Annual Perfomance Plan

2016/2017 - 2018/2019

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans

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REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

Annual Performance Plan

2016/17 – 2018/19

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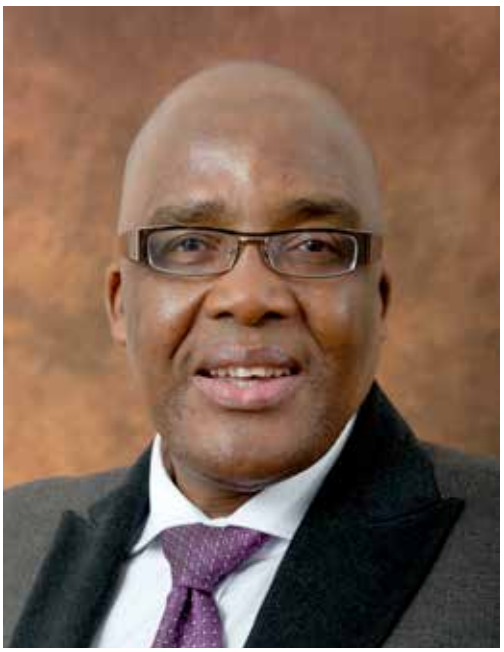
TABLE OF CONTENTS

FOREWORD BY THE MINISTER OF HEALTH



It is my pleasure to present the Annual Performance Plan of the National Department of Health of South Africa for 2016/17 to Parliament and the people of South Africa.

This Plan builds on previous Plans aimed at achieving our vision and mission to provide services that will enable all South Africans to live long and healthy. We are striving to quality health care for all South Africans. As a Department, we have established priorities around three major areas: growth and expansion of services, improved productivity and efficiency, and improved quality. These departmental priorities will guide our performance improvement efforts and help us to achieve our strategic goals.

The goal of the Department is to achieve health targets envisaged in the National Development Plan or vision 2030, by increasing the impact of our services, enhancing quality health care delivery and strengthening our ability to deliver cost efficient services.

To this end, in December 2015, we published the White Paper on National Health Insurance (NHI) for public comment. The White Paper defines NHI as a health financing system that is designed to pool funds to provide universal access to quality, affordable personal health services to all South African based on their health needs, irrespective of their socio-economic status.

National Health Insurance (NHI) represents a substantial policy shift that will necessitate a massive reorganisation of the current health care system, both public and private sectors. I have gazetted the terms of reference and membership of the NHI work streams. These work streams has been established and they will continue to work on the development of the legislative, policy and health systems required for NHI implementation.

The objective of all our plans is to design effective processes to meet the needs of patients and other users of our services, which are consistent with the national, continental and global health initiatives and targets. This requires us to collect data to monitor progress in our management of the quadruple burden of disease facing our country; identify opportunities for improvement in the quality of our health service delivery, and identify more opportunities that will lead to overall improvements and sustainability.

This Annual Performance Plan includes bold targets and innovations which serve as our commitment to the overall improvements of the public health system. Some of these targets are ambitious given the current national and global economic climate we as a country are facing. However, we are confident that we, together in partnership with development partners and civil society, have the necessary resources and willpower to meet or exceed these targets.

I look forward to continue to progress our Agenda as Government for 2016-17 and I remain committed to develop a Health System in South Africa that is based on the principles of social solidarity, equity, health care as a public good, affordability, efficiency, effectiveness and appropriateness.

DR PA MOTSOALEDI, MP
MINISTER OF HEALTH

STATEMENT BY THE DIRECTOR-GENERAL

I am pleased to present the National Department of Health Annual Performance Plan 2016-2017. This Plan has been developed through countless hours of hard work and commitments by the management team and staff members of the National Department of Health (NDoH) in consultation with provincial departments of health.

Considering the current national fiscal challenge, it must be acknowledged that unlike most other sectors of the economy, the demand for health care services does not decline during an economic downturn. The delivery of health care needs to be carefully managed to continue providing quality health care services. To this effect, the Department will improve its efforts to:

- shift investments to where they have the greatest value and health care benefit;
- prevent illness and help South Africans stay healthy and active by focusing on health promotion; and
- provide better access to primary and community health care, so that patients can receive the care they need, in the most appropriate place and in a timely manner.

The health care system in the country is being transformed through identified strategies for the implementation of National Health Insurance. To this effect strategies and activities are focusing on strengthening the South African Health System, management of Central Hospitals, establishment of the NHI Fund and the establishment of District Health Management Offices and the National Health Commission. This work is overseen by the six established NHI work-streams.

We believe that there are resources available in our health care system to continue to improve our health outcomes. We will continue to form strategic partnerships with relevant stakeholders for the improvement of the Public Health System in South Africa.

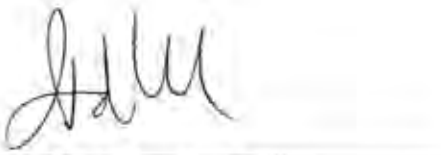
MS MP MATSOSO
DIRECTOR-GENERAL: HEALTH

OFFICIAL SIGN-OFF

It is hereby certified that this Annual Performance Plan was developed by the management of the National Department of Health, under the guidance of Dr A Motsoaledi, Minister of Health.

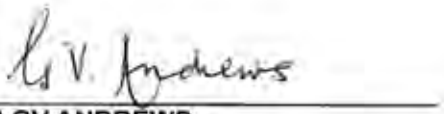
Takes into account all the relevant policies, legislation and other mandates for which the National Department is responsible.

It accurately reflects the performance targets which the National Department of Health will endeavour to achieve, given the resources made available in the budget for the 2016/17 financial year.



MR I VAN DER MERWE

CHIEF FINANCIAL OFFICER

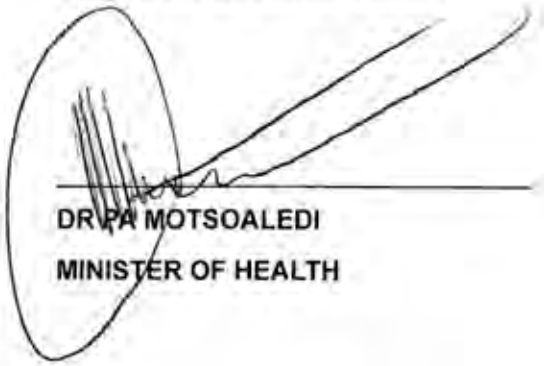


DR GV ANDREWS

CHIEF OPERATIONS OFFICER

MS MP MATSOSO

DIRECTOR-GENERAL: HEALTH



DR PA MOTSOALEDI

MINISTER OF HEALTH

ACRONYMS

AG	Auditor-General
AIDS	Acquired Immune Deficiency Syndrome
AMC	Academic Medical Centre
APP	Annual Performance Plan
ART	Antiretroviral Treatment
BCP	Business Continuity Plan
BoD	Burden of Disease
CARMMA	Campaign on Reduction of Maternal Mortality in Africa
CCOD	Compensation Commission for Occupational Diseases
CHC	Community Health Centre
CHW	Community Health Worker
CMS	Council for Medical Schemes
CRA	Comparative Risk Assessment
CSIR	Council for Scientific and Industrial Research
CTOP	Choice of Termination of Pregnancy
DBSA	Development Bank of Southern Africa
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DORA	Division of Revenue Act
EDMS	Electronic Document Management System
EML	Essential Medicines List
EMS	Emergency Medical Services
ESMOE	Essential Steps in Managing Obstetric Emergencies
EMTCT	Elimination of Mother to Child Transmission
FBO	Faith-Based Organisation
GDP	Gross Domestic Product
HAART	Highly Active Antiretroviral Therapy
HCT	HIV Counselling and Testing
HDACC	Health Data Advisory and Coordination Committee
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ICT	Information Communication Technology
ICSM	Integrated Clinical Services Management
IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illness
LBW	Low Birth Weight
MBOD	Medical Bureau for Occupational Diseases
MDG	Millennium Development Goal
MDR	Multi Drug Resistance
MISP	Master Information Systems Plan
MMR	Maternal Mortality Rate
MRC	Medical Research Council
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NAPHISA	National Public Health Institutes of South Africa
NCD	Non-Communicable Disease
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHC	National Health Council
NHI	National Health Insurance
NHRC	National Health Research Committee
NHREC	National Health Research Ethics Committee
NICD	National Institute for Communicable Diseases
NIMSS	National Injury Mortality Surveillance System
NSDA	Negotiated Service Delivery Agreement
OHSC	Office of Health Standards Compliance
OPV	Oral Polio Vaccine
OSD	Occupation Specific Dispensation
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PPIP	Perinatal Problem Identification Programme
PPP	Public Private Partnership
QIP	Quality Improvement Plan
RDP	Reconstruction and Development Programme
SAHPRA	South African Health Products Regulatory Authority
SANAC	South African National AIDS Council
SANHANES	South African National Health and Nutrition Examination Survey
SDA	Service Delivery Agreement
SRH	Sexual and Reproductive Health
STATSSA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
THP	Traditional Health Practitioners
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WBOT	Ward Based Outreach Teams
WHO	World Health Organisation
YFS	Youth Friendly Services

PART A
STRATEGIC OVERVIEW

1. VISION

A long and healthy life for all South Africans

2. MISSION

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

3. LEGISLATIVE AND OTHER MANDATES

The legislative mandate of the Department of Health is derived from the Constitution, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament.

