



 NATIONAL HEALTH
LABORATORY SERVICE

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NHLS STRATEGIC PLAN 2010-2015

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ABBREVIATIONS

DOE	Department of Education
DOH	Department of Health
DPSA	Department of Public Service and Administration
DST	Department of Science and Technology
DTI	Department of Trade and Industry
EQA	External Quality Assessment
FFS	Fee for Service
GDP	Gross Domestic Product
HCW	Health Care Workers
HPA model	Health Protection Agency model for teaching and research
HR	Human Resources
ICT	Information and Communication Technology
ILO	International Labour Organization
ISO	International Organisation for Standardisation
JV system	Joint Venture system
LIS	Laboratory Information System
M & E	Monitoring and Evaluation
NCOP	National Centre for Occupational Health
NCR	National Cancer Registry
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHS	National Health System
NICD	National Institute for Communicable Diseases
NIOH	National Institute for Occupational Health
NIV	National Institute for Virology
PHC	Primary Health Care
POCT	Point of Care Testing
SAIMR	South African Institute for Medical Research
SANAS	South African National Accreditation System
TAT	Turn-around Time
WHO	World Health Organization

FOREWORD BY CHAIRPERSON AND CEO

This plan sets out the NHLS strategy and planned performance for the period 2010-2015. Laboratory medicine is at the heart of patient diagnosis and imperative in assisting clinicians to make critical therapeutic decisions. The role of pathology in ensuring judicious use of scarce health care resources and improving health outcomes is seriously under-valued. When diagnostic laboratory testing is used appropriately, it can lead to better clinical decision-making and a reduction in the overall costs of treating the patient.

This plan is the culmination of extensive engagement with all our customers and stakeholders. The consultative process strengthens our commitment to work in partnership with customers and stakeholders to deliver an improved, quicker and cheaper service. In addition, the NHLS strategy is carefully aligned to the National Department of Health Strategic Ten-Point plan. This alignment will ensure that we are relevant, responsive and cost effective at all times. This strategy addresses our key mandates of:

1. Pathology service provision
2. Teaching and training, and
3. Research

The NHLS 10 point plan for the next five years is informed by the strategic dialogue conducted over the last year and by the immediate and future needs of the National and Provincial Departments of Health. The plan focuses on the main challenges of affordability, use of relevant technology and producing the appropriate people in adequate numbers to deliver a sustainable service. The 10 key strategic drivers for NHLS over the next five years are:

1. Developing a new service delivery model that is more affordable for the public sector
2. Determine a best fit service delivery model
3. Deliver a quality, customer focused service
4. Align resources, support services & infrastructural development for service delivery

5. Become laboratory services “Employer of Choice”
6. Prioritise innovation & research to be relevant, appropriate and leading edge
7. Become the health information powerhouse
8. Drive stakeholder collaboration
9. Position NHLS as the “Provider of Choice” for NHI
10. Protect our community & environment

We are committed to improving the patient journey to health. Through the realization of this new strategic plan, we are confident that the NHLS will be recognized as an organisation synonymous with quality, affordable health service delivery and as being committed to striving with its partners to ensure the optimal health of the South African population.

Sagie Pillay
Chief Executive Officer

Adv Sesi Baloyi
Chairperson

EXECUTIVE SUMMARY

The NHLS, the sole provider of diagnostic pathology services to the public sector in South Africa, was established through the NHLS Act of 2000. The organisation has grown to 265 laboratories with 6 500 employees striving to provide optimal health services to the population. The NHLS has strong relationships with Universities and Universities of Technology throughout the country to provide training for an important cadre of laboratory and diagnostic staff. In addition, extensive research and surveillance expertise amongst the staff ensures that the cutting edge research as well as research into priority diseases in South Africa, is an ongoing initiative.

This 5 year strategic plan has been developed to continue the important mandates of the NHLS, while improving on areas that have been challenging in the past. Contributions from various stakeholders have been essential to directing the functioning and priorities of the NHLS for the next 5 years. In addition, the plan has been designed to complement the Strategic Plan for the National Department of Health through the development of our own Ten point Plan. At the foundation of the strategic plan are the organisation's mission and guiding principles and 4 strategic drivers, with the customer being the centre of the strategic vision.

Key challenges that have been addressed in this plan are a new service delivery model to optimise service delivery to all parts of the country, with the idea of a tiered laboratory structure being proposed. Furthermore, a new service funding model is also explored with different financial models for teaching and research being recommended. Other issues include addressing the human resources pipeline and strengthening of logistic support for services.

Short and long term strategic deliverables have been defined and we are confident that this strategic plan will efficiently steer the organisation through the next 5 years, towards functioning more effectively and achieving greater accomplishments in the health sector.

BACKGROUND

The National Health Laboratory Service (NHLS) acknowledges that it operates primarily within South Africa and its main customer is the Department of Health (DOH), both the National and Provincial Departments of Health. This is important in that the strategies of the organization should reflect its existence as partner of the government providing health services to the entire South African population.

1. HEALTH SERVICE PROVISION IN SOUTH AFRICA

South Africa is an upper middle income¹ country that is governed by a democratically elected government since 1994, after the demise of the Apartheid regime. South Africa has a GDP of \$ 277 billion², total expenditure per capita on health of \$ 869 and total expenditure on health as % of GDP of 8.6³. The population of South Africa is 49 320 000 people with 52% being female, 31.4% less than 15 years of age, 7.5% over the age of 60⁴. There has been a steady increase of the population that appears to outstrip the available health resources including health laboratory resources. This has put tremendous strain on the health system, including the NHLS as the only health laboratory service provider for the public sector.

South Africa has moved from a fragmented and inequitable health system divided along geographic and racial lines prior to 1994, to a unified National Health System (NHS) led by the Minister of Health. The NHS is a dual health system that comprises a public sector which provides public health services to the entire population, Primary Health Care (PHC) services to at least 64% of the population and hospital inpatient care to at least 80% of the population; and the private sector which provides primarily curative healthcare to about 14% of the population with access to medical aid (voluntary health insurance)⁵. The NHLS provides health laboratory services to the public sector and public health surveillance services to the entire population of South Africa.

The South African health system including the National Health Laboratory Services needs further strengthening to be able respond to the quadruple burden of disease comprising of HIV/AIDS, communicable diseases including Tuberculosis, non communicable diseases and injuries⁶. The sub-optimal health status of South Africans can be observed in the low life expectancy at birth of 53.5 and 57.2 years for males and females respectively; and the Infant Mortality rate of 45.7 per 1000 live births⁴.

The DOH Strategic Plan 2010 – 2013 incorporates a Ten Point Strategic Plan. The NHLS has made an effort to embrace the DOH's 10 point plan in its strategies as a gesture of working together with their main customers to do more for a better health system for all in South Africa. The NHLS has already begun the process of aligning itself with the DOH through:

- Strengthening of Strategic leadership that is engaging with the DOH
- Developing strategies to compliment the proposed National Health Insurance (NHI)
- Continuously improving quality of its service
- Positioning the NHLS as the health laboratory service of choice and maintaining the high quality of its management
- Collaborating with other stakeholders in Human Resources Planning, Development and Management
- Ongoing planning and improvement of our physical infrastructure
- Together with government and other role players continue to play and support all efforts in the accelerated implementation of the HIV & AIDS and Sexually Transmitted Infections National Strategic Plan 2007 – 11 and increased focus on TB and other communicable diseases
- And strengthening Research and Development

2. THE NATIONAL HEALTH LABORATORY SERVICE

The National Health Laboratory Services (NHLS) was established in October 2000 by amalgamating a number of fragmented laboratory service providers including the South African Institute for Medical Research (SAIMR), National Institute for Virology (NIV), National Centre for Occupational Health (NCOP) and Provincial Departments of Health⁷.

The NHLS is the largest diagnostic pathology service in South Africa serving 80% of the country's population. The NHLS has a national network of pathology laboratories across South Africa that utilises a common laboratory management platform as well as a logistics and transport infrastructure to support the transport of specimens, referral of tests and delivery of results.

