

Strategic Plan 2018/19



Presentation to Health Portfolio Committee



02 July 2014



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VISION

Outcome 2: Long and healthy life for all South Africans

MISSION

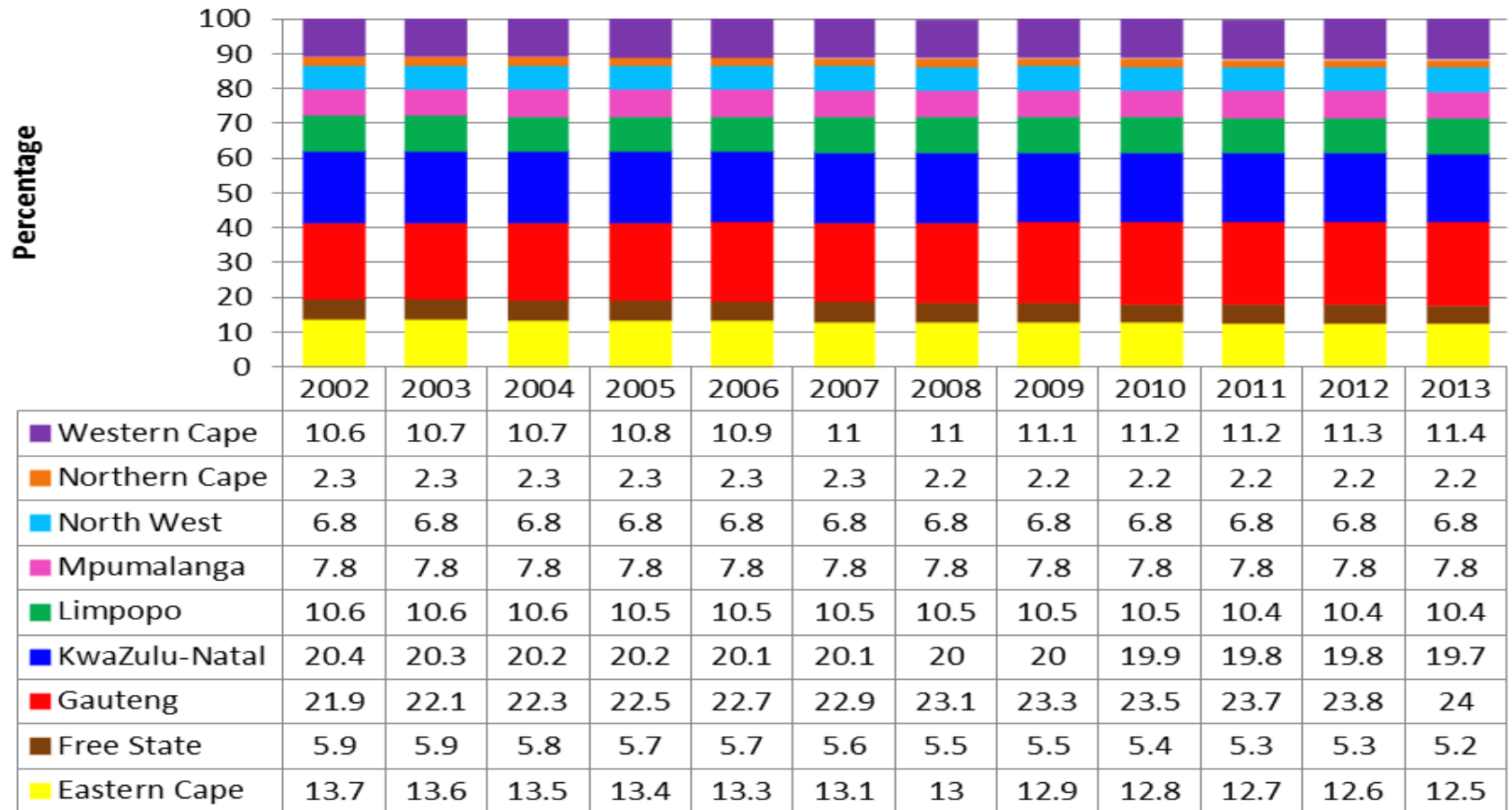
To improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.