3.1. Constitutional Mandates

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places obligations on the state to progressively realise socio-economic rights, including access to health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information that is held by another person if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

(1) Everyone has the right to have access to:
   (a) Health care services, including reproductive health care;
   (b) Sufficient food and water; and
   (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
(3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services'.

3.2. National Development Plan 2030 vision

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years;
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 percent from 2010 levels
6. Complete Health system reforms
7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage
9. Fill posts with skilled, committed and competent individuals

3.3. Legislation falling under the Minister of Health's portfolio

3.3.1 National Health Act, 61 of 2003

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

3.3.2 Medicines and Related Substances Act, 101 of 1965

Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

3.3.3 Hazardous Substances Act, 15 of 1973

Provides for the control of hazardous substances, in particular those emitting radiation.

3.3.4 Occupational Diseases in Mines and Works Act, 78 of 1973
Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

3.3.5 Pharmacy Act, 53 of 1974 (as amended)
Provides for the regulation of the pharmacy profession, including community service by pharmacists

3.3.6 Health Professions Act, 56 of 1974 (as amended)
Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

3.3.7 Dental Technicians Act, 19 of 1979
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

3.3.8 Allied Health Professions Act, 63 of 1982 (as amended)
Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

3.3.9 Human Tissue Act, 65 of 1983
Provides for the administration of matters pertaining to human tissue.

3.3.10 National Policy for Health Act, 116 of 1990
Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.

3.3.11 SA Medical Research Council Act, 58 of 1991
Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

3.3.12 Academic Health Centres Act, 86 of 1993
Provides for the establishment, management and operation of academic health centres.

3.3.13 Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)
Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

3.3.14 Sterilisation Act, 44 of 1998
Provides a legal framework for sterilisations, including for persons with mental health challenges.

3.3.15 Medical Schemes Act, 131 of 1998
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

3.3.16 Tobacco Products Control Amendment Act, 12 of 1999 (as amended)
Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

3.3.17 National Health Laboratory Service Act, 37 of 2000
Provides for a statutory body that offers laboratory services to the public health sector.

3.3.18 Council for Medical Schemes Levy Act, 58 of 2000
Provides a legal framework for the Council to charge medical schemes certain fees.

3.3.19 Mental Health Care Act, 17 of 2002
Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.

3.3.20 Nursing Act, of 2005
Provides for the regulation of the nursing profession.

3.3.21 Traditional Health Practitioners Act 2007 (Act No 22 of 2007)
Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

3.3.22 Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

3.4. Other legislation applicable to the Department

3.4.1 Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).
Provides for establishing the cause of non-natural deaths.

3.4.2 Children's Act 38 of 2005
The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

3.4.3 Occupational Health and Safety Act, 85 of 1993
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

3.4.4 Compensation for Occupational Injuries and Diseases Act, 130 of 1993
Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

3.4.5 The National Roads Traffic Act, 93 of 1996
Provides for the testing and analysis of drunk drivers.

3.4.6 Constitution of the Republic of South Africa Act, 108 of 1996
Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

3.4.7 Employment Equity Act, 55 of 1998
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

3.4.8 State Information Technology Act, 88 of 1998
Provides for the creation and administration of an institution responsible for the state's information technology system.

3.4.9 Skills Development Act, 97of 1998
Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

3.4.10 Public Finance Management Act, 1 of 1999
Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

3.4.11 Promotion of Access to Information Act, 2 of 2000
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

3.4.12 Promotion of Administrative Justice Act, 3 of 2000
Amplifies the constitutional provisions pertaining to administrative law by codifying it.

3.4.13 Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

3.4.14 The Division of Revenue Act, 7 of 2003
Provides for the manner in which revenue generated may be disbursed.

3.4.15 Broad-based Black Economic Empowerment Act, 53 of 2003
Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

3.4.16 Labour Relations Act, 66 of 1995
Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

3.4.17 Basic Conditions of Employment Act
Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

3.5. Planned policy initiatives

3.5.1. Facilitate Implementation of National Health Insurance (NHI)

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, and efficiency and effectiveness in the health system in order to realise universal health coverage. The phased implementation of NHI is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable and quality health services.

To achieve universal health coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

In many contexts, universal health coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards universal health coverage.

As part of the initial 5 year preparatory work to improve health systems performance, interventions to improve service delivery and provision have been implemented at all levels of the health system. The focus areas of these interventions include (i) improving the management of health facilities; (ii) improving throughput from training institutions to address key Human resources for Health requirements; (iii) strengthening infrastructure programme and procurement of equipment; (iv) implementing improved and integrated health information systems and technology; (v) rationalising of laboratory services; (vi) effective and integrated procurement of Health Commodities; (vii) the implementation of and compliance with National Quality Standards for Health; (viii) Re-engineering of Primary Health Care; (ix) the contracting of health practitioners to strategically enhance the quality of Primary Health Care; (x) restructuring and improving the provision of Occupational Health, Mental Health, Disability and Emergency Medical Services as part of the comprehensive health entitlements that will be covered by the NHI Fund.

In the next phase of work, efforts will focus on establishing the NHI Fund. This will require the development of systems and processes to ensure its effective functioning and administration. These include the development of provider payment systems (Diagnosis Related Groupers for hospitals and risk-adjusted capitation for Clinics), health patient registration system, health provider registration system as well as a fraud and risk mitigation system. Providers and patients will be registered. A web based Health Provider Registration System will be deployed for provider registration for all categories of providers. Patients will be registered at designated public facilities using the health patient registration system.

The NHI Fund will initiate the process of accrediting Ideal Clinics, private PHC Providers and public hospitals once they have been certified by respective bodies such as the Office of Health Standards Compliance and respective health professions statutory bodies.

3.5.2. South Africa Health Products Regulatory Authority (SAHPRA)

The Medicines and Related Substances amendment bill to create the South African Health Products Regulatory Authority (SAHPRA) has been approved by the President in January 2016. This will assist to bring the medical devices industry, cosmetics and foodstuffs as well as pharmaceuticals under the jurisdiction of the SAHPRA. The SAHPRA will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be utilised to employ experts to evaluate applications on a full time basis.

3.5.3. Traditional Medicine

The Traditional Health Practitioners bill for the establishment of the Traditional Health Practitioners Council has been drafted for submission to parliament. The bill will bring to an end the existence of the Interim Traditional Health Practitioners Council established in terms of Act 22 of 2007.

3.5.4. Operation Phakisa and Ideal Clinic Initiative

The Ideal Clinic Realisation and Maintenance process started in 2013 to systematically build on the work of the Facility Improvement Teams. An Ideal Clinic is a clinic with good infrastructure , adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. PHC facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic". Integrated clinical services management (ICSM) will be a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who came for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

4. SITUATIONAL ANALYSIS

4.1. Strategic Issues Facing the Department 2010-2014

The Health Sector's Negotiated Service Delivery Agreement (NSDA) for 2010-2014 served as the strategic framework for addressing the Burden of Disease (BoD) during previous 5 years. The NSDA is a charter outlining consensus between different stakeholders on key interventions to ensure achievement of the set goals, as well as their respective roles in this process. The NSDA presented four key outputs that the health sector must endeavour to achieve namely:

- Increasing Life Expectancy;
- Decreasing Maternal and Child Mortality rates;
- Combating HIV and AIDS and Tuberculosis; and
- Strengthening Health Systems Effectiveness.