Approximately 265 laboratories are included in the NHLS footprint employing 6,500 people. Their activities comprise diagnostic laboratory services, research, teaching and training, and production of sera for anti-snake venom, reagents and media. All NHLS laboratories provide diagnostic services to the national Department of Health, provincial hospitals, local authorities and medical practitioners.

Research conducted by the NHLS covers a wide spectrum of activities in the pathology and surveillance disciplines. The research agenda, inter alia, covers the priority diseases within South Africa, such as HIV and AIDS, tuberculosis, malaria, pneumococcal infections, occupational health, screening for cervical cancer and malnutrition.

Grants in support of research are made by the Medical Research Council, the Cancer Association of South Africa, the SA Sugar Association, the Poliomyelitis Research Foundation, pharmaceutical companies, private donors and a number of overseas institutions. A large part of the research programme is financed by the NHLS.

The NHLS teaching programme includes the training of medical technologists and technicians in association with the Universities of Technology. The training of undergraduate and postgraduate medical, dental and other health professionals is done through the pathology and public health departments based at the medical and dental schools. Teaching is provided in anatomical pathology, haematology, microbiology, infectious diseases, immunology, human genetics, chemical pathology, epidemiology, occupational and environmental health, occupational medicine, tropical diseases, molecular biology, medical entomology and human nutrition.

The NHLS plays a major role in:

- Public health in South Africa through epidemiology, surveillance and outbreak response activities
- The national HIV and AIDS treatment programme through CD4 testing, viral load studies and HIV treatment monitoring
- Tuberculosis diagnosis and treatment monitoring
- The screening for cervical cancer
- The support of occupational health services

NHLS trains:

- All pathologists in South Africa
- Medical scientists, technologists and technicians in all pathology disciplines
- Public and Occupational health practitioners and scientific staff in this field

The NHLS has the following specialised divisions:

- The National Institute for Communicable Diseases is one of the major global role players in infectious diseases and surveillance
- The National Institute for Occupational Health supports the development and provision of occupational health services in South Africa
- The National Cancer Registry plays a major role in providing epidemiological information for cancer surveillance as well as maintaining the cancer registry

The NHLS is a national public entity established in terms of the National Health Laboratory Service Act 37 of 2000 to provide quality, affordable and sustainable health laboratory and related public health services. The Governance and functioning of the NHLS is further defined in the General Rules made in terms of the National Health Laboratory Service Act, 2000 (Act No. 37 of 2000), published in the Government Gazette 30112, 24 July 2007.

The NHLS throughout South Africa boasts a number of internationally acclaimed academics, healthcare professionals and researchers. In order to support the work provided by its workforce the NHLS provides cutting edge laboratory technology in most of its laboratories. The high quality of staff and cutting edge technology has led to the NHLS becoming one of the World Health Organization's (WHO) and International Labour Organization's (ILO) accredited, affiliated and collaborating health laboratory centers.

SITUATIONAL ANALYSIS

1. ORGANISATION OF THE NHLS

The NHLS is managed according to the provisions of the National Health Laboratory Services Act 37 of 2000, as well as the NHLS Rules, gazetted in July 2007, and the Public Finance Management Act No. 1 of 1999. It is a state owned organization governed by an Executive Board and a Chief Executive Officer. The NHLS has a clear organizational structure consisting of a Head Office in Sandringham, Johannesburg, four business units (Central region, Coastal Region, Northern Region and Kwa-Zulu Natal) and three sub-divisions (NICD, NIOH and National Cancer Registry).

The NHLS delivers services throughout the public sector from PHC level to tertiary/quaternary hospitals. The level of complexity and sophistication of services increases from the peripheral laboratories to the central urban laboratories. The legacy of apartheid has left the health laboratory services in the Republic of South Africa concentrated mainly in Gauteng, KwaZulu Natal and Western Cape Provinces in line with the spread of the previously advantaged institutions of higher learning.

Public sector laboratories are situated within the health facilities owned by the Department of Health, and in some cases Universities. Therefore, the condition of the infrastructure depends on the quality of the health facility in which the laboratory is located. Great disparities still exist between urban and rural facilities. Central, urban facilities may be undergoing upgrades at present through the Hospital Revitalization Program. However, remote rural facilities may still require access to basic services. Specialised infrastructure including surveillance infrastructure, exists in the various units of the NHLS.

2. BURDEN OF DISEASE AND DEPARTMENT OF HEALTH PRIORITY DISEASES

The NHLS is the main provider of clinical support services to the national, provincial and local departments of health through its country wide network of quality assured diagnostic laboratories. The NHLS also provides surveillance support for communicable diseases, occupational health and cancer, and as such the NHLS should always align its strategies to both the DOH priorities and the National and Regional Burden of Disease.

Bradshaw *et al*, in their initial burden of disease estimates discussed the quadruple burden of disease experienced in South Africa which comprised HIV/AIDS, chronic diseases, pre-

transitional conditions and injuries. They demonstrated that the leading causes of death categories in the country were HIV/AIDS (30%), cardiovascular disease (16.6%), infectious and parasitic diseases (10.3%), malignant neoplasms (7.5%), intentional injuries (7.0%) and unintentional injuries (5.4%).⁸

The Department of Health has placed further emphasis on certain priority diseases in its strategic plan. In its 10 Point Plan for 2009-2014, the Department has included the accelerated implementation of the HIV/AIDS strategic plan and increased focus on TB and communicable diseases as a priority. One of its key activities is also to place more focus on Maternal, Child and Women's Health as well as more emphasis on non-communicable diseases.²

3. EQUITY

The NHLS through its current CEO and Executive Board has endorsed fully the efforts of the South African community to achieve equity in the health system including health laboratory services. Currently the NHLS, like the hospital services of the DOH has most of its professionals and experts; cutting edge laboratory technology and financial resources located in four main cities (Cape Town, Durban, Johannesburg and Pretoria) in three Provinces (Gauteng, Western Cape and KZN). The inequitable distribution of health laboratory resources has the following implications for the NHLS:

- Service Delivery
 - Shortage of skilled health laboratory personnel to run the services especially in cases of public health emergencies
 - Concerns about TAT especially for basic but life saving laboratory test results
 - Cost of service to the customer
 - Management of POCT and the constant engagement with the customer about service delivery
 - Regular clinical discussion between clinicians and laboratory personnel about best practice and use of laboratory services
 - Lack of basic institutional Laboratory Formulary agreed between Provincial DOH, clinicians and pathologists
- Training and Education
 - HRH training has long lead time

- All institutions of higher learning with affiliation to the NHLS should be capacitated accordingly
- and the concentration of qualified academics for teaching in four main institutions affects mass production of the four professionals of the NHLS Health Research
 - The concentration of resources in certain regions affects the research agenda in that researchers are clustered in the more privileged institutions
 - The research agenda is in some cases not line with the service delivery agenda, as well as the priority areas of the DOH
 - Institutions that were labelled previously disadvantaged are not able to generate research funds as result of these inequities and may not fully benefit from DoE grants

4. STRATEGIC ASSESSMENT OF THE NHLS

This section discusses the key strategic strengths of the organisation, challenges and threats which the organisation must begin to address in the next 5 years and potential strategic opportunities. Service delivery, strategic issues related to operational processes, research and teaching are priority areas for the organisation. The introduction of National Health Insurance provides the NHLS with an opportunity to strengthen its position as the diagnostic services “provider of choice” in South Africa. Finally, given the existence of numerous partners attempting to improve the provision of health care to South Africans, the NHLS has a powerful role in managing its stakeholders and partners to ensure synergy of efforts.

