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Department:  
Health  
REPUBLIC OF SOUTH AFRICA

# ANNUAL NATIONAL HEALTH PLAN 2006/07

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## FOREWORD BY THE MINISTER

When we developed the National Health Act of 2003, we acknowledged the need to achieve integrated and harmonised planning and monitoring of service delivery across all levels of the health system. We included in the Act a requirement that the health sector develops and submits to the National Health Council (NHC) on a yearly basis, a single national plan that draws together the Annual Performance Plans of the National and Provincial Departments of Health. This Annual National Health Plan (ANHP) must spell out national priorities as well as the outputs that the people of South Africa can expect from the health sector, based on the resources made available to us by the fiscus.

The production of this ANHP for 2006/07, the first since the promulgation of the Act, represents an important milestone. Credit is due to the Director-General (DG) and Heads of Provincial DoHs (HoDs) for this achievement. The ANHP is based on the 5 priorities adopted by the NHC for the health sector to implement during the planning cycle 2006/07-2008/09. These are: *development of service transformation plans; strengthening of human resources; strengthening physical infrastructure; improving quality of care and strengthening strategic health programmes*. These priorities are consistent with our vision of an “accessible, caring and high quality health system”.

Placing emphasis on these priorities does not imply that other health programmes will be ignored, but rather that the priority areas require our special effort during this planning cycle. As the Presidency points out in its Planning Framework for Government: Medium-Term Strategic Framework, “*Choices have to be made. It is preferable that these choices are made consciously and by political leaders rather than by officials by default*” (p. 26.).

Given that this is the first ever ANHP for the health sector, a sharp learning curve looms on the horizon. I am committed to providing the necessary support to the National and the nine Provincial Departments of Health to ensure that this plan is successfully implemented.

During 2006/07, the NHC will expect quarterly reports on progress with the implementation of this plan, which will ensure that we remain on course and focused on our priorities throughout the planning cycle. The gap between policy and implementation must be systematically eliminated.

Finally, on behalf of the NHC, I hereby accept the ANHP of the Health Sector for 2006/07.

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Dr. M.E. Tshabalala-Msimang, M.P  
Minister of Health  
Date:

## STATEMENT BY THE DIRECTOR-GENERAL

This document sets out the Annual National Health Plan (ANHP) for 2006/07. As already indicated by the Minister, Section 21(5) of the National Health Act (NHA) of 2003 requires us to produce the ANHP, which integrates the Annual Performance Plans of National and Provincial DoHs. The ANHP 2006/07 has been developed, first in compliance with the NHA of 2003, but most importantly to achieve the following objectives:

- To achieve integrated health planning across the entire public health system;
- To have a single base document for monitoring the delivery of health services across provinces, with clear indicators and targets; and
- To have a single implementation plan for the health sector priorities agreed to by the National Health Council (NHC); and

As noted by the Minister, the national and provincial Departments of Health will be involved in many more activities than those set out in this plan. Details of these activities will be found in the National Department's Strategic Plan and the Annual Performance Plans of each provincial Department of Health. The ANHP has focused on those activities that are critical to the achievement of the 5 priority areas.

As Chairperson of the Technical Committee of the NHC, I commit myself and the members of the Committee to delivering on the outputs of the ANHP for 2006/07.

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Mr. T.D. Mseleku  
Director-General  
Date:

## **CHAPTER 1:**

### **VISION, MISSION AND SITUATIONAL ANALYSIS**

#### **1.1 Vision**

An accessible, caring and high quality health system.

#### **1.2. Mission**

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

#### **1.3. Political and Legislative Mandates**

The National Health Act of 2003, section 21 (5) stipulates that the Director-General of National Department of Health (NDoH) will integrate the health plans of the National Department and Provincial Departments annually and submit integrated health plans to the National Health Council (NHC). An Annual National Health Plan (ANHP) for the entire health system is therefore a legal requirement.

Monitoring of the ANHP and regular reporting to the NHC on progress is also essential. This will assist the health sector to identify good practices as well impediments to progress, and to address these timeously. Furthermore, the Public Finance Management Act of 1999 (as amended) places an obligation on accounting officers of departments to establish procedures for quarterly reporting to the Executive Authority to facilitate effective performance monitoring, evaluation and corrective action.

#### **1.4. Brief situation analysis**

A detailed situation analysis of the challenges, achievements and outstanding constraints of the National and the 9 Provincial DoHs is beyond the scope of this ANHP, but is comprehensively presented in the Annual Performance Plans (APPs) of each Department and the Strategic Plan of the National Department of Health.

Suffice it to say that in January 2006, the National Health Council reviewed progress towards the Strategic Priorities of National Health System 2004-2009, adopted by the NHC in July 2004. This review revealed that while good progress had been made, the health system was still plagued by several challenges, which led to the development of the five priorities discussed in Chapter 2.

