ANNUAL REPORT

Department of Health 2003/04

10 YEARS OF FREEDOM

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Contents

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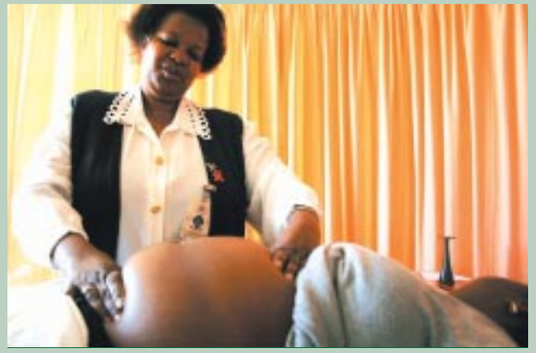
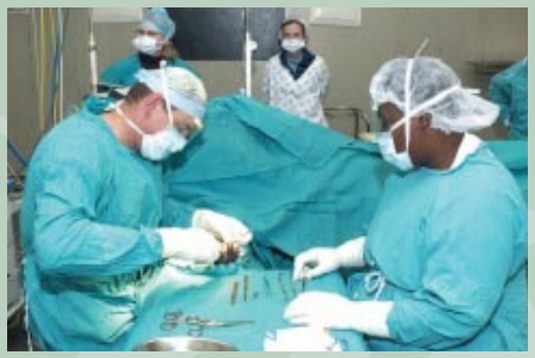
MINISTER'S FOREWORD





Foreword by the Minister of Health

During 2004, we celebrate 10 years of democracy and it is therefore a watershed year for all us. We have made significant gains in transforming the health system during the last 10 years but the work is not complete. The principles that we adopted 10 years ago especially those of equity, quality, affordability and community participation are as relevant today as they were when the first post-apartheid government took office.

We have published our achievements and challenges experienced over the past 10 years in a separate publication. We will not repeat these here but instead focus on the achievements of the past financial year only. Readers will therefore be presented with an overview of the national Department's achievements for 2003/04. Details of activities at provincial level will be covered extensively in the annual reports of provincial Departments of Health.

A significant proportion of the national Department's budget is allocated to provinces in the form of conditional grants. The national Department's budget is therefore small and is specifically utilised for it's direct activities. As the custodian of the national health system, we develop national legislation, policies, as well as guidelines and protocols in line with norms and standards as agreed with provinces. Our work also involves providing technical support to provinces and monitoring achievements of national targets. We collaborate with international organisations and agencies on an ongoing basis.

Within this mandate, the Department has produced a large number of policies, guidelines and pieces of legislation to facilitate the transformation of the health sector since 1994. What we need to do in the next period is to fast track implementation and more robust monitoring of progress of implementation. We also require more targeted technical support to provinces and health districts. I have signalled how we hope to achieve this in my budget speeches to the House of Assembly and the National Council of Provinces.

I wish to thank the former Director-General, Dr Ayanda Ntsaluba, for his leadership and management of the Department. As many would know, he was transferred to the Department of Foreign Affairs during 2003. The leadership of the Department was shared by the deputy directors general, who acted as head of Department for the remainder of the financial year. I wish to thank Dr Kamy Chetty and Ms Nthari Matsau for taking this responsibility and also wish to thank the officials in the national Department of Health for their sterling work during this period.

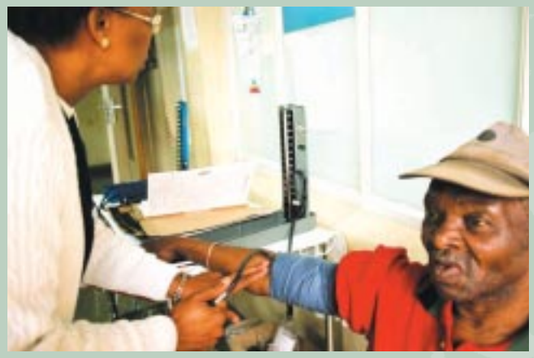
In conclusion, I wish to thank the previous Deputy Minister, Mr R Schoeman, and the MECs and their officials for their support during the 2003/04 financial year.

Finally, I wish to welcome the new Deputy Minister, Ms N Madlala-Routledge and the newly appointed MECs to the health family.

Together we shall make a difference!

Dr M Tshabalala-Msimang, MP
Minister of Health

DIRECTOR-GENERAL'S OVERVIEW



Director-General's Overview

INTRODUCTION

As the Minister noted in her foreword, this is a watershed year in two respects. The first is that this is the 10th year of our democracy and we can be truly proud of our achievements as a nation and as a Department. The second is that this reporting period represents the end of the Health Sector Strategic Framework, 1999-2004, which signals the need to review our strategic priorities for the next five years. In this overview, I shall highlight our key activities of the past year which took us forward to achieve our vision: "A caring and humane society in which all South Africans have access to affordable, good quality health care".

ACHIEVEMENTS AND CHALLENGES

Child and youth health

We have made significant gains in preventing childhood illness through our expanded programme on immunisation. Between 1998 and March 2003, we have improved the immunisation coverage from 63% to 82% and hope to reach 90% in the next 5 years. In addition, as a result of the measures implemented, we are well on our way to being certified polio free by the World Health Organisation - 93% of children have received the 3rd dose of the polio vaccine.

To prevent illness in children under 5 years old and ensure that public health facilities are able to treat them appropriately and effectively, over 7 000 health workers, who provide services to children, have been trained in the Integrated Management of Childhood Illnesses strategy (IMCI). The goal is to have more than one health worker per facility implementing the IMCI strategy.

To improve youth health services, the Department has adopted the National Adolescent Friendly Clinic Initiative. This initiative aims to train health workers to be more sensitive to the needs of adolescents and to ensure that clinics are open at times when adolescents are able to access services so as to treat young people with respect and dignity.

Nutrition

On 1 April 2004, the Primary School Nutrition Programme was transferred to the Department of Education. During 2003/04, more than 4,5 million learners benefited from the programme.

In the year under review, the integrated nutrition programme expanded the number of baby friendly facilities to almost 22% of public health facilities with maternity units, the vitamin A supplementation programme was introduced for lactating mothers and children under 5 years old and the food fortification initiative was launched in October. The nutrition programme produced guidelines for the nutrition of those with chronic illnesses and trained health workers in growth monitoring. A series of activities were undertaken with other government Departments to ensure food security for our citizens who need it most.

Communicable diseases

There was a 6% decrease in the number of malaria cases in 2003/04, compared to the previous year. Deaths from cholera were reported in two provinces, namely, Mpumalanga and the Eastern Cape. All provincial health Departments have instituted measures to strengthen their capacity to respond timeously and effectively during outbreaks.

In contrast to malaria and cholera, the impact and effect of Tuberculosis(TB) has increased in the year under review. The problem is complicated and exacerbated because of its relationship with HIV and AIDS. With the assistance of the

World Health Organisation, the Department has produced a plan to strengthen it's TB programme.

In November 2003, Cabinet approved the Comprehensive Plan for the Management, Care and Treatment of HIV and AIDS in South Africa. The national Department, with our provincial counterparts, are in the process of implementing the Plan. Part of this process, was the accreditation of sites, where antiretroviral drugs will be provided to patients living with AIDS.

By the end of the 2003/04, there were 2582 facilities where Voluntary Counselling and Testing (VCT) services were provided. In addition, more than 1600 health facilities were implementing the prevention of mother-to-child transmission programme (PMTCT). Prevention programmes continued to be the foundation of the HIV and AIDS and STI's programme. These include the free provision and distribution of male and female condoms, the Khomanani Awareness campaign, and a range of peer education and lifeskills programmes.

Chronic diseases
The Department's focus on chronic diseases was marked by increasing awareness about prostate and testicular cancer, and interventions to improve treatment adherence for those patients with chronic illnesses.

In line with the announcement made by the President in his State of the Nation address in February 2003, the Department implemented its free health services to people with disabilities policy, in July 2003. During the year under review, the Department distributed wheel chairs and hearing aids which significantly reduced the backlog of assistive devices. It is envisaged that the backlog will be eliminated during the 2004/05 financial year.

Mental health
Mental health services have long been labelled the Cinderella of the health delivery system. The period under review, saw further integration of mental health into the primary health care system, the development of norms and standards and an improvement of quality of care in psychiatric hospitals. However, much more needs to be done in terms of revitalising psychiatric hospitals and accelerating the development of community care. The Department will be working on promulgating regulations in terms of the Mental Health Care Act, and issuing regulations on the labelling of containers that contain alcohol.

Health promotion
The key health promotion activities undertaken by the Department during 2003/04 involved expanding the health promoting schools initiative and publishing the amendments to the Tobacco Products Control Act. Research undertaken suggested that fewer youth are starting to smoke as a consequence of the policies and legislation around tobacco control. The Department also published the findings of the youth risk behaviour survey which will assist Government to sharpen its policies and interventions that impact on the youth.

Primary Health Care and quality of care
One of the priorities adopted for the five year term in the Health Sector Strategic Framework, 1999-2004, was the need to improve quality of care. During the financial year under review, the Department established a national call centre to respond to complaints. In addition it strengthened the supervision system for primary health care. There is also a marked improvement in quality of care in the hospitals that are part of the revitalisation programme.

The delivery of primary health care through the district health system remains one of the key policies of the Department. Municipal health services which include a list of environmental health services were devolved to district and metropolitan municipalities as from 1 July 2004. Provincial Departments will therefore be responsible for the provision of primary health services. Ongoing discussions with stakeholders are being conducted to ensure the smooth implementation of this policy.

The Department conducted an audit during 2003 to investigate the extent to which the package of primary health services, adopted in 1999, is being implemented in each health district. The recommendations will be incorporated into the Departmental action plan for 2004/05. Efforts will be made to ensure that each province is able to provide the full package in each district in the next three to five years.

Hospitals
During the 2003/04 financial year, two new hospitals were completed in the Northern Cape- one each in Colesburg and Calvinia. In addition, the revitalization of hospitals is now into its third year and 30 hospitals are currently part of the programme. The total revitalisation package includes infrastructural changes, improvements in management and quality of care, and equipment replacement. Various other hospitals, which are not part of the revitalisation programme, have been assisted to improve their governance processes and management structures.

Emergency Medical Services
Much effort has been expended to strengthen the planning of Emergency Medical Services nationally to ensure that we are able to meet the national target response times. In addition, officials from the Department have been actively providing support to major events, both nationally and internationally, to ensure that disaster management strategies are in place to deal with any serious incidents related to these events.

Equitable resource allocation
To ensure equitable and effective resource allocation, cost centre financial systems were implemented at hospitals by the end of 2003/04. The medical schemes environment has been strengthened and the uniform patient fee schedule (UPFS) has been adopted and is being implemented in most provinces. Much work has been done in costing the health services being provided at secondary and tertiary levels and to explore inter and intra-provincial equity in resource allocation. In addition, the development of an integrated planning framework is nearing completion. Once complete, the model will assist provinces with long range planning and costing of health service changes.

Human resources
Human resource management and development remains one of the more difficult challenges. However, a number of initiatives have been implemented to increase the number of quality health care workers in the public health service. The Department extended community service to most categories and implemented the scarce skills and rural allowances. Mid-level worker for several categories of health workers was introduced and the Department signed agreements with countries to which our health workers are recruited.

Legislative reform
On the legislation front, the National Health Bill was passed by both houses of Parliament towards the end of 2003 and signed into law by the President in July 2004. In addition, a large number of regulations have been promulgated during the year. As is well documented, several pieces of legislation and their implementation have been tested in the courts of law during the financial year.

International health liaison
Finally, the Department has concluded numerous international agreements with several countries during the financial year. The challenge is to ensure that we honour our obligations in the next financial year. These obligations include agreements with commitments to SADC and NEPAD.

ACKNOWLEDGEMENTS

In conclusion, I would like to thank the Minister for her inspirational leadership during the past year and express my gratitude to Dr Kamy Chetty for her contribution during her tenure as Acting Director General. I also wish to thank my predecessor, Dr Ayanda Ntsaluba, for his leadership.

Finally, I wish to thank the heads of provincial Departments and my colleagues in the national Department for their support and tremendous efforts in realising the objectives of the Department.

Ms Nthari Matsau
Acting Director-General

Section One
PERFORMANCE REVIEW

Performance Review

INTRODUCTION

This annual review will be done against the priorities set in the Health Sector Strategic Framework, 1999-2004, and in the Strategic Plan of the National Department for 2003/04 – 2005/06. While the 5-year plan contained the high level goals and objectives, the medium term strategy framework contained both one year and medium term objectives. In this report we will focus on reporting on the performance targets that we had set for the Department for the 2003/04 financial year.

VISION AND MISSION

Vision: a caring and humane society in which all South Africans have access to affordable, good quality health care.

Mission: to consolidate and build on the achievements of the past five years in improving access to health care for all and reducing inequity, and to focus on working in partnership with other stakeholders to improve the quality of care of all levels of the health system, especially preventive and promotive health, and to improve the overall efficiency of the health care delivery system.

STRATEGIC GOALS AND OBJECTIVES

In 1999, a five year plan was adopted to strengthen the delivery of efficient, effective and high quality health services. The 10 components of the Plan were:

- To decrease morbidity and mortality rates through strategic interventions,
- To improve quality of care,
- To speed up the delivery of a package of primary health care services through the district health system,
- To revitalise public hospital services,
- To improve resource mobilisation and the management of resources without neglecting the attainment of equity in resource allocation,
- To improve human resource development and management,
- To reorganise certain support services,
- To reform specific pieces of legislation,
- To improve communication and consultation with stakeholders and communities, and
- To strengthen co-operation with our partners internationally.

1.3.1 DECREASE MORBIDITY AND MORTALITY RATES THROUGH STRATEGIC INTERVENTIONS

Infant and child health

The Department of Heath has strengthened implementation of the Integrated Management of Childhood Illness Strategy (IMCI) – this is a comprehensive integrated approach to decrease under-5 morbidity and mortality from common diseases. To date more than 7 000 health care workers, at Primary Health Care (PHC) level, have been trained in IMCI case management. The training guidelines have been revised to include the management of children with chronic cough – a marker for TB and children infected or affected by HIV.