These outputs were consistent with government's outcome-based approach to improving service delivery; enhancing accountability to the public and enhancing performance management.

An increased life expectancy for all South Africans is the highest impact that the country seeks to attain. It lies at the summit of the 4 outputs that the health sector seeks to deliver on.

Strengthening the effectiveness of the health system is the foundation on which successful interventions to improve health outcomes must be built. International experience points to the fact that only a strengthened health system, further fortified by effective intersectoral collaboration to address social determinants of health, can improve health outcomes.

Significant milestones were achieved through the strategic interventions implemented by the health sector, in partnerships with communities across the country. These are outlined in the Epidemiological Profile section.

4.2 Demographic Profile

For 2015, Statistics South Africa (StatsSA) estimates the mid-year population as 55 million.[1] Table 1 displays the percentage distribution of the projected provincial share of the total population according to the 2015 midyear estimates. Gauteng continues to comprise the largest share of the South African population with approximately a quarter of South Africa's population (13.2 million people). KwaZulu-Natal has the second largest population, with 10.9 million people (19.9%) living in this province. Northern Cape remains the province with the smallest share of the South African population with approximately 1.2 million people (2.2% of the total South African population).

Migration between the provinces has largely remained stable in the past five years with Gauteng showing the highest growth (0.4%). Comparing 2003 to 2015 figures indicates that the Eastern Cape, Free State, North-West, Limpopo and the Northern Cape have seen their percentage of the overall total population decrease, while Mpumalanga and Kwa-Zulu Natal have remained stable and Gauteng and Western Cape have seen a significant influx..

Table 1: Percentage of the total population per province, South Africa's Mid-year Population Estimates for 2015

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Eastern Cape	13.0%	13.0%	12.9%	12.9%	12.8%	12.8%	12.7%	12.7%	12.7%	12.7%	12.6%	12.6%	12.6%
Free State	5.7%	5.7%	5.6%	5.6%	5.5%	5.5%	5.4%	5.4%	5.3%	5.3%	5.2%	5.2%	5.1%
Gauteng	22.9%	23.0%	23.1%	23.2%	23.3%	23.4%	23.5%	23.6%	23.7%	23.8%	23.9%	23.9%	24.0%
KwaZulu-Natal	19.9%	19.9%	19.9%	19.9%	19.8%	19.8%	19.8%	19.8%	19.8%	19.8%	19.8%	19.9%	19.9%
Limpopo	10.6%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.5%	10.4%	10.4%	10.4%	10.4%	10.4%
Mpumalanga	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%
Northern Cape	2.3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
North West	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.8%	6.7%
Western Cape	11.0%	11.1%	11.1%	11.1%	11.2%	11.2%	11.2%	11.2%	11.2%	11.3%	11.3%	11.3%	11.3%
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

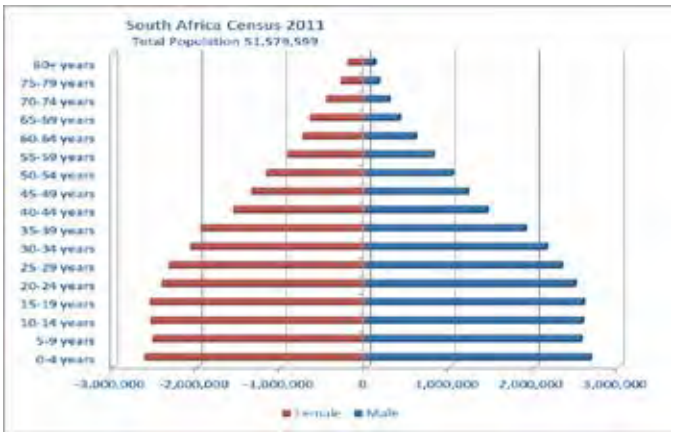
Source: Mid-year population estimates 2015 StatsSA, July 2015

Comparison of the mid-year population estimates to the Census 2001 and 2011 data indicates South Africa's population under 20 years slightly decreased in the last five years as a percentage of the total population. The Census 2001 and Census 2011 data illustrated noticeable differences in the age groups younger than 15 years and age groups 20-29 years (Figures 1 and 2). In Census 2001, 34.9% (15.6 million) of the population were aged younger than 15 years compared to Census 2011 where 29.2% (15.1 million) of the population were aged younger than 15 years. The 2015 mid-year population estimates projected this to decrease to 30.2% of the total, with 31.1% of males and 30.5% of females being under the age of 15 years.

The Eastern Cape and KwaZulu-Natal continue in the 2015 mid-year estimates to have the highest proportion of populations aged under 15 years of age at 34.8% and 35.0% respectively. Gauteng had the lowest proportion at 24.8% of its population.

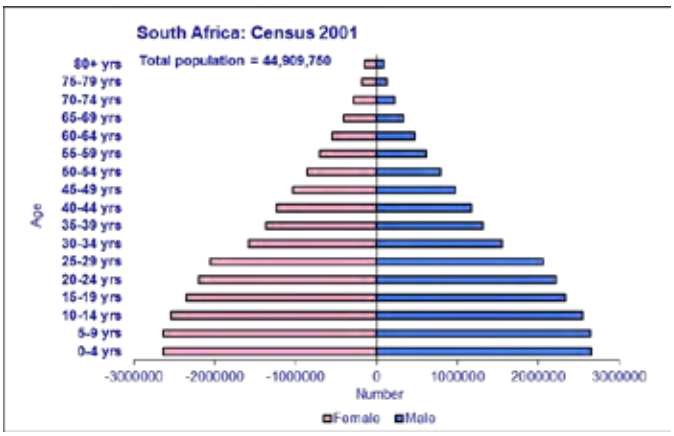
1 Mid-year population estimates 2015 (StatsSA, July 2015)

Figure 1: South Africa's Mid-year Population Estimates for 2001



(Source: Census 2011 (StatsSA))

Figure 2: South Africa's Mid-year Population Estimates for 2011



(Source: Census 2001 (StatsSA)

Whereas Census 2001 found 19% (8.5 million) of the population were aged 20-29 years, Census 2011 indicated 20% (10.4 million) of the population were aged 20-29 years. The 2015 mid-year population estimates put it at 19.7% of males and 18.8% of females, indicating that the proportion of South Africa's population over 30 years continues to increase.

The proportion of South Africa's population 60 years or older in Census 2011 was approximately 7.8% (4.15 million). The 2015 mid-year population estimates put this at around the same percentage of the total population, with 6.6% (1,771,864) of males and 8.9% of females (2,278,675) aged 60 years or older. Mpumalanga had the lowest percentage of the population aged over 60 years (6.6%). The four provinces estimated to have more than 8% of their populations aged 60 years and older were the Free State (8.5%), Gauteng (8.8%) the Western Cape (9.4%) and the Northern Cape (9.7%).

Social Determinants of Health

Addressing the social determinants of health is a key constitutional activity and impacts on the epidemiological profile of the country. The government provides the following basic services: no-fee paying schools, social grants, housing, safe water supplies, electricity, sanitation and sewage, and free primary health care.