## **CHAPTER 2:**

### **NATIONAL HEALTH SYSTEMS PRIORITIES**

#### **2.1. Strategic Priorities for the National Health System for 2004-2009 (the 10 Point Plan)**

In May 2004, the NHC reviewed the performance of the National Health System (NHS) during 1999-2004, and adopted a set of priorities for the period 2004-2009. Numerous achievements and challenges were noted, and are discussed in detail in a publication entitled: *Strategic Priorities for the National Health System 2004-2009*.

The 5-year priorities deliberately coincided with the term of office of government and are as follows:

- (a) Improve governance and management of the NHS
- (b) Promote healthy lifestyles
- (c) Contribute towards human dignity by improving quality of care
- (d) Improve management of communicable diseases and non-communicable illnesses
- (e) Strengthen primary health care, EMS and hospital service delivery systems
- (f) Strengthen support services
- (g) Strengthen human resource planning, development and management
- (h) Strengthen Planning, budgeting and monitoring and evaluation
- (i) Prepare & implement legislation
- (j) Strengthen international relations

#### **2.2. National Health System priorities for 2006/07-2008/09**

In January 2006, the NHC once more reviewed progress with the implementation of the NHS priorities for 2004-2009, and identified a subset of 5 key priorities for the MTEF period 2006/07-2008/09. The NHC resolved that delivery on these 5 priorities should be accelerated during this planning cycle.

These are as follows:

- (a) Development of service transformation plans
- (b) Strengthening of human resources
- (c) Strengthening physical infrastructure
- (d) Improving quality of care
- (e) Strengthen strategic health programmes

These priorities are based on challenges that continue to face the NHS, which include: the need to develop service transformation plans in each province, which will define the most appropriate shape and size of health services; need to address the human resource requirements for health care delivery; need to improve quality of care in all our health facilities, implementation of a TB crisis plan and an accelerated HIV prevention plan (in keeping with the resolutions of WHO-AFRO) and strengthening of the healthy lifestyle programme.

### **2.3. The Annual National Health Plan (ANHP) 2006/07**

The ANHP for 2006/07 seeks to respond to the NHS priorities outlined above, drawing from the Annual Performance Plans of the National DoH and Provincial DoHs for 2006/07-2008/09.

This is the first ANHP to be developed since the passage of the NHA of 2003. While it represents a milestone in health systems planning, there is scope for improvement in future. Key amongst the areas of future development is improved alignment between resource allocation and priority setting. The budgets of the National and Provincial DoHs for 2007/08-2009/10 must reflect more clearly a strategic shift towards the priorities set by the NHC.

## **CHAPTER 3:**

### **SUMMARY OF THE ANNUAL HEALTH PLAN 2006/07**

For each of the 5 NHS priorities for 2006/07, the sections below present a summary of the outputs that the National and Provincial DoHs will deliver in 2006/07. The full version of the ANHP 2006/07 is reflected in Annexure 1.

#### **3.1. Development of Service Transformation Plans**

##### **3.1.1. Application of the Integrated Health Planning Framework (IHPF)**

All Provincial DoHs will complete their Service Transformation Plans by May 2006, based on the Integrated Health Planning Framework (IHPF).

##### **3.1.2. Strengthening the delivery of Emergency Medical Services**

The NHS priorities for 2006/07-2008/09 require each Provincial DoH to complete a business plan for Emergency Medical Services (EMS) by May 2006.

The National and Provincial DoHs will achieve an additional 15 outputs towards strengthening EMS during 2006/07, which are as follows:

- (a) Develop Provincial EMS business plans by March 2007;
- (b) Increase in proportion of personnel trained on Intermediate Life Support and Advanced Life Support Courses in 2006/07 compared to 2005;
- (c) Improve response times to P1 patients to current targets for urban and rural areas;
- (d) Increase to 90% the proportion of operational vehicles according to norms and standards;
- (e) Complete quality improvement plan for EMS;
- (f) Increase number of hospitals and clinics covered by the EMS programme;
- (g) Increase number of staff trained in call centres, triage and call centre management;
- (h) Implement computerised communication centres;
- (i). Increase number of staff speaking local languages;
- (j) Increase access to a toll free number for community members;
- (k) Develop and strengthen plans to improve Planned Patient Transport;
- (l) Increase the number of patients transported in 2006/07 compared to 2005/06 figures;
- (m) Delegate authority to stations managers to manage vehicles;
- (n) Train personnel in advanced driving skills; and
- (o) Develop Provincial Disaster Management Plans by March 2007.



### **3.1.2. Strengthening the management of implementation processes**

#### **Effective planning and monitoring of implementation**

- (a) In terms of ensuring effective planning and monitoring of implementation, Strategic Planning Units in Provinces will be established where these do not exist yet.

