# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 83**

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**(INTERNAL QUESTION PAPER NO. 01)**

**Dr M J Cardo (DA) to ask the Minister of Health:**

Whether he has entered into a performance agreement with the President, Mr Jacob G Zuma, with regard to the implementation of the Medium-Term Strategic Framework (MTSF) 2014-2019; if not, why not; if so, (a) which key indicators and targets from the MTSF are reflected in the agreement, (b) how many performance assessments has he undertaken in consultation with the President since the agreement was signed, (c) what progress has been made in meeting the key indicators and targets from the MTSF, (d) what are the key obstacles to implementation and (e) what is the plan to address such obstacles?

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**REPLY:**

1. There are 53 key indicators for the ten Medium-Term Strategic Framework Outcomes, namely a) Universal Health coverage progressively achieved through implementation of National Health Insurance; b) Improved quality of health care; c) Implement the re-engineering of Primary Health Care; d) Reduced health care costs; e) Improved human resources for health; f) Improved health management and leadership; g) Improved health facility planning and infrastructure delivery; h) HIV & AIDS and Tuberculosis prevented and successfully managed; i) Maternal, infant and child mortality reduced; and j) Efficient Health Management Information System developed and implemented for improved decision-making

The result of the above work is aimed at improving of the health status of South Africans. The impact indicators and targets are:



1. Cabinet, chaired by the President, monitors performance on the Programme of Action which includes MTSF outcome Two, and its sub-outcomes for every quarter of the financial year (i.e. four times per financial year).
2. The Minister accounts to Cabinet on a quarterly basis on these key indicators. Some of the high level indicator achievements for this MTSF period against set targets are as follows:

* The Life expectancy at birth (which has a target of 63 years in March 2019) has increased from 60 years in 2012 to 62.9 years in 2014.
* Maternal Mortality ratio (which has a target of < 100 per 100,000 live births by March 2019) reduced from 269 per 100,000 live births in 2012 to 155 per 100,000 live births in 2014.
* The Under-5 mortality rate (U5MR) significantly decreased from 56 deaths per 1,000 live births in 2009, to 39 deaths per 1,000 live births in 2014. The health system is working towards a further 25% reduction of child mortality with a target of 30 per 1000 live births by 2019.
* The infant mortality rate (IMR) decreased from 39 deaths per 1,000 live births in 2009, to 28 deaths per 1,000 live births in 2014.
* The Neonatal Mortality Rate (NMR) also declined from 14 deaths per 1,000 live births in 2009 to 11 per 1,000 live births in 2014. It has remained stable at 11 per 1,000 live births for the past 3 years.

(Source: The Rapid Mortality Surveillance Report, 2015)

More information on progress made on the Programme of Action is published on the Department of Planning, Monitoring and Evaluation website.

1. The targets of the MTSF sub-outcomes are set as annual and five-year targets but monitored quarterly. Impact indicators do not change much within a year. On a quarterly basis, performance of some MTSF sub-outcome indicators has been below planned annual targets due to data inaccuracies, poor recording at health facility levels and incomplete reporting by health facilities. For example, low coverage of long-acting contraceptive methods and inappropriate recording of the oral method have been found in some areas. This is resulting to quarterly Couple Year Protection Rates lower than the planned annual MSTF target. Similarly, poor data recording is also causing sub-optimal in-year performance of planned MTSF targets for multi-resistant TB and male medical circumcisions. For example, currently only male medical circumcision performed among men between the ages of 15 and 49 years is reported. Data systems on male medical circumcisions performed is being developed for young boys between ages of 10 to 14 years and men who are 50 years and above.

1. Annual Performance Plans of the National and Provincial Department of Health are largely aligned to MTSF outcome and sub-outcomes. Remedial actions to challenges of implementation are therefore captured and recorded through the quarterly reporting system of the Annual Performance Plans. These actions are then taken through the various national policy and strategic forums at national level which are filtered down at provincial levels. For example with the regard to Couple Year Protection Rate data, re-training of providers has been undertaken.

Implementing partners have also committed to assist with addressing data capturing issues on MDR-TB indicators. Partners are assisting with addressing the data quality issues with regards to male medical circumcisions. The Department is strengthening data collection systems for these developing programmes through the development of patient-based information system and implementation e-Health strategy.

END.