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Demographic Profile



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Life Expectancy

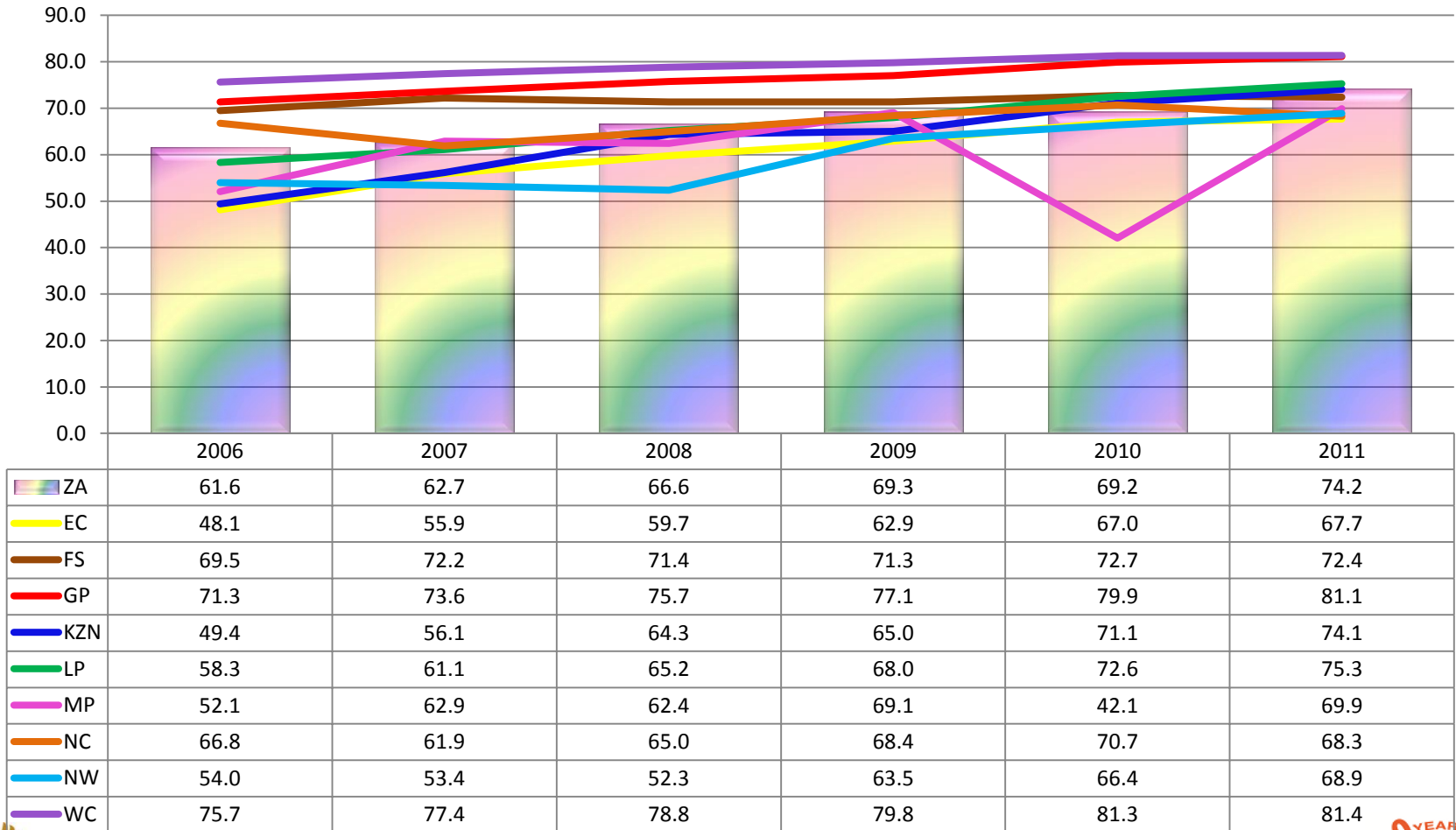


Indicator	Baseline	Progress	
	2009	2010	2011
Life expectancy at birth: Total	56.5	58.1	60.0
Life expectancy at birth: Male	54.0	55.5	57.2
Life expectancy at birth: Female	59.0	60.8	62.8
Adult mortality (45q15): Total	46%	43%	40%
Adult mortality (45q15): Male	52%	49%	46%
Adult mortality (45q15): Female	40%	37%	34%