4.1 SERVICE DELIVERY

Strengths

- The NHLS has a historic relationship with Department of Health for the delivery of laboratory services. It has been the provider of laboratory services to the entire public sector since its inception in 2000.
- The organisation boasts world renowned expertise in laboratory services provision and management
- It has the willingness, capacity and infrastructure to respond rapidly to the burden of diseases and evolving health priorities of the Department of Health

Challenges and Threats

- Human Resources
 - Skills shortages and the inequitable geographic distribution of talent is a major challenge. In fact the NHLS has an absolute shortage in four key professional groupings which demand long lead times to fill. The NHLS should consider the option of training mid-level laboratory workers to fill the gap.
 - Poor staff morale and an entropic organisational culture compromise stability and skills retention.
- Auxiliary Services

- The NHLS must investigate the cost-benefit of in-sourcing key Auxiliary Services which have a massive impact on service delivery (e.g. Transport & Logistics, and Health Care Waste Removal) against the current option of outsourcing alone.
- Technology
 - Lack of a national Health Technology Framework results in unregulated procurement and management of equipment in public sector health facilities and private laboratories
 - The NHLS must drive Standardisation of Technology to reduce cost and wastage, and improve quality.
- Customer-related concerns such as the following must be addressed:
 - Turn-Around-Time (TAT) issues such as the inability to measure & account for Total TAT, especially in key priority areas e.g. TB Culture.
 - Interpretation issues with regard to Billing, Programme Data and Customer Satisfaction Survey results: confusion with regards to non-coterminous boundaries between NHLS Branches and Provinces, and between Business Units and Districts.
 - Training required on Thusano and Disa, on clinical specimen collection (e.g. dry spot collection) and request form completion.
 - Poor communication between stakeholders contributes to unmet expectations.
 - Space requirements of NHLS that are not met by DOH compromise the ability of NHLS to efficiently provide services and to meet expectations.
 - The lack of single identity for NHLS, poor customer perceptions and users' poor awareness of NHLS, does not bode well for the organisation.

Opportunities

a. Service Delivery Model

In order to more efficiently deliver services to customers, a new service delivery model must be considered.

In exchange for 2.5% of current expenditure for SA public healthcare the NHLS provides diagnosis for patients, information for programmatic M&E, training and research. It appears the customer does not perceive this as good value for money. In order to be competitive and respond to the needs of the customer, the NHLS must investigate international benchmarks for pathology spending and determine the relative proportion of hospital spend in relation to total budget.

NHLS will need to compare pricing with the private sector and with similar international organisations (e.g. NHS) to add credibility. Areas of inefficiencies such as wastage in hospitals and by HCW should be investigated. Finally, it is imperative that the NHLS supply evidence that it is providing value for money to customers.

NHLS and DOH need to reach agreement as to the best Service Delivery Model for provision of laboratory services to the public sector. The current model involves an extended laboratory “footprint” with numerous services provided close to the periphery but potentially inefficient test repertoires. A potential future model would involve larger labs with a less diverse “footprint” equipped with bulk analysers and improved logistics to ensure acceptable TAT. Somewhere between these two models is that of a hybrid system with a combination of a smaller “footprint” and the inclusion of Point-of-Care-Testing (POCT). The introduction of a tiered laboratory service and the pathology formulary for each level of laboratory service would streamline pathology services and offer greater efficiency of service delivery.

Should POCT be considered, there are many aspects of POCT that must be addressed including the issue of human resources (nurses vs technicians) and financial feasibility.

Finally, the role of the specialised institutes within the NHLS, particularly the NICD will need to be revisited in the new service delivery model, to determine if their services could be expanded beyond surveillance, to better support the DOH.

b. Technology and Innovation

With South Africa straddling the divide between the developed and the developing world, the NHLS must find the balance between acquiring highly advanced “cutting-edge” technology and technology appropriate to resource-limited settings. Simultaneously, the organisation has the responsibility to ensure the technological capacity and capability to respond to rapid DOH extensions of Priority Health Programmes. Linked to the new service delivery model is also the

question of the provision of appropriate technology (e.g smaller numbers of high volume analysers or larger numbers of small volume analysers) and innovative ways to deliver laboratory services in resource-limited and remote settings.

4.2 OPERATIONAL PROCESSES

Strengths

- Monitoring and evaluation systems (Quality and Health Technology Assessment systems) established
- Information technology expertise available in the organisation

Challenges and Threats

- Financing/Funding
 - Key cost drivers for the NHLS are Human Resources, Technology and Physical Infrastructure (whilst maintaining Quality Assurance).
 - The NHLS has major Cash Flow challenges due to significant outstanding debtors.
 - The NHLS and the DOH need to weigh up the affordability of the current fee-for-service model, which results in invoices that exceed DOH's budget, against the cost of accessibility of NHLS services, particularly in relation to the expectation by the DOH that laboratories be available at the most local level.
 - Clarity is required regarding the roles of the NHLS and the DOH in containing DOH costs through "gate-keeping" the volumes and types of tests requested by health care providers in relation to the established guidelines.
 - A funding model that will generate a meaningful tariff is required.
- Information management
 - The NHLS, for various reasons, is unable to fully utilize its vast potential to provide information to the DOH to assist with decision-making that informs policy and practice. The potential is currently diminished by the lack of unique patient identifier information attached to laboratory requests, as well as the absence of a common IT platform within DOH, and between the DOH and NHLS.
- Policy and Regulatory Framework

- The lack of a comprehensive policy and regulatory framework for the operation of laboratory services is not ideal. Standardised guidelines for important issues such as Quality Assurance, Point Of Care Testing, Training, Monitoring and Evaluation will need to be addressed.
- Given the recent Strategic Alignment of NHLS with Government's Programme of Action, especially the Accelerated Programme for Development, the NHLS must ensure its capacity in terms of Human Resources, Technology and Infrastructure, to respond the emerging Burden of Disease.

Opportunities

a. Service funding model

- It is important that the NHLS investigate and pursue alternative funding models to supplement or replace the existing Fee-for-Service model with cross-subsidization, such as:
 - Conditional grant funding for Research & Teaching + FFS without cross-subsidisation
 - Fixed Costs, trading volume for margin
 - Increasing surveillance grants
 - Other revenue generation opportunities
- Explore the possibility of modifying service grant reporting to reflect income compared to output
- The NHLS must emphasis the additional value that it provides (research, teaching, surveillance etc) for the cost of laboratory services

b. Using and Managing Information

- The NHLS is at present the custodian of a wealth of valuable health data. However, the publication of such data to stakeholders and indeed the wider public remains undecided.
- The formulation of a position with regards to the availability of health data to healthcare workers, researchers, other stakeholders and the public is important. The principle of *availing data publicly* is acceptable. However, further issues require resolution including

the extent of NHLS involvement in the public domain, the type of data that should be published, the access of provinces to this data and best practice in this regard.

c. Advocacy and Policy Formulation

- The NHLS, as the custodian of laboratory health information, is in the ideal position to translate the wealth of data it has accumulated into appropriate policy and guidelines. In addition, it has the human resource expertise to rapidly and effectively respond to a dynamic health environment where policy and guidelines are constantly evolving.
- Thus, the NHLS can position itself as an advocate for health policy/guideline change and as a result, foster the advancement of medical practice in South Africa.
- Key Policy initiatives to engage in are the following:
 - *National Laboratory Policy*
 - *Point Of Care (POC) Testing Policy*

4.3 RESEARCH & DEVELOPMENT

Strengths

- World renowned research expertise
- The institutes of the NHLS, such as the NICD and the NIOH, have the potential for enormous contributions to the research arena regionally as well as globally. Plans are required to extend the footprint of these institutes first nationally, and then beyond.
- Relationships with universities to produce research projects but also to train young researchers
- Establishment of a Grants Office for administration of grant funding and the development of a Research Executive Committee to oversee research of the organisation

Challenges and Threats

- Although research has been mandated by the NHLS Act as a core function of the NHLS, this role has not enjoyed the recognition and emphasis it deserves.

- A key problem has been the funding model employed for research thus far. The majority of research in the NHLS is funded by external grants and the service income of the organisation. In effect, research is an “unfunded” mandate of the NHLS, resulting in poor retention of skilled researchers. Alternatives to this funding model, such as a conditional grant for research, must be investigated.
- A balance will need to be established between the research interests of external funders and individual researchers, and the National Research Priorities of the country. Although responding to the immediate burden of disease of the country and the priorities of the DOH are one of the key concerns of the NHLS, innovative, “blue-sky” research is imperative to keep the NHLS abreast of cutting edge developments in the rest of the world.