Several key IMCI policies and guidelines were developed during the year under review, namely:

- the School Health Policy and Implementation Guidelines,
- Child Health Policy, Child Abuse Policy Framework and Guidelines for health workers,
- Parasite Control Guidelines,
- Neonatal Care Guidelines, and
- policy and implementation guidelines on common long term health conditions in children.

The 2003 adaptations to IMCI material provide health care workers with clear referral guidelines on which children to refer for antiretroviral treatment and on follow-up procedures for children enrolled in the Prevention of Mother to Child Transmission (PMTCT) programme. Existing community-based projects in all provinces have been expanded to improve care-seeking behaviour and

home management of sick children. IMCI health facility surveys have been conducted in all 9 provinces. These provided information on quality of care for sick children under the age of 5 years at PHC facilities. The survey findings are also being used to accelerate implementation of interventions that will decrease morbidity and mortality from childhood illnesses. Research on community monitoring of child health has been completed and work on developing a communication strategy for child health is in progress.

The linkages between IMCI, the Expanded Programme on Immunisation (EPI), PMTCT, Nutrition and the Comprehensive Plan for the Management, Care and Treatment of HIV and AIDS, were strengthened in 2003. Programmes to improve quality of care at hospitals are being implemented in Mpumalanga, Limpopo and Western Cape – other provinces will follow suit, with guidance from the National Department of Health.

Immunisation coverage indicators shows that 82% of children under the age of 1 year are fully immunised and 93% of these children received the 3rd dose of polio vaccine. This is a major improvement. The Department has set itself a target, in line with the Kick Polio out of Africa campaign, to eradicate polio by December 2005. A range of activities have been undertaken to achieve this goal and a number of successes can be reported. These include:

- The appointment of 3 certification monitors to monitor the country's progress on achieving Polio Free status.

- The Acute Flaccid Paralysis (AFP) surveillance, necessary for Polio Free Certification, met the WHO set criteria (of at least 1 case detected per 100 000 children under the age of 15 years) for the second consecutive year - this means a detection rate of 1,6 was achieved.

- A stool adequacy of 87% was achieved – this is above the 80% WHO target - a business plan for laboratory containment of wild poliovirus material was developed.

South Africa's status on Neonatal Tetanus Elimination was maintained as in the previous financial year. A revised neonatal tetanus policy was approved and implementation is underway. The revised policy will help to ensure that the elimination status is maintained and that pregnant women and their foetuses are protected against tetanus.

To improve clinical practice, the Expanded Programme on Immunization (EPI) conducted a refresher-training course in each provinces during 2003. It also provided training on how to deal with Adverse Events Following Immunisation (AEFI) in KwaZulu-Natal because of the high number of AEFI cases reported in the province. AEFI district response teams were established in KwaZulu-Natal in the first half of the financial year.

Besides training health workers in EPI, the Department undertook social mobilisation and mass communication campaigns to publicise EPI and to encourage parents and caregivers to have their children immunised. In its efforts to achieve greater awareness about EPI, the Department hosted a National Polio Awareness Day in the Free State and supported the Polio Plus Ride – a bicycle ride to raise awareness of polio eradication undertaken by a group of students.

Youth and adolescent health

During the year under review, the National Adolescent Friendly Clinic Initiative (NAFCI) was introduced in all provinces. Two hundred and twelve (212) facilities were accredited as youth friendly. Through this initiative, the Department hope to make public health facilities more accessible and responsive to the youth of South Africa. In addition, workshops on the Youth & Adolescent Health Policy Guidelines were conducted in all provinces.

Women's health

To improve health services to women, the Department finalised and implemented the following policies and guidelines during 2003/04:

- National Sexual Assault Policy,
- Management guidelines for Sexual Assault Care,
- Sexual Assault Examination Form,
- National Contraceptive Service Delivery Guidelines, and
- National Strategy for the implementation of the Choice on Termination of Pregnancy Act, Act no 92 of 1996.

In addition, the Department developed a strategy for the implementation of the Cervical Screening Programme and amendments to the Choice on Termination of Pregnancy Act, Act no 92 of 1997, and the Sterilization Act, Act no 44 of 1998 were drafted. The Department participated in an awareness campaign in the Northern Cape which focussed on breast and cervical cancer.

Human Genetics

The Birth Defects Surveillance System (BDSS) collected data at the sentinel sites on the extent and nature of four genetics priority conditions, namely, Albinism, Down syndrome, cleft lip and palate, and neural tube defects. The most significant finding was that there is a major increase in neo-natal deaths due to neural tube defects. Plans to address this area have been included in the Department's action plan for 2004/5.

The Department hosted four workshops to amend and finalise the existing draft regulations and guidelines on Section 62 of the National Health Bill - regulating reproductive cloning of human beings.

Maternal Health

Notification of and confidential enquiries into maternal deaths, as a major strategy to reduce maternal mortality, is being implemented throughout the country. However, there is still significant under-reporting of maternal deaths, especially those that are occurring outside health facilities. Recommendations from the Saving Mothers Report and Reports on Confidential Enquiries into Maternal Deaths in South Africa, were widely distributed to health care workers, academics and other relevant stakeholders to gain support for maternal health services at all levels. In the year under review, there has been significant progress with the implementation of guidelines on managing conditions that commonly result in maternal death. The Department facilitated the development of referral criteria and routes and assisted provinces in improving skills in anaesthesia at all levels of care while promoting regional anaesthesia at all sites performing caesarean sections. It has also assisted provinces to ensure that safe blood is available at every public health facility where caesarean sections are performed. The Department conducted workshops on the use of antiretroviral drugs in maternal health, in 8 provinces during the year under review.

While much progress has been made in improving maternal health, there are still challenges with regards to the provision of transport, including Emergency Medical Services, and the availability of competent health care workers in public health facilities.

Nutrition

The Department continued its implementation of the Integrated Nutrition Programme (INP) within the framework of the Health Sector Strategic Framework. The INP aims to improve the nutritional status of South Africans by implementing various direct and indirect nutrition interventions to prevent and manage malnutrition.

To promote breastfeeding and mother/baby care, 21,7% of the 480 maternity facilities in South Africa are baby friendly. By December 2003, 104 public health facilities were declared as baby friendly through the Baby Friendly Hospital Initiative.

The Department developed two sets of nutrition guidelines for people living with HIV and AIDS during 2003/04, namely, guidelines for people living with TB, HIV and AIDS and other chronic debilitating conditions, and guidelines for the nutritional supplementation and intervention for people living with HIV and AIDS. In addition, the procurement and distribution of nutrition supplements for people living with HIV and AIDS at clinic and hospital level.

With respect to child nutrition, the Department completed the following guidelines:

- nutrition interventions at health facilities to manage and prevent child malnutrition,
- addressing HIV and AIDS, measles, diarrhoea and acute respiratory infections, and
- incorporating the WHO 10 steps for the management of severe malnutrition.

Training on the guidelines has been done in 4 of the 9 provinces.

A range of activities related to infant feeding were undertaken during the financial year. A committee was established to develop the SA Code of Ethics for the Marketing of Breast Milk Substitutes. It drafted regulations, under the Foodstuff, Cosmetics and Disinfectants Act, 1972, on the marketing of breast milk substitutes in order to give effect to the International Code on the Marketing of Breast Milk Substitutes.

Also, the Departmental Working Committee on HIV and Infant Feeding has completed guidelines on infant and replacement feeding. Training on these guidelines was conducted in provinces, with technical support from UNICEF.

To contribute to the elimination of vitamin A deficiency among lactating women and children under 5 years old, the Department expanded the implementation of high-dose vitamin A supplements to all post-partum women and all children aged 6-59 months. Health care workers were trained on the use and benefits of vitamin A and Information, Education and Communication (IEC) materials were distributed. A rapid assessment of vitamin A supplementation has also been conducted during 2003/04.

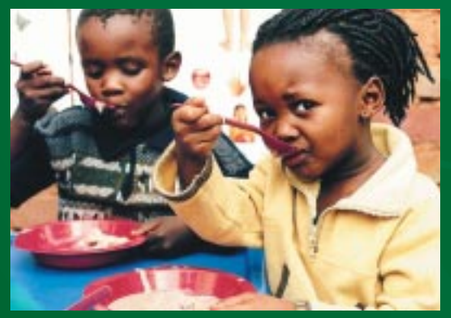
Regulations for the mandatory fortification of all maize meal and wheat (white and brown bread) came into effect in October 2003. All maize and wheat is being enriched with vitamin A, thiamin, riboflavin, niacin, pyridoxine, folic acid, iron and zinc. The Department also finalised an auditing system, monitoring procedures and methodology for fortification. All major millers responded positively and support the programme in terms of compliance with the regulations.

More than 750 health care workers in all the provinces were trained in growth monitoring and promotion to acquire a better understanding of the Road to Health Chart and to learn how to complete it satisfactorily. The Road to Health Chart (RtHC) and guidelines for health workers on how to use the chart have been extensively updated. One million charts and guidelines have been distributed to public health facilities during 2003/04.

HIGHLIGHTS

- 82% immunisation coverage reached
  We are well on our way to being declared Polio free by December 2005

- Food fortification introduced in October 2003



- 4.5 million school children benefited from the Primary School Nutrition Programme

The Primary School Nutrition Programme (PSNP) was transferred to the Department of Education on 1 April 2004. The programme was renamed the National School Nutrition Programme (NSNP). The number of beneficiaries of the PSNP during 2003/04 is reflected in the table below.

Table 1: Number of schools participating: 2003/04

PROVINCE	Total	Targeted	Reached	% Coverage of total	% Coverage of targeted
Western Cape	1,091	881	881	81%	100%
Northern Cape	317	317	317	100%	100%
Eastern Cape	4,984	4,984	4,984	100%	100%
Free State	2,032	1,252	1,245	61%	99%
KwaZulu-Natal	3,049	2,533	2,403	79%	95%
Mpumalanga	2,261	1,634	1,434	63%	88%
Limpopo	3,214	2,747	2,704	84%	98%
Gauteng	1,660	1,214	1,014	61%	84%
North West	1,549	1,393	1,125	73%	81%
TOTAL	20,157	16,955	16,107	80%	95%

Table 2: Number of childern reached: 2003/04

PROVINCE	Total	Targeted	Reached	% Coverage of total	% Coverage of targeted
Western Cape	366,718	158,719	158,000	43%	100%
Northern Cape	116,386	116,605	116,605	100%	100%
Eastern Cape	1,596,479	897,397	893,355	56%	100%
Free State	335,097	158,446	146,939	44%	93%
KwaZulu-Natal	1,637,847	1,277,245	1,139,449	70%	89%
Mpumalanga	535,194	432,949	422,949	79%	98%
Limpopo	1,270,000	1,173,650	1,143,749	90%	97%
Gauteng	889,000	290,872	290,872	33%	100%
North West	538,124	302,114	255,679	48%	85%
TOTAL	7,284,845	4,807,997	4,567,597	63%	95%

Malaria

Malaria cases for the financial year 2003/04 deceased by 6%. Malaria deaths and case fatality rates have increased when compared to the previous year. The increase in deaths and case fatality rates can be attributed to late presentation of malaria patients and health system failure (poor case management, late diagnosis and drug stock outs).

All causal factors for the increase in cases and deaths have been investigated and robust interventions have been put in place to curb further increases. The investigation found late treatment seeking behaviour in communities living in areas affected by malaria. To address the problem, the Department has increased its malaria awareness activities primarily through the use of the media. Poor case management at public health facilities in areas affected by malaria was highlighted by the investigation and the situation was addressed through the facilitation of case management training at every facility

The Department participated in one of the most innovative awareness campaigns on malaria control during April 2003. The Race Against Malaria Rally mobilised approximately 60 Southern African malaria rally teams (6 teams per country) from each national malaria control programme. It offered a unique opportunity to generate international publicity and media awareness to coincide and complement Africa Malaria Day which was commemorated on 25 April 2003.

Cholera

In 2003, cholera was reported in five provinces in South Africa, of which Mpumalanga, Eastern Cape and KwaZulu-Natal were the most affected.

Table 3: Cholera cases and deaths, 2003/04

Province	Cumulative Cases	Cumulative Deaths	Case Fatality Rate [%]
Eastern Cape	3 142	37	1.18%
Free State	0	0	0.00%
Gauteng	3	0	0.00%
KwaZulu-Natal	536	0	0.00%
Limpopo	0	0	0.00%
Mpumalanga	113	3	2.65%
Northern Cape	0	0	0.00%
North West	0	0	0.00%
Western Cape	1	0	0.00%
TOTAL	3 901	45	1.15%

Joint Operations Committees in Mpumalanga, Eastern Cape and KwaZulu-Natal worked in close collaboration with the National Outbreak Response Team at the national Department, the World Health Organisation, Department of Water Affairs and Forestry, South African Military Health Service and the Department of Provincial and Local Government to manage the cholera outbreaks effectively. Health education, good case management, community mobilisation, coordination and surveillance were some of the key strategies used to respond effectively to the outbreaks. Intersectoral collaboration, including at ministerial level, played a central role in unifying various stakeholders in government and communities to work together in bringing outbreaks under control.

The Department published and distributed guidelines for cholera control, produced IEC materials on the prevention and management of cholera and participated in public awareness campaigns on key aspects of cholera in provinces. The Department facilitated training on Epidemic Preparedness for provincial and district outbreak response teams in Eastern Cape, Limpopo, Free State, North West and the Northern Cape.

Tuberculosis(TB)

The reported incidence of all TB cases for 2003 was 551 per 100,000 population. In terms of cases notified, this translates to more than 255 422 total TB cases in the country. Additional details of the number of cases over the past 3 years and treatment outcomes are reflected in the tables below.

