Cuban health professionals recruited to work in Rwanda and Sierra Leone under the Trilateral Arrangements by 2013	Number of Cuban health professionals recruited to work in Rwanda and Sierra Leone under the Trilateral Arrangements	28	10	15	20
		Strengthening bilateral relations with Africa and South-South-countries.	Improved provision of health services in underserved areas.	80 SA students recruited and retained in the SA-Cuba programme per year.	Number of SA students recruited and retained in the SA-Cuba programme		80	80	80

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MULTILATERAL RELATIONS	Improving quality of health services and accelerates implementation of the HIV AIDS strategic plan and the increased focus on TB and other communicable diseases.	Strengthening bilateral relations and SADC integration agenda	Reduction in communicable & non-communicable diseases along cross border areas.	4 Cross border initiatives (HIV, malaria, surveillance and TB) to manage communicable diseases along border areas facilitated by 2013.	Number of cross border initiatives facilitated to manage communicable diseases along border areas.	1	2	3	4
	Provision of strategic leadership and creation of a social compact for better health outcomes	Contribute towards post-conflict reconstruction & development.	Increased knowledge and skills on strengthening health services in consolidating reconstruction of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi.	5 Technical assistance programmes (e.g. hospital infrastructure, health technology, quality assurance, hospital management, telemedicine) facilitated for the reconstruction & development of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi by 2013.	Number of Technical assistance programmes facilitated for the reconstruction & development of DRC, Zimbabwe, Sierra Leone, Rwanda and Burundi	Nil	3	4	5

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MULTILATERAL RELATIONS	Accelerates implementation of the HIV & AIDS strategic plan and the increased focus on TB and other communicable diseases.	Strengthening multilateral relations (IBSA & SADC)	Improvement of health services within the developing world.	8 initiatives facilitated to share knowledge and best practices on strengthening health systems (e.g. research on production of vaccines & microbicides) facilitated by 2013.	Number of initiatives facilitated to strengthen health systems.	5	6	7	8
	Mass Mobilization for better health for the population	Facilitate the implementation of the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA)- Towards meeting the MDG 5.	The African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA) launched and related activities implemented in S outh Africa.	3 structured interventions coordinated in line with the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA)-	Number of reports on structured interventions essential for the promotion of the African Union Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA)	Nil	2	3	4

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
MULTILATERAL RELATIONS	Overhauling of Health Services Improving Human Resources Planning Development and Management Mass Mobilization for better health for the population Strengthening research and development	Mobilized ODA resources (technical and financial assistance) for the implementation of the 10 Point Plan	Improved health services delivery; strengthened health promotion programmes; enhanced research capacity and improved relations with United Nations agencies and Development Partners(DP)	10 agreements with international partners signed to mobilize support for the 10 Point Plan for 2009 - 2014	Number of agreements signed and implemented	4	7	10	10

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009	TARGET (2010/11)	TARGET (2011/12)	TARGET (2012/13)
PHARMACEUTICAL AND RELATED PRODUCT REGULATION AND MANAGEMENT	Improving the quality of Health Services Review of Drug Policy	Improve the registration of medicines and implement a shorter time to market for medicine, by reducing the backlog on medicine registrations, build in house capacity, training and aggressive recruitment of evaluators, clinical trials management, and performing inspections	Timely access to medicines	Registration timelines of 12 months for NCE and 6 months for Generics achieved by 2012/13	Registration timelines for NCE and Generics	Registration timelines of 36 months for NCE and 24 months for Generics	Registration timelines of 24 months for NCE and 18 months for Generics achieved Backlog of safety updates eliminated	Registration timelines of 12 months for NCE and 9months for Generics achieved	Registration timelines of 12 months for NCE and 6 months for Generics achieved
	Overhaul the health system and improve its management Review of drug policy	Implementation of Electronic Document Management System (EDMS) as an improved tracking system for medicine applications	Migration from a system of manual submission of all medicine applications to an electronic system	EDMS live and fully operational by 2011/12, and the regulation of complementary medicines implemented by 2012/13	EDMS live and fully operational	EDMS developed	EDMS piloted & EDMS goes live	Fully operational EDMS	Implement regulation of complementary medicines on to EDMS
	Overhaul the health system and improve its management Review of drug policy	Establish the Pharmaceutical and Related Product Regulation and Management Authority	Improved oversight over the registration of Pharmaceutical and Related Product	Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister by 2012/13	Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister	Ministerial Task Team appointed to assist with the establishment of the Pharmaceutical and Related Product Regulation and Management Authority	Legislation developed to support the establishment of the Pharmaceutical and Related Product Regulation and Management Authority	Legislation finalised	Pharmaceutical and Related Product Regulation and Management Authority appointed by the Minister