#### **Fully implement delegations at all levels, especially at hospital level**

During 2006/07, the health sector will deliver a minimum of 8 outputs towards strengthening management and governance of all hospitals, which are as follows:

- (a) Appoint CEOs in 100% of eligible district, regional and tertiary hospitals;
- (b) Strengthen hospital management teams by appointing Medical Superintendents, Nursing and Administrative Managers;
- (c) Develop Performance Management Agreements (PMAs) for 100% of managers;
- (d) 100% of hospitals to have business plans agreed with the Provincial DoH;
- (e) Establish functional hospital boards in 90% - 100% of district, regional and tertiary hospitals;
- (f) Improve hospital performance indicators, reduce ALOS, increased utilization of usable beds;
- (g) Create effective and efficient financial and asset management systems, as well as reporting and auditing systems;
- (h) Increase non-personnel expenditure, expenditure on drugs and 3% expenditure on maintenance.

### **3.2. Human Resources**

The NHS Priorities for 2006/07-2008/09 requires the health sector to achieve the following targets during 2006/07: a fully mapped distribution of all staff and agreement on appropriate baseline level of staffing by discipline for Tertiary and Level 2 services; a fully articulated Human Resources (HR) plan for the delivery of objectives; agreement on SLA with GP's and specialists for sessional work in public sector facilities; agreement on revised remuneration levels of all staff; identification of additional training resources (colleges, tutors, etc) and auditing and strengthening existing programmes.

In keeping with this, the National and Provincial APPs for 2006/07-2008/09 reflect that human resource provision will be improved in various ways during 2006/07, including the following:

- (a) Development of the National HR Plan and Provincial HR plans in 6 Provinces;
- (b) Service Level Agreements with GPs and other specialists for sessional work agreed upon by March 2007;
- (c) Implementation of a new remuneration system for health professionals by July 2006;
- (c) Review of service conditions for health professionals jointly with DPSSA
- (d) Implementation of Performance Management and Development Systems (PMDS);
- (e) Revised organizational structures guided by and consistent with service delivery objectives;
- (f) Skills Development Plans in place;
- (g) Equitable policies for HR Development in place.

### **3.3. Physical Infrastructure**

#### **3.3.1. Strengthening Hospital Infrastructure**

In terms of NHS Priorities for 2006/07-2008/09, the target for 2006/07 is for 42 hospitals to be started on site, or completed, and for 27 new business cases to be completed and approved in May 2006.

From the National and Provincial APPs, it emerges that hospital infrastructure will also be strengthened in various other forms during 2006/07, including the following:

- (a) Development of infrastructure at district hospitals to meet norms and standards;
- (b) Development of 21 new business cases for hospital revitalisation
- (c) Completion of new existing revitalization projects;
- (d) Development of maintenance plans for 100% of hospitals;
- (e) Development of CAPEX plans for 100% of regional hospitals;
- (f) Development of asset register and equipment maintenance plans;
- (g) Increase in usable beds at district and regional hospitals;
- (h) Implementation of referral pathways;
- (i) Development and dissemination of protocols for elective referral;
- (j) Creation of Provincial efficiency norms for regional hospitals;
- (k) Provision of the Comprehensive Plan for HIV and AIDS in 100% of regional hospitals.

### **3.3.2. Strengthening PHC Infrastructure**

NHS Priorities for 2006/07-2008/09 also require that Primary Health Care (PHC) infrastructure be improved during 2006/07. In terms of these priorities, the targets for 2006/07 are the completion of the following: an audit of required accommodation for staff; agreement on gaps in intersectoral infrastructure, an audit of PHC facilities, and a Service Transformation Plan for Community Health Centres (CHC).

### **3.3.3. Strengthening provision of Equipment for PHC**

Provision of equipment for PHC will be improved in various ways in Provinces, including:

- (a) Increased equipment provided to PHC facilities, and increasing the maintenance budget;
- (b) Public-Private-Partnership for infrastructure and equipment will be implemented;
- (c) District hospitals will be provided with equipment according to the District Hospital Package of Care.

## **Improve Quality of Care**

### **3.4.1. Improve Quality of Care in all Hospitals**

The NHS priorities for 2006/07-2008/09 include the following targets for 2006/07: Clinical audits routinely monitored in all tertiary hospitals and 25% of level 2 hospitals; complaints mechanisms routinely managed in all tertiary hospitals and 25% of Level 2 hospitals; Infection control effected in all Level 1 Hospitals and CHCs and 35% of all clinics; and a 10% increase in planned patient transport deployed fleet.

Consistent with this, the National and Provincial APPs for 2006/07-2008/09 reflect that quality of care in all Hospitals will be improved in various ways during 2006/07, including the following:

- (a) Reduction of patient waiting time in district hospitals;
- (b) Implementation of Quality Assurance Programmes;
- (c) Provision of district hospitals with equipment according to the District Hospital Package of Care;
- (d) Ensure that all district hospitals Implement the District Hospital Package;
- (e) Establishment of hospital quality assurance teams;
- (f) Peer reviews conducted in all district hospitals;
- (g) Establishment of functional and effective clinical governance systems; in 100% of district, regional and tertiary hospitals.

- (h) Provision of treatment protocols and guidelines to 100% of hospitals;
- (i) Comprehensive Plan for HIV and AIDS Care, Management & Treatment implemented in 90-100% of hospitals;
- (j) 100% of hospitals have signed and published service delivery plans;
- (k) 75% of district hospitals address complaints within 60 days;
- (l) 80%-100% of hospitals conduct patient satisfaction surveys;
- (m) Creation info desks/ centers in 100% of regional hospitals;
- (n) 100% of district, regional and tertiary hospitals conduct clinical audits once a month.