TB Cure Rate



New Smear Positive TB Cure Rate 2006-2011



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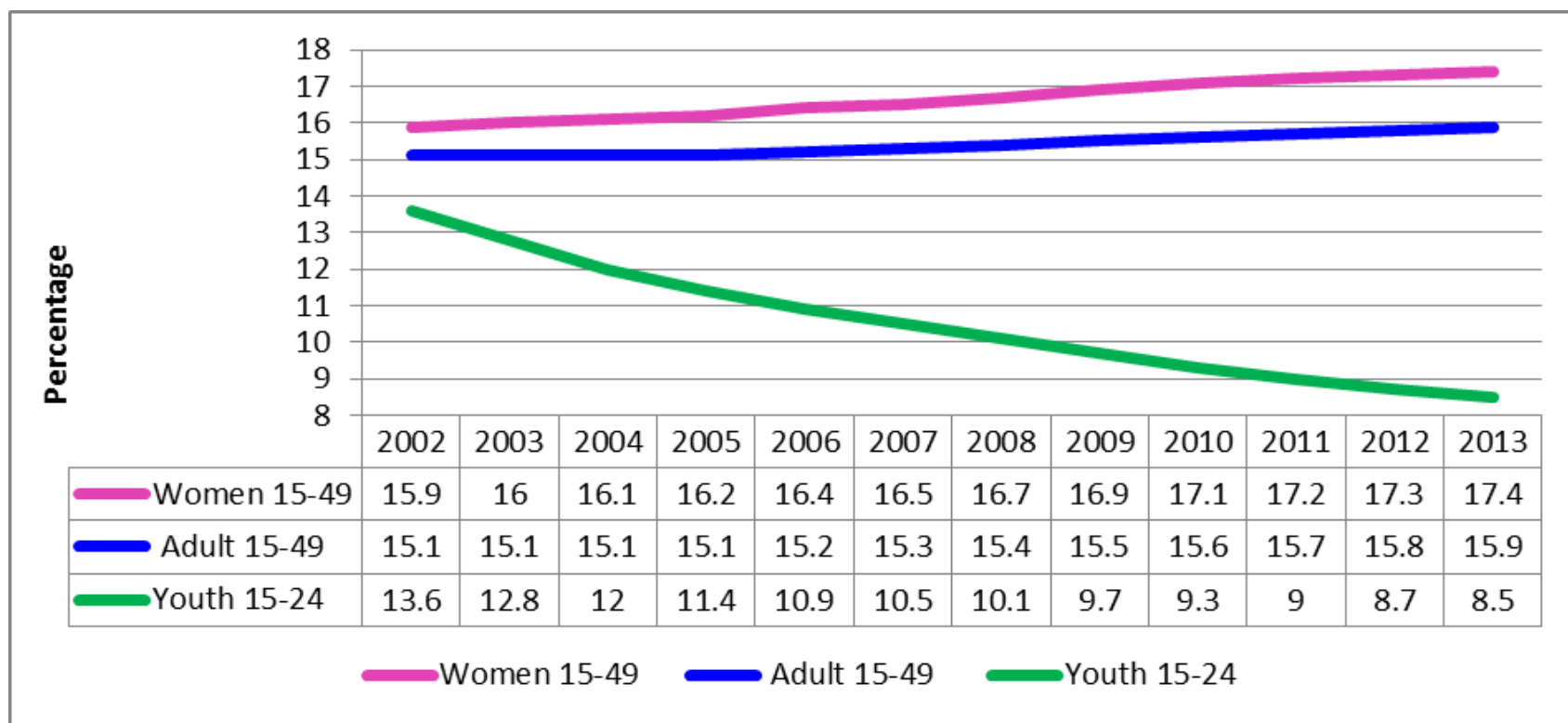
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HIV Prevalence