Table 4: TB Case notifications (Excludes cases diagnosed without microscopy)

Year	All TB cases	All Pulmonary TB			Extra Pulmonary TB
		Smear positive	Smear negative		
		New	Retreatment	New	
2003	255 422	116 337	30 331	16 081	40 301
2002	224 420	98 800	25 091	12 890	32 770
2001	188 695	83 808	20 686	12 503	23 623

Table 5: Treatment Outcomes (New smear positive cases)

Year	Registered	Cured	Completed	Died	Failed	Defaulted	Transferred
2002	99 259	53 483	13 770	8407	1313	13 063	9 223
		53.9%	13.9%	8.5%	1.3%	13.2%	9.3%
2001	93 033	49 993	10 844	6743	1 498	11 181	12 774
		53.7%	11.7%	7.2%	1.6%	12%	13.7%
2000	86 276	46 386	7 958	5570	1 141	10 943	11 614
		53.8%	9.2%	6.5%	1.3%	12.7%	13.5%

Table 6: Treatment Outcomes (Re-treatment smear positive cases)

Year	Registered	Cured	Completed	Died	Failed	Defaulted	Transferred
2001	21 671	9 737	2 113	2 059	516	3 865	3 381
		44.9%	7.7%	9.5%	2.4%	17.8%	15.6%
2000	24 847	10 574	1 907	2 021	670	4 837	4 298
		42.6%	7.7%	8.1%	2.7%	19.5%	17.3%

There is an increase in the number of TB cases notified, with about 55% of cases being infectious (smear positive). 75% of the total number of TB cases in the country are found in four provinces namely, the Eastern Cape, Gauteng, Kwazulu-Natal and the Western Cape, with the highest number of cases reported in KwaZulu-Natal.

Despite the high detection of cases (86%), the cure rate still remains low (54%) with high interruption (13%) and transfer rates (9%). This indicates that the Directly Observed Treatment (DOT) programme is failing. It is therefore clear that the priority for the programme in 2004/5, is to ensure that DOT is implemented properly in all provinces. Initially, DOT was successfully implemented in certain districts but the standard could not be maintained because of insufficient human resources to supervise and monitor implementation.

The Department is working with the Eastern Cape, KwaZulu Natal and Limpopo to provide support to poorly performing districts to improve the implementation of the DOT programme. In addition, all provinces have endorsed the TB Medium Term Development Plan 2002 – 2005 and are already implementing their plans.

To further improve case detection at facility level, a suspect register has been introduced at all health districts. This means that all HIV positive patients are screened and tested for TB in districts that are implementing TB/HIV collaborative activities. There are currently 44 sub-districts implementing collaborative TB/HIV activities for infected individuals. In December 2003, the Department hosted a consultative meeting with representatives from TB/HIV sites in Mpumalanga, Eastern Cape and the Western Cape, researchers and provincial TB coordinators. The meeting reviewed current policies and evidence for offering TB preventive therapy to HIV infected individuals. It was resolved that there is enough evidence to recommend TB preventive therapy as a national policy provided that adequate screening and patient selection is in place. TB preventive therapy guidelines are included in the national ART guidelines.

The Department has reviewed the care and support programmes for TB patients in hospitals which are managed by non-governmental organisations. This follows a forensic audit report which found that patients were not treated appropriately and were admitted for prolonged periods. It also found that non-TB patients were also admitted and treated at these facilities. To address the situation, the Department developed and distributed admission and discharge criteria as well as performance indicators for TB hospitals managed by NGOs. Some of the hospitals are already reporting against the new indicators.

The TB reporting and recording system has been strengthened through the introduction of the electronic TB register. The register is now implemented in 7 of the 9 provinces and is used as a programme management tool at district level. The main challenge is ensuring the oversight of data entry at facility level – the paper registers are often not updated regularly and therefore the system had incomplete information.

The Department facilitated training for public health care workers on the use of the electronic TB register, the new TB regimen, as well as training for private sector health care practitioners in collaboration with the Foundation for Professional Development (FPD).

Multi Drug Resistance (MDR) TB Units have been established in 8 out the 9 provinces and these units admit and treat only MDR-TB patients. MDR-TB guidelines have been updated and the DOTS PLUS programme has been implemented in five of the nine provinces to monitor the treatment outcomes of MDR-TB patients.

Access to laboratory services remains a major challenge in the remote areas of the country with the most affected provinces being Eastern Cape, Limpopo and Mpumalanga. The turn-around-time in these provinces varies from between 2 to 14 days, which is unacceptable for a service that is a cornerstone of the programme. On the positive side, the bacteriological coverage is improving in most provinces, which shows that most patients are diagnosed using smear microscopy.

The National TB Control Programme has launched its Advocacy and Social Mobilisation Plan to increase community awareness and educate patients and families about the disease. It also aims to increase the stakeholder base and get additional partners involved in TB control activities. This Plan is currently implemented in five provinces – Eastern Cape, Gauteng, Free State, Limpopo and Western Cape. Two issues of the TB Newsletter were published to share information and increase awareness about TB.

Funding to support non-governmental organisations involved in TB activities, was disbursed to seven NGOs. An amount of R1 368 172 was disbursed during 2003/04.

Each year the WHO conducts a review of TB in the country and the Department participated in the review process in October 2003. Recommendations made to strengthen the TB programme have been included in the Department's programme of action for 2004/05.

HIV and AIDS and STIs

Cabinet approved the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment in South Africa on 19 November 2003. It paved the way for the national and provincial health Departments to consolidate and increase efforts to improve management, care and treatment for people with HIV and AIDS. The implementation of this plan places a significant emphasis on strengthening the health system and providing anti retroviral drugs at public health facilities. Additional resources for this were provided to the national Department of Health in December 2003.

During the first half of 2004, the Department started a process of accrediting public health facilities where anti retroviral treatment (ART) will be provided in the first year of implementation. The provinces identified 113 facilities. A multi disciplinary team from the National Department visited (first and second round) all these facilities between January and April 2004. These visits were instrumental in identifying the major gaps and challenges which will be addressed through the funding provided to provinces as from 1 April 2004. These gaps related primarily to space, personnel (especially doctors and pharmacists), information management, patient transport, and referral mechanisms.

The provision of comprehensive care to people living with HIV and AIDS includes active detection of tuberculosis in view of reducing morbidity and mortality of HIV infected individuals.

Voluntary Counselling and Testing

By the end of the financial year, there were 2582 facilities where Voluntary Counselling and Testing (VCT) services were provided. This is a significant increase from the 1500 facilities at the beginning of the financial year. The majority of these services are located at public health facilities, but an increasing number (130) are located in non-medical facilities. There were 2877 trained counsellors at the service points at the end of March 2003.

During the 2003/4 financial year, more than 300,000 people received counselling, and approximately 70% of these individuals agreed to be tested. This uptake rate for testing is an improvement from the previous year, and the Department is steadily working towards a testing rate of 85% in 2004/5. A new two-year tender for rapid test kits was awarded in 2003. Health care workers in all provinces have been trained in the use of these new rapid test kits.

The Department awarded a tender in 2003 to establish an accreditation system for VCT services to ensure that quality standards are maintained. In addition, a tool for the registration of organisations and institutions that are VCT service providers, and meet the set standards and criteria, will be piloted in two provinces, Northern Cape and KwaZulu-Natal in 2004. The Department has also developed mentorship tools and the training of mentors has commenced.

Provision of voluntary counselling and testing (VCT) requires physical privacy and a psychologically supportive environment. The German Development Bank has provided funding which, in collaboration with the Development Bank of South Africa and the Department of Health, will upgrade infrastructure at 300 clinics in the Eastern Cape, KwaZulu-Natal and Mpumalanga to create a safe and caring environment. Initial discussions were held in late 2002 and implementation of the 3 year programme started in early 2004 with the appointment of consultants. A 3 month audit of all 300 clinics will start in June 2004 to identify what needs to be done.

Prevention of Mother to Child Transmission

During the financial year, the number of public health facilities providing the Prevention of Mother to Child Transmission (PMTCT) programme increased significantly. There are now 1652 facilities compared to 540 in the previous financial year. Apart from the expansion of the programme, the Department facilitated update workshops for provinces and developed a quality assessment tool on PMTCT and infant feeding for use at facility level. A study was commissioned on the quality of infant feeding counselling which will inform training programmes.

To ensure that all South Africans have access to and understand information about the programme, a national PMTCT video was produced in Afrikaans, Sotho, Tswana, and Zulu, and was distributed to provinces.

Palliative care

Care and treatment guidelines were produced on palliative care as well as for antiretroviral treatment for adults and children. These were distributed to health care workers throughout the country. The Department hosted the first-ever Palliative Care conference in November 2003. The conference was attended by hospice associations, the Cancer Association of South Africa, academic institutions, the Health and Welfare SETA, national and provincial government officials, people living with HIV and AIDS and non governmental organisations.

Home based care

Access to home-based care (HBC) services increased and by the end of the 2003/4 financial year there were 893 active service points compared to 466 in the previous financial year. A process to map and zone home based care services, in districts was initiated. Following a rapid assessment of HBC in 2003, the Department awarded a tender at the end of the financial year for an evaluation of HBC programmes countrywide.

Sexually Transmitted Infections

Sexually Transmitted Infections (STI's) remains an important aspect of the prevention programme for HIV and AIDS. In 2003/4, the Department facilitated the recruitment and training of STI coordinators in provinces . The coordinators were trained on the implementation of the Expanded Health Management Information System and the STI Sentinel Surveillance to improve routine monitoring. The Department commissioned a study on drug resistance in Neisseria Gonorrhoea to monitor the level of ciprofloxacin resistance. A major area of focus was working with the private health sector to strengthen STI management amongst private doctors.

In 2003/4, the Department distributed 302 million male condoms, and 194,000 female condoms, primarily in public health facilities, but also using non-traditional outlets such as hair salons and shebeens. Through the Logistics Management Information System (LMIS), condom stock-outs have been

HIGHLIGHTS

6% decrease in Malaria cases compared to 2002/2003

2582 sites provide voluntary counselling (VCT) and testing for HIV and AIDS

18% more schools involved in the Health Promoting Schools initiative

virtually eliminated. The next major activity is to market the public sector condom as an attractive, high quality, acceptable and effective product.

Advocacy

An advocacy toolkit was developed for people living with HIV and AIDS. It was envisaged that the toolkit will capacitate people living with HIV and AIDS and enable them to be better advocates for positive living and preventive interventions. Stigma and discrimination indicators were developed which will be implemented with the view of accessing community acceptance of people living with HIV and AIDS. Communities will also be educated to assist and support people living with HIV and AIDS to live positive lives.

Apart from the release of the Youth Risk Behaviour Survey in December 2003, other major achievements in the area of youth health include: the development of a video on teenage sexuality to support prevention programmes, and the development of information, communication and education materials for peer education in the public health sector as well as in prisons, the South African National Defence Force and the South African Police Service.

The Departments of Health, Education, and Social Development continue to integrate care and support activities relating to HIV and AIDS through the National Integration Plan. The Department worked closely with the Department of Education in the development of life skills textbooks. The Inter Departmental Committee on HIV and AIDS (IDC) is instrumental in ensuring integration of HIV and AIDS programmes at national government departments. The IDC played an active role in bringing awareness programmes and campaigns such as World AIDS Day and the Candle Light Memorial events to government officials.

In addition, several workshops held throughout the year to ensure continuous capacity building relating to HIV and AIDS in the workplace. The Department works closely with the Department of Public Service & Administration on the Impact & Action Project to ensure that all government Departments have HIV and AIDS programmes and activities, and with the Department of Provincial and Local Government to build the capacity of municipalities.

Other activities that were initiated in partnership with stakeholders include:

- the development and distribution of materials on HIV and AIDS, STIs and TB to service providers who address the vulnerability of migrant and other agricultural workers;
- the establishment of closer links between the existing provincial Traditional Leader AIDS Task Teams and the provincial AIDS councils;
- the establishment of ten clinics to provide treatment for STI's and minor ailments, and counselling, outside normal clinic hours, to long-distance truck drivers; and
- the provision of technical assistance to the Women in Partnership Against AIDS (WIPAA) programme.

South African National AIDS Council

The first term of the South African National AIDS Council (SANAC) ended in 2003. In the new term, SANAC has been expanded to include the men sector, academic and children sectors. Much progress has been made with regard to advocacy, mobilisation (including resources), capacity building and establishment of forums as required by the Strategic Plan on HIV, AIDS and TB. Many sectors represented at SANAC have established forums to ensure coordinated sector responses.

SANAC also serves as the Country Coordinating Mechanism (CCM) for applications to the Global Fund for AIDS, TB and Malaria (GFATM). The SANAC Secretariat reviewed, evaluated and collated the country proposals to the GFATM. South Africa has been allocated funding in the first three allocation rounds of the GFTAM. In round one, funds were allocated to loveLife, Soul City and the Enhancing Care Initiative in KwaZulu Natal. In the second round funds were allocated for HIV and TB integration and in the third round the Western Cape received funding for their work relating to HIV and AIDS. South Africa has been allocated in excess of R400 million in the first three rounds.

Awareness and promotion

The Khomanani mass communication campaign was very visible at national and local levels in 2003/04. A major focus of the campaign was the planning and implementation of specific remembrance activities. In 2003/04 the activities were:

- STI Week - the national event on 14 February 2004 was held in Humansdorp, and attended by approximately 5,000 people;
- World TB Day was celebrated on 24 March 2004 with an event in Ladysmith, attended by approximately 15,000 people;
- World AIDS Day was commemorated on 1 December 2003 in Bloemfontein, with a three-hour live transmission on Morning Live (SABC 2);
- The Partnership Against AIDS anniversary event held in Ba-Phalaborwa on 4 October 2003.

Other campaign activities included:

- the first-ever Health Worker Excellence award ceremony;
- promotion on radio and TV for 3 campaigns namely, "Our time, our future, our choice" (a youth campaign); "positive living"; "circles of support"; and
- the Men's March in February 2004 in Durban to profile the Men in HIV and AIDS Partnership programme, attended by approximately 20,000 people.

The Department funds the AIDS Helpline. The Helpline continues to receive in excess of 5,000 calls per month.

An important function of the Department is the management of conditional grants to provinces for HIV and AIDS programmes. The grants increased from under R50 million in 2001/2 to R782 million for the 2004/5 financial year. These funds are disbursed on the basis of approved provincial business plans.