### **3.4.2. Improve Quality of Care in all Primary Health Care (PHC) Facilities**

The NHS priorities for 2006/07-2008/09 require each Provincial DoH to include a Supervision Plan in Part B of its APP for 2006/07.

The National and Provincial APPs for 2006/07-2008/09 further reflect that Quality of care in all PHC facilities will also be improved in the following ways during 2006/07:

- (a) Doctors from district hospitals will visit clinics weekly;
- (b) The clinic supervision manual will be used in 85%-100% of clinics;
- (c) 100% of districts will submit quarterly supervision reports;
- (d) 95% of tracer drugs will be available in PHC facilities;
- (e) 100% of districts will have functional and effective clinical governance systems;
- (f) Quarterly planned support visits to PHC facilities will be conducted;
- (g) Community Services Officers (doctors) will be distributed equitably with priority placed on underserved areas.

## **3.5. Strengthening Strategic Health Programmes**

### **3.5.1. Accelerated HIV Prevention**

In keeping with the WHO-AFRO resolution, the NHS priorities for 2006/07-2008/09 require each Province to implement the Accelerated HIV prevention Plan. The HIV and AIDS Cluster at National DoH will to identify strategies and targets for this plan.

National and Provincial APPs for 2006/07-2008/09 further reflect that the health sector will accelerate HIV prevention by amongst others, achieving the following outputs during 2006/07:

- (a) Establishment of a National Micro-biological Surveillance System;
- (b) Increase health seeking behavior and early presentation for ulcers through social mobilization reaching 30% of high-risk communities;
- (c) Developing advocacy, social mobilization and communication strategies;

- (d) Increasing the percentage of facilities offering youth friendly services;
- (e) Increasing the distribution of female condoms;
- (f) Increasing to 95-100% the public sector facilities offering VCT&PMTCT;
- (g) Establishing AIDS councils where they do not exist;
- (h) Increasing partner notification rate for sexually transmitted infections;
- (i) Increasing to 100% of facilities that offer syndromic management of STIs;
- (j) Ensuring that 100% of hospitals provide Comprehensive Plan for HIV and AIDS Care, Management & Treatment;
- (k) Training health care workers in the provision of the Comprehensive Plan for HIV and AIDS Care, Management & Treatment.

### **3.5.2. TB Crisis Plan**

NHS priorities for 2006/07-2008/09 stipulate that a 10% increase (above baseline) must be achieved in 2006/07 for smear conversion rates and TB cure rates. This is also reflected in the National TB Crisis Plan.

The National DoH APP for 2006/07-2008/09 reflects that the TB Crisis plan will be implemented in the following ways during 2006/07:

- (a) Improvement by 10% of smear conversion rates at Nelson Mandela Metro, Amatole District, Ethekwini Metro and City of Johannesburg;
- (b) Improvement by 10% of TB cure rates at the Nelson Mandela Metro, Amatole District, Ethekwini Metro and City of Johannesburg.

### **3.5.3. Health Lifestyles Campaigns**

In terms of the NHS priorities for 2006/07-2008/09, all Provinces should develop detailed, context specific implementation plans. The following targets should also be attained nationally: 1 Community-based Move for Health Programme in each district; increase number of Health Promoting Schools to 3500; ensure that 60% of schools implement the School Health Policy.

National and Provincial APPs for 2006/07-2008/09 indicated that Health Lifestyles Campaigns will be strengthened in various in 2006/07, including the following:

- (a) Increasing the number of local municipalities with healthy lifestyles programmes to 54 LM
- (b) Increasing to 100 the number of health promoters trained to implement global strategy on diet, physical activity and health
- (c) Developing Work place programmes for healthy life styles programme for South Africa:
- (d) Tobacco Products Control Amendment Act passed By Parliament

### **3.6. Resource Allocation to the Health Sector**

As reflected in the Table below, the health sector will have at its disposal a sum of R 52,7 billion for the financial year 2006/07. The 9 Provinces collectively have received R 51,6 billion including conditional grants from National DoH. On the other hand, the National DoH has been allocated an amount of R 11,2 billion, the bulk of which consists of these conditional grants for Provinces, the MRC and NGOs. Without these grants, the final allocation to the National DoH is in the range of R1,1 billion.

#### **MTEF ALLOCATION FOR 2006/07**

<b>PROVINCIAL DEPARTMENT OF HEALTH (including conditional grants)</b>	<b>ALLOCATION</b>
EC	6 892 701
FS	3 249 613
GP	10 404 351
KZN	11 736 761
LP	5 447 933
MP	2 912 242
NC	1 291 249
NW	3 427 604
WC	6 323 493
<b>SUB-TOTAL</b>	<b>51 685 947</b>
<b>NATIONAL DOH (less conditional grants to Provincial DoHs, MRC and NGOs )</b>	<b>1 100 000</b>
<b>TOTAL</b>	<b>52 785 947</b>

Annexure 2 (pgs 37-38) presents a detailed breakdown of the National and Provincial DoH resource allocations per budget programme for 2006/07. While these resources will largely facilitate delivery on the most of the outputs described in this ANHP, this does not necessarily imply that they were specifically matched to the outputs described in this ANHP. They only represent what National Treasury has allocated to the health sector for 2006/07.