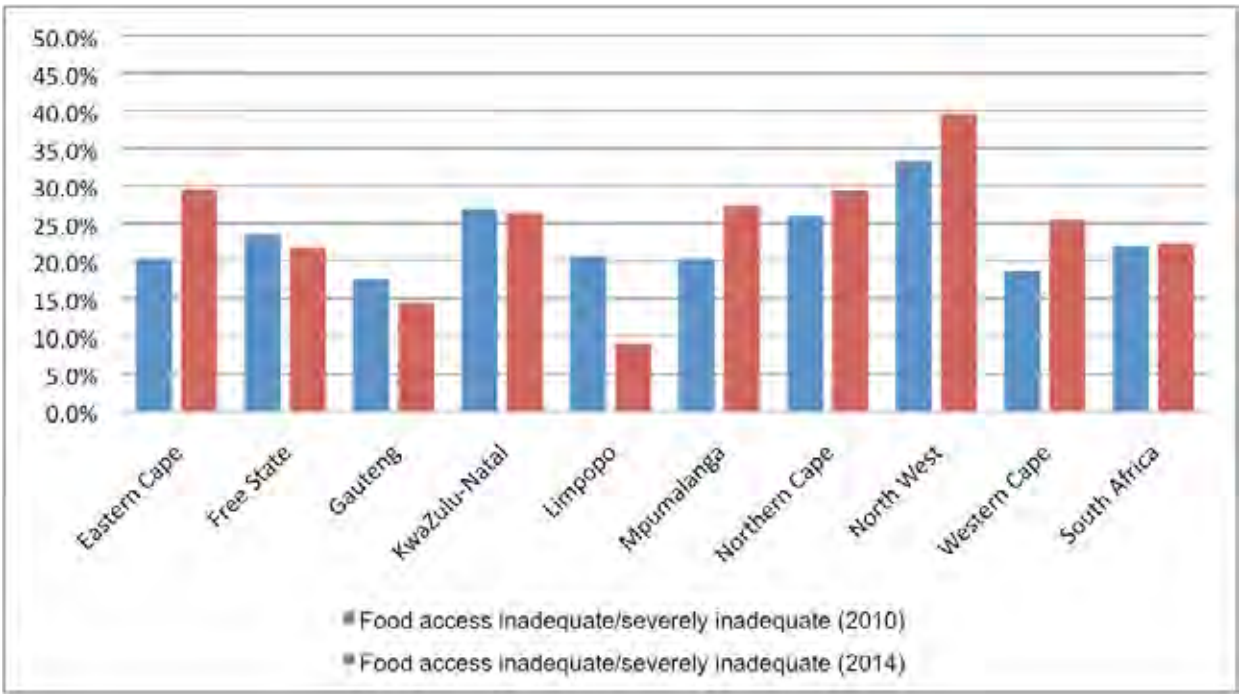
Overall, the provision of public services to address social determinants has shown improvements in various sectors since 1994. National literacy rates in South Africa have ranged over 90% for the last decade, with the 2014 figure at 93.4%. Functional illiteracy among adults declined from 27.3% in 2002 to 15.8% in 2014, with the largest decline in the 20-39 year age group suggesting an impact from the public provision of free schooling.[2] The percentage of female 19 year olds who were pregnant in the year prior to being surveyed as part of the General Household Survey in 2014 was 11.9%, with an overall 5.6% of 14-19 year olds reporting pregnancy in the previous year.

Medical aid coverage in the country was at 18.1% in 2014, though only 69.6% of households in the General Household Survey said their usual place of consultation for health issues was a public facility. The highest dependence on public health services was in Limpopo (84.6%), followed by the Eastern Cape (79.6%) and KwaZulu-Natal (79.0%). The lowest was in the Western Cape (53.0%) and Gauteng (60.8%).

The economic conditions in South Africa continue to place strain on households. In 2014, as can be seen in table 2 below, 22.5% of households in South Africa were classified with food access inadequate or severely inadequate, up from 21.9% in 2010. Four provinces saw notable increases in this period: from 33.4% to 39.6% in the North West, 20.3% to 29.6% in the Eastern Cape, 20.3% to 27.4% in Mpumalanga and 18.7% to 25.5% in the Western Cape.

2 General Household Survey 2014. StatsSA 2015. http://www.statssa.gov.za/publications/P0318/P03182014.pdf

Figure 3: Percentage of households reporting inadequate or severely inadequate food access in 2010 and 2014 across provinces



Sources: General Household Survey 2014 and General Household Survey 2010, StatsSA

In 2014, 52.1% of South African households had monthly expenditures under R2,500. Approximately half of these households included children aged 7-18 years of age, with the highest proportion in Limpopo. The percentage of people over the age of 60 years who received an old age grant in 2014 was 67.5% in South Africa, with over 75% of the over 60 years old population of Eastern Cape, Free State, KwaZulu-Natal, Mpumalanga, Northern Cape and North West receiving old age grants.

More than three-quarters (79.4%) of South African households lived in formal dwellings with the highest concentration of households living in formal dwellings in Limpopo (93.6%), followed by Mpumalanga (88.1%). The highest percentage of informal dwellings was found in the North West (21%) and Gauteng (19.2%);[1]

Progress is being made towards providing basic services that impact on social determinants of health[2]:

- Nationally 90% of South African households have access to piped water, with 78.5% of households in Eastern Cape enjoying such access, compared to 56.3% in 2002 in this province;
- Nationally the percentage of households with access to piped water increased from 62.3% in 2002 to 79.5% in 2014; while nationally the percentage of households that continued to live without proper sanitation facilities have been declining consistently between 2002 and 2014, decreasing from 12.3% to 4.9% during this period.
- The percentage of households for which refuse were removed at least once per week increased from 56.7% in 2002 to 64% in 2014, with a decrease in the number of households that had to rely on their own or communal rubbish dumps, or who had no facilities at all.

1 General Household Survey 2014, Stats SA (2015).

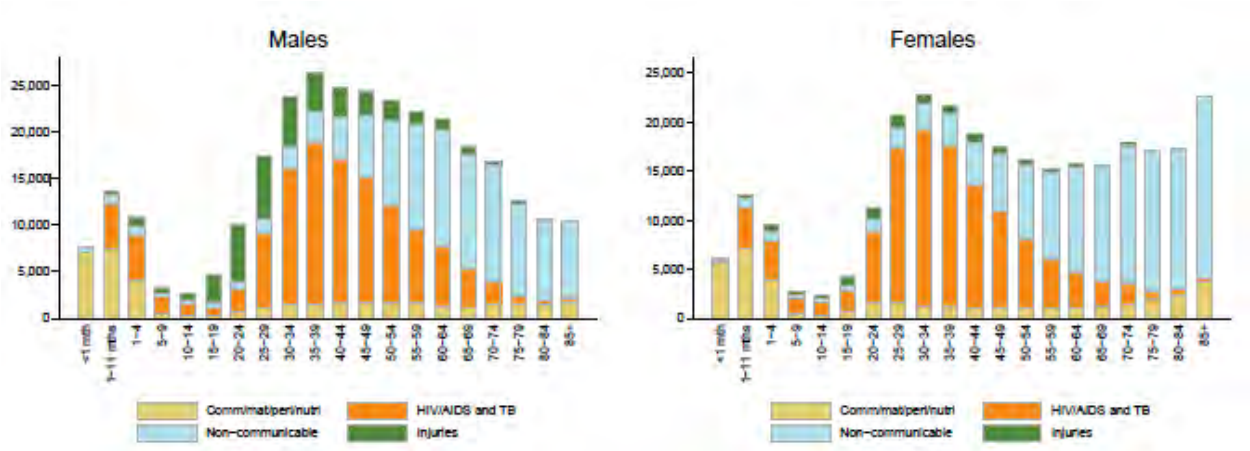
2 General Household Survey 2014, Stats SA (2015).

4.3. Epidemiological Profile

The Second National Burden of Disease Study for South Africa 2010 (2015) provides a comprehensive overview of how South Africa's disease profile changed in the period 1997-2010.

South Africa's epidemiological profile reflects the continuing challenges of its economic and geographical differences. It has growing numbers of non-communicable diseases associated with age and lifestyle changes, while communicable diseases (mainly HIV and TB) remain significant concerns (Figure 4).