HIV prevalence rate for women and men 15-49 years as well as Youth 14-24 years in South Africa from 2002 to 2013 (Source: Source: StatsSA, Statistical Release P0302, Mid-year population estimates 2013)



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Maternal, Infant and Child Mortality



- **IMR, U5-MR and MMR progression (Source: Medical Research Council, Rapid Mortality Surveillance Reports, 2011)**

Health indicator	Source ¹	Baseline (2009) ¹	NSDA Target (2014) ¹	Progress
Maternal Mortality Ratio	Vital Registration Data Birth estimates from Actuaries Society of South Africa (ASSA) 2008	310 per 100 000 live births (2008)	270 per 100 000 live births	269 ³
Infant Mortality Rate	Deaths from the national population register. Birth estimates from ASSA 2008	40 per 1000 live births	36 per 1 000 live births	30 per 1 000 live births ²
Under five Mortality Rate		56 per 1000 live births	50 per 1 000 live births	45 per 1 000 live births ²
Life expectancy	Deaths from the national population register. Population estimates from ASSA2008	56.5 years 54 years for males 59 years for females	58.5 years 56 years for males 61 years for females	59.6 years ² 56.9 years for Males ² 62.4 years for females ²



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Alignment between NDP 2030 MTSF and NDoH Strategic Plan 2014-2019



NDP Goals 2030	MTSF Priorities	NDoH Strategic Goals 2014- 2019
Average male and female life expectancy at birth increased to 70 years	HIV & AIDS and Tuberculosis prevented and successfully managed	Prevent disease and reduce its burden, and promote health through a multi stakeholder National Health Commission
Tuberculosis (TB) prevention and cure progressively improved;	Maternal, infant and child mortality reduced	
Maternal, infant and child mortality reduced		
Prevalence of Non-Communicable Diseases reduced		
Injury, accidents and violence reduced by 50% from 2010 levels		
Health systems reforms completed	Improved health facility planning and infrastructure delivery	Improve health facility planning by implementing norms and standards;
	Health care costs reduced	Improve financial management by improving capacity, contract management, revenue collection and supply chain management
	Efficient Health Management Information System for improved decision making	Develop an efficient health management information system for improved decision making;
	Improved quality of health care	Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and by improving clinical governance
Primary health care teams deployed to provide care to families and communities	Re-engineering of Primary Health Care	Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;
Universal health coverage achieved	Universal Health coverage achieved through implementation of National Health Insurance	Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;
Posts filled with skilled, committed and competent individuals	Improved health management and leadership Improved human resources for health	Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.

Programme 1 : Administration



Strategic objective	Indicator	Target (2018/19)
Ensure effective financial management and accountability	Audit opinion from Auditor General	Clean Audit Opinion for the NDOH
	Audit opinion from Auditor General for Provincial Departments of Health	7 Unqualified audit opinions
Develop and implement the ICT Governance framework for NDoH	Develop and Implement Business Continuity Plan inclusive of a disaster recovery plan	Full implementation of Business Continuity Plan and disaster recovery plan
Provide support for effective communication	Develop an integrated communication strategy and implementation plan	Integrated Communication strategy and implementation plan developed and implemented

Programme 1 : Administration Cont....



Strategic objective	Indicator	Target (2018/19)
Ensure efficient and responsive Human Resource Services to the National Department of Health	Average Turnaround times for recruitment processes	3 months
	Develop and Implement Employee wellness programme that comply with Public Service Regulations (PSR) and Employee Health and Wellness Strategic Framework (EHWSF)	Employee Health and Wellness Programme that adhere to Part VI of the PSR and EHWSF
Improve and coordinate integrated planning for health	Develop and implement a framework for Integrated Health Service Plans at all levels of the Health sector	Framework for Integrated Health Service Plans at all levels of the Health care sector developed and implemented



Risks

- Liquidity and use of financial resources
- Integrity of financial information
- Adequacy and suitability of ICT infrastructure
- Effective and appropriate Internal and external communication
- Critical skills attraction, retention and development

Programme 2 - National Health Insurance, Health Planning and Systems Enablement



Purpose

Improve access to quality health services through the development and implementation of policies to achieve universal coverage, health financing reform, integrated health systems planning, reporting, monitoring and evaluation and research.