NGO Funding

The Department is responsible for managing the funding provided to NGOs and CBOs to provide HIV and AIDS, STI and TB services. During the 2003/4 financial year, 85 organizations were funded for a total amount of R 40 218 566. A call for proposals is published in national, regional and local newspapers on an annual basis. The Department reviewed proposals from National level for national organisations (operating in three or more provinces) and at provincial level, from which proposals are recommended for funding from the national funds through a National Funding Advisory Committee. Some provinces also fund NGOs from their own budgets.

In 2003/04, the Department conducted provincial visits to verify details of the 85 organisations that were recommended for funding. Four Monitoring Officers appointed by the National Funding Unit ensure authentication of existence of recommended organizations for funding and provide support for utilization of government funds.

A tender was awarded in 2003/4 to assist provinces and NGOs with basic financial management skills. Workshops were conducted in 7 provinces (KwaZulu Natal, Limpopo, N.Cape, E.Cape, Free State,Mpumalanga).

Chronic diseases

The strategic vision for non-communicable chronic diseases highlights the principles of long-term care and the management of risk factors. If the modifiable lifestyle risk factors (tobacco use, unhealthy diet, and physical inactivity) together with the associated biological risk factors (high blood glucose, overweight/obesity, high blood pressure and high blood lipids) are addressed, then the most common chronic diseases can be prevented or delayed.

Men's health received specific attention during this period as the Department focussed on prostate and testicular cancer. Age, race and a strong family history are the risks for prostate cancer. An information pamphlet was developed which explained what cancer of the testes is, identified the groups at risk and promoted testicular self-examination.

A survey was conducted to identify the barriers to patient adherence behaviour – focussing on the patient and the health professional. The key findings of the survey identified the following factors which influences patient adherence behaviour: patient's lack of knowledge about his/her disease and treatment, lack of internal locus of control, low level of motivation, and low level of support from the patient's health professional, family members and friends. The findings of this survey will be incorporated into the therapeutic education for health professionals in order to enhance patient adherence behaviour.

Disabilities

The introduction of free health care for disabled persons at hospital level on 1 July 2003, was a major milestone. The Department developed a policy, an assessment tool and communication material in a short space of time to ensure rapid implementation of the policy. Training on the implementation of free health care services took place in all major centers in the country. As part of this programme, R13 million was made available to supply assistive devices, to achieve a broader goal of eliminating the backlog of assistive devices – this was additional to provincial budgets for assistive devices. A total of 4770 wheelchairs and 4674 hearing aids were issued, bringing the total issued in the past five years to 20 029 wheelchairs and 10 353 hearing aids.

The publication of the policy on Standardization of Provision of Assistive Devices in South Africa was another major achievement. It will ensure that all provinces have a uniform system for the provision and maintenance of assistive devices. It also complements other policy initiatives like the Uniform Patient Fee Schedule and free health care for people with disabilities at hospital level.

A sign language course was held for health care workers in February 2004, bringing the number of those trained through this project to more than 120 countrywide. The training was provided to empower health workers to communicate with deaf patients or to facilitate communication with other health care workers.

Older persons

The Department honoured older persons by celebrating the International Day of Older Persons on 1st October 2003 in Ritchi, Northern Cape. The theme was: "Older people - a new power for development". The event was a good example of the excellent cooperation between the National and Provincial Departments of Health, Social Services, Communication, Public Works and Transport.

Mental health and substance abuse

There has been significant progress in the integration of mental health services into comprehensive health care services during the year under review. About 80% of health districts have started the process of integration and about 40% of the districts have achieved integration.

The draft regulations for the Mental Health Care Act were published for comment and the Department consulted widely. The regulations were finalised and will be translated into several official languages.

While the regulations were finalized, a number of tools were developed to facilitate the implementation of the Act. These include:

- the development of material aimed at simplifying the procedures prescribed in the Act,
- the development of guidelines for key role players mandated in the Act and Regulations,
- a Patient's Rights Chart outlining the rights of patients prescribed in the Act.

During the period under review, there has been an improvement in the quality of care in psychiatric hospitals. The improvement can be ascribed to the implementation of norms for severe psychiatric conditions by provinces. However, a more rigorous assessment of the quality of mental health services will be conducted in the next financial year.

Other work done in this area included the development of:

- norms and standards to improve the quality of mental health care for children and adolescent,
- norms for community mental health care,
- a user-friendly manual to facilitate the implementation of national norms in service planning, and
- Standard Treatment Guidelines for common mental health conditions to act as the basis for the review of the psychiatry section of the Essential Drug List.

Several other activities were undertaken to strengthen mental health care services to the public namely:

- establishing a Forensic Psychiatric Steering Committee to address problem areas in forensic psychiatry,
- hosting a workshop with provinces on the Guidelines for Child and Adolescent Mental Health and to assist provinces to develop local implementation plans,
- developing a Suicide Prevention Manual for schools,
- providing funding for the establishment of a Suicide Toll-free line,
- initiating a public awareness campaign on suicide, depression and anxiety,
- developing and distributing information and educational materials on mental health,
- supporting non profit organisations to establish support groups for families with children with Downs Syndrome, and
- co-ordinating the implementation of victim empowerment programmes in the health sector.

The abuse of alcohol and drugs, especially among the youth in our communities remains one of the biggest challenges we face. The Department of Health has developed regulations (to be published for public comment in 2004), that will make it mandatory for alcohol beverage containers to carry warning labels and health messages. The regulations will also prescribe that alcohol outlets have counter-advertisements reflecting warning labels and health messages. These messages have been developed and translated into the 11 official languages.

Oral health

The South African National Oral Health Strategy has been adopted by the MINMEC and implementation started in the provinces during this reporting period. Provincial Oral Health Services were visited to assess how the delivery of these services can be improved. The interactions with oral health professionals found that:

- there is a common view that best practices in oral health service delivery in provinces have to be shared,
- problem areas in oral health service delivery have to be identified fairly quickly and solutions found,
- Continuous Professional Development (CPD) training to oral health care workers should be undertaken, and
- there should be compliance with national norms and standards for primary oral health care.

Health promotion

The Department drafted a health promotion policy and strategy during 2003. The implementation of the policy is currently being costed and its adoption will depend on the outcome of this exersice.

Eighteen percent more schools were implementing the Health Promoting Schools programme at the end of 2003/04. The programme facilitated the establishment of school health committees at participating schools. In addition, a school based water borne disease prevention programme was piloted in four schools in the Eastern Cape and KwaZulu-Natal where VIP toilets were built and learners, educators and the local communities were trained in toilet construction.

The Tobacco Products Amendment Bill was published for comment during 2003. The Bill is likely to become law in the second half of 2004. The impact of the tobacco legislation was assessed by the Second Global Youth Tobacco Survey which found that prevalence in smoking amongst youth (13-15 years of age) has dropped from 23% in this age range in 1999 to 18.5% in 2002.

The Youth Risk Behaviour Survey was completed and the report launched in December 2003. The survey focussed on a range of behaviours that place young people at risk. These include physical inactivity, sexual behaviours including unintended pregnancies, injuries, eating behaviours, violence

and mental health issues. The report makes recommendations regarding areas that require intervention and benchmarks against which to assess the impact of the interventions.

A series of health promotion activities were undertaken during 2004 namely:

- evaluating of the SABC radio health education programmes which found 60% health awareness and knowledge levels among listeners,
- supporting the Run and Bike project which was a collaboration between the Department of Health and a community group in Cape Town called Masibambane which aims to raise awareness on health issues,
- establishing of community based support systems for chronic diseases in the Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, North West and the Western Cape,
- participating in the Arts Challenge School Competition in collaboration with the Department of Environmental Affairs and Tourism which focussed on children with disabilities and the environment, and
- launching of the Healthy Environments for Children Initiative (HECI) on World Health Day, 7 April 2003 in Covimvaba in the Eastern Cape. The main task of the HECI is to chart the way for the formation of an alliance of key collaborators in the development of healthy environments for children.

Occupational health

The Department produced several policies and guidelines during 2003. These included: the draft policy framework for the co-ordination of occupation health and compensation competencies, guidelines on developing and maintaining occupational health services, and a situational analysis to determine access to occupational health services by communities. A risk assessment tool for the management of risks in public health facilities was developed and is being implemented in all provinces.

Skills development for occupational health workers was a key focus during 2003. Twenty nine health workers completed an integrated course in occupational health and twenty eight commenced training towards a diploma in occupational health at the Medical University of Southern Africa.

The Department is responsible for assessing and compensating ex-miners who have work-related illnesses. The Medical Bureau for Occupational Diseases (MBOD) increased the number of public health facilities that offer medical examinations to ex-miners from 40 in the previous financial year to 51 during 2003. In addition, the number of ex-miners who underwent medical examinations increased from 20 000 to 22 000. Officials from the Compensation Commissioner for Occupational Diseases (CCOD) were able to trace and compensate 6000 ex-miners in the Eastern Cape during 2003. To increase the efficiency of the MBOD, the CCOD and the National Institute for Occupational Health (NIOH),a new computer system was designed and installed.

Environmental health

The Department developed a series of strategies and guidelines for the implementation of environmental health services, namely:

- Draft Sanitation Health and Hygiene Strategy,
- Health Care Waste Management Strategy,
- Environmental Health Impact Assessment guidelines,
- A registration system for the registration of Water Treatment chemicals,
- Volumes 4 and 5 for the Quality of Domestic Water Guides,
- Draft Environmental Health Policy, and
- Gazetted the Environmental Management Plan.

In addition, a business plan for the strengthening of Poison Information Centres in South Africa was developed.

Environmental health services became the responsibility of district and metropolitan municipalities from 1 July 2004. In order to prepare for this change, a national summit on the devolution of environmental health services was held during the financial year, at which key issues pertaining to the transfer of the function and resources from local municipalities and provinces were discussed.

Food control

The following regulations was published in the Government Gazette in terms of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972) and the Health Act, 1977 (Act 63 of 1977):

- Final regulations relating to the application of the Hazard Analysis and Critical Control System (HACCP System),
- Draft Regulations Governing Tolerances for Fungus-produced Toxins in Foodstuffs,
- Final Amendments to the Regulations Governing General Hygiene Requirements for Food Premises and the Transport of Food,
- Draft Regulations relating to Foodstuffs for Infants and Young Children,
- Regulations relating to the Prohibition of the Sale of Comfrey, Foodstuffs Containing Comfrey and Jelly Confectionary Containing Konjac, and
- Regulations relating to the Labelling of Foodstuffs Obtained Through Certain Techniques of Genetic Modification

In addition, the Foodstuffs, Cosmetics and Disinfectants Amendment Bill, was gazetted in September 2003.

During the year under review, the Department increasingly focussed on issues related to aflatoxin. A National Aflatoxin Monitoring Programme was introduced in May 2003 and a series of workshops were held with stakeholders. Groundnuts and peanut butter samples were taken from five categories of suppliers throughout the country to determine compliance with the legal limit of 10 micrograms per kilogram of aflatoxin. Overall, a 20 percent non-compliance rate was found. The Department collaborated with the Department of Agriculture to put measures in place to reduce the levels of aflatoxin in groundnuts.

The Department evaluated 8 pesticides and 20 genetically modified organisms, and made recommendations on registration to the Department of Agriculture. In addition, the withdrawal periods of 11 stock remedies and veterinary drugs, and the maximum residue limits of 15 pesticides were confirmed. Danger group classifications were completed for 37 agricultural remedies.

The Department is the national contact point for the Joint FAO/WHO Codex Alimentarius Commission and hosted and or participated in 19 meetings and other Codex related events.

1.3.2 IMPROVING QUALITY OF CARE

A comprehensive training programme on patients' rights as human rights and its link to Batho Pele was conducted in all nine provinces. The focus groups for training included a wide spectrum of provincial health officials, members of the community that serve on clinic committees and/or hospital boards, and local councillors responsible for health matters. Approximately 360 people underwent the training.

A National Complaints' Centre was established during the year under review. This Centre deals with telephonic, written (paper-based and electronic) and personal (face-to-face) complaints. Cases reported in the media are also followed up. During its first six months, the Complaints' Centre received135 complaints of which 117 were referred to provincial health Departments for investigation and resolution. 51 cases were resolved at the end of the 6-month period, 56 were pending and 28 cases were 'conditionally' closed which means that, more information was requested from the complainant.

A National Supervision Conference was held to clarify the specific roles and responsibilities of all officials within the supervisory chain, to discuss the integration of supervisory practices into the health system, and to assess the impact of supervision on quality of care at PHC level. The Conference highlighted the challenges of improving supervision and provided an indication of which provinces have introduced supervision systems.

1.3.3 DELIVERY OF PRIMARY HEALTH CARE SERVICES

Progress was made with the creation of a database indicating which clinics in the country do not have electricity, clean water, sewerage systems or telephones. The table below shows that of 3 560 clinics in the country 27% have no municipal water connection, 11% no electricity, 13% no municipal sewerage connection and 9% no telephones. Most of these are in the Eastern Cape, KwaZulu-Natal and Mpumalanga. Various national Departments are assisting to eliminate the backlogs experienced.

In 1999, a package of primary health care services (PHC) was adopted for implementation in every health district. An audit of PHC services was conducted during 2003 to determine what percentage of the package is provided by PHC facilities. A process has commenced to review the content of the package.

In an effort to strengthen bottom-up planning and budgeting, District Health Planning (DHP) guidelines were developed and distributed to provinces and districts. In addition, provinces have been encouraged to conduct District Health Expenditure Reviews (DHER's) which form the basis for the planning a budgeting process.

In order to improve the regulation of funds transferred for PHC services to municipalities, a pro-forma Service Level Agreement (SLA) was developed by the Department and is currently used by all provinces. The SLA will also assist provinces to meet some of the requirements of the Public Finance Management Act.

In collaboration with the Department of Provincial and Local Government, the Department has defined municipal health services which became the responsibility of district and metropolitan municipalities on 1 July 2004. Provincial Departments of Health will remain responsible for funding and delivering PHC services but may delegate these to municipalities by agreement.