4.4 TEACHING & HUMAN RESOURCE PIPELINE

Strengths

- Partnerships with Universities and Universities of Technology to provide training for laboratory personal and pathologists governed by the Umbrella Agreements
- Significant expertise available in the organisation for training purposes

Challenges and Threats

- There is a challenge for NHLS health care professionals to balance the time devoted to the three core functions of the NHLS i.e service, teaching and research. Part of the problem arises from the difficulties with recruiting and retaining an optimal number of professionals in the four core categories in pathology services (Pathologists, Scientists, Medical Technologists and Technicians). Unlike the DOH, the NHLS does not have a 10-year Human Resource Plan for its core professionals, and this issue must be addressed.
- As with research, the current funding model for teaching consisting of cross-subsidisation from service income, is not ideal and alternate funding mechanisms must be considered.
- There is inequity in distribution of resources for research and training amongst the provinces. Historically disadvantaged provinces and universities require greater focus.
- In order to assist with a new teaching model, the NHLS must recognise that the role of academic institutions surpasses mere teaching & research activities, but also includes academic leadership and mentoring. In this partnership with academic institutions, the

NHLS should also consider extending its role in undergraduate teaching to improve the exposure of potential employees to NHLS pathology services. With the reduction in applications into Clinical Pathology as a discipline, academic institutions are questioning the profitability of providing this specialisation. The NHLS must consider the potential implications should universities decide to cease postgraduate clinical pathology training. Despite the reduction in applications for clinical pathology locally, there are still opportunities for partnering with academic institutions to extend teaching into the rest of Africa.

- Finally, the NHLS needs to clarify its teaching role and partnership with the Universities of Technology. Opportunities for new professionals do exist (e.g B.Tech) but the experience with conversion courses has been problematic and requires discussion.

4.5 OPPORTUNITIES FOR TEACHING AND RESEARCH

a. Model for Teaching and Research

- NHLS should investigate and pursue alternative funding models such as conditional grants, for its teaching and research mandates. However, the organisation must fully understand the implications of alternative funding models on the budgeting process, the ability of the NHLS to deliver sustainable training and research services and the ability to attract and retain cutting edge talent. Another alternative is to explore bridging finance for research to ensure continuity of research/ innovation and fulltime employment of scientists beyond the lifespan of an external grant.
- Internally, the NHLS must explore a mechanism to create a budgeting mechanism for the teaching and research mandates. In addition, when reporting, the services provided by the NIOH and the NICD should be recognised as important outputs against the overall funding provided to NHLS by the DOH as part of the service agreement.
- Leverage convening power of NHLS to engage with other agencies/departments.
- Research collaborations with other partners such as the Department of Science and Technology, will result in extended opportunities for innovative research.
- Opportunity with a tiered laboratory service for extending the training platform beyond tertiary health facilities into regional, district and primary healthcare facilities.

- Opportunities for e-learning platforms
- Introduction of a Grants Office for research grants administration
- Development of a Research Executive Committee to oversee research activities in the NHLS
- Local , regional and international collaborations are important for raising the research profile of the organisation

4.6 OTHER STRATEGIC ISSUES

a. Positioning for the NHI

- The NHLS has the advantage of a historic relationship with the DOH where it provided laboratory services, with the added benefits of teaching and research. However, the NHLS Act is unlikely to protect the NHLS as the preferred provider in an NHI scenario. The NHLS should remain alert to the potential risks of NHI (loss of public sector business) and the potential returns (gaining additional private sector work).
- It is imperative that the NHLS maintain competitiveness in an NHI environment to maintain its advantage should the organisation have to bid to be the preferred laboratory service provider. The threat of new entrants to the pathology services market in South Africa partnering with cost-cutting international companies could also be countered by the NHLS exploring partnerships through a JV system.
- Many challenges will need to be addressed before the advent of the NHI such as optimising logistics to reduce costs, improving billing systems and maintaining skills and technical capacity.
- The NHLS should become a member of the technical committee to be established by the Minister to understand and influence policy formulation.

b. Stakeholder Management and Partnerships

- Given that there are many more stakeholders in health than NDOH, the NHLS should endeavour to ensure synergy of efforts (elimination of duplication in funding, service and research efforts)
- NHLS therefore needs to engage the following stakeholders:
 - Public Sector: DST, DTI, DOE, DOL, DPSA, Dept Public Enterprises, Treasury

- Private Sector: other pathology providers, suppliers, logistics & supply chain management
- International: WHO, ILO
- These relationships should be established with organisations rather than be dependent on individual members
- The NHLS given its significant convening power must actively manage these stakeholder relationships.
- Every international visit by NHLS employees should encompass as aspect of networking and an opportunity for exploring new collaborations and partnerships.

METHODS

For the first time in NHLS history, key stakeholders were invited to engage in a national strategic discussion to provide insight and guide the strategic thrust of the NHLS for next 5 year period.

Participants included¹:

- Key Customers: Deputy Director General: Strategic Health Programmes, CD: Communicable Disease, CD: Non-Communicable Diseases (from National Department of Health), 9 Provincial Heads of Health
- Stakeholders in Research and Teaching: Department Science and Technology, 9 Deans of University Faculties of Health Sciences, 9 Heads of Schools of Pathology (or equivalent), Key representatives from Universities of Technology
- Internal Stakeholders: Chairpersons of NHLS Board and its Subcommittees, in addition to the NHLS Executive Management Team

The following documents were used to inform the strategic discussion:

- The Maputo Declaration on the Strengthening of Laboratory Systems, WHO, 2008
- Government's Programme of Action 2009 – Human Development Cluster: Health
- NHLS Strategy 2007-2010 (February 2009 Review)
- NHLS Annual Report 2008/2009

Using the priorities identified and the strategic issues raised during the stakeholder discussions, key NHLS personnel formulated the NHLS Strategic Plan for 2010-2015 in the context of the burden of disease of the country, the priority programmes of the National Department of Health as well as the NDOH Ten-Point Plan.

¹ Full list of attendees and their strategic input (in the form of powerpoint presentations) attached as appendices.

VISION, MISSION AND GUIDING PRINCIPLES

NHLS PURPOSE AND MISSION

- To provide quality, affordable and sustainable **health laboratory** and related public health **services**,
- To train for **health science education**, and
- To promote and undertake **health research**

*In support of **National & Provincial Departments of Health** in their delivery of **health care to the nation***

NHLS GUIDING PRINCIPLES

- Our first responsibility is to our customers whom we desire to serve with passion and commitment, and strive to provide with an effortless quality yet affordable experience.
- We are accountable to our employees, respect their dignity and recognise their value.
- We value a disciplined organisation culture that promotes loyalty, trust, accountability and collaborative effort to mutual benefit, with employees who seek to contribute to the pursuit of NHLS's purpose.
- We endeavour to maintain exceptional standards and improve our offering through continuous learning and innovation appropriate to our environment.
- We strive to contribute to and make a difference to the Communities in which we live and work, ultimately influencing the improvement in our Nation's health.

5-YEAR STRATEGIC VISION

The NHLS vision is built around 4 strategic drivers with the customer at the centre of an integrated network.



The provision of quality, customer focused and affordable services is the foremost priority of the NHLS. In order to achieve this, staff morale and employee well-being and satisfaction must be fostered through an environment that allows employees to develop to their full potential while ensuring the provision of quality services effortlessly. Finally, financial structures should be in place to facilitate the achievement of the strategic vision for the next 5 years.