For 2007/08, the ANHP will be systematically and accurately costed, and funding gaps will be quantified. The ANHP will then constitute the basis for budget bid discussions with National Treasury for 2007/08-2009/10.

## **CHAPTER 4:**

### **SUMMARY AND CONCLUSION**

The foregoing sections have presented the first Annual National Health Plan (ANHP) produced by the health sector since the promulgation of the National Health Act of 2003.

As indicated earlier, National and Provincial Departments of Health will implement many more activities during 2006/07 and achieve many more outputs than are reflected in this ANHP. The focus of the ANHP is, however, on those activities and outputs that are in response to the 5 NHS priorities, and those that are common across provinces.

The major strength of this ANHP is that it is based on the NHS priorities announced by the NHC in January 2006. These priorities are reflected in the APPs of most provinces, and in some instances in their operational plans for 2006/07.

The implementation of the ANHP 2006/07 will be strengthened by the extent to which health departments allocate resources towards the set priorities, and quantify funding gaps, so that these can be factored into budget discussions with National Treasury for 2007/08-2009/10.

Useful lessons have emerged from the development of the ANHP for 2006/07. What remains is the regular monitoring of this plan, submission of progress reports to the NHC, using information to strengthen planning and implementation, and addressing challenges as they emerge.

**ANNEXURE 1: DETAILED ANNUAL NATIONAL HEALTH PLAN 2006/07: KEY PRIORITIES, ACTIVITIES, INDICATORS AND TARGETS**

**Priority 1: Service transformation plan**

The core message that comes out of the review of outcomes is the need for a comprehensive review of the service delivery platform and the development of service transformation plans in each province. This will be achieved through the strategic planning and budgeting process in 2006/07 leading to allocations for activities from 2007/08.

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Application of the Integrated Health Planning Framework</b>	Scenarios developed by all provinces	100% of provinces with preferred option by May 2006	NDoH: model and framework PDoH: scenarios
<b>Provincial APP</b>	Part A completed	100% of provinces with service transformation plan drafted by end May 2006,	NDoH: Part A framework PDoH: Service transformation plans completed, including at least all of the 5 priority items scheduled in this priority framework
		EMS business plans completed by May 2006	NDoH: Strategic framework. PDoH: Business plans
		MTS (tertiary hospitals) implementation plan agreed by all provinces by December 2006	NDoH: MTS process framework. PDoH: Business plans
		<i>HR – see priority 2</i>	



### **Priority 1: Service transformation plan**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Provincial APP</b>	Part A completed	Develop full transport systems plan for delivery of patients to hospitals and specialists to lower care levels	NDoH: Analysis of transport mode economics. PDoH: Service delivery plans
		Develop full plan for utilisation of telemedicine links to increase specialist availability	NDoH: SWOT analysis of pilot projects PDoH: Implementation plans
		Develop risk assessment for each component of plan	NDoH: Develop risk assessment matrix PDoH: Risk assessment
	Part B	100% of provinces with detailed implementation plans by November 2006	PDoH: Operationalising of Part A strategies into Part B for MTEF
<b>Implementation management</b>	Effective planning and implementation monitoring	All provinces to have developed strategic planning units closely linked to information and M/E units	NDoH: Implement new organogram and link KPI's to priorities targets PDoH: Implementation of best practice guidelines from review
	Fully implement delegations at all levels but especially at hospital level	Audit and strengthen existing delegations by September 2006	NDoH: Coordinate and monitor progress PDoH: Fast track implementation of delegations

**Priority 1: Service transformation plan**

Activity	Indicators	Targets 2006/07	Responsibility
<b>Implementation management</b>	Health Information Systems	At least one province and National Department to be fully operational on DHIS 1.4 (including trained personnel to collect and use data at all levels)	NDoH: Roll out training of DHIS 1.4. Develop tracer indicators from data set and data quality index PDoH: Appoint and train adequate personnel to deliver timely and accurate information
		RFP and assessment of patient information system service provider	NDoH: issue RFP and contract selected system PDoH: Develop implementation plan
		All tertiary, 33% level 2 hospitals to be routinely reporting ICD10 coding	NDoH: link ICD10 codes to packages for level of care, commencing with NTSG funded procedures. PDoH: Implement training programme and ensure adequate appointments to roll out coding
	M&E	Timely data reporting into Quarterly Reporting System used at all levels of the health system by August 2006	NDoH: revise QRS data sets to reflect priorities PDoH: Ensure capacity to deliver accurate and timely information transfer

## **Priority 2: Human Resources**

As personnel consumes over 60% of the budget consistently across all parts of the health system, the HR plan is the most important part of the service transformation plan. The objective is to restructure the service platform and the modes of delivery in such a way to achieve 100% staffing in all disciplines (clinical specialties) in all facilities offering tertiary, secondary and PHC services.