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION	Improve quality of health services	Strengthening food control risk management measures related to development/ publication/ implementation of relevant national legislation, based on international standards adopted by the FAO/WHO Codex Alimentarius, where applicable	Prevention of food safety and diet related illnesses, harmonization of the Department's legislation with FAO/ WHO Codex Alimentarius standards and improved implementation of food control measures at provincial and municipal levels	Nutrient profiling model finalized and implemented to evaluate health claims on foodstuffs and listing of non-essential foodstuffs by 2011/12	Nutrient profiling model available and implemented to evaluate health claims and non essential foodstuffs for listing in regulations	University of North West tasked by industry to develop nutrient profiling model - work in progress	Nutrient profiling model available and tested for final implementation	Nutrient profile model implemented to evaluate health claims/ non-essential foodstuffs	Evaluation of health claims/non-essential foodstuffs completed
		Strengthening food control risk management measures related to development/ publication/ implementation of relevant national legislation, based on international standards adopted by the FAO/WHO Codex Alimentarius, where applicable	Prevention of food safety and diet related illnesses, harmonization of the Department's legislation with FAO/ WHO Codex Alimentarius standards and improved implementation of food control measures at provincial and municipal levels	Participation in 12 Codex activities and inclusion of FAO/ WHO Codex Alimentarius standards in Department's food legislation, (where applicable) annually	Number of Codex related activities aimed at adoption of standards participated in and inclusion thereof in Department's legislation	12 Codex related activities participated in and inclusion of standards in 4 sets of legislation of the Department	12 Codex related activities participated in and inclusion of standards in 4 sets of legislation of the Department	12 Codex related activities participated in and inclusion of standards in 4 sets of legislation of the Department	12 Codex related activities participated in and inclusion of standards in 4 sets of legislation of the Department

SUB-PROGRAMME	NHS PRIORITIES (10 POINT PLAN 2009-2014)	OBJECTIVES FOR 2010/11-2012/13	EXPECTED OUTCOMES	PROGRAMME OUTPUTS	INDICATORS	BASELINE 2009/10	TARGET (2010/11)	TARGET 2011/12	TARGET 2012/13
FOOD CONTROL AND NON-MEDICAL HEALTH PRODUCT REGULATION	Improve quality of health services	Strengthening food control risk management measures related to development/ publication/ implementation of relevant national legislation, based on international standards adopted by the FAO/WHO Codex Alimentarius, where applicable	Prevention of food safety and diet related illnesses, harmonization of the Department's legislation with FAO/WHO Codex Alimentarius standards and improved implementation of food control measures at provincial and municipal levels	Regulations related to health claims on foodstuffs developed and finalised	Final regulations on health claims published	Development of draft regulations still to commence, awaits finalization of nutrient profiling model	Drafting of health claims/ listing of non-essential foodstuffs regulations for publication for public comment	Processes comments, prepare and publish final regulations	Imple- ment new regulations iro evaluation/ approval of health claims/ listing of non essential foodstuffs