Destination 2015

The NHLS will:

Be a “household” name in health – with a SINGLE identity

Become the “provider of choice” for laboratory services, providing quality and cost-efficient services through laboratory standardisation

Strive to be an African leader in laboratory services and the preferred provider of WHO African surveillance. It will also be the primary reference point for promoting worker health in sub-Saharan Africa

Become a South African health information powerhouse

Position itself as a key player in health policy formulation

Endeavour to become the “employer of choice” in laboratory services providing the environment to nurture real talent

Operate as an environmentally responsible organisation and protect our environment through resource and energy efficiency

CHAPTER 6: NHLS TEN POINT PLAN

1. ROADMAP TO 2015

2011	2012	2013	2014
Finalised Funding & Costing models	POC policy / approach implemented	Footprint in SADC	Informing policy & advocating change in practice
Streamline business disciplines to appropriate sites	Alignment of technology with current/future needs	Knowledge management institutionalised	Fully automated central labs per NHLS region
Engage strategic partners	National network of surveillance labs		NHLS full accountability to pre-and post-analytical processes
10 yr HR plan operational	Streamlined Supply Chain Management		Quality affordable service
Gear up for NHI			
Universal Health Information Access to Provinces			
Universal Web access to lab results by clinicians			

2. NHLS 10-POINT PLAN

The NHLS has adopted a 10 Point Plan for the years 2010-2015, consisting of the following priority areas:

1. Deliver affordable services to the public sector
2. Determine a best-fit service delivery model
3. Deliver quality, customer-focused services
4. Align resources, support services and infrastructural development for service delivery
5. Become “employer of choice” for laboratory services
6. Position NHLS as the “provider of choice” for NHI
7. Prioritise innovation and research
8. Become the health information powerhouse
9. Drive stakeholder collaboration
10. Protect our community and environment

NHLS 10 Point Plan	Alignment with NDOH Programme of Action
<p>1. <u>Deliver affordable services to the public sector</u></p> <ul style="list-style-type: none"> a) Find alternative funding models for research & teaching b) Determine a transparent pricing model c) Ensure guaranteed funding for surveillance services provided by NICD and NIOH d) Explore other revenue-generating opportunities 	
<p>2. <u>Determine a “best-fit” service delivery model</u></p> <ul style="list-style-type: none"> a) Ensure capability & capacity to rapidly upscale for health priority programmes such as HIV/AIDS, STI’s, TB, according to burden of disease and Department of Health priorities b) Choose and implement on-site laboratory access (with tiered laboratory model) vs. on-site test access (with tiered test repertoire supported by massive logistics platform) c) Determine Point-of-Care Testing policy and implementation plan (Box 1) d) Determine most appropriate standardised laboratory technology – automated, centralised vs. decentralised. e) Fulfil statutory functions – Expand institution to include Forensic Toxicology in addition to NIOH, NICD and NCR 	<p>NDOH Point 2.7 Accelerate implementation of HIV/AIDS & STI’s, & increase focus on TB</p>

BOX 1: Point of Care Testing

Point-of-Care Testing will revolutionise laboratory and diagnostic services for patients and health providers. Rapid technological advances have ensured that this type of testing performed near or at the site of the patient has become a reality and is the fastest growing segment of the diagnostic industry.

3. **Deliver quality, customer-focused service**

- a) Improve customer perceptions of service delivery to the benchmark score of 75% (**Box 2**)
- b) Ensure retention of international quality standards to ISO 15189
 - SANAS Accreditation for ALL reference, academic and regional laboratories
 - Develop and maintain an internal accreditation system for peripheral labs in line with ISO 15189
 - Expand accredited EQA programmes throughout Africa

NDOH Point 2.3
Improving Quality of
Health Services

BOX 2: Instant access to laboratory results for doctors and nurses

Doctors and nurses rely on the NHLS to inform decisions about patient diagnoses and treatment. Compared to the current courier service, technology-driven result delivery is far superior in terms of time, cost and efficiency. The NHLS has been proactive in improving the turnaround time of result delivery across all laboratories nationwide. This has been a multi-pronged approach involving:

1. **Access to laboratory results via the Web**

Through the launch of the Disa interface in 2007, clinics and hospitals that have connectivity to the NHLS (via Internet or a dedicated link) have gained access to laboratory results electronically. This method of access has been particularly successful in the Western Cape Province where over 1500 clinicians now have access to laboratory results from the NHLS electronically. In addition, implementing the TrakCare-Lab LIS Webview, has enabled web access to results in KZN.

2. **Delivering results by SMS**

This method has been especially successful for TB Microscopy. It was made possible through the development of appropriate technology and supplying over 1000 SMS printers to remote clinics.

3. **Access to results via Cellphone**

Using newly developed MobiLAB technology, laboratory test results can now be transmitted to cellular phones, saving clinicians a substantial amount of time and effort in retrieving printed laboratory results or phoning labs to enquire about results. Forty doctors involved in pilot testing of MobiLABS on BlackBerry cellular phones have welcomed this technology enthusiastically and indicated that direct access to results on their cell phones at all hours of the day would save them substantial time.

Should this latter rollout succeed, it will add another string to the bow of endeavours supporting clinicians in their efforts to save lives.

<p>4. <u>Align resources, support services & infrastructural development for service delivery</u></p> <ul style="list-style-type: none"> a) Implement the 10-year Human Resource Pipeline Plan <ul style="list-style-type: none"> ● Partner with academic institutions to align teaching and training of core professionals for fulfilment of planned pipeline ● Investigate the appropriateness of mid-level workers in the NHLS organogram b) Implement the 10-year Infrastructural Plan c) Enhance Supply Chain Management d) Align ICT systems to optimise service delivery <ul style="list-style-type: none"> ● Rollout LIS country-wide e) Develop and utilise Health Technology Assessment Unit 	<p>NDOH Point 2.6 Revitalisation of Infrastructure</p>
<p>5. <u>Become laboratory services “Employer of Choice” vs. “Employer of last resort” (Box 3)</u></p> <ul style="list-style-type: none"> a) Recruit and retain key talent – both in core professional groups, as well as support services b) Strengthen leadership & management capacity – implement NHLS Leadership Academy c) Drive disciplined, accountable, collaborative, purpose-filled organisational culture 	<p>NDOH Point 2.5 Improved HR Planning, Development and Management</p> <p>NDOH Point 2.4 Overhauling Health Care System & Improve its Management</p>

BOX 3: Enhancing the work and community environment

The NIOH is embarking on an exciting initiative to develop a program of occupational health services for all our employees and to enhance employee wellness interventions. These initiatives will then be expanded to the entire public service in partnership with DPSA. In addition, NHLS is embarking on initiatives to ensure sustainability of our environment through recycling and “green”-disposal of electronic and biomedical waste.

<p>6. <u>Position NHLS as the provider of choice for NHI</u></p> <ul style="list-style-type: none"> a) Investigate joint-ventures with other providers / suppliers b) Deliver quality, customer-focused services to build credibility and trust in NHLS 	<p>NDOH Point 2.2 Implementation of NHI</p>
<p>7. <u>Prioritise innovation and research</u></p> <ul style="list-style-type: none"> a) Develop new diagnostic tools applicable to resource-limited settings b) Encourage research into solutions for priority diseases (applicable to resource-limited settings) c) Innovate in systems and processes to improve laboratory and health service delivery (Box 4) 	<p>NDOH Point 2.10 Strengthen Research & Development</p>

BOX 4: Technology a potential solution for collecting specimens and delivering results to rural clinics

A speedy and accurate laboratory service is critical for managing the twin epidemics of HIV/AIDS and TB. However, providing a rapid service in rural areas of the Eastern Cape, Limpopo, KwaZulu-Natal and Mpumalanga Provinces is rendered difficult by poor road and technology infrastructure.

In order to address this challenge, the NHLS has developed aerial specimen couriers which are currently undergoing extensive testing and piloting. UAVs (un-manned aerial vehicles) are aircraft that are navigated by remote control using GPS technology.

Prototypes can takeoff autonomously from an NHLS lab site and be navigated, using GPS technology, to a remote rural clinic where it can perform a precision autonomous landing at NHLS-defined GPS co-ordinates, as well as autonomously launch its return to base, with a flight range between 40km and 100km.

Extensive testing and proof of concept flights have been carried out in the Western Cape, Gauteng and KwaZulu-Natal where specimens for HIV and TB were precision-dropped and recovered at the predefined waypoint, in wind speeds of 45km/hr. Specimen results were then dispatched via SMS to the sender, who thus received molecular PCR results within six hours of collection from a remote rural site.