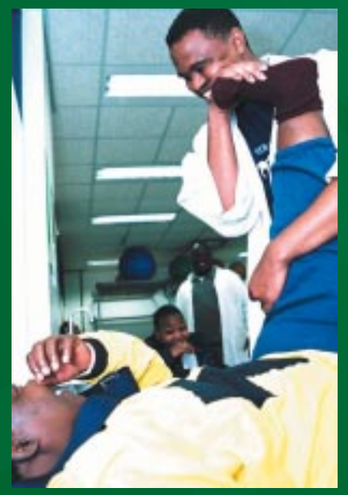
In order to strengthen health services in the 13 rural nodes identified by Government, the Department secured R37 million over three years from the European Union. This project will end on 30 September 2004 and to date the following were achieved:

- closer links were fostered between provincial Departments of Health and municipalities,
- strengthened management structures and capacity at district level,
- strengthened capacity development programmes,
- improved service delivery,
- audited clinical PHC nurse skills and competencies,
- assisted with the development of district human resource plans, and

HIGHLIGHTS

22% of public health facilities with maternity units have been accredited as baby friendly

7000 health workers trained in IMCI to reduce mortality and morbidity in children under five



Free hospital services to people with disabilities provided since July 2003

- assisted districts to achieve Level II functionality of the District Health Information System.

Limited work was done in the 8 urban nodes. This included an audit of services being rendered and the challenges experienced with service delivery. Provinces are expected to use the audit reports to strengthen service delivery in these nodes in 2004/5.

The world celebrated the 25th anniversary of the signing of the Alma Ata Declaration on Primary Health Care during 2003. South Africa hosted a national conference to celebrate the Anniversary and resolutions adopted at the conference informed the strategic planning process regarding improvements in the delivery of PHC services.

Table 7: Clinics per province with backlogs in access to water, electricity, sewerage and telephones.

Province	Number Of Clinics	No Municipal Water		No Electricity		No Sewerage System		No Telephone	
Eastern Cape	783	423	54%	258	33%	329	42%	172	22%
Free State	230	9	4%	2	1%	0	0%	12	5%
Gauteng	420	4	1%	4	1%	0	0%	0	0%
Kwa-Zulu Natal	675	230	34%	1	42%	0	0%	7	1%
Limpopo	385	119	31%	65	17%	4	1%	46	12%
Mpumalanga	404	100	24%	12	3%	129	32%	32	8%
Northern Cape	103	51	50%	18	17%	0	0%	5	5%
North West	92	19	21%	55	1%	1	1%	24	25%
Western Cape	468	0	0%	0	0%	0	0%	19	4%
Total	3560	955	27%	378	11%	463	13%	317	9%

1.3.4 IMPROVING HOSPITAL SERVICES

The Revitalization of Hospitals is now into its third year and 30 hospitals are currently in the programme. In each of the hospitals the following areas are addressed simultaneously: infrastructure, organizational development, health technology, Emergency Medical Services and quality of care. Due to the limited funding available and a restricted construction and transformation capacity in the country, this programme will need to run over an extended period of time. The plan is that, given adequate resources, each year more hospitals will be added to the programme (based on approved Business Cases) until all public hospitals and their supporting networks are "revitalized".

During the 2003/04 financial year, two new hospitals were completed in Colesburg and Calvinia, in the Northern Cape, while another 9 hospitals will be completed in the 2004/05 financial year. As at the end of the financial year, R 526,143,000 was spent on the revitalisation programme.

To decrease the existing burden on public hospital beds and to make sure that hospitals only treat acute patients, Sub-Acute (Step-Down) facilities have to be established. However, before a final policy and implementation framework could be determined, it was necessary to first establish the need for such facilities. Therefore, in February 2004, an audit commenced, covering almost 10,000 beds in 30 revitalization hospitals. The final results of this audit are expected towards August 2004.

Improvements in hospital management were also facilitated during 2003/04. A policy on decentralization of hospital management is now available. Included in the policy are the delegations of responsibilities and guidelines on how to use them in terms of human resources, finance, and procurement.

National guidelines for hospital governance was also developed and are being used by the hospitals that are part of the revitalization of hospitals programme. National regulations for hospital boards were developed and will be issued once the National Health Act is promulgated.

To improve financial management, 41 hospitals are actively

implementing Cost Centre Accounting. A tender was awarded to support the implementation of cost centre financial systems in hospitals.

Partnerships with UK and French hospitals are being used build the capacity of hospital managers in the country. 51 managers are part of the UK/South Africa twinning programme and 20 managers are part of the French/South Africa programme. In addition, 61 managers attended local capacity building courses in a number of management and development areas including business and strategic planning, appropriate organisational structuring, and performance and quality improvement.

1.3.5 EMERGENCY MEDICAL SERVICES

In order to provide a more scientific approach to the provision of Emergency Medical Services, the Department developed a management tool which would determine the placement of services, quantity of resources required and a detailed costing analysis.

The tool takes into account the country's demographics, localized topographical information, road networks and existing public health facilities. The model determines where resources should be positioned in order to provide a response time of 15 minutes in an urban setting and 40 minutes in rural areas. The model is complemented by a detailed costing tool, which allows for determining the financial implications for the provision of personnel, vehicles, equipment and facilities. The initial version of the model is now complete and the final model will be completed during 2004/05.

The Department successfully provided medical and health expertise to the Republic of Haiti in the planning and execution for their bicentennial independence celebrations held in January 2004.

1.3.6 IMPROVING RESOURCE MOBILISATION AND MANAGEMENT

The medical schemes industry has been stabilized by the implementation of the Medical Schemes Act and the establishment of the Council for Medical Schemes. The Council is currently almost entirely funded by levies imposed on medical schemes, and takes full responsibility for ensuring adherence to the Medical Schemes Act. Compliance with the Act has improved significantly as consumers become more assertive and use the mechanisms created by the Council to resolve complaints against the medical schemes. Active and supportive regulation has led to significant improvements in the industry - the schemes made an operating loss of R1 billion in 2000 but an overall operating surplus of R1,1 billion in 2002. Solvency levels improved by 13% during in 2002 and reinsurance losses were reduced by 11% in the same period. The figures for 2003 were not available at the time of going to print.

Social health Insurance

The policy framework for social health insurance (SHI) was approved by the Health MinMEC in June 2003, after which the Department established a Risk Equalisation Fund Task Group (REFTG) to coordinate the technical work and stakeholder consultations. The REFTG conducted extensive consultations to support the development of technical recommendations. The technical reports were completed in January 2004, and reviewed by an international panel of experts from six countries.

Informed by these recommendations, the Department developed its policy and implementation strategy for SHI. A major achievement in this regard has been the general acceptance and support by all major stakeholders for the establishment of a Risk Equalisation Fund, which is a tool used internationally to successfully effect cross subsidies in the medical schemes market. The fund should be fully operational by January 2006.

The Department has significantly improved its relationship with the medical schemes industry. In addition to their support for the technical work on SHI, the industry has also participated in a year-long pilot project to prepare for the contracting of public hospitals as designated service providers for medical scheme patients. 17 public hospitals have been identified which are able to provide affordable and good quality services to medical scheme members. These contracts will benefit the health system as a whole, as they will increase the revenue potential of public hospitals, while providing affordable and quality services to medical schemes patients.

Provinces (with the exception of the Eastern Cape which will begin implementation in October 2004) are implementing the Uniform Patient Fee Schedule (UPFS) to improve revenue generation. Since the implementation of the UPFS, provinces reported increases in revenue generation. For example, Gauteng reported a 26% increase between 1997/98 and 2002/03 whilst the Northern Cape reported an increase from R6 million in 2001 to R18 million in 2003.

One of the key tasks for the 2003/04 financial year, was to estimate the cost of implementing the Comprehensive Plan for the Management, Treatment and Care of HIV and AIDS which was approved by Cabinet in November 2003. A related activity was to work with National Treasury to fund the Plan so that resources would be available for its implementation. A package of services to be provided at district hospitals was completed and this package, with its norms and standards, were costed during 2003/04. In addition, services provided at four regional hospitals were costed as part of the Modernisation of Tertiary Services (MTS) project. These hospitals were Pelonomi in the Free State, Kimberly in Northern Cape, Witbank and Boitomelo in Mpumalanga.

The development of the Integrated Health Planning Framework (IHPF) described in the 2002/03 Annual Report, gained momentum in 2003/04. The IHPF focuses on a 10-year planning horizon and assesses the sustainability of services and resource distribution. During 2003/04, the IHPF was updated to include data from the 2001 Census, from the MTS project and from the South African Database for Medicine study. Furthermore, the IHPF now factors in the development strategy for Emergency Medical Services. The key objective of integrating planning processes in provinces and within the Department, is to ensure that the planning process drives future budgets, instead of the current budget-led planning process. Quantification of health and resource needs in the entire health system using the IHPF has begun to indicate the resource envelope required to adequately deliver health services.

A key component of the IHPF is the MTS project. The objective of this project has been to develop a long –term credible plan for the provision of tertiary and highly specialized services within the South African public health system.

The monitoring of provincial performance on strategic plans was also strengthened during 2003/04. All 9 Provincial Annual Reports for 2002/03 were reviewed and a consolidated feedback report was provided to provinces. Furthermore, the Provincial Strategic Plans (PSPs) for 2004/05 of 6 provinces were analysed and feedback presented to Provincial Departments. Quarterly monitoring of PSPs was strengthened during 2003/04 and summary national quarterly reports on provincial progress were developed for the first time. This system of monitoring provincial progress on the implementation of key policies will be further strengthened during 2004/05.

The Department produced a report on inter-provincial equity during 2003/04. This report represents a comprehensive analysis of public health expenditure and explores inter- and intra-provincial distribution of health care resources.

1.3.7 IMPROVING HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

In an effort to recruit and retain health workers in the public health sector, especially in rural and underserved areas, the Department has instituted a scarce skills and rural allowance. This policy was effective as of 1 July 2003. Its impact will be assessed during 2004/5. The Department also launched an expanded community health worker programme and a mid level worker programme in a range of categories. Whilst the community health worker programme is intended to strengthen community and home-based care initiatives, the mid-level worker programme is intended to strengthen service delivery in public health facilities in particular.

To regulate the foreign recruitment of South African health professionals, the Department played a critical role in the development of the Code of Ethical Recruitment for members of the Commonwealth.

The Department is responsible for the placement of seven categories of community service health professionals into posts in provinces. This process of placement is finalised by September every year to ensure that graduates have certainty about where they will take up posts on 1 January of each year.

One thousand six hundred and fifty eight (1 658) foreign health professionals sought employment with the Department during the financial year. In addition, the Department processed 47 intern/community service applications from foreign qualified health professionals, 201 work permits, 96 applications for permanent residence and 594 applications for letters of endorsement for examination, registration and deployment purposes. The Department also revised its foreign recruitment and employment policy and developed a database on foreign employees so that six monthly reports can be provided to the Department of Home Affairs.

The progress made by the Department in relation to the revised minimum employment equity targets for the Public Service at senior management level are reflected in the table below:

Table 8: Employment Equity targets

Category	Target for the Public Service	Current total percentage (NDOH-May 2004)	Current Gap
Blacks at Senior management level	75% by end of March 2005	73%	2%
Women at senior management level	30% by the end of March 2005	54%	-24%
People with disabilities at all levels	2% by the end of 2005	1.06%	0,94%

The following table reflects progress made by the Department with regard to formal employment relations cases:

Table 9: Disciplinary and grievance cases and their status, 2003/04

Nature of case	Finalised	Withdrawn	Outstanding
Disciplinary cases	86%	14%	0%
Grievances	94%	6%	0%
Court cases	50%	0	50%

During 2003/2004 financial year, two divisions namely, the State Vaccine Institute (SVI) and the National Centre for Occupational Health (NCOH) were successfully transferred in terms of section 197 of the Labour Relations Act, the former to a Public Private Partnership with Biovac and the latter to the National Health Laboratory Service.

The Department previously hosted many award ceremonies to recognise excellence in the health sector. In 2003 all these ceremonies were combined into a single event. The first ever Combined National Health Worker Award ceremony was held in November 2003, to pay tribute to the many health workers who provide excellent care in the health sector. Homage was also paid to the nurses that were recruited by the then liberation movement to assist the Tanzanian health sector soon after its independence.

1.3.8 SUPPORT SERVICES

Pharmaceutical policy and planning

The Department implemented the Medicines Pricing Regulations issued in terms of the Medicines and Related Substances Control Amendment Act, 1997. Technical and administrative support was provided to the Pricing Committee established by the Minister in terms of the Act.

In addition, the Department started implementing the provisions of the Act which require health professionals to apply for a licence to dispense medicines. 760 applications were received by the end of the 2003/04 financial year. The Department is also responsible for the licensing of pharmacies. During the year, 347 licences for community pharmacies, 16 licences for institutional pharmacies and 81 licences for manufacturing and wholesale pharmacies were issued.

To strengthen the rational use of medicines, the primary health care standard treatment guidelines (STGs) and essential drug list (EDL) were reviewed and should be published during the second half of 2004. In addition, the impact of the EDL for PHC was reviewed and the results will be consulted on widely.

It is the Department's responsibility to ensure that drugs are available at public health facilities. Norms and standards for pharmaceutical service delivery were developed and distributed to provincial health Departments, correctional services and the military health service. In addition, generic standard operating procedures for pharmaceutical service delivery were completed and are being implemented.

Medicines Regulatory Authority

The Medicines and Related Substances Control Amendment Act came into effect in 2003. The provisions of the Act allow for licensing of manufacturers, wholesalers and distributors. Out of 600 applications received, 400 licences were approved by the Medicines Control Council (MCC). The applicants have been given timelines to comply with regulatory requirements.

The complementary medicines regulations have been formulated, finalised and published for comment.

The Reference Centre for African Traditional Medicines was officially launched on 31 August 2003, to coincide with the African Traditional Medicines Day as determined by the heads of States of the African Union. The National Reference Centre for African Traditional Medicines will be able to examine research issues and methodological problems that need to be resolved in order to exploit the therapeutic potential of medicinal plants. This would help establish lines of action to bring the wealth of traditional medicine knowledge into the mainstream of medical practice, whether through development of new drugs or to improve the quality and standardisation of traditional remedies.