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Programme 2: NATIONAL HEALTH INSURANCE, HEALTH PLANNING AND SYSTEMS ENABLEMENT



Strategic objective	Indicator	Target (2018/19)
Achieve Universal Health Coverage through the phased implementation of National Health Insurance	Legislation for NHI	NHI Bill finalized and promulgated into law.
	Piloting of NHI in selected districts across the country.	NHI pilots expanded for implementation in 50% of the 52 health districts.
	Establishment of the National Health Insurance Fund	Functional National Health Insurance Fund purchasing services on behalf of the population from accredited and contracted providers established.
Regulate health care in the Private sector	Establish National Pricing Commission to regulate health care in the private sector	Functional National Pricing Commission to regulate health care in the private sector established by 2017
	Publish revised SEP adjustment methodology.	New methodology implemented for the adjustment of prices for generics and originator drugs.
Strengthen revenue collection	Develop and implement a Revenue Retention model	A revenue retention model for Central Hospitals developed and implemented by 2016



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Programme 2: NATIONAL HEALTH INSURANCE, HEALTH PLANNING AND SYSTEMS ENABLEMENT



Strategic objective	Indicator	Target (2018/19)
Implement eHealth Strategy	Develop a complete System design for a National Integrated Patient based information system	System design for a National Integrated Patient based information system completed
Ensure research contribute to the improvement of health outcomes.	Functional National Health Research Observatory	National Health Research Observatory established by 2019
Develop and implement an integrated monitoring and evaluation plan	Develop and implement Integrated monitoring and evaluation plan	Integrated monitoring and evaluation plan developed and implemented
Establish a coordinated disease surveillance systems	Develop and implement a strategy and plan for the integration of disease surveillance systems	Strategy and plan to coordinate and integrate surveillance systems for NMC developed and implemented



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Programme 2: NATIONAL HEALTH INSURANCE, HEALTH PLANNING AND SYSTEMS ENABLEMENT



Strategic objective	Indicator	Target (2018/19)
Ensure SA meets its international obligation	Implement International treaties and multilateral frameworks	International treaties and multilateral frameworks implemented
	Number of Bilateral projects implemented	Eight strategic bilateral projects implemented



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Programme 2: NATIONAL HEALTH INSURANCE, HEALTH PLANNING AND SYSTEMS ENABLEMENT



Risks

- Financing of various service delivery improvement programmes
- Capacity to manage the health system
- Health sector cost fluctuations
- Collaboration level with the private sector
- Empirical evidence of conditions to support the formulation of regulation

Programme 3: HIV / AIDS, TB and Maternal and Child Health



Purpose

To decrease the burden of disease related to the HIV and TB epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women. This is done through the three overarching strategies of setting policies, guidelines, norms, standards and targets; supporting the implementation of these; and monitoring and evaluating the outcomes and impact of this implementation.



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PROGRAMME 3: HIV / AIDS, TB AND MATERNAL AND CHILD HEALTH



Strategic objective	Indicator	Target (2018/19)
To reduce maternal morbidity and mortality	Maternal Mortality Ratio	Maternal Mortality Ratio of <100/100,000 live births
To reduce neonatal morbidity and mortality	Neonatal Mortality Rate	Neonatal Mortality Rate of < 6 per 1000 live births
To improve access to sexual and reproductive health services	Couple year protection rate	Couple year protection rate of 80%
	Cervical cancer screening coverage	> 70% coverage
	HPV 1st dose coverage	90%
Expand the PMTCT coverage to pregnant women	Antenatal client initiated on ART rate	100%
	Infant 1st PCR test positive around 6 weeks rate	<1%