In summary, it has been shown that the technology exists to use UAVs as transport couriers delivering samples from remote clinics to NHLS laboratories. For this to become a practical enterprise, however, demands more than just having the requisite technology, as formidable non-technical barriers remain, including CAA certification.

Specimen delivery using Unmanned Aerial Vehicles will revolutionise service delivery by the NHLS.

<p>8. <u>Become the health information powerhouse</u></p> <p>a) Safeguard national assets</p> <ul style="list-style-type: none"> ● Establish biorepository (an archive of specimens used for teaching & research) ● Build institutional archives – recording pioneering ventures & historical “firsts”, retaining knowledge capital for posterity <p>b) Expand monitoring & evaluation of programmes and health outcomes, beyond surveillance</p> <p>c) Make health system information available to decision-makers (using coterminous health boundaries)</p> <p>d) Provide information to manage the organisation and promote a culture of accountability</p> <p>e) Convert information to knowledge to change policy and practice</p>	<p>NDOH Point 2.3 Improving Quality of Health Services</p>
<p>9. <u>Drive stakeholder collaboration</u></p> <p>a) Ensure integrated and unified plans of action amongst cross-sector stakeholders</p> <ul style="list-style-type: none"> ● To manage priority diseases ● To improve worker health ● To strengthen health systems 	<p>NDOH Point 2.1 Creation of Social Compact for better health outcomes</p>
<p>10. <u>Protect our community and environment</u></p> <p>a) Become an energy & resource efficient organisation</p> <p>b) Dispose of waste and assets in an environmentally-friendly manner</p> <p>c) Strive for a paperless organisation</p>	

IMPLEMENTATION OF THE STRATEGIC PLAN

1. 5-YEAR STRATEGIC DELIVERABLES: INDICATORS AND TARGETS

PRIORITY AREA	PERFORMANCE INDICATOR	TARGET	TIME PERIOD
Affordable laboratory services	% Price per test reduction	1% per annum	2011-2013
	Reduce debtors days to ensure cash flow	45 days	2011-2015
	Costing model for service, teaching and research. Options appraisal for alternative funding finalised	Costing model established. Options appraisal finalised and agreed with NDOH	2010-2011
Modernised "best-fit" service delivery model	Accelerate expansion of TB and HIV/AIDS laboratory support services	Line Probe/TB Microscopy Sites/CD4/Viral Load laboratory plan implemented	2010-2013
	POCT policy	Policy finalised and agreed with NDOH	2010-2011
	Standardised laboratory technology framework, plan and platform	Plan finalised and implemented	2010-2011
	Tiered laboratory service delivery model	Model agreed with NDOH and implementation plan finalised	2010-2011
Deliver quality, timely, accessible and customer-focused services	Turn Around Time Focus on priority programmes – CD4, VL, PCR, TB Microscopy	CD4 – 72 hours VL – 4 days PCR- 5 days TB Microscopy – 48 hours	2010-2012
	Improved Customer Satisfaction Index (54% in 2009)	10% improvement year on year to a target of 80% Maintenance of 80% target	2010-2015

	Accreditation of academic and regional laboratories	100% of academic and regional laboratories accredited	2010-2015
Align resources with strategic service delivery priorities	Ten year HR plan Including teaching and training of core professionals	Full implementation of plan	2010-2011
	10 year Infrastructure plan	Plan implemented	2010-2011
	Efficient inventory, logistics and supply chain management plan	Plan implemented	2012-2013
	Improve efficiencies and access to laboratory results by implementing centralised LIS to remaining regions	100% coverage of regions with centralised LIS	2011-2013
Become “employer of choice”	Recruitment and retention strategy	Implementation of strategy	2010-2011
	Management and leadership programmes	Programmes developed and implemented	2010-2013
	Continuing Professional Development strategy	Strategy implemented	2010-2012
	Succession plan	Developed and implemented	2010-2011
	Employee Satisfaction Index – improve staff morale	Improved 5% from baseline	2010-2011
	Improved productivity	Workload model to be determined and improvement demonstrated -Tests/HC improvement to norm	2011-2015
Position NHLS as provider of choice for NHI	Position document for NHI	Position document developed	2010-2012
	Integration with NDOH e-Health Strategy, Electronic Health Record (EHR) and NHI	Integration enabled	2015

Promote innovation and research	National Research Committee	Committee established and agenda finalised	2010-2011
	Research and peer-reviewed publications aligned with National Research Priorities	90% alignment	2010-2013
	Research funding	Additional NHLS bridging funding of R10 million	2010-2012
Health information accessibility and use	Improved stakeholder access to information systems for passive surveillance programmes, priority programmes and National Cancer Registry to enable monitoring and evaluation of diseases	Information Management Unit commissioned and functioning	2010-2011
	Improved accessibility to active surveillance programmes	As above	2010-2011
	Translating information into policies, protocols and guidelines to improve practice	As above	2010-2015
Drive stakeholder collaboration	Structure for inter-sectoral collaboration, and framework for aligning priorities with stakeholders	Develop and implement structure for inter-sectoral collaboration and framework for alignment of priorities	2010-2011
Protect and ensure sustainability of our community and environment	Environmentally sustainable disposal of biomedical, laboratory and electronic waste	Plan developed and implemented	2010-2012
	Recycling of materials at every NHLS site	Plan developed and implemented at 100% of sites	2010-2012
	Energy and utility savings in the design of new facilities and the operations of existing facilities	Plan developed and implemented	2010-2013

A comprehensive mid-term review will be conducted in 2012 to determine progress towards the strategic deliverables. It will pinpoint areas of poor performance that require additional effort and resources while highlighting goals that have been attained and require maintenance.