EXPENDITURE ESTIMATES

TABLE : INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

Subprogramme	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate		
R million	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Multilateral Relations	31.4	36.7	61.5	45.1	50.7	57.1	58.6
Food Control and Non-medical Health Product Regulation	3.5	4.3	6.4	6.5	7.2	7.8	8.1
Pharmaceutical and Related Product Regulation and Management	24.8	23.3	28.7	38.7	46.6	47.4	51.7
Total	**59.7**	**64.3**	**96.6**	**90.2**	**104.5**	**112.4**	**118.5**
Change to 2009 Budget estimate				3.3	3.7	(1.4)	(0.9)
Economic classification							
Current payments	**58.3**	**63.8**	**96.1**	**89.4**	**103.7**	**111.5**	**117.6**
Compensation of employees	30.7	32.6	35.9	39.6	42.8	45.1	47.4
Goods and services	27.6	31.2	60.2	49.8	61.0	66.4	70.3
of which:							
Administrative fees	0.0	0.0	0.5	0.5	0.6	0.6	0.6
Advertising	0.3	0.3	0.8	1.0	1.2	1.2	1.3
Assets less than the capitalisation threshold	0.6	0.3	0.2	1.9	2.4	2.4	2.6
Catering: Departmental activities	0.3	0.3	0.2	1.0	1.3	1.3	1.4
Communication	0.5	0.4	0.4	1.1	1.3	1.4	1.5
Computer services	–	0.0	0.3	7.5	9.3	12.8	12.1
Consultants and professional service: Business and advisory services	0.3	0.1	5.5	1.8	2.2	2.3	2.5
Consultants and professional service: Legal costs	–		–	0.1	–	–	–
Contractors		0.0		0.1			
Agency and support / outsourced services	0.3	0.1	2.3	0.8	0.2	0.2	0.2
Entertainment	–	–	0.0	0.3	0.1	0.1	0.1
Inventory: Materials and supplies	0.0	0.0	0.0	0.0	–	–	–
Inventory: Medical supplies	0.0	0.0	0.0	–	–	–	–
Inventory: Other consumables	0.0			0.0			
Inventory: Stationery and printing		0.0	0.0	2.1	0.0	0.0	0.0
Lease payments	1.1	1.0	1.1	1.5	2.5	2.6	2.8
Transport provided: Departmental activity	1.0	2.0	2.5	–	1.9	1.9	2.1
Travel and subsistence	0.0	0.0		18.4			
Training and development	13.5	15.5	30.1	–	22.0	23.3	25.3
Operating expenditure	0.4	0.3		11.5			
Venues and facilities	5.4	10.1	14.7	0.3	14.3	14.6	15.8
	3.7	0.7	1.7		1.7	1.8	1.9
Transfers and subsidies	**0.1**	**0.1**	**0.1**	**–**	**–**	**–**	**–**
Provinces and municipalities	0.0	–	–	–	–	–	–
Households	0.1	0.1	0.1	–	–	–	–
Payment of capital assets	**1.3**	**0.4**	**0.4**	**0.9**	**0.8**	**0.8**	**0.9**

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Mechinary and equipment	1.3	0.4	0.4	0.9	0.8	0.8	0.9
Software and other intengible assets	-	0.0	-	-	-	-	-
Payments for financial assets	**0.0**	–	–	–	–	–	–
Total	**59.7**	**64.3**	**96.6**	**90.2**	**104.5**	**112.4**	**118.5**

Table 17.10 International Relations, Health Trade and Health Product Regulation

R million	Audited outcome 2006/07	2007/08	2008/09	Adjusted appropriation 2009/10	Medium-term expenditure estimate 2010/11	2011/12	2012/13
Details of selected transfers and subsidies							
Provinces and municipalities							
Municipalities							
Municipal bank accounts							
Current		–	–	–	–	–	–
Regional Service Council Levies	**0.0** 0.0	–	–	–	–	–	–
Households							
Social benefits							
Current	–	–		–	–	–	–
Leave Gratuities	–	–	**0.1** 0.1	–	–	–	–

6 CONCLUSION

Conclusion

The foregoin chapters have presented the priorites, objectives and targets that the department will be pursuing during the period 2010/11-2012/13, aligned to the 10 Point Plan of the health sector and the outcome-based MTSF for 2009-2014. Many more activities will be implemented during this period than are reflected in the Department's Strategic Plan.

The implementation of this plan will be consistently monitored, and quarterly as well as Annual Reports will be produced.

ANNEXURE 1: SERVICE DELIVERY IMPROVEMENT PROGRAMME FOR 2010/11-2012/13

The Department is committed to ensuring effective and efficient service delivery.

To achieve this, the Department has identified the following areas for service delivery improvement:

- Ensure that all members of the Senior Management Service sign Performance Agreements annually;
- Ensure that the Performance Management and Development System (PMDS) is used to improve service delivery;
- Ensure that the Department's Human Resources Plan is developed to provide strategies to recruit and retain skills in the Department;
- Ensure that all clients are provided with caring services;
- Ensure that all stakeholders are consulted on matters of mutual interest.