PROGRAMME 3: HIV / AIDS, TB AND MATERNAL AND CHILD HEALTH



Strategic objective	Indicator	Target (2018/19)
Reduce under-five mortality rates	Under five mortality rate	23 per 1,000 live-births
	Child under 5 years diarrhoea case fatality rate	<2%
	Child under 5 years severe acute malnutrition case fatality rate	< 5%
	Confirmed measles case incidence per million total population	<1/1,000,000
	Immunisation coverage under 1 year (Annualised)	98%
	DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<5%
	Measles 2nd dose coverage	95%
Improve health and learning amongst school-aged children	School Grade 1 screening coverage (annualised)	60%
	School Grade 8 screening coverage (annualised)	50%



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PROGRAMME 3: HIV / AIDS, TB AND MATERNAL AND CHILD HEALTH



Strategic objective	Indicator	Target (2018/19)
Strengthen the system for tracing patients lost to follow up before and during treatment	TB new client treatment success rate	>85%
	TB (new pulmonary) defaulter rate	<5%
	Number of trained TB tracing coordinators available	52 trained tracing coordinators available
	TB Death rate	<3%
Increase access to MDR-TB treatment initiation	Number of professional nurses trained to initiate MDR-TB treatment	400 Professional Nurses trained to initiate MDR-TB treatment
	Number of hospitals assessed according to MDR Treatment criteria	255 Hospitals assessed
	TB MDR confirmed treatment initiation rate	80%
	TB MDR treatment success rate	>65
Improve TB prevention, diagnosis and treatment in correctional services facilities	Number of Correctional Services Management areas with risk assessments undertaken	48 Correctional Services Management areas
	Percentage of correctional services centres conducting routine TB screening	95%

PROGRAMME 3: HIV / AIDS, TB AND MATERNAL AND CHILD HEALTH



Strategic objective	Indicator	Target (2018/19)
To scale-up combination of prevention interventions to reduce new HIV, STI and TB infections	HIV testing coverage (15-49 Years - Annualized)	10 million annually (cumulative 50 million)
	Number of medical male circumcisions conducted	1, 000 000 per annum (cumulative 5,000 000)
Providing quality and an appropriate package of treatment care and support to 80% of HIV positive people and their families	Total clients remaining on ART (TROA) at the end of the month	5,100,000
	TB/HIV co-infected client initiated on ART rate	95%

PROGRAMME 3: HIV / AIDS, TB AND MATERNAL AND CHILD HEALTH



Risks

- Provincial and district prioritisation and implementation of the most important interventions that will have the greatest impact on maternal mortality such as the recommendations of the NCCEMD
- Poor infrastructure in hospitals preventing optimal neonatal care in the form of respirators and piped air at correct pressure
- Collaboration between Department of Correctional Services (DCS) around implementation of TB services in correctional services facilities
- New contraceptive implant gets poor reputation because of poor quality of care (e.g. failure to remove when side effects) and HPV vaccine immunisation is un-sustainable because of poor integrated school health programme
- Prevention efforts fail to reduce number of new HIV infections and the numbers of patients on HIV medication grow so large that management of health facilities becomes difficult

PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Purpose

Develop and oversee implementation of legislation, policies, systems, and norms and standards for a uniform district health system, environmental health, communicable and non-communicable diseases, health promotion, and nutrition.



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PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Strategic objective	Indicator	Target (2018/19)
Improve district governance and strengthen, management and leadership of the district health system	Functional district management offices with an oversight body with the required authority established	20 Functional district management offices with an oversight body with the required authority established
	Number of primary health care facilities with functional clinic committees/ district hospital boards	3760 primary health care facilities with functional clinic committees/ district hospital boards
	Number of districts with uniform management structures for primary health care facilities	52 districts with uniform management structures for primary health care facilities
Improve the integration of relevant intersectoral services to address the social determinants of health	Intersectoral forum established and functioning, specifically targeting the incidence of diarrhoea in children under 5 years of age	Intersectoral forum established and functioning, specifically targeting the incidence of diarrhoea in children under 5 years of age
Improve access to community based PHC services and quality of services at primary health care facilities	Number of primary health care clinics in the 52 districts that qualify as Ideal Clinics	2325 (75%) primary health care clinics in the 52 districts qualify as Ideal Clinics
	Number of functional WBPHCOTs	3000 functional WBPHCOTs