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Staff distribution</b>	Proportion of establishment in each service point by level of care	Fully mapped distribution of all staff and agreement on appropriate baseline level of staffing by discipline for tertiary and level 2 services	NDoH: Provide target minimum staff levels and activity thresholds by specialty and hospital type PDoH: Map current and required staff against delivery points, levels of care and outreach services.
		Fully mapped distribution of all PHC staff and agreement on appropriate baseline level of staffing for PHC, and establishment of posts required to deliver a quality PHC service	
	HR plan	Fully articulated HR plan for the delivery of the objective (i.e. to achieve 100% staffing in all disciplines (clinical specialties) in all facilities offering tertiary, secondary and PHC services.	NDoH: Provide target staffing levels and framework to deliver objective of full staffing, including private sector engagement in delivery PDoH: Develop plan based on policy and provincial potential for private sector participation.

## **Priority 2: Human Resources**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Private sector partnerships</b>	Private sector specialists in public facilities	Agree SLA with GP's and specialists for sessional work in public sector facilities	NDoH: Develop SLA frameworks for guidance to provinces. Review remuneration levels for sessional contractors PDoH: Implement frameworks
<b>Remuneration levels</b>	Recruitment and retention of all staff	Agree on revised remuneration levels of all staff	NDoH: Support DPSA in health sector staff remuneration assessment and negotiation process. PDoH: Implement agreement.
<b>Increase training of nurses (re-opening of nursing schools)</b>		Identify additional training resources (colleges, tutors, etc)	NDoH: identify, with NDoE, potential for increase and projected demand PDoH: negotiate with provincial training colleges

## **Priority 2: Human Resources**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Training of hospital CEOs</b>	% of hospital CEOs trained	Audit and strengthen existing programmes and enroll 25%	NDoH: Identify guidelines for curricula and criteria for training in hospital management programmes PDoH: Develop action plan and prioritisation for CEO training

### **Priority 3: Physical infrastructure**

As the distribution of facilities fundamentally affects the staffing requirements, rationalisation of the service delivery platform and matching these 2 resource components is the next priority.

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Hospital revitalisation</b>	Funded hospitals in plan	42 hospitals started on site, in progress or completed	NDoH: Develop skill base for support to provinces and assessment of business cases. Develop framework for MTS hospitals implementation plans and business cases PDoH: Develop MTS hospital business plans and all business cases in line with service transformation plans
	Approved business cases, including MTS hospitals	At least 27 new business cases completed and approved by May 2006	
	Forensic services transfers	30% of forensic mortuaries rebuilt	NDoH: Identify, with SAPS and PDoH all current and prospective sites and broker transfer. PDoH: Develop and implement transfer plan
	Maintenance increased	Worst 20% of non revitalisation hospitals receiving essential upgrades	NDoH: develop, with PDoH, assessment and prioritisation criteria for essential upgrades. PDoH: Develop implementation plan for upgrades

### **Priority 3: Physical infrastructure**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Hospital revitalisation</b>	Maintenance increased	Maintenance expenditure increased to 2.5% of budget in all provinces	NDoH: Monitor progress on monthly expenditure and manage grant transfers against achievement. PDoH: Issue guidelines to managers for maintenance requirements and expenditure.
	Essential equipment provision	Agreement on essential equipment packages (EQL) for all levels of care	NDoH: Facilitate review of available data and implement study for completion of EQL PDoH: Implement audits and identify priorities for provision in line with EQL
<b>Primary Health Care (PHC)</b>	Designated staff accommodated	Audit of required accommodation and business plan prepared by all provinces by June 2006	NDoH: provide framework for business plans in line with policy. Assess taxation issues PDoH: Develop business plans and implementation (procurement) process related to funding source.
	Intersectoral infrastructure provision	Agreement on gaps in intersectoral infrastructure	NDoH: Review survey data on intersectoral infrastructure gaps. Implement, with PDoH update of review and broker intersectoral collaboration on closure. PDoH: Develop implementation plans for inclusion in IDP's

### **Priority 3: Physical infrastructure**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Primary Health Care (PHC)</b>	Facilities audited	Audit of size and condition of all PHC facilities completed	NDoH: Develop and distribute survey framework with criteria for essential upgrades and prioritisation process. PDoH: Identify and develop implementation plan for essential upgrades.
	CHC's development	STP CHC restructuring implemented	NDoH: Provide IHPF assessment and normative base for distribution of CHC's to achieve policy targets. PDoH: Map clinics, CHC's and hospitals and identify service platform. Develop implementation plan.



## **Priority 4: Quality of Care**

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Department's vision and mission.