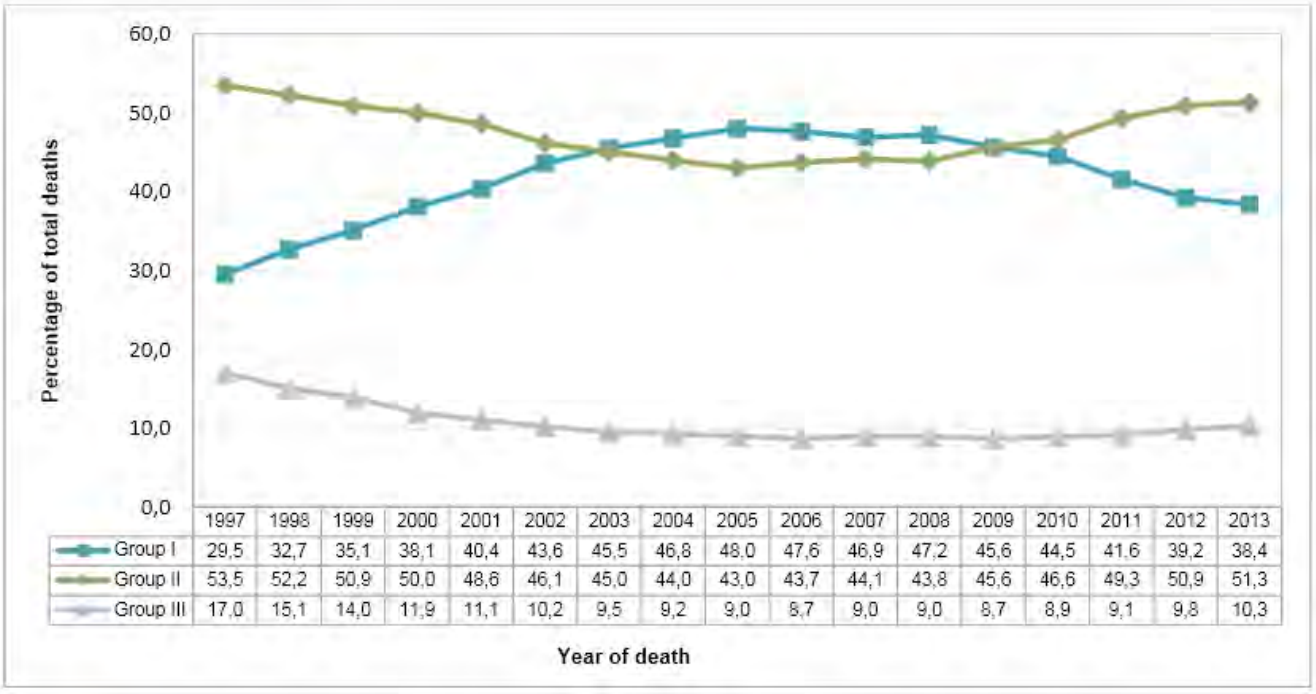
Figure 4: Leading causes of death among males and females in South Africa, 2010



Source: Second National Burden of Disease Study for South Africa (2015)

The main causes of death in 2010 were related to HIV/AIDS and TB (38.9% of deaths) and cardiovascular conditions (17.6%). Deaths from infectious and parasitic ailments were the third highest (10.6%), were followed by injury related deaths (8.7%). However, though HIV/AIDS remains the leading cause of death in South Africa the proportion of deaths attributable to it has decreased since 2006, broadly in line with the rollout of antiretroviral therapy in the public health services.[3]

Figure 5: Percentage distribution of deaths due to communicable diseases (Group I), non-communicable diseases (Group II) and injuries (Group III) by year of death, 1997–2013



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Group I	29,5	32,7	35,1	38,1	40,4	43,6	45,5	46,8	48,0	47,6	46,9	47,2	45,6	44,5	41,6	39,2	38,4
Group II	53,5	52,2	50,9	50,0	48,6	46,1	45,0	44,0	43,0	43,7	44,1	43,8	45,6	46,6	49,3	50,9	51,3
Group III	17,0	15,1	14,0	11,9	11,1	10,2	9,5	9,2	9,0	8,7	9,0	9,0	8,7	8,9	9,1	9,8	10,3

Source: StatsSA Mortality and causes of death in South Africa, 2013 (2014)

3 Second National Burden of Disease Study for South Africa 2010 (2015)

StatsSA's Mortality and causes of death report suggests that since 2010 the number of deaths due to non communicable diseases is higher than those communicable diseases, and that deaths caused by Non-communicable diseases are increasing.

Figure 6: The ten leading underlying natural causes of death, 2011–2013

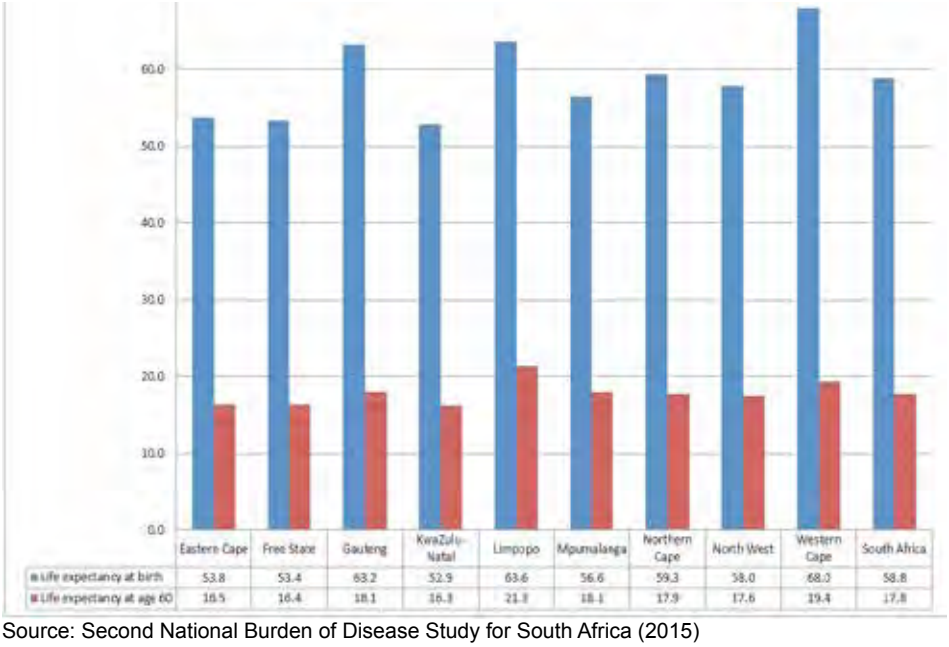
Causes of death (based on ICD-10)	2011			2012			2013		
	Rank	Number	%	Rank	Number	%	Rank	Number	%
Tuberculosis (A15-A19)**	1	55 102	10,7	1	48 409	9,9	1	40 542	8,8
Influenza and pneumonia (J09-J18)	2	33 847	6,6	2	26 887	5,5	2	23 727	5,2
Human immunodeficiency virus [HIV] disease (B20-B24)	7	17 338	3,4	6	19 146	3,9	3	23 203	5,1
Cerebrovascular diseases (I60-I69)	3	26 104	5,1	3	24 454	5,0	4	22 463	4,9
Diabetes mellitus (E10-E14)	5	21 147	4,1	5	21 820	4,4	5	22 196	4,8
Other forms of heart disease (I30-I52)	4	23 916	4,6	4	22 352	4,6	6	21 104	4,6
Hypertensive diseases (I10-I15)	8	15 704	3,1	7	16 491	3,4	7	16 754	3,7
Intestinal infectious diseases (A00-A09)	6	19 647	3,8	9	15 225	3,1	8	15 782	3,4
Other viral diseases (B25-B34)	9	14 805	2,9	8	15 301	3,1	9	13 614	3,0
Chronic lower respiratory diseases (J40-J47)	10	13 277	2,6	10	12 464	2,5	10	12 035	2,6
Other natural causes		226 564	44,0		220 021	44,8		200 294	43,6
Non-natural causes		46 955	9,1		48 530	9,9		47 219	10,3
All causes		**514 486**	**100,0**		**491 100**	**100,0**		**458 933**	**100,0**

Source: StatsSA Mortality and causes of death in South Africa, 2013 (2014)

The ten leading causes of death for the period 2011–2013 is shown in Table 1. Over the three-year period, tuberculosis remained the leading cause of death, although the proportions declined over time. The most notable change in rank was for HIV disease which moved from being ranked sixth in 2012 accounting for 3,9% to third rank in 2013 and accounting for 5,1% of deaths.

A child born in South Africa in 2010 can expect to live to an average 58.8 years. A person aged 60 years in 2010 could expect to live an additional 17.8 years (Figure 7). However, there is significant provincial variation in life expectancy at birth and age 60, with the highest life expectancy at birth in the Western Cape (68 years) and the highest additional life expectancy at age 60 in Limpopo (21.3 years).

Figure 7: Life expectancy at birth and additional years of life expectancy at age 60 in 2010 by province



Source: Second National Burden of Disease Study for South Africa (2015)

In 2014, life expectancy had improved to 62.9 years, with females expected to live to an average of 65.8 as opposed to males at 60.0 years.[4] The continuing low Life Expectancy in KZN can be attributed to the burden of disease related to the HIV epidemic in that province.