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PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Strategic objective	Indicator	Target (2018/19)
Strengthen the provision of environmental health services	Number of Ports of entry that are compliant with the International Health Regulations	36 Ports of entry that are compliant with the International Health Regulations
	Number of district and metropolitan municipalities meeting environmental health norms and standards in executing their environmental health functions	52 district and metropolitan municipalities meet environmental health norms and standards in executing their environmental health functions
Reduce risk factors, and improve management of for Non-Communicable Diseases (NCDs)	% reduction in obesity in men and women	55% obese women 21% obese men
	Number of people counselled and screened for high blood pressure	5 million people screened for high blood pressure
	Number of people counselled and screened for raised blood glucose levels	5million people screened for raised blood glucose levels

PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Strategic objective	Indicator	Target (2018/19)
Improve access to mental health services	% people screened for mental disorders	35% prevalent population screened for mental disorders
	% of people treated for mental disorders	35% prevalent population treated for mental disorders
Improve access to disability and rehabilitation services	Number of Districts implementing the framework and model for rehabilitation services	52 Districts implementing the framework and model for rehabilitation services.
	Cataract Surgery Rate	1 700 cataract surgeries per million uninsured population
Malaria elimination by 2018	Reduce the local transmission of malaria cases to 0 per 1000 population at risk	0 malaria cases per 1000 population at risk
	Number of malaria endemic districts reporting malaria cases within 24 hours of diagnosis	10 malaria endemic districts reporting malaria cases within 24 hours of diagnosis

PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Strategic objective	Indicator	Target (2018/19)
Ensure the effective and efficient delivery of Emergency Medical Services	Number of provinces that are compliant with the EMS regulations	9 Provinces compliant to EMS regulations
Improve the efficiencies of the Forensic Chemistry Laboratories	Median waiting time for blood alcohol results	3 weeks
	Turn-around times of toxicology tests and reports	8 months
	Turn-around times of food products tests and reports	30 days for perishable food product and 60 days for non perishable products

PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES



Risks

- Availability and reliability of District Health Management and Governance Systems
- Lack of information to inform decision-making and allocation of funds
- Availability of health waste management facilities
- Resistance to change at facility level due to perceived increased workload at facility level
- Under-resourced District Health System

Programme 5: Hospital, Tertiary Health Services and Human Resource Development



PURPOSE

to develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure to meet the health needs of the country.



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PROGRAMME 5: HOSPITALS, TERTIARY SERVICES AND WORKFORCE



Strategic objective	Indicator	Target 2018/2019
Increase capacity of central hospitals to strengthen for local decision making accountability to facilitate semi-autonomy of central hospitals	No of central hospital with reformed management and governance structures as per the prescripts	All 10 Central Hospitals with reformed management and governance structures according to the prescripts
Ensure equitable access to tertiary health care	Number of gazetted hospitals providing the full package of Tertiary Services	17 gazetted tertiary hospitals providing the full package of Tertiary 1 services
Improve the quality of hospital services	% compliance with National Core Standards all Central, Tertiary, Regional and Specialised Hospitals	100% compliance with the National Core Standards in 10 Central, 17 Tertiary 46 Regional and 63 Specialised Hospitals
Develop health workforce staffing norms and standards	Develop and publish guidelines for HRH Staffing Norms and Standards	Guidelines for HR Norms and standards published for all levels of care
Improve quality of Nursing training	The number of public nursing colleges accredited to offer the new nursing qualification	220 Public Nursing colleges accredited to offer the new nursing qualification
Improve quality of health infrastructure in South Africa	Percentage of facilities that comply with gazetted infrastructure Norms & Standards	Health facility Norms & Standards developed and gazetted by 2015 100% of new facilities comply with gazetted health facility Norms & Standards