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Hospital improvement plans</b>	Clinical audits	Clinical audits routinely monitored in all tertiary hospitals, 25% of level 2 hospitals	NDoH: Include clinical audits in routine reporting system and monitor progress. Consider key outcomes for reporting. PDoH: Implement appropriate training to management teams and monitor outcomes.
	Complaints mechanisms	Complaints mechanisms routinely managed in all tertiary hospitals, 25% level 2 hospitals	NDoH: Audit complaints mechanisms, develop best practice guidelines and consider outcomes requiring reporting. PDoH: Develop or strengthen complaints mechanisms in line with best practice guidelines
	Infection control	Infection control management effected in all tertiary and level 2 hospitals, 25% of district hospitals and CHC's	NDoH: Audit infection control management systems, develop best practice guidelines and consider outcomes requiring reporting. PDoH: Develop or strengthen infection control structures in line with best practice guidelines.

### **Priority 4: Quality of Care**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Improving access to services</b>	Transport systems	10% of increase in planned patient transport fleet deployed	<p>NDoH: Complete, with PDoH, business planning process for EMS, PPT and air road transport interface. Develop National proposal for air transport deployment and criteria. Develop SLA guidelines for private sector delivery of transport components.</p> <p>PDoH: Develop implementation plans for deployment of transport and training of staff based on business plans.</p>
		10% of increase in EMS road ambulance fleet deployed	
		Flying doctor services started or SLA effected in all provinces	
		Air EMS service started or SLA effected in all provinces	
		Private sector agreements in place for patient referrals	

#### **Priority 4: Quality of Care**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Improving access to services</b>	Telemedicine	Hub and spoke systems developed in accordance with STP	NDoH: Develop guidelines for best practice utilisation of telemedicine based on pilots. PDoH: Develop implementation plans for skills decentralisation using telemedicine, flying doctors services and private sector practitioners.
<b>Supervision</b>	Supervision rate for PHC	Supervision plan included in all provincial strategic plans (Part B)	NDoH: Include monitoring of supervision rate in routine reporting systems. PDoH: develop and implement plans for increasing supervision rate to target levels.

## **Priority 5: Priority health programmes**

Whilst efforts will continue to strengthen all health programmes, the two critical communicable disease programmes should enjoy additional priority during the next 2-3 years. These are: accelerated prevention of HIV; and implementation of the TB crisis plan. In addition the key preventative initiatives relating to illnesses of lifestyle must also receive special attention.

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Accelerated HIV prevention</b>	National microbiological surveillance system (NMS) established	NMS System developed and approved by the NHS	NDoH: Identify key strategies to achieve accelerated results and develop monitoring mechanisms for them. PDoH: Develop implementation plans for each of the key strategies with milestones and indicators for progress and funding allocations
	Improved management of genital herpes	Increased health seeking behaviour and early presentation for ulcers through social mobilisation campaigns reaching 30% of high risk communities	

**Priority 5: Priority health programmes**

Activity	Indicators	Targets 2006/07	Responsibility
<b>Implementation of the TB crisis plan</b>	<p>Increase in smear conversion rate in selected provinces and districts</p> <p>Increase in cure rate in selected provinces and districts</p>	10% above baseline	<p>NDoH: Develop monitoring mechanisms for key aspects of crisis plan.</p> <p>PDoH: Develop implementation plans for each of the key strategies with milestones and indicators for progress and funding allocations</p>

### **Priority 5: Priority health programmes**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b>Accelerated promotion of healthy lifestyles.</b>	Number of provinces implementing context specific (urban, rural, cultural) healthy lifestyle implementation plans	All provinces to have developed detailed context specific implementation plans	NDoH: Develop guidelines expanding current programme for context specific application. PDoH: development of detailed implementation plans
	Number of community based Move for Health programmes	1 per district	NDoH: develop guidelines for targeted programmes for appropriate community based activities. PDoH: Develop context specific plans for community implementation.
	Number of Health Promoting Schools	3,500	NDoH: Promote concept as priority in Department of Education (DoE). PDoH: Develop programme with PDoE
	Percentage of schools implementing Schools Health Policy	60%	NDoH: Promote concept of policy as priority. PDoH: Develop implementation plan with PDoE.

## **Priority 5: Priority Health Programmes**

<b>Activity</b>	<b>Indicators</b>	<b>Targets 2006/07</b>	<b>Responsibility</b>
<b><u>Strengthen the follow up of patients with priority chronic conditions treated in PHC facilities</u></b>  <i>(i.e. Hypertension, Diabetes Types I and II, Arthritis, Asthma in adults, Obesity, Rheumatic Fever and Rheumatic Heart Disease)</i>	No of workshops with provincial managers for chronic diseases, to ensure adherence to guidelines for the management of chronic conditions at PHC facilities	2 national workshop with provincial managers for chronic diseases, to ensure adherence to guidelines for the management of chronic conditions at PHC facilities	<p>National DoH to convene and conduct the national workshops</p> <p>National DoH to provide guidelines for the referral of chronic care patients from PHC to higher levels of care</p> <p>Provincial DoHs to cascade training workshops to PHC workers in all districts</p>
	No. of Provinces with formal referral systems for chronic care patients	Formal referral systems in place in all 9 Provinces	<p>National DoH to provide guidelines for the referral of chronic care patients from PHC to higher levels of care and train health workers to use these;</p> <p>Provincial DoHs to use NDoH guidelines to strengthen existing referral systems and develop systems where they do not exist</p>
<b>Strengthen the self-management of patients</b>	No. of provinces with therapeutic education programmes for patients	Therapeutic education programmes implemented in all 9 Provinces	<p>National DoH to develop the content of therapeutic programmes, disseminate to provinces and monitor progress with implementation</p> <p>Provincial DoH to ensure that these programmes are implemented in PHC facilities in all districts</p>