As part of the Comprehensive Plan for the Management, Treatment and Care of HIV and AIDS, 2 Pharmacovigilance Centres for safety monitoring of antiretrovirals and complimentary and traditional medicines have been established. The existing centres at the Medical University of South Africa and the University of the Orange Free State have been strengthened by formal linkages with the Medicines Information Centre at the University of Cape Town.

The SADC Harmonisation of Regulatory Processes was completed with the finalisation of 18 technical guidelines and the creation of a formal harmonisation structure. SADC is now a permanent member of the International Conference on Harmonisation Global Cooperation Group.

Radiation Control

1234 x-ray units were inspected to monitor the implementation of the mandatory quality assurance prescripts. During these inspections, 232 film developers were also evaluated. In addition, the Department has taken responsibility for 3 South African Nuclear Energy Corporation facilities on the Pelindaba site during the financial year. The Department is collaborating with a SAQA SGB to draw up unit standards for the Radiation Protection industry. Once the process is completed selective unit standards will be made mandatory for the registration of Industrial Radiographers.

South African National Blood Service (SANBS)

During the year under review, the Department continued to best harness the existing infrastructure for delivering an excellent blood transfusion service.

The South African National Blood Service (SANBS) Blood Safety Policy and Procedures were revisited and refined. It must be acknowledged that the safety of the blood supply ultimately depends on the quality of the blood donor because it is technically not possible to detect all transmissible diseases by laboratory methods currently available. The focus was thus to recruit, retain and educate the blood donors on all matters relating to blood safety.

A system for the voluntary reporting of serious adverse effects of blood transfusion has been implemented. The reports for the years 2001 and 2002 have been published and that for 2003 will be released in 2004. It is noteworthy that in 2003 the reported transfusion reactions decreased from 93 to 84.

During the year under review, the donor division collected 704 810 units of blood. The safety of the blood supply was ensured by issuing blood obtained only from the donor population with a HIV prevalence of less than 0.02%. This was achieved by focusing on retaining regular blood donors. The SANBS average of 2,5 donations per year is one of the highest donation rates in the world.

The donor service division launched a high school Peer Promoters Project with the highly successful Club 25 project to target young blood donors. The Club 25 project focuses on youth who are committed to safe lifestyles and are regular blood donors. The young people are committed to donating 20 units of blood before they are 25 years old. Young people aged 16 to 25 years, who participated in this programme, donated 24% of blood collected in 2003/04.

National Health Laboratory Service (NHLS)

The National Health Laboratory Service (NHLS) was established by the National Health Laboratory Service Act, No 37 of 2000, as a single national public entity to provide public health laboratory services. KwaZulu-Natal is not yet included in the NHLS.

The formation of the NHLS has resulted in the implementation of an information technology infrastructure and systems to many sites which are standardised on the Disa*Lab Laboratory Information Management System (LIMS). The laboratory system was implemented at the following hospitals: Groote Schuur, Red Cross Children's Hospital and Tygerberg in Western Cape, Nelson Mandela Complex in Eastern Cape, George Mukhari in Gauteng, and Universitas, and Pelonomi in Free State.

Transport tenders were awarded to empowerment and small medium enterprises to provide a transport network to 1800 clinics on a daily basis to improve access and turn around times for all tests. In addition, infrastructure was established for CD4 testing at 20 sites in all provinces with an immediate capacity of 1.4 million tests per annum (50 000 tests have been done in 2003/04). Infrastructure was also put in place for viral load testing at 6 sites, with an immediate capacity of half a million tests per annum (5 000 tests have been done in 2003/04).

The National Institute for Occupational Health (NIOH)

The National Institute for Occupational Health (NIOH) undertook the following activities during 2003/04:

- Established a XRD lab for quartz which contributes to the government's National Programme for the Elimination of Silicosis,
- Established an approved inspection authority to support occupational hygiene in the public sector as well as the SADC Clearing House to improve occupational health information in the region,
- Established the expanded programme to develop professionals in occupational health to create the largest occupational hygiene programme in Africa with 40 masters students registered, and
- Conducted research and fieldwork into priority occupational health issues which produced 30 scientific journal articles and 29 NIOH reports.

Forensic Pathology Services

Cabinet took a decision to transfer all mortuaries operated by the South African Police Services to the provincial Departments of Health. R1 million seed funding was transferred to each of the nine provinces to fund the preparatory work necessary for the transfer of medico-legal mortuaries. A national project manager was appointed from 1st April 2004 to drive the transfer process. Provinces have appointed task teams to plan and manage the transfer process.

HIGHLIGHTS

212 facilities are youth friendly

30 hospitals are part of the hospital revitalisation programme

4770 wheelchairs and 4674 hearing aids distributed

The table below illustrates the volume of tests conducted at the various Forensic Chemistry Laboratories

Table 10: Forensic tests conducted in 2003/04

	Toxicology	Blood alcohol	Food
No. of samples analysed	3 096	42 657	11 225

Health Technology

A skills audit in health technology (HT) management and clinical engineering found that the public sector requires a further 495 technicians. An accelerated clinical engineering course at the Tshwane University of Technology has been designed and 76 students are currently being trained.The plan is to train 100 students every year for the next five years.

A comprehensive study on HT in South Africa was initiated in 2003/04. Results from this study will be used to design an appropriate HT strategy and system for the country.

A comprehensive HT Regulation Framework was developed and widely accepted by the stakeholders that will be affected by HT regulations. As part of this, good management practices (GMtP) have been adopted by both public and private sector HT managers in the country.

The Engineering Council of South Africa, in consultation with the Department, has finalized the process of creating a clinical engineering category within the Engineering Professions of South Africa Act. Clinical engineers and technicians will soon be required to register in order to regulate the practice of the profession in terms of national norms and standards.

Health Information Systems

Access to health information is vital for the effective management of the health system and for monitoring of performance at all levels of the health system. The Department undertook several activities to strengthen health information during the financial year.

The Department co-hosted the 2nd International Routine Health Information Network Workshop in October 2003 which focussed on 'Enhancing the Quality and Use of Routine Health Information'. South Africa showcased its district health information system (DHIS) which is recognised as a significant milestone for the country because the system has been exported to several countries both in Africa and Asia.

The Department supported the Department of Home Affairs and the Independent Electoral Commission with the ID Campaign by participating in road-shows and disseminating information on the need for the birth and death registration process. In addition, the Department collaborated with StatsSA on the evaluation of death coding to improve overall understanding of causes of death in the country.

In an effort to support health professionals in rural areas as well as to improve the quality of care provided, the Department initiated a telemedicine programme several years ago. During this reporting period, five tele-radiology sites were established in the Eastern Cape to improve radiological services. In Limpopo, seven new sites were established linking the following health facilities: Rebone Clinic, Mokopane, George Masebe, Mapulaneng, Letaba, Tshilidzini, and St. Rita's hospitals. This network gives health professionals in the outlying hospitals direct access to specialists who are based in the Mankweng-Polokwane Complex. With the additional sites, the total number of telemedicine sites in South Africa has increased from 28 to 57 in 2003/04

As part of telemedicine and distance learning projects, the Department has, in collaboration with Sentech, established a Closed Health Broadcast Channel that broadcasts health promotion as well health education content for patients and health workers in hospitals and clinics. The content is broadcast in five languages at 56 sites. A rapid assessment done by the Medical Research Council showed that the initiative has been well accepted by patients and health care workers.

Other attempts to provide health information include the maintenance of the Health Information Centre at the National Department of Health and the purchase and distribution of more than 100 mobile libraries for primary health care facilities in the rural nodes that were identified by the President. The Health Information Centre won first prize in the Library of the Year competition among government Departments.

Research Co-ordination and Management

Coordination of research is guided by the Health Research Policy, which provides an enabling framework for health research in South Africa. This policy has been widely distributed and popularised at provincial level. The National Research Directorate and Provincial Health Research Committees have commenced with the implementation of this policy especially around research priority setting and research capacity building.

A Report on Health Research Capacity Building in South Africa: Current Knowledge and Practice has been published. The purpose of the report was to describe the current experiences of capacity building in health research by identifying recent interventions which could assist the Essential National Health Research Committee to strengthen and implement research policy for South Africa.

A National Health Research Ethics Council and the National Research Committee will be formally established once the National Health Act is promulgated. Regulations for the establishment of these committees have been drafted. The main aim of these bodies is to regulate research and ethics activities and to strengthen research capacity within and outside the Department.

A draft on Ethics in Health Research: Principles, Structure and Processes has been completed. The purpose of the statement on ethical principles for health research in South Africa that is included in the document, is to identify good, desirable and acceptable conduct, to protect the welfare and rights of research participants, and to reflect the basic ethical values of beneficence, justice and respect for persons.

Given challenges in the conduct of clinical trials in South Africa, guidelines on Good Clinical Practice in the conduct of Clinical Trials which were launched by the Minister of Health in 2001, have been reviewed and revised guidelines will be published before the end of 2004.

1.3.9 LEGISLATIVE REFORM

The Department processed more than 70 regulations in the 2003/04 financial year and 4 Bills up to Parliamentary level. Whilst the regulations are too numerous to mention the Bills included: the National Heath Bill, the Choice on Termination of Pregnancy Amendment Bill, the Traditional Health Practitioners Bill, and the Dental Technicians Amendment Bill.

1.3.10 IMPROVING COMMUNICATION AND CONSULTATION

More than 30 campaigns and events were held during the year under review. These were mostly in support of particular health promotion themes or to mark milestones in policy and programme developments. Events and campaigns which were supported during the year included: launches of reports, surveys and policies, commemoration of health sector awareness weeks and months, celebration of national and international days, government communication initiatives, national and international conferences and workshops, public relations events for the Minister, and media events.

World Health Day, with the theme of Healthy Environments for Children, was commemorated in all provinces. The activities were held in both urban and rural settings to highlight the different environments that children are exposed to and the ways in which these environments should be changed to improve their health.

The Minister's annual Budget Speech was accompanied by various exhibitions. The focus of the Department's exhibition was a multimedia display on Healthy Environments for Children. Parliamentarians were encouraged to sign a pledge committing themselves to creating healthy environments for children in their respective constituencies. Other exhibitions on display were on HIV and AIDS, the Race Against Malaria and the annual costs of health care in South Africa.

The 53rd Meeting of the WHO Regional Committee for Africa presented an opportunity to showcase how the Department is using technology to improve health care in remote areas of the country. The Department mounted an exhibition on Telemedicine and provided daily demonstrations on the applications of this technology.

In order to strengthen stakeholder communication a 'policy and programme update' was published every two months in three publications to inform health professionals about the latest developments in policies and legislation. In addition, health professionals received letters from the Minister explaining the Certificate of Need provisions in the National Health Act and the issues relating to the licensing of dispensing health professionals.

The Department also participated in celebrating 10 years of freedom. A mass communication and social mobilisation campaign to celebrate ten years of freedom in the health sector was developed and implemented nationwide. The theme of the campaign was "Better Together" and took place from 13 March to 9 April. The "Better Together" campaign was made up of a social mobilization campaign, consisting of a roadshow that visited all nine provinces performing to both urban and rural audiences and mass media campaign. The objectives of the campaign elements were to: inform the South African public of health achievements attained since the first democratic election in 1994, promote health-related celebrations and a sense of achievement among the general public, and to facilitate feedback from the general public about current issues, and what needs be done to make South Africa a healthier nation.

1.3.11 STRENGTHENING INTERNATIONAL CO-OPERATION

The Department entered into agreements with countries that are of strategic importance to South Africa. These are aimed at improving cooperation and to advance the Department's objectives. Bilateral Agreements mainly address priority issues like human resource development, HIV and AIDS, research, communicable diseases and maternal and child health.

Our cooperation with Cuba includes the recruitment of Cuban doctors and lecturers, the training of South African medical students and researchers and placement of South African students for postgraduate training in specific fields of specialisation within the health sector. To date 463 Cuban doctors have been placed in 8 provinces. In addition, 136 Iranian doctors have been selected for employment in the rural areas of Limpopo, Mpumalanga, and North West provinces. The first group of South African medical students who trained in Cuba are back in the country for their internship and community service placements.

As part of our agreements with Algeria, South African cardiac-thoracic surgeons performed 10 coronary bypass operations on Algeria citizens and also transferred skills to Algerian cardiac surgeons.

During the past year, the Department of Health concluded several financing agreements with other countries. These included: signing a cooperation agreement with France for the training of hospital managers in December 2003, and signing a cooperation Agreement with Belgium, for technical assistance in Human Resource Development in March 2004. A series of activities undertaken during the year under review focussed on SADC namely:

- chairing of the SADC Health Sector until 2003,
- approving strategic plans and subcommittees for HIV and AIDS, malaria, TB, reproductive health, and medicines regulation,
- mobilising resources for the sector's HIV and AIDS programme,
- transferring the SADC health programme to the SADC Secretariat in 2003,
- hosting the SADC HIV and AIDS unit while awaiting its transfer to Botswana, and
- initiating and coordinating the Racing Against Malaria (RAM) rally for the SADC region in April 2003.

The single most important activity, related to the African Union, was that the Department led the process of developing and having the NEPAD Health Strategy adopted. In addition, the Department successfully hosted the WHO AFRO Regional Committee Meetings in 2003.

The Department advocated for and ratified the Commonwealth Code of Practice for the recruitment of health professionals in 2003. The Code of Practice is currently being implemented.