The Department will also ensure that all Parliamentary Questions are responded to timeously.

ANNEXURE 2: INFORMATION COMMUNICATION TECHNOLOGY (ICT) PLAN FOR 2010-11/12/13

FINANCIAL YEAR 2010/11

OBJECTIVES	ACTIVIITES
a. Complete move to Civitas Building by end of March 2010	▪ Configuration, Implementation and Commissioning of the new network infrastructure. ▪ Incorporate Voice over IP in the new building. ▪ Installation, Configuration and Commissioning of the Uninterrupted Power Supply (UPS) per floor per cabinet. ▪ Telkom installation of fixed data lines. ▪ Connection of Desktops to the network switch in cabinets.
b. Upgrade Novell and Network environment.	▪ Rollout of the new Novell Operating System (Linux platform). ▪ Upgrade Novell to Clustering environment. ▪ Upgrade Web Access ▪ Implement Quality of Service on the network. ▪ Upgrade IT Security.
c. Upgrade the Internet Services	• Implement Internet capacity and services. • Intensify the maintenance and support SLA with the ISP to improve the service.
d. Provide IT training (In-House).	▪ Provide introductory courses to computers. ▪ Provide groupWise training.

FINANCIAL YEAR 2011/12

a. Complete move to Civitas Building (Phase II)	▪ Incorporate remote sites to new network. ▪ Develop Project Plan to incorporate remote sites into Voice over IP. ▪ Database system consolidation.
b. Maintenance of the NDOH network infrastructure	▪ Maintain Novell servers. ▪ Update Anti-virus system. ▪ Maintain Transversal systems. ▪ Maintain the firewall. ▪ Update IT security environment.
c. Development and implementation of the Network Operation Centre (NOC).	▪ Upgrade the pro-active network monitoring system. ▪ Develop a Central IT support Centre.
c. Provide IT training (In-House).	▪ Provide introductory courses to computers. ▪ Provide groupWise training.

FINANCIAL YEAR 2012/13

a. Maintenance of the NDOH network infrastructure	▪ Implement Voice over IP in remote sites. ▪ Maintain Novell servers. ▪ Update Anti-virus system. ▪ Maintain Transversal systems. ▪ Maintain the firewall ▪ Update IT security environment
b. Maintenance of the Network Operation Centre (NOC)	▪ Maintain a pro-active network monitoring system ▪ Maintain a Central IT Support Centre.
c. Provide IT training (In-House).	▪ Provide Novell training ▪ Provide groupWise training.

ANNEXURE 3: NATIONAL DEPARTMENT OF HEALTH CAPITAL ASSETS ACQUISITION PLAN FOR 2010/11 – 2012/13

Building and fixed assets

1. The Department is in the final stage to renovate the laboratories as part of the process the equipment in the laboratories have also been replaced by state of the art equipment.

2. The Forensic Chemistries Laboratory in Johannesburg: The upgrading project is 60% completed and should be finalized in the 2010/2011 financial year.

3. The Civitas Building in Pretoria is being renovated for occupation by the National Department of Health, however, the funding for this project is provided under the budget of the Department of Works. The completion of the project is estimated to be completed by March 2010 and the Department will start to occupy the building during April 2010.

4. The 2010/11 budget provides for the day-to-day maintenance of the Civitas building.

Machinery and equipment

The Department has budgeted R30,715 million for the 2010/11 financial year which is allocated as follows

1. Programme 1 : Administration

This programme has budgeted R 6,787 million for 2010/11 for the normal replacements of equipment.

2. Programme 2: Strategic Health Programmes

This programme has budgeted R 16,323 million for 2010/11 of this an amount of R4, 523 million is for the normal replacements of equipment and R11,800 million is for the specialised laboratory equipment.

3. Programme 3: Health Planning and Monitoring

This programme has budgeted R 3,067 million for 2010/11 for the normal replacements of equipment.

4. Programme 4: Human Resources Management and Development

This programme has budgeted R527 000 for 2010/11 for the normal replacements of equipment.

5. Programme 5: Health Services

This programme has budgeted R3,235 million for 2010/11 for the normal replacements of equipment.

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

This programme has budgeted R 776 000 for 2010/11 for the normal replacements of equipment.