2. 2011-2012 STRATEGIC DELIVERABLES: INDICATORS AND TARGETS

Figure 2.1: NHLS Organisational Strategy Map for 2011-2012

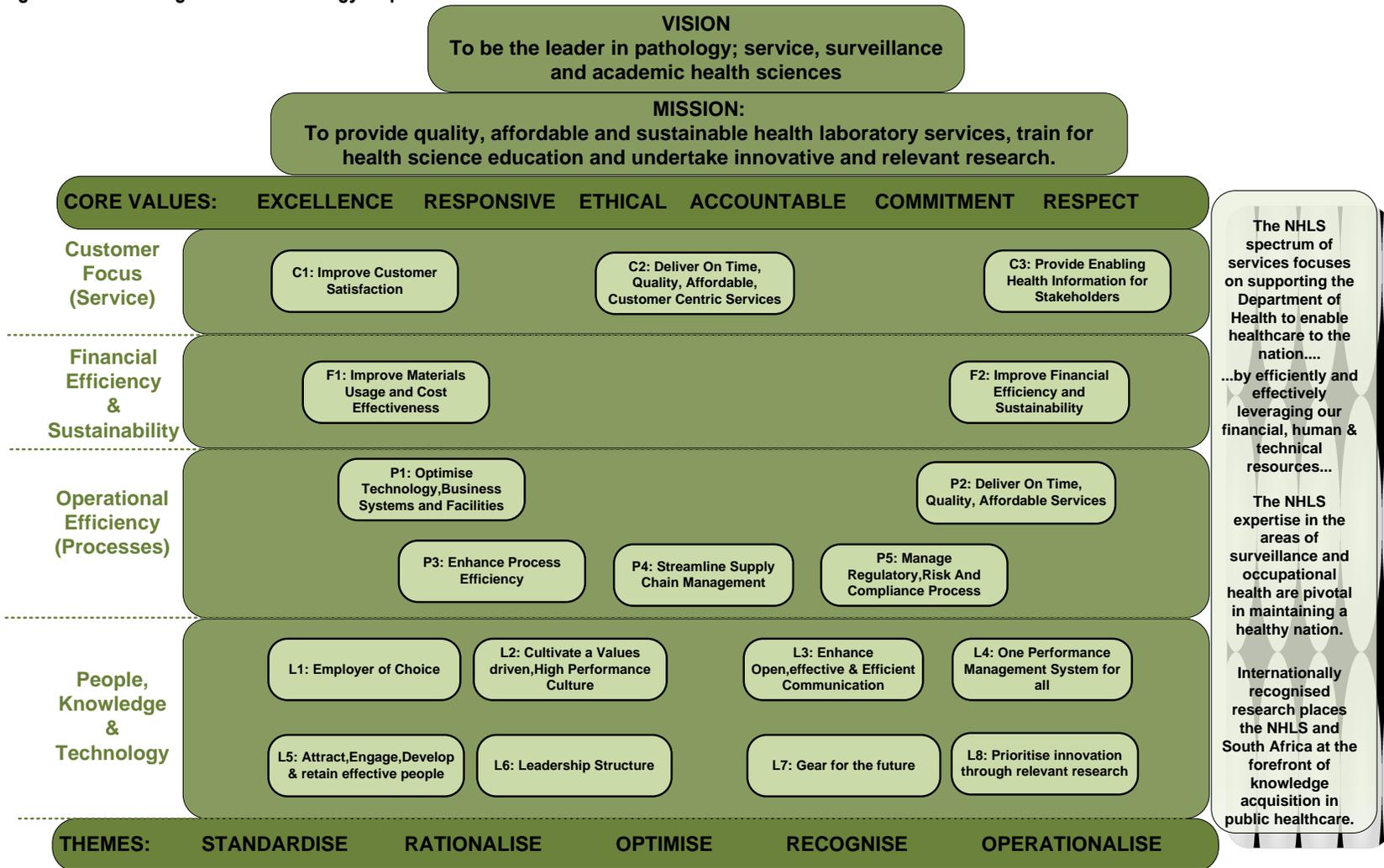


Table 2.1: NHLS Organisational Strategy: Deliverables and Targets for 2011-2012

Strategic Objective	Measurement	Target 2011/12	Activities
Improve Customer Satisfaction	Improved Customer Satisfaction Index from 2010 baseline.	Improve CSI score by 5% from baseline	Repeat a customer satisfaction survey in February 2012
Provide Enabling Health Information for Stakeholders	Improved periodic supply of relevant information to various stakeholders	Provide 5 new reports	Develop and provide routine reports for management, planning and monitoring to NDOH, PD'sOH and Institutions.
Improve Materials Usage and Cost Effectiveness	Provide Electronic Access to Laboratory Results	KZN ,NW & Mpumalanga province	Implement systems to enable process
	Reduced materials cost- sales ratio	2% reduction in materials usage	Undertake detailed costing of 70 most requested tests
	Lab policy and technology plan	National Lab policy Rational procurement plan for new technology investments	Develop and implement standardised lab plan by level of care
Improve Financial Efficiency and Sustainability	Reduce debtors days to ensure cash flow	45 days	
	Improved Electronic Gate Keeping	Fully implemented by April 2012	Develop and Implement Electronic Gate Keeping on TrakCare LIS
	Costing model for service, teaching and research. Options appraisal for alternative funding finalised	Costing model established. Options appraisal finalised and agreed with NDOH	Consult with expert groups and develop a proposal to table with NDOH.

Optimise Technology, Business Systems and Facilities	Increased % Academic and Regional labs accredited	100% of scheduled	Do an assessment of facilities in preparation for accreditation
	Increased stakeholder access to information systems	Optimised Information Management Unit (IMU)	Design of customized interfaces to various stakeholders for passive surveillance programmes, priority programmes and National Cancer Registry to enable monitoring and evaluation of diseases.
	Enhanced DOH Reporting & Dashboards	Fully implemented by April 2012	Develop Enhanced Reporting for All Priority Programmes as agreed with the Director NPP
	Enhanced National Cancer Registry (NCR)	Fully implemented by April 2012	Develop NCR System for Enhanced Coding and Reporting
	Electronic Access to Laboratory Results	Fully implemented by April 2012	Extend TrakCare LIS usage by Electronic Lab Results Using Web & Mobile Technology
	% of NHLS business systems optimized	Upgraded and optimized business systems by April 2012	Upgrade Oracle EBS to Release 12 Implement Specimen Tracking on TrakCare LIS
	Rollout TrakCare Laboratory Information System	Rollout TrakCare LIS to Northern Region	Rollout TrakCare LIS to Northern Region
	Support DOH in the rollout of the GenXpert	Rollout to 9 districts by June 2011	Develop a well resourced comprehensive project plan
Improved TAT for TB Microscopy from 2010 baseline	85% within 48 hours		

On Time Delivery of Affordable, Quality Service	Improved TAT for CD4 from 2010 baseline	95% within 72 hours	
	Improved TAT for Viral Load from 2010 baseline	80% within 4 days	
	Improved TAT for HIV PCR from 2010 baseline	80% within 5 days	
	Improved TAT for Cervical Smear from 2010 baseline	80% within 2 weeks	
	Reduced Price for a selected basket of tests	20 tests	Select a basket of tests and apply a price reduction.
Enhance Process Efficiency	Improve approval process for new tests and equipment	Approval system implemented by April 2012	
	Re-engineer support function processes to suit business	Improved TAT for appointment, procurement and IT problems resolution.	SLA for each support department
	Improved Gate Keeping Process	Implemented electronic gate keeping tool in all central hospitals	Develop and Implement Electronic Gate Keeping on TrakCare LIS
	Develop and Implement POC policy	List of relevant POCT for use by health service providers by April 2012	Collaboration in the development of POC diagnostic device for detection of multiple diseases

Streamline Supply Chain Management	Improved logistics and tracking	Improve TAT by 10% Reduction in lost specimens	Appoint a national logistics provider with agreed TATs for delivery and tracking of specimens
	Improved, flexible billing and collections systems	Pilot project on billing and collection	Put up an expert group and explore other PPPs for billing and collection.
Manage Regulatory, Risk And Compliance Process	Effective monitoring of risks and adherence to regulation and legislation	100% of risks mitigated	Develop and implement a risk management framework.
Employer of Choice	Effective Orientation program	Fully developed September 2011	To develop an induction pack
Cultivate a Values driven, High Performance Culture	Develop organizational values	Completed March 2011	Conducting road shows to generate the values
	Embed the value system within the NHLS	Completed by April 2012	Values linked to performance contract
Enhance Open, effective & Efficient Communication	Enhance visibility of the NHLS.	Planned activities implemented by April 2012	NHLS 10 year anniversary celebrations throughout the country Production of annual report and review publications.
One Performance Management System for all	One performance system for all	Fully functional by April 2012	Implement a performance management system linked with values

Attract,Engage,Develop & retain effective people	Improve EE profile	Increase EE stats by 5%	Develop a “Recruit, develop and retain” strategy to improve equity
	Improve staff morale	Improve ESS by 10% from baseline	Improve leadership and management visibility to staff and also develop robust internal communication plan.
	Ten year HR plan Including teaching and training of core professionals	Plan developed	Put up and expert group and consult with colleges of medicine and DOH for the design of the curricula and catalogue of courses
	Reduce vacancy rate for professionals	Reduce by 5% from baseline	Intensify recruitment of professionals and fill in vacancies
	Increase pass rate of Registrars	Increase pass rate by 10%	Increasing reprioritising the training of the next generation of relevant pathologist, technologist, technicians and scientists
	Establish NHLS Academy	Established by April 2011	Put up and expert group and consult with colleges of medicine and DOH for the design of the curricula and catalogue of courses
Leadership Structure	Establish a Project Office	Fully functional by April 2012	Explore the suitable model implement. Manage some projects from the project office
	Strengthen Management and leadership	Leadership and management Programmes developed and implemented	Implement programmes to mentor, coach and develop management.