PROGRAMME 5: HOSPITALS, TERTIARY SERVICES AND WORKFORCE



Risks

- Systems not in place to provide accountability for semi-autonomy of central hospital
- Capability and capacity of executive management within central hospitals
- Lack of Health Specialists and bottlenecks in Tertiary Health service delivery, prevent patients from accessing appropriate levels of care
- Compliance with Extreme and Vital measures of the National Core Standards
- Capacity and competency of the health workforce
- Compliance with nursing and midwifery services standards
- Non-compliance with infrastructure Norms & Standards for some facilities constructed by private sector or donor organizations.

Programme 6: Health Regulation and Compliance Management



PURPOSE

Regulate the procurement of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. Promote accountability and compliance by regulatory bodies and public entities for effective governance and quality of health care.



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PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT



STRATEGIC OBJECTIVE	INDICATOR	TARGET (2018/19)
Expansion of the regulatory functions by including poorly regulated or unregulated pharmaceutical products	Regulate Complementary and Alternative Medicines (CAMS), Medical Devices, Invitro Diagnostics and African Traditional Medicines.	All Complementary and Alternative Medicines (CAMS) Medical Devices, Invitro Diagnostics regulated, and Framework for African Traditional Medicines published
Improve the efficiency of the Regulator through restructuring	Establish SAHPRA as a public entity	SAHPRA fully established & performing expanded functions
Strengthen food safety through expanding testing capabilities	Develop and establish MOUs with food testing institutions to enable testing for adulterants in food products	At least two MOUs with food testing institutions finalised and operationalised for testing adulterants in food products
Improve registration of response times for medicines used to treat high burden diseases	Percentage of prioritised medicines (antiretroviral, oncology, TB medicines and vaccines) registered within 22 Months for New Chemical Entities (NCEs), and 15 months for multisource medicines	90% of all prioritised medicines (antiretroviral, oncology, TB medicines and vaccines) registered within 22 months (NCEs) and 15 months (multisource medicines)

PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT



STRATEGIC OBJECTIVE	INDICATOR	TARGET (2018/19)
Improve oversight and Corporate Governance practices at all Public entities and Statutory councils	Develop and Impliment Governance Framework and Implementation Plan for Public Entities and Statutory Councils	Governance Framework approved and Implementation Plan biennially reviewed
	Functional governance structures established	Fully constituted Boards/ Councils
Implement and monitor annual plans to improve quality, safety and compliance in all public health establishments	Percentage of Health Establishments that have developed an annual Quality Improvement Plan (QIP) based on a self- assessment (gap assessment) or OHSC inspection	100% of Health Establishments that have developed an annual Quality Improvement Plan (QIP) based on a self- assessment (gap assessment) or OHSC inspection
Improve the acceptability, quality and safety of health services	Patient satisfaction surveys rate	100%
	Patient satisfaction rate	80%

PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT



STRATEGIC OBJECTIVE	INDICATOR	TARGET (2018/19)
Enhance governance and management of the CCOD/MBOD	Audit opinion from the Auditor-General for CCOD	Unqualified Audit Opinion from Auditor-General for CCOD
Develop Occupational Health Services for South Africa	Number of provinces with occupational health services within their facilities	one occupational health service in one health facility in each of 6 provinces (Eastern Cape, Northern Cape, Gauteng, Limpopo, Mpumalanga and KwaZulu Natal) established
Provide for coordinated disease and injury surveillance and research	Establish National Public Health Institute of South Africa (NAPHISA)	Business Case and conceptual framework for NAPHISA developed by 2015 NAPHISA established by 2019

PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT



Risks

- Compliance with Regulations and lack of resources to monitor Complementary and Alternative Medicines (CAMs), Medical Devices, In vitro Diagnostics and African Traditional Medicines in a phased approach
- Implementation of SAHPRA
- Compliance with prescribed legislation by the Public Entities and Statutory Councils.
- Dependency on provinces to respond to health service users complaints impacts on turnaround time and patient satisfaction rates