## Priority 5: Priority Health Programmes

Activity	Indicators	Targets 2006/07	Responsibility
<b>Develop a comprehensive programme for the treatment and care of survivors of gender based violence</b>	Implementation plan for the National Policy on Sexual Assault Care Practice in place	Development of an implementation plan for the National Policy on Sexual Assault Care Practice	National DoH in consultation with Provincial DoHs.
	Audit report of all specialized services (forensic clinic services, one-stop centres and Victim Empowerment Centres) produced	Conduct an audit of all specialized services (i.e. forensic clinic services, one-stop centres, Victim Empowerment Centres) to determine what exists	National DoH to commission the audit Provincial DoHs to provide data required for audit.
	National policy and guidelines for the treatment and care of survivors of domestic violence developed	Develop a comprehensive national policy and guidelines for the treatment and care of survivors of domestic violence	National DoH in consultation with Provincial DoHs.
	Comprehensive plans for the provision of psychosocial support for survivors of gender-based violence developed	All 9 provinces to develop comprehensive plans to provide psychosocial support to survivors of gender-based violence	National DoH in consultation with Provincial DoHs.
	No. of training workshops for professional nurses and medical practitioners focusing on sexual assault care practice	Conduct 9 training workshops for professional nurses and medical practitioners on sexual assault care practice, including implementation of the above-mentioned policy guidelines	National DoH to facilitate training workshops. PDoHs to identify health care providers to participate in the workshops, and to support the implementation of assault care practice and guidelines.



**ANNEXURE 2: RESOURCE ALLOCATION TO THE HEALTH SECTOR**

**MEDIUM-TERM EXPENDITURE ESTIMATES OF THE NATIONAL DOH FOR 2006/07-2008/09  
(INCLUDING CONDITIONAL GRANTS TO PROVINCES)**

<b>PROGRAMME</b>	<b>ADJUSTED APPROPRIATION</b>	<b>MEDIUM-TERM EXPENDITURE ESTIMATES</b>		
		<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>R' 000</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Administration</b>	166 771	188 067	195 467	205 914
<b>Strategic Health Programmes</b>	1 689 176	2 105 211	2 217 976	2 330 915
<b>Health Service Delivery</b>	8 124 917	8 907 558	9 526 669	10 083 100
<b>Human Resources</b>	57 535	69 160	75 020	82 834
<b>TOTAL</b>	<b>10 039 399</b>	<b>11 269 996</b>	<b>12 015 132</b>	<b>12 015 132</b>

**MEDIUM-TERM EXPENDITURE ESTIMATES OF THE 9 PROVINCIAL DOHs FOR 2006/07-2008/09**

<b>BUDGET PROG</b>	<b>ALLOCATION FOR THE 2006/07 FINANCIAL YEAR</b>								
<b>R' 000</b>	<b>EC</b>	<b>FS</b>	<b>GP</b>	<b>KZN</b>	<b>LP</b>	<b>MP</b>	<b>NC</b>	<b>NW</b>	<b>WC</b>
<b>Admini- stration</b>	256,792	188,551	282,190	211,139	314,407	192,019	60,014	146,656	199,354
<b>DHS</b>	3,052 765	1,308, 275	2,543,562	5,437,879	2,362, 897	1,491,165	493,064	1,825,737	1,914,072
<b>EMS</b>	397,098	145,070	325,100	453,380	270,830	118,416	72,863	110,864	278,999
<b>Provincial Hospitals</b>	2,169,097	840,853	2,785,000	3,086,580	601,924	435,347	294,491	751,071	1,336,078
<b>Central Hospitals</b>	-	556,049	3,225,137	1,173,060	493,397	403,982	33,670	69,380	2,086,517
<b>Health Science</b>	397,431	91,658	241,000	448,856	225,765	91,293	7,290	95,988	106,047
<b>Support Services</b>	32,255	60,313	120,001	9,560	437,792	38,766	329,042	113,084	77,480
<b>Health Facility Maintenan ce</b>	587,263	84,849	871,861	916,307	339,921	141,254	815	314,824	324,946
<b>TOTAL</b>	<b>6,892, 701</b>	<b>3,249, 613</b>	<b>10,404, 351</b>	<b>11,736, 761</b>	<b>5,447, 933</b>	<b>2,912,242</b>	<b>1,291,249</b>	<b>3,427, 604</b>	<b>6,323,493</b>