Gear for the future	Prepare for NHI	Develop NHI readiness Plan	Put up and expert group to explore readiness for NHI and develop a plan.
	Expand Occupational Services	Develop Occupational Services for Public Sector	Pilot project with BMW Explore PPPs for service delivery
Prioritise innovation through relevant research	%Research submitted to influence policy	5 %Research submitted to influence policy by April 2012	Select relevant researches and forward findings and recommendation to policy makers
	%Research translated into service	5% Research translated into service by April 2012	Select relevant researches and forward findings and recommendation for improving service

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ANNEXURES

1. NHLS Board

Surname	Name	Title	Representative of:	Term Commencement Date	Term Ends Date	Comments
Baloyi (Chairperson)	Sesi	Ms	Minister of Health	Jun-08	Jun-11	Non-Executive Member
Mgijima	Ralph	Dr	Minister of Health	Jun-08	Jun-11	Non-Executive Member
Pillay	Sagie	Mr	CEO - (5-yr Fixed Term Contract)	Dec-08	Dec-13	Executive Member
Kamy	Chetty	Dr	National Department of Health	Jan-08	May-09	Non-Executive Member
Pillay	Yogan	Dr	National Department of Health	Jun-09	Jun-12	Non-Executive Member
Venter	Andre	Mr	National Department of Health	Jan-08	Jan-11	Non-Executive Member
Adriaan	Sturm	Prof	Council for Higher Education (Medical Universities)	Dec-08	Dec-11	Non-Executive Member
Smith	Nanette	DR	Council for Higher Education (Universities of Technology)	Aug-07	Aug-10	Non-Executive Member
Coates	John	Mr	Western Cape Province	Jan-08	Jan-11	Non-Executive Member
Mallet	Jonathan	Mr	Northern Cape Province	Jan-08	Jan-11	Non-Executive Member
Khokho	Sylvia	Ms	Free State Province	Jan-08	Jan-11	Non-Executive Member
Mazamisa	Nokuphila	Dr	Gauteng Province	Aug-07	Aug-10	Non-Executive Member
Ntjana	Jake	Mr	North West Province	Jul-07	Jul-10	Non-Executive Member
Shezi	Sibongile	Ms	KwaZulu-Natal Province	Jul-08	Jul-11	Non-Executive Member
Malherbe	Mariaan	Ms	Limpopo Province	Dec-09	Dec-12	Non-Executive Member
Mhlongo	Thokozani	Dr	Mpumalanga Province	Jul-09	Jul-12	Non-Executive Member
Matiwane	Mninawa L	Dr	Eastern Cape Province	Nov-09	Nov-12	Non-Executive Member
Yokwana	Nozuko	Ms	Public Nomination (Comm.Dev.)	Jan-08	Jan-11	Non-Executive Member
Hussey	Gregory	Prof	Public Nomination (Research)	Dec-09	Dec-12	Non-Executive Member
Moyo	Ronald	Mr	Public Nomination (Finance)	Dec-09	Dec-12	Non-Executive Member
Richardson	Antonette	Ms	SALGA	Aug-09	Aug-12	Non-Executive Member
VACANT x 2 posts			Dept. Science & Technology (DST) + Organised Labour	(Term 3-Yrs)		Non-Executive Member

2. NHLS Executive Committee

Surname	Name	Title	Representative of:	Comments
Pillay	Sagie	Mr	Chief Executive Officer	Executive Member - Fixed 5-Yr Contract
Schoub	Barry	Prof	Director: National Institute for Communicable Diseases (NICD)	Executive Member - Fixed 5-Yr Contract
Kistnasamy	Barry	Dr	Director: National Institute for Occupational Health (NIOH)	Executive Member - Fixed 5-Yr Contract
Van Heerden	Johan	Dr	Academic Affairs, Research and Quality Assurance	Executive Member - Fixed 5-Yr Contract
Erriah	Devendra	Mr	Chief Financial Officer	Executive Member - Fixed 5-Yr Contract
Mahlati	Sipho	Mr	Central Region (Central and Southern Gauteng, Free State and Northern Cape)	Executive Member - Fixed 5-Yr Contract
Mkhize	Nelisiwe	Ms	KwaZulu-Natal Region	Executive Member - Fixed 5-Yr Contract
Mofokeng	Jone	Mr	Northern Region (Limpopo, Mpumalanga, North West)	Executive Member - Fixed 5-Yr Contract
Lucwaba	Patrick	Mr	Coastal Region (Eastern Cape and Western Cape)	Executive Member - Fixed 5-Yr Contract
Michas	Stelios	Mr	Information Technology	Executive Member - Fixed 5-Yr Contract
Lecoge	Mpho	Ms	Human Resources	Executive Member - Fixed 5-Yr Contract
Ndebele	Nkululeko	Mr	Company Secretary	Executive Member - Fixed 5-Yr Contract
Reddy	Kaamini	Ms	Communications & Marketing	Executive Member - Fixed 5-Yr Contract

3. Branches and Institutes

Head Office	NICD	NIOH	
<p>1 Modderfontein Road Sandringham, Johannesburg South Africa PO Box 1038 Johannesburg South Africa, 2000</p> <p>Tel: (011) 386-6000 Fax: (011) 386-6002</p>	<p>Postal address: Private Bag X4, Sandringham 2131 Physical address: 1 Modderfontein Rd, Sandringham, Johannesburg, 2192</p> <p>Tel: (011) 386-6058 Fax: (011) 882-1872 Email: barrys@nicd.ac.za</p>	<p>Postal address: P O Box 4788, Johannesburg , 2000 Physical address: 25 Hospital Street, Hillbrow, Johannesburg</p> <p>Tel: (011) 712-6400 Email: barry.kistnasamy@nioh.nhls.ac.za</p>	
Central Region	Northern Region	Coastal Region	Kwazulu-Natal Region
<p>Postal address: P O Box 1038, Johannesburg , 2000</p> <p>Physical address: Room 8, Watkins Pitchford Building, NHLS, corner Hospital & de Korte Streets, Braamfontein</p> <p>Tel: (011) 489-9650 Fax: (011) 489-9653 E-mail: sipho.mahlali@nhls.ac.za</p>	<p>Postal/Physical address: 7 Charles de Gaulle Street, Highveld, Centurion</p> <p>Tel: (012) 678-9550 Fax: (012) 678-9573 E-mail: Jone.Mofokeng@nhls.ac.za</p>	<p>Postal address: Private Bag X9066, Cape Town 8000</p> <p>Physical address: Old City Hospital Complex, Portswood Road, Green Point, Cape Town</p> <p>Tel: (021) 417-9376 Fax: (021) 425- 2907 Email: patric.lucwaba@nhls.ac.za</p>	<p>Physical address: NHLS Laboratory, 149 Prince Street, Durban, 4001</p> <p>Tel: 031 327 6718/36 Fax: 031 337 3329/9929 E-mail: nelly.mkhize@nhls.ac.za</p>

4. Laboratory Footprint



5. Information and Communication Technology Plan

Objectives	Activities
1) TrackCare Lab Laboratory Information System Rollout	<ul style="list-style-type: none"> • Review TrakCare Lab LIS Rollout Implementation Plan (aligned to NHLS Service Delivery Framework & Platform) <p>Implement Current Year as per Implementation Plan</p>
2) Provide Access to Laboratory Results	<p>Extend electronic access to laboratory results using Mobile Technology and Web Technology.</p>
3) Improve Customer Satisfaction Index from 2009 baseline	<ul style="list-style-type: none"> • Improve CSI score by 7.5% from baseline
4) Determine & Implement 10 year Infrastructure Plan	<ul style="list-style-type: none"> • Prepare 10 Year IT Infrastructure Plan <p>Implement Plan</p>
5) Provide Enabling Health Information	<ul style="list-style-type: none"> • Develop stakeholder accessibility to NHLS Information Systems to enable monitoring and evaluation
6) Strengthen IT Systems Business Systems and Sandringham IT environment	<ul style="list-style-type: none"> • Upgrade Oracle ERP Hardware including Related Software, Storage Area Network and Disaster Recovery System for the Corporate Data Warehouse • Build new IT data centre at Sandringham and migrate IT equipment to new data centre • Prepare plan to upgrade Oracle e-Business software to Release 12. • Implement Video Conferencing at 3 sites.