Section Two

HUMAN RESOURCE MANAGEMENT

HR OVERSIGHT STATISTICS FOR THE PERIOD APRIL 2003 TO MARCH 2004

TABLE 11 - Main Service for Service Delivery Improvement and Standards

Main Services	Actual Customers	Potential Customers	Standard of Service / Actual Achievement against Standards
Decreasing mobility and mortality rates through strategic interventionns	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Private health sector Health service delivery General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Private health sector more widely More health service users General public more widely	Refer to page 11
Improving quality of care	Provincial health departments Provincial health facilities Municipal health services Non-government organizations Professional bodies Statutory councils Trade unions Private health sector Health service users General public	Provincial health departments More provincial health facilities More municipal health services More non-government organizations Professional bodies Statutory councils Private health sector More health service users	Refer to page 25
Speeding up delivery of primary health care services through the district health system	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors More non-government organizations More health service users General public	Refer to page 25
Revitalising hospitals	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors More non-government organizations More health service users General public	Refer to page 27
Improving resources mobilization and management of resources	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Private Health sector Business sector Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Private health sector to a greater extent, especially medical schemes Business sector Health service users General public	Refer to page 28

Main Services	Actual Customers	Potential Customers	Standard of Service / Actual Achievement against Standards
Improving delevopment and management of human resources	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Statutory councils Professional associations and trade unions Academic and training institutions Private health sector He	Provincial health departments Provincial health facilities Municipal health services Other state sectors More non-government organizations Statutory councils Professional associations and trade unions Academic and training institutions Private health sect	Refer to page 29
Re-organising support services	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Private health sector Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Research insitutions Non-government organizations Private health sector Health service users General public	Refer to page 30
Legislative reform	Provincial health departments Provincial health facilities Municipal health services Other state sectors Statutory councils Counterparts in Parliament Non-government organizations Private health sector Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Statutory councils Counterparts in Parliament Non-government organizations Private health sector Health service users General public more extensively	Refer to page 34
Improving communication and consultation	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Mass media, local and international Statutory councils Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organizations Mass media, local and international Private health sector Statutory councils Health service users General public	Refer to page 34
Strengthening international co-operation	Foreign governments Multilateral organisations Donor organisations SA mission abroad Provincial health departments Municipal health services Non-government organisations Other state sectors Health service users General public	Foreign governments Multilateral organisations Donor organisations SA mission abroad Provincial health departments Municipal health services Non-government organisations Other state sectors Private health sector Health service users General public	Refer to page 34

TABLE 12 - Consultation Arrangements for Customers

Type of Arrangement Regular meetings organised by Department of Health	Actual Customer	Potential Customer	Actual Achievements
Ad hoc specialist meeting, conferences and workshops held by Department of Health	Provincial health departments Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions	Provincial health departments Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions	Regular meetings held from political level to specialist sections of health care Joint policy making involving national, provincial and local government Joint programme planning by spheres of government Joint setting of service standards and norms See Section 1 for details
Public relations programme of Minister	Academic and training institutions Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions Private health sector Health service users General public	Academic and training institutions Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions Private health sector Health service users General public	Various specialist meetings held to review programmes, align efforts to improve performance, co-ordinate work across disciplines See section 1 for details.
Attendance at conferences and meetings convened by other parties	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organisations Health service users General public	Provincial health departments Provincial health facilities Municipal health services Other state sectors Non-government organisations Health service users General public	Full programme of public appearances and visits to communities See Section 1 for details
Visits to provincial health departments	International organisations Provincial health departments Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions Private health sector Health service users General public	International organisations Provincial health departments Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions Private health sector Health service users General public	See Section 1 for details
Telephone lines/ enquiry offices/ e-mails/ facsimile	Provincial health departments Provincial health facilities Municipal health services General public Provincial health departments Municipal health services Other state sectors Non-government organisations	Provincial health departments Provincial health facilities Municipal health services General public Provincial health departments Municipal health services Other state sectors Non-government organisations	Improved programme planning and implementation, informed by actual conditions and challenges See Section 1 for details

Type of Arrangement Regular meetings organised by Department of Health	Actual Customer	Potential Customer	Actual Achievements
Use of Government Gazette and/or mass media to invite formal submissions. Consideration of submissions and possible engagement with parties.	Provincial health departments Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions	Provincial health departments Municipal health services Other state sectors Non-government organisations Statutory councils Professional associations and trade unions Academic and training institutions	Specific information supplied in accordance with individual need
Sectoral bargaining structures with trade unions and professional associations	Provincial health departments Other state sectors Statutory councils Professional associations and trade unions	Provincial health departments Other state sectors Statutory councils Professional associations and trade unions	Policy and draft legislation informed and improved by process See Section 1 for details

TABLE 13: Service delivery access strategy

Access strategy	Actual achievements
Enquiry lines	Information supplied, referral made or complaint attended to in great majority of cases
Office visits	Every query, complaint or request attended to or being attended to
Meetings/workshops/conferences/visits out of office	Resolutions of meetings implemented or at least acted upon Jointly formulated policies, strategies and service standards implemented Complaints and requests attended to
Notices or adverts inviting submissions	All submissions considered. Proposals selectively incorporated into policy or draft legislation

TABLE 14: Service information tool

Type of information tool	Actual achievements
Publications/ Internet/ Government Gazette	The informed public concerning services rendered by the Department

TABLE 15 - Complaint mechanism

Complaint mechanism	Actual achievements
Fraud and Corruption helpline	Produced increased information to facilitate investigation and action against fraud and corruption
National Complaints System	See section 1.3.2

TABLE 16 - Personnel costs by Programme

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as percent of Total Expenditure
Administration	100197	49507	1707	11662	49.41
Strategic health programmes	6488675	70966	356	19450	1.09
Health Service Delivery	1864730	58893	207	97620	3.16
TOTAL	8453602	179366	2270	128732	2.12

TABLE 17 - Personnel costs by salary band

Salary Bands	Personnel Expenditure (R'000)	Percentage of Total Personnel Cost	Average Personnel Cost per Employee (R)	Number of Employees
Lower skilled (Levels 1-2)	6311	3.52	41512	152
Skilled (Levels 3-5)	17560	9.79	62270	282
Highly skilled production (Levels 6-8)	37186	20.73	88749	419
Highly skilled supervision (Levels 9-12)	63337	35.31	151162	419
Senior management (Levels 13-16)	54972	30.65	886645	62
TOTAL	179366	100	134457.27136	1334

TABLE 18 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Programme

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Administration	33347	67.36	422	0.85	891	1.80	2484	5.02	49507
Strategic Health Programmes	47434	66.84	331	0.47	1120	1.58	2826	3.98	70966
Health Service Delivery	40157	68.19	245	0.42	1187	2.02	2771	4.71	58893
TOTAL	120938	67.43	998	0.6	3198	1.78	8081	4.51	179366

TABLE 19 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band

Salary Band	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost	Total Personnel Cost (R'000)
Lower skilled (Levels 1-2)	4574	72.48	51	0.97	218	3.45	450	7.56	6311
Skilled (Levels 3-5)	10572	60.21	156	0.89	320	1.65	1092	6.22	17560
Highly skilled production (Levels 6-8)	33451	89.96	228	0.94	1176	3.11	2994	8.05	37186
Highly skilled supervision (Levels 9-12)	51935	82	350	0.68	1152	1.82	2553	4.03	63337
Senior management (Levels 13-16)	20406	37.12		0	382	0.69	965	1.76	54972
TOTAL	120938	67.43	785	0.56	3248	1.78	8054	4.51	179366

TABLE 20 - Employment and Vacancies by Programme at end of period

Programme	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts F
Additional to the Establishment				
Administration	420	366	12.86	8
Strategic Health Programmes	677	560	17.28	6
Health Service Delivery	499	408	13.56	9
TOTAL	1596	1334	14.98	23

TABLE 21 - Employment and Vacancies by Salary Band at end of period

Salary Band	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts F
Additional to the Establishment				
Lower skilled (Levels 1-2)	232	152	34.48	3
Skilled (Levels 3-5)	308	282	8.44	5
Highly skilled production (Levels 6-8)	485	419	13.61	4
Highly skilled supervision (Levels 9-12)	470	419	10.85	8
Senior management (Levels 13-16)	74	62	16.22	3
TOTAL	1569	1334	14.98	23

TABLE 22 - Employment and Vacancies by Critical Occupation at end of period

Critical Occupations	Number of Posts	Number of Posts Filled	Vacancy Rate	Number of Posts F
Additional to the Establishment				
Senior Management Services	74	62	16.22	3
Middle Management	611	508	16.86	9
Medical (core)	352	291	17.33	6
Administraitve Support (core)	532	473	11.09	5
TOTAL	1569	1334	14.98	23

TABLE 23 - Job Evaluation

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
Lower skilled (Levels 1-2)	232	0	0	0	0	0	0
Skilled (Levels 3-5)	308	23	7.47	4	17.39	0	0
Highly skilled production (Levels 6-8)	485	56	11.55	8	14.29	0	0
Highly skilled supervision (Levels 9-12)	470	232	49.36	10	4.31	1	0.43
Senior Management Service Band A	55	46	83.64	1	2.17	0	0
Senior Management Service Band B	14	7	50.00	0	0	0	0
Senior Management Service Band C	4	1	25.00	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
TOTAL	1569	365	23.26	23	6.30	1	0.43

TABLE 24 - Profile of employees whose positions were upgraded due to their posts being upgraded

Beneficiaries	African	Asian	Coloured	White	Total
Female	14	0	2	3	19
Male	3	0	0	1	4
TOTAL	17	0	2	4	23
Employees with a Disability	0	0	0	0	0

TABLE 25 - Employees whose salary level exceed the grade determined by Job Evaluation [i.t..o PSR 1.V.C.3]

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in
Dept					
Radiographers	1	12	13	recruitment	1
Total	1				
Percentage of Total Employment	0				0

TABLE 26 - Profile of employees whose salary level exceeded the grade determined by job evaluation [i.t.o. PSR 1.V.C.3]

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	1	1
Total	0	0	0	1	1
Employees with a Disability	0	0	0	0	0

TABLE 27 - Annual Turnover Rates by Salary Band

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Lower skilled (Levels 1-2)	152	5	15	9.87
Skilled (Levels 3-5)	282	38	43	15.25
Highly skilled production (Levels 6-8)	419	9	39	9.31
Highly skilled supervision (Levels 9-12)	419	12	94	22.43
Senior management (Levels 13-16)	62	1	2	3.23
TOTAL	1334	65	193	14.47

TABLE 28 - Annual Turnover Rates by Critical Occupation

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Senior Management Services	62	1	2	3.23
Middle Management	508	20	67	13.19
Medical (core)	291	19	81	27.84
Administrative Support (core)	473	25	43	9.09
TOTAL	1334	65	193	14.47

TABLE 29 - Reasons why staff are leaving the department

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment
Death, Permanent	3	1.55	0.22
Resignation, Permanent	73	37.82	5.47
Resignation, Temporary	6	3.11	0.45
Expiry of contract, Temporary	4	2.07	0.30
Discharged due to ill health, Permanent	2	1.04	0.15
Dismissal-misconduct, Permanent	1	0.52	0.07
Retirement, Permanent	17	8.81	1.27
Retirement, Temporary	1	0.52	0.07
Other, Permanent	83	43.01	6.22
Other, Temporary	3	1.55	00.22
TOTAL	193	100	14.47
Resignations as % of Employment	14.47%		

TABLE 30 - Promotions by Critical Occupation

Occupation	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Senior Management Services	62	5	8.06	16	25.81
Middle Management	508	43	8.46	398	78.35
Medical (core)	291	32	11.00	66	22.68
Administrative Support (core)	473	27	5.71	225	47.57
TOTAL	1334	107	8.02	705	52.85

TABLE 31 - Promotions by Salary Band

Salary Band	Employment at Beginning of Period	Promotions to another Salary Level	Salary Level Promotions as a % of Employment	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment
Lower skilled (Levels 1-2)	152	0	0	149	98.03
Skilled (Levels 3-5)	282	6	2.13	188	66.67
Highly skilled production (Levels 6-8)	419	41	9.79	187	44.63
Highly skilled supervision (Levels 9-12)	419	49	11.69	162	38.66
Senior management (Levels 13-16)	62	11	17.74	19	30.65
TOTAL	1334	107	8.02	705	52.85

TABLE 32 - Total number of Employees (incl. Employees with disabilities) per Occupational Category (SASCO)

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Legislators, senior officials and managers	13	9	3	11	36	21	1	2	9	33	69
Professionals	140	13	7	61	221	234	7	12	103	356	577
Clerks	101	12	5	9	127	188	16	9	115	328	455
Service and sales workers	41	5	0	3	49	33	0	0	5	38	87
Craft and related trades workers	3	0	0	1	4	0	0	0	0	0	4
Plant and machine operators and assemblers	9	0	0	1	10	0	0	0	0	0	10
Elementary occupations	57	5	0	0	62	59	8	1	0	69	131
Other	0	0	0	0	0	1	0	0	0	1	1
TOTAL	364	44	15	86	509	536	32	24	232	825	1334

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Employees with disabilities	2	0	0	3	5	2	0	0	4	6	11

TABLE 33 - Total number of Employees (incl. Employees with disabilities) per Occupational Bands

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Top Management	1	0	0	1	2	3	0	1	0	4	6
Senior Management	15	2	3	14	34	28	2	1	8	39	73
Professionally qualified and experienced specialists and mid-management	95	9	5	45	154	204	5	8	53	270	424
Skilled technical and academically qualified workers, junior management, supervisors, foremen,	113	11	5	18	147	123	11	13	138	285	432
Semi-skilled and discretionary decision making	73	12	1	8	94	115	12	0	31	158	252
Unskilled and defined decision making	67	10	1	0	78	64	2	1	2	69	147
TOTAL	364	44	15	86	509	537	32	24	232	825	1334

TABLE 34 - Recruitment

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Senior Management	1	0	0	0	1	2	0	0	0	2	3
Professionally qualified and experienced specialists and mid-management	8	0	1	2	11	8	1	0	3	12	23
Skilled technical and academically qualified workers, junior management, supervisors, foremen	7	0	0	0	7	6	0	1	1	8	15
Semi-skilled and discretionary decision making	4	0	0	0	4	7	0	0	0	7	11
Unskilled and defined decision making	8	1	0	0	9	2	1	1	0	4	13
TOTAL	28	1	1	2	32	25	2	2	4	33	65

	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
No data	0	0	0	0	0	0	0	0	0	0	0

TABLE 35 - Promotions (Another salary level and Notch)