4.4. HIV and AIDS and TB

South Africa is experiencing generalised HIV and TB epidemics. It continues to be home to the world's largest number of people living with HIV. The total number of persons living with HIV in South Africa increased from an estimated 4,1 million in 2002 to 6.8 million in 2014.[5]The estimated national HIV prevalence among the general adult population (15-49 years old) was 18.9% in 2014. The evolution of HIV prevalence among women presenting for antenatal care in the public sector has been routinely measured since 1990, and has stabilised at around 29% since 2004.

Table 2: HIV mortality, incidence estimates and the number of people living with HIV, 2002-2014.

Year	Total Number of deaths	Total Number of AIDS related deaths	% of AIDS related deaths
2002	631 383	275 444	43.6
2003	667 902	313 477	46.9
2004	697 473	344 141	49.3
2005	716 083	363 910	50.8
2006	694 227	343 194	49.4
2007	647 827	267 659	45.9
2008	617 202	257 504	41.7
2009	590 322	228 051	38.6
2010	578 953	213 864	36.9
2011	580 460	211 839	36.5
2012	575 546	203 293	35.3
2013	565 310	189 376	33.5
2014	551 389	171 733	31.1

Source: Statistics South Africa. Mid-year population estimates, 2014

The data provided by StatsSA (Table 2) shows the decline in the proportion and number of AIDS deaths as well as the rate of infection but under-estimates the total number of people who have HIV compared to other sources.

Table 3: Improved Access to ART

Currently on ART	2004	2005	2006	2007	2008	2009	2010	2011
Total	47 500	110 900	235 000	382 000	588 000	912 000	1 287 000	1 793 000*
By Gender								
Men	17 700	37 500	75 000	120 000	183 000	283 000	396 000	551 000
Women	25 600	63 600	138 000	228 000	354 000	553 000	777 000	1 090 000
Children (<15)	4 200	9 800	22 000	35 000	51 000	76 000	113 000	152 000
By provider								
Public sector	9 600	60 600	163 000	290 000	470 000	748 000	1 073000	1 525 000
Private sector	34 100	43 800	57 000	68 000	86 000	117 000	154 000	190 000
NGOs	3 900	6 400	15 000	24 000	32 000	47 000	60 000	78 000

(Source: Johnson, LF (2012): Access to Antiretroviral Treatment in South Africa, 2004 – 2011, Southern African Journal of HIV Medicine)

The rapid scale up of ART services resulting in a four-fold increase in the number of people receiving ART between 2009 and 2012 and an exponential increase since 2004. The routine data shows that in 2016 more than 3 million people are estimated to be on ART. Tables 2 and 3 are reflective of the close relationship between the scale up of ART services and the reduction in AIDS related deaths over the past 14 years.

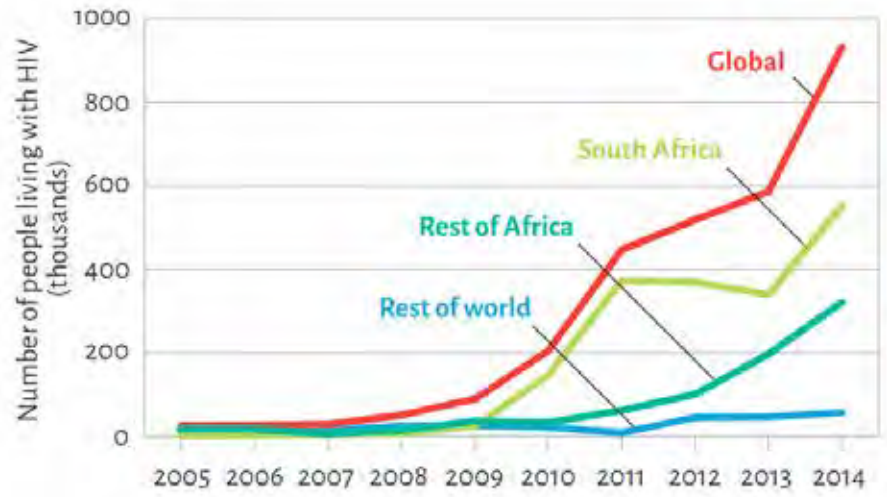
On the HIV prevention front, the HIV incidence has steadily declined for the past 12 years. Since the HIV Counselling and Testing (HCT) campaign was introduced in 2010, over 35 million people have been tested. For the 2014/15 financial year, approximately 9.5 million people between the ages of 15 and 49 years were tested[6].

South Africa ranks sixth (down from third in 2009) among the 22 countries that account for 80% of global TB. Levels of HIV and TB co-infection are very high, with approximately 60% of patients with TB also infected with HIV. There are increasing numbers of patients diagnosed with multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB, possibly due to improved diagnostic and information systems. Both these resistant forms of TB have protracted and expensive treatment regimens and are associated with relatively poor outcomes compared to drug-sensitive (routine) TB. Overall the TB case detection has increased and the number of sites initiating MDR-TB treatment has increased from 11 to 45.

4 MRC Rapid Mortality Surveillance Report 2014 (2015)
5 UNAIDS AIDSInfo Indicators. Accessed at http://aidsinfo.unaids.org/# country datasheet
6 NDoH Annual Report 2014/15 (2015)

The 2015 Global WHO TB report indicates that South Africa's TB incidence rate has decreased from 1,000 cases per 100,000 in 2012, to 834 cases per 100 000 in 2014. There are still many missed opportunities to identify and treat existing cases to curb transmission at community level. On the positive, side, South Africa has remained the leading country in providing Isoniasid Preventive Therapy (IPT) to all HIV positive patients and South Africa accounts for 59% of patients receiving IPT globally.

Figure 8: Provision of isoniasid preventive therapy (IPT) to people living with HIV, 2005–2014



(Source Global Tuberculosis Report 2015)

The National Department of Health commissioned a Joint Review of the HIV, TB and PMTCT Programmes in 2013. The main purpose was to assess performance of the programmes and provide options for improvement. It was an independent review carried out by a multi-disciplinary team of reviewers from both inside and outside the country.

The Joint Review found that the country had made impressive strides in the implementation of HIV, TB and PMTCT programmes since the previous reviews were conducted in 2009. Most of the key recommendations from the 2009 TB and HIV reviews appear to have been taken into consideration in on-going programme development and contributed to rapid scale up of key interventions. The impact of these efforts is also beginning to show in declining numbers of new HIV infections, TB infections and low rates of new HIV infections in children. HIV and TB mortality is declining, with a corresponding overall decline in all natural cause mortality.

A review of drug-resistant TB was also conducted in 2015. The review observed great progress, including the introduction of new drugs, ahead of any other country in the world, and good relationships with partner organisations in response to drug resistant TB. Challenges included inadequacy in human resource provision and poor supervision and monitoring.

There were 318,193 registered tuberculosis cases (295,477 new cases) reported in 2014, compared with 328,896 (295,997 new cases) in 2013.[7] The treatment success rate of new smear-positive TB patients increased from 63% in 2000 to 82% in 2013, as illustrated in Table 4, similarly there has been an upward trend in TB Cure rate from just 54% in 2000 to 77% in 2013. This performance is commensurate with the downward trend of Defaulter rate from 13% in 2000 to 5.8% in 2013. The number of TB case notification peaked to 406 082 (2009) with 21.6% reduction (318 193 cases) from this all time high.

Table 4: TB Indicators

Period	TB case notification	Successful treatment rate	Cure rate	Defaulter Rate
2000	151 239	63	54	13
2001	188 695	61	50	11
2002	224 420	63	50	12
2003	255 422	63	51	11
2004	279 260	66	51	10
2005	302 467	71	58	10
2006	341 165	73	62	9
2007	336 328	71	63	8
2008	340 559	71	69	8
2009	406 082	74	67	8
2010	401 048	79	71	7
2011	389 974	80	73	6,1
2012	349,582	81	76	6.2
2013	328,896	82	77	5.8
2014	318193	Treatment outcomes for 2014 co-hort of TB cases will be measured in 2016.		

7 Global Tuberculosis Report 2015 (2015)

4.5. Maternal and Child Health

In line with MDG targets the South African health system aimed to reduce its child mortality by two-thirds between 1990 and 2015. Although the HIV epidemic and the resultant mother to child transmission of HIV initially saw a deterioration in the child health indicators more recently South Africa has made remarkable progress in the health outcome indicators of maternal, child and infant mortality. Table 5 and 6 describes the progress on the Targets of the South African health system.

Table 5: IMR, U5-MR and MMR progression

Health indicator	Source[1]	Baseline (2009)[1]	NSDA Target (2014)[1]	Progress (2014)	MTSF Target (2019)
Maternal Mortality Ratio	Vital Registration Data. Birth estimates from Actuaries Society of South Africa (ASSA) 2008	310/100 000 live births (2008)	270/100 000 live births	155 /100 000 live births (2013)[3]	<100 /100 000 live births
Infant Mortality Rate	Deaths from the national population register. Birth estimates from ASSA 2008	40/1000 live births	36/1 000 live births	28/1 000 live births[2]	18/1 000 live births[2]
Under five Mortality Rate		56/1000 live births	50/1 000 live births	39 /1 000 live births[2]	23 /1 000 live births[2]
Life expectancy	Deaths from the national population register. Population estimates from ASSA2008	56.5 years 54 years for males 59 years for females	58.5 years 56 years for males 61 years for females	62.9 years[2] 60.0 years for Males[2] 65.8 years for females[2]	63 years[2] 60.2 years for Males[2] 65.8 years for females[2]

[1]: Source: Health Data Advisory and Co-ordination committee report (Published: February 2012)
[2]: Source: Rapid Mortality Surveillance Report 2014 (Published: 2015)
[3]: Source : Causes of Death s data from Civil Registration and Vital Statistics System (CRVS)

Table 6: Institutional Maternal Mortality Ratio

Province	2008	2009	2010	2011-2013	2014
Eastern Cape	180.4	215.2	197.0	148.07	174.15
Free State	267.0	350.9	263.5	201.53	194.42
Gauteng	136.0	160.2	159.2	166.77	149.75
KZN	183.8	194.2	208.7	170.57	127.82
Limpopo	176.6	160.4	166.7	196.85	153.25
Mpumalanga	179.8	159.4	218.6	172.12	119.54
North West	161.7	279.5	256.1	166.74	180.08
Northern Cape	274.4	251.8	267.4	170.78	120.68
Western Cape	61.8	113.1	88.0	75.99	66.50
South Africa	164.8	188.9	186.2	155.81	140.91

(Source: National Committee of Confidential Enquiry into Maternal Deaths)

There are differences with Infant Mortality Rate and Under 5 Mortality Rate provided by StatsSA's midyear population estimates 2015, to that provided by Medical Research Council's Rapid Mortality Surveillance 2015 report as provided in Table 7, however, they both provide evidence that there have been declining trends of mortality amongst infants and children in South Africa over the past 6 years.

Table 7: Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) in South Africa

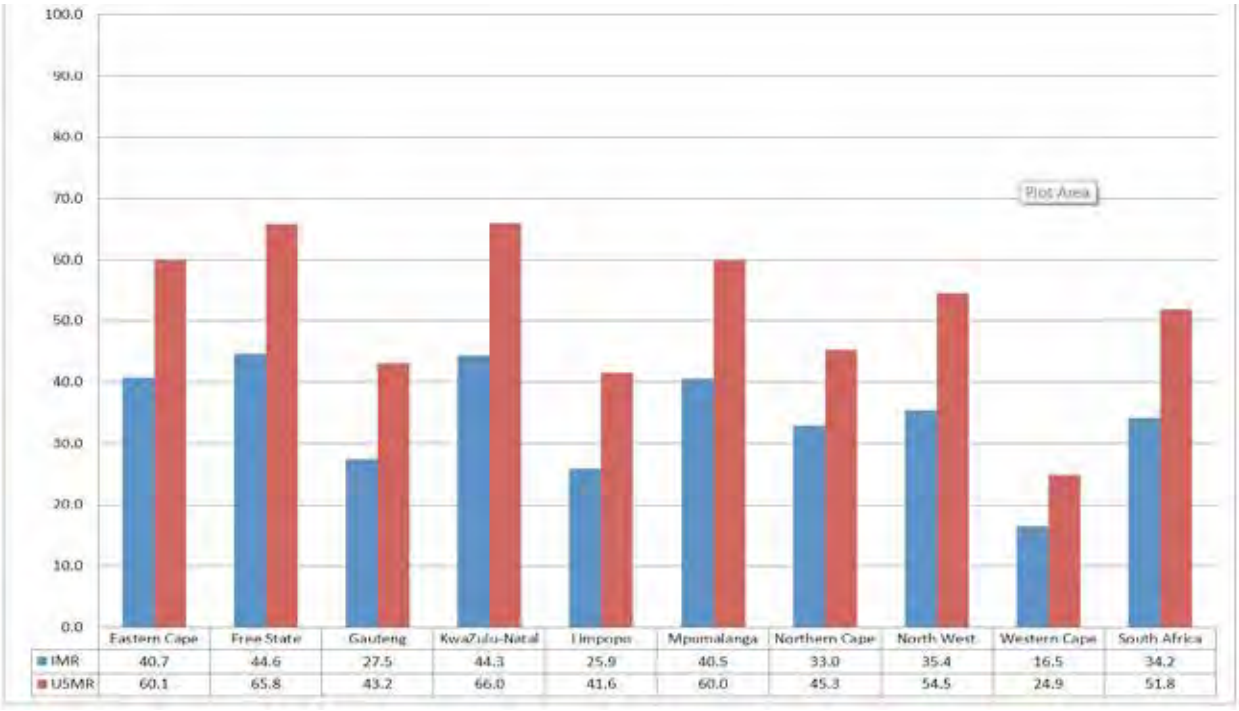
	Statistics South Africa. Mid-year population estimates, 2014 (2015)			Medical Research Council, Rapid Mortality Surveillance Report, 2014 (2015)		
Year	Infant mortality rate (IMR)	Under 5 mortality rate	Crude death rate	Infant mortality rate (IMR)	Under 5 mortality rate	Neonatal Mortality Rate
2002	51.2	77.2	13.3			
2003	51.3	77.9	13.9			
2004	51.7	78.7	14.4			
2005	52.0	79.1	14.4			
2006	51.8	78.2	13.0			
2007	50.0	75.4	11.6			
2008	48.4	71.6	11.0			
2009	43.6	66.4	10.5	39.0	56.0	14.0
2010	41.0	59.5	10.5	35.0	52.0	13.0
2011	39.7	56.4	10.7	28.0	40.0	13.0
2012	39.0	54.0	10.6	27.0	41.0	11.0
2013	36.4	48.8	10.1	29.0	41.0	11.0
2014	35.3	46.5	9.5	28.0	39.0	11.0
2015	34.4	45.1	9.6			

The Rapid Mortality Surveillance Report 2014 (2015) reflects that:

- The Under-5 mortality rate (U5MR) significantly decreased from 56 deaths per 1,000 live births in 2009, to 39 deaths per 1,000 live births in 2014. The health system is working towards a further 25% reduction of child mortality with a target of 30 per 1000 live births by 2019.
- The infant mortality rate (IMR) decreased from 39 deaths per 1,000 live births in 2009, to 28 deaths per 1,000 live births in 2014.
- The Neonatal Mortality Rate (NMR) also declined from 14 deaths per 1,000 live births in 2009 to 11 per 1,000 live births in 2014. It has remained stable at 11 per 1,000 live births for the past 3 years.
- The maternal mortality ratio (MMR) reduced from 281 per 100,000 live births in 2008 to 155 per 100,000 live births in 2013.

As can be seen in Figure 9, Rates of infant mortality (IMR) and under 5 years mortality (U5MR) are uneven across the provinces. A child born in the Eastern Cape, the Free State, KwaZulu-Natal or Mpumalanga faced IMR of over 40 per 1,000 and U5MR almost 60 per 1,000 or above as per the second burden of diseases study conducted in 2010 . (see Figure 7)

Figure 9: Infant mortality and Under 5 year's mortality per 1,000 live births in 2010 by province



	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	South Africa
IMR	40.7	44.6	27.5	44.3	25.9	40.5	33.0	35.4	16.5	34.2
U5MR	60.1	65.8	43.2	66.0	41.6	60.0	45.3	54.5	24.9	51.8

Source: Second National Burden of Disease Study for South Africa 2010 (2015)

4.6. Violence and Injuries

Violence and injury are the fourth leading overall cause of death in South Africa, but the second leading cause of death among males.[1] 28.1% of all deaths among 15-29 year olds in 2010 were recorded as injury-related, with males approximately two-thirds more likely than females to die of injury. Nearly half of deaths recorded as injury-related are due to violence. South Africa's injury death rate of 158 per 100,000 is double the global average and higher than the average in Africa of 139.5 per 100,000.[2]Though the overall contribution of injury-related deaths to the total number of deaths in South Africa has decreased slightly since 1997, it remains a concern.