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Top Management	0	0	0	0	0	1	0	1	0	2	2
Senior Management, Permanent	3	0	0	11	14	7	0	0	3	10	24
Senior Management, Temporary	1	0	1	0	2	2	0	0	0	2	4
Professionally qualified and experienced specialists and mid-management, Permanent	39	3	2	27	71	32	3	3	41	79	150
Professionally qualified and experienced specialists and mid-management, Temporary	1	0	0	1	2	2	0	0	0	2	4
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	68	11	4	17	100	73	9	5	62	149	249
Skilled technical and academically qualified workers, junior management,nsupervisors, foremen, Temporary	0	0	0	0	0	1	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	53	3	0	8	64	57	15	3	56	131	195
Unskilled and defined decision making, Permanent	80	5	2	1	88	84	7	0	4	95	183
TOTAL	245	22	9	65	341	259	34	12	166	471	812

	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Employees with disabilities	2	0	0	2	4	1	0	0	4	5	9

TABLE 36 - Terminations

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Senior Management	1	0	1	3	5	2	0	0	2	4	9
Professionally qualified and experienced specialists and mid-management	5	5	0	7	17	19	2	5	18	44	61
Skilled technical and academically qualified workers, junior management, supervisors, foremen	22	2	1	3	28	24	7	4	13	48	76
Semi-skilled and discretionary decision making	12	2	0	1	15	8	7	0	3	18	33
Unskilled and defined decision making	9	0	0	0	9	4	1	0	0	5	14
TOTAL	49	9	2	14	74	57	17	9	36	119	193

	Male, African	Male, Coloured	Male, Indian	Male, White	Male, TOTAL	Female, African	Female, Coloured	Female, Indian	Female, White	Female, TOTAL	Total
Employees with disabilities	1	0	0	1	2	0	0	0	0	0	2

TABLE 37 - Disciplinary Action

Disciplinary action	Male, African	Male, Coloured	Male, Indian	Male, White	Male, Total	Female, African	Female, Coloured	Female, Indian	Female, White	Female, Total	Total
TOTAL	3	0	0	1	4	2	0	0	0	2	6

TABLE 38 - Skills Development

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Male, Total	Female, African	Female, Coloured	Female, Indian	Female, White	Female, Total	Total
Legislators, Senior Officials and Managers	5	0	1	1	7	0	0	0	2	2	9
Professionals	9	1	0	0	10	9	0	0	1	10	20
Technicians and Associate Professionals	0	0	0	0	0	0	0	0	0	0	0
Clerks	22	0	1	1	24	26	1	0	22	49	73
Service and Sales Workers	0	0	0	0	0	0	0	0	0	0	0
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	0	0	0	0	0	0	0	0	0	0	0
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	0	0	0
Elementary Occupations	0	0	0	0	0	0	0	0	0	0	0
TOTAL	36	1	2	2	41	35	1	0	25	61	102
Employees with disabilities	1	0	0	0	1	0	0	0	0	0	1

TABLE 39 - Performance Rewards by Race, Gender and Disability

	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	40	537	7.45	529	7561
African, Male	35	364	9.62	455	7692.
Asian, Female	2	24	8.33	35	5714
Asian, Male	2	15	13.33	31	6451
Coloured, Female	7	32	21.88	58	12068
Coloured, Male	3	44	6.82	32	9375
White, Female	18	232	7.76	290	6206
White, Male	7	86	8.14	139	5035
TOTAL	114	1334	8.55	1569	7265
Employees with a disability	1	11	9.09	10	10000

TABLE 40 - Performance Rewards by Salary Band for Personnel below Senior Management Service

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Lower skilled (Levels 1-2)	4	152	4.61	17	2
Skilled (Levels 3-5)	17	282	7.09	96	5
Highly skilled production (Levels 6-8)	43	419	9.31	408	10
Highly skilled supervision (Levels 9-12)	38	419	9.55	810	20
TOTAL	102	1272	8.33	1331	13

TABLE 41 - Performance Rewards by Critical Occupation

Critical Oppupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Senior Management Services	8	62	12.90	154	19
Middle Management	36	508	7.09	240	7
Medical (core)	22	291	7.56	437	20
Administraitve Support (core)	48	473	10.15	746	16
TOTAL	114	1334	8.55	1577	14

TABLE 42 - Performance Related Rewards (Cash Bonus) by Salary Band for Senior Management Service

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)
Band A	5	44	11.36	74	15	0.3	22,378
Band B	2	13	15.38	53	27	0.6	8,576
Band C	1	5	20.00	27	27	0.8	3,595
TOTAL	8	62	12.90	154	19	0.4	34,549


TABLE 43 - Foreign Workers by Salary Band

Salary Band	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Lower skilled (Levels 1-2)	3	42.86	1	20	-2	100
Highly skilled production (Levels 6-8)	0	0	1	20	1	-50
Highly skilled supervision (Levels 9-12)	3	42.86	2	40	-1	50
Senior management (Levels 13-16)	1	14.29	1	20	0	0
TOTAL	7	100	5	100	-2	100

TABLE 44 - Foreign Workers by Major Occupation

Major Occupation	Employment at Beginning Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total
Administrative office workers	0	0	1	20	1	-50
Other occupations	1	14.29	1	20	0	0
Professionals and managers	6	85.71	3	60	-3	150
TOTAL	7	100	5	100	-2	100

TABLE 45 - Sick Leave for Jan 2003 to Dec 2003

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification
Lower skilled (Levels 1-2)	397	72.04	61	8.43	6.51	50	286
Skilled (Levels 3-5)	1262	78.37	162	22.38	7.79	215	989
Highly skilled production (Levels 6-8)	1774	72.94	262	36.19	6.77	550	1294
Highly skilled supervision (Levels 9-12)	1230	70.33	199	27.49	6.18	721	865
Senior management (Levels 13-16)	321	86.60	40	5.52	8.03	478	278
TOTAL	4984	74.48	724	100	6.88	2014	3712

TABLE 46 - Disability Leave (Temporary and Permanent) for Jan 2003 to Dec 2003

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification
Lower skilled (Levels 1-2)	41	100	4	5.97	10	5	41
Skilled (Levels 3-5)	149	100	13	19.40	11	25	149
Highly skilled production (Levels 6-8)	618	100	33	49.25	19	194	618
Highly skilled supervision (Levels 9-12)	75	100	11	16.42	7	47	75
Senior management (Levels 13-16)	91	100	6	8.96	15	118	91
TOTAL	974	100	67	100	15	389	974

TABLE 47 - Annual Leave for Jan 2003 to Dec 2003

Salary Band	Total Days Taken	Average per Employee	Employment
Lower skilled (Levels 1-2)	2187	14.39	152
Skilled (Levels 3-5)	3999	14.18	282
Highly skilled production (Levels 6-8)	7370	17.59	419
Highly skilled supervision (Levels 9-12)	6236	14.88	419
Senior management (Levels 13-16)	1405	22.66	62
TOTAL	21197	15.89	1334

TABLE 48 - Capped Leave for Jan 2003 to Dec 2003

	Total days of capped leave taken	Average number of days taken per employee	Average capped eave per employee as at 31 December 2003	Number of Employees	Total number of capped leave available at 31 December 2003	Number of Employees as at 31 December 2003
Lower skilled (Levels 1-2)	70	0	44	149	6685	152
Skilled (Levels 3-5)	77	1	12	149	3338	282
Highly skilled production (Levels 6-8)	308	2	36	149	15178	419
Highly skilled supervision (Levels 9-12)	343	2	22	149	9406	419
Senior management (Levels 13-16)	34	0	50	149	3110	62
TOTAL	832	6	28	149	37717	1334

TABLE 49 - Leave Payouts

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R)
Leave payout for 2003/04 due to non-utilisation of leave for the previous cycle	24	4	6
Capped leave payouts on termination of service for 2003/04	497	23	22
Current leave payout on termination of service for 2003/04	407	84	5
TOTAL	938	111	32

TABLE 50 - Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	N/A
None	N/A

TABLE 51- Details of Health Promotion and HIV/AIDS Programmes [tick Yes/No and provide required information]

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Ms C G L Gumede, Cluster Manager: Human Resources Planning and Development. She is the chairperson of the departmental HIV/AIDS working group.
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available fo	X		Ms S More; Employee Assistant Programme officer. The Department is on the verge of appointing an HIV/AIDS Co-ordinator.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		Ms S More is the Employee Assistant Programme Officer. The Department is on the verge of apponting an HIV/AIDS Co-ordinator
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		All Chief Directorates are represented, together with a NEHAWU representative, PSA representative and the Chairperson Ms C G L Gumede.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of their HIV status, for example Recruitment and Leave Policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV/AIDS and STD in the work place is available; Employees and prospective employees have the right to confidentiality with regard to their HIV/AIDS astatus; If an employee informs an employer of his or her HIV/AIDS status, this information shall not be disclosed to any other employee without that employee's written and expressed consent.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistant Programme officer and the Department's nurse, employees are encouraged to subject themselves to voluntary testing.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	However, the department is on the verge of appointing and HIV/AIDS co-ordinator with a separate budget in order to tackle this issue at hand

TABLE 52 - Collective Agreements

Subject Matter	Date
None	

TABLE 53 - Misconduct and Discipline Hearings Finalised

Outcomes of disciplinary hearings	Number	Percentage of Total
Correctional counselling	0	0
Verbal warning	0	0
Written warning	1	16.67
Final written warning	0	0
Suspended without pay	1	16.67
Fine	0	0
Demotion	0	0
Dismissal	1	16.67
Not guilty	1	16.67
Case withdrawn	2	33.33
TOTAL	6	100

TABLE 54 - Types of Misconduct Addressed and Disciplinary Hearings

Type of misconduct	Number	% of total
Misuse of government vehicle	1	16.67
Abscondment	1	16.67
Irregular claims	2	33.33
Assualt & Intimidation	1	16.67
Fraud	1	16.67
TOTAL	6	100

TABLE 55 - Grievances Lodged

Number of grievances addressed	Number	% of total
Resolved	17	94.44
Not resolved	1	5.56
TOTAL	18	100

TABLE 56 - Disputes Lodged

Number of disputes addressed	Number	% of total
Upheld	0	0
Dismissed	0	0
Total	0	

TABLE 57 - Strike Actions

Strike Actions	_
Total number of person working days lost	0
Total cost(R'000) of working days lost	0
Amount (R'000) recovered as a result of no work no pay	0


TABLE 58 - Precautionary Suspensions

Precautionary Suspensions	_
Number of people suspended	0
Number of people whose suspension exceeded 30 days	0
Average number of days suspended	0
Cost (R'000) of suspensions	0

TABLE 59 - Training Needs identified

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	33	0	3	0	3
	Male	36	0	3	0	3
Professionals	Female	356	0	3	0	3
	Male	221	0	3	0	3
Clerks	Female	328	0	4	0	4
	Male	127	0	4	0	4
Service and sales workers	Female	38	0	0	0	0
	Male	49	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	4	0	5	0	5
Plant and machine operators and assemblers	Female	0	0	5	0	5
	Male	10	0	0	0	0
Elementary occupations	Female	69	0	4	0	4
	Male	62	0	4	0	4
Other	Female	1	0	0	0	0
	Male	0	0	0	0	0
Gender sub totals	Female	825	0	19	0	19
	Male	509	0	19	0	19
Total		1334	0	38	0	38

TABLE 60 - Training Provided

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	33	0	11	2	13
	Male	36	0	19	0	19
Professionals	Female	356	0	3	0	3
	Male	221	0	10	0	10
Clerks	Female	328	0	41	1	42
	Male	127	0	16	0	16
Service and sales workers	Female	38	0	0	0	0
	Male	49	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	4	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	4	0	4
	Male	10	0	0	0	0
Elementary occupations	Female	69	0	0	0	0
	Male	62	0	0	0	0
Other	Female	1	0	0	0	0
	Male	0	0	0	0	0
Gender sub totals	Female	825	0	59	3	62
	Male	509	0	45	0	45
Total		1334	0	104	3	107

TABLE 61 - Injury on Duty

Nature of injury on duty	Number	% of total
Required basic medical attention only	9	100
Temporary Total Disablement	0	0
Permanent Disablement	0	0
Fatal	0	0
Total	9	100

TABLE 62 - Report on consultant appointments using appropriated funds

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
Documentation of Home community based care best practice model	1	261	623,950
The evaluation of Home and Community based care programmes	1	261	702,221
Skills Audit	1	261	378,560
Mange the accreditation of a training, trainers care givers and mentoring	1	261	381,512
Data processing and analysis of SA demographic Health survey	1	261	992,963
Cosourcing of the Audit unit of NDOH	1	261	1,719,740
Project Manager to transfer Medico legal mortuaries	1	261	355,000

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
7	7	1827	5,153,946

TABLE 63 - Analysis of consultant appointments using appropriated funds, i.t.o. HDIs

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Documentation of Home community based care best practice model	0	0	1
The evaluation of Home and Community based care programmes	44	44	1
Skills Audit	100	100	1
Mange the accreditation of a training, trainers, care givers and mentoring	100	100	1
Data processing and analysis of SA demographic Health survey	0	0	1
Cosourcing of the Audit unit of NDOH	14.69	14.69	1
Project Manager to transfer Medico legal mortuaries	0	0	1

TABLE 64 - Report on consultant appointments using Donor funds

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
Rural DHS Project under the Public Sector Support Programme	3	720	1,006,555
Public Health Sector Support Programme SA 99/73200/23	17	261	1,836,590
2000 Public Health Sector Support Programme: Project 1: Financial Management	26	261	28,743,600
2000 Public Health Sector Support Programme: Project 2: Hospital Management	23	261	5,936,590

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand
4	69	1503	37523335

TABLE 14.4 - Analysis of consultant appointments using Donor funds, i.t.o. HDIs

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
HIV&AIDS&STI's - for technical assistance with regard to the following projects: Condoms procurement, Home based Care & Support P rogrammes, Inter Departmental Committee on HIV/AIDS, Youth Programme, prevention of other to Child Transmission, National AIDS	98	98	15
2000 Public Health Sector Support Programme: Project 1: Financial Management	100	100	26
2000 Public Health Sector Support Programme: Project 2: Hospital Management	39	39	23