The types of injury-related deaths also differ according to age group. Interpersonal violence in 2010 accounted for 7.0% of deaths among 15-44 year olds (the second leading cause of death), 2.0% of deaths among 5-14 year olds, and 2.1% of deaths among 45-59 year olds. Road injuries were the second leading cause of death among 5-14 year olds (11.7% of all deaths in that age group), and the third leading cause among 15-44 year olds (5.5% of all deaths).

1 Second National Burden of Disease Study for South Africa 2010 (2015)
2 NDoH and Health Policy Initiative, 2012

4.7. Communicable Diseases

In 2014, the world was faced with what would become the largest outbreak of Ebola virus disease (and haemorrhagic fever) recorded in history, causing more than 10 000 deaths in the affected West African countries. The outbreak tested the world's capacity to diagnose, monitor and contain haemorrhagic fever outbreaks and has highlighted deficiencies but also abilities in this respect. Although Ebola did not reach South Africa ,the seasonal zoonotic, and pandemic influenza are a major public health threat throughout the world.

Seasonal influenza is a highly communicable respiratory tract infection believed to be causing an estimated 250,000 to 500,000 deaths in persons of all ages annually. In South Africa, it is believed that from 5,000 to 10,000 deaths and from 70,000 to 100,000 hospitalisations are due to influenza each year. The primary effective prevention strategy is vaccination before the influenza season sets in. The programme will continue vaccinating high risk individuals to mitigate the impact of the disease. South Africa is also endemic to neglected tropical diseases with geographical distribution overlapping with areas endemic to malaria. South Africa is also prone to infectious disease such as rabies, cholera and haemorrhagic fevers. Strengthening the core capacities for surveillance and response in line with the International Health Regulations (2005) will mitigate the morbidity and mortality associated with the outbreaks, epidemics and pandemics. Deaths among children under the age of 5 years were mainly due to communicable diseases (58.2%).

Malaria transmission in South Africa occurs mainly along the low-lying areas of the country bordering: Mozambique, Swaziland and Zimbabwe. Approximately 10% of the population in South Africa live in the malaria endemic areas and are at risk of contracting malaria. Malaria transmission in South Africa follows a seasonal pattern, where transmission increases from September and wanes towards May, the following year. South Africa has set the goal of eliminating the disease (zero local transmission) by the year 2018. The aggregated malaria incidence per 1000 population at risk for the 2014/15 malaria season was approximately 0.82 per 1000 population at risk. The key strategies for elimination of the disease will be to strengthen surveillance, health promotion, case management and vector control. South Africa will also be working closely with its neighbouring countries: Mozambique, Swaziland and Zimbabwe in regional malaria initiatives as this will contribute to the elimination agenda of the country.

4.8. Non-Communicable Diseases (NCDS)

The World Health Organisation reports that more than 38 million people died globally from NCDs in 2012**.** This constituted 68% of all deaths globally. Almost three quarters of non-communicable disease deaths (28 million) occurred in low- and middle-income countries with about 48% of deaths occurring before the age of 70 in these countries. The leading causes of NCD deaths in 2012 were cardiovascular diseases (17.5 million deaths, or 46% of all NCD deaths), cancers (8.2 million, or 22% of all NCD deaths), and respiratory diseases, including asthma and chronic obstructive pulmonary disease (4.0 million). Diabetes caused another 1.5 million deaths.

As per the 2013 StatsSA mortality and causes of Death Report, over 50% of deaths and 33% of the burden of disease in South Africa are attributable to NCDs. In persons older than 45 years of age 62.5% of deaths (2010) were associated with non-communicable diseases, with cerebrovascular disease the highest at 15.4%. Globally deaths due to NCDs are projected to increase by 17% over the next ten years, but the greatest increase (24%) is expected in the African region. In managing NCDs we need to focus on disability as well. Disability, if not attended to appropriately, has implications for the optimal functioning of people, preventing them from being gainfully employed and or financially independent. Mental Health is an integral element of health and improved mental health is fundamental to achieving government's goal of "*A Long and Healthy life for all South Africans*". Mental Health disorders are associated with the growing burden of NCDs. The most prevalent disorders are anxiety disorders, substance abuse disorders and mood disorders. During this term, this sub-programme will focus on the reduction of risk factors for NCDs, improvement of health systems and services for detection and control of NCDs, improvement of the service delivery platform for PHC focused eye-care, oral health, care of the elderly, rehabilitation, disability and mental health.

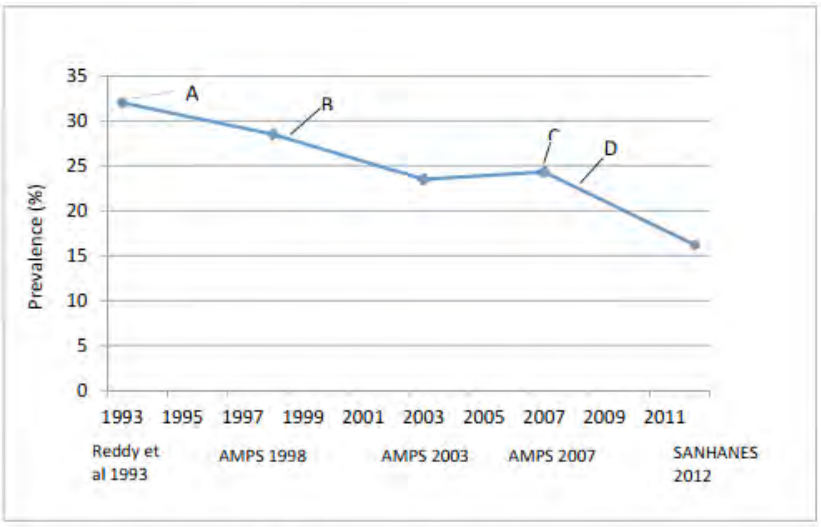
Common risk factors for NCDs include tobacco use; physical inactivity; unhealthy diets, and excessive use of alcohol. South African National Health and Nutrition Examination Survey (SANHANES)-1 published by the HSRC in 2013 reflects that government's tobacco control policy has succeeded in reducing adult smoking by half, from 32% in 1993 to 16,4% in 2012s. However, SANHANES-1 also reflects that:

- 29% of adults were exposed to 'environmental tobacco smoke' i.e. non-smokers who inhaled other people's cigarette smoke;
- High prevalence of pre-hypertension as well as hypertension amongst survey participants; and
- Low levels of physical activity or aerobic fitness amongst the population aged 18-40 years, with 45,2% of females and 27,9% of males found to be unfit.

Tobacco use is the single most preventable cause of disease, disability, and death in the world. Each year, 6 million people globally die from illnesses such as lung cancer, chronic respiratory disease, and heart disease caused by tobacco use; and the number of tobacco deaths is projected to increase to 8 million by 2030.11 Tobacco use is a risk factor for four of the 10 main causes of deaths in Africa, and its use and dependence among the majority of adult smokers usually begins during adolescence. More than 40 million people smoke in Africa and this number is likely to grow as tobacco companies expand their marketing in the region (WHO).

In South Africa, 24 % of boys and 19 % of girls ages 13 to 15 use tobacco. Both cigarette smoking and the use of other tobacco products are common among girls and boys. While 61 % of current smokers report wanting to quit, 17 % of those who have never smoked indicate they are likely to initiate smoking in the next year. Total taxes on cigarettes (including excise and sales taxes) increased from 32 % to 52 % of retail price between 1993 and 2009. In that same period, cigarette sales declined 30 % and the rate of smoking among adults dropped by 25 %. Meanwhile, government revenue from tobacco taxes increased by 800 %.Taxes like this are effective for young people whose purchasing is particularly sensitive to price increases.

Figure 10: Tobacco usage Prevalence per year (HSRC SANHANNES 2012)



A. Tobacco Products Control Act of 1993; **B.** Tobacco Products Control Amendment Act No 12 of 1999; **C.** Tobacco Products Control Amendment Act No. 23 of 2007; **D.** Tobacco Products Control Amendment Act No. 63 of 2008; AMPS = All media and Product Survey

In March 2013, the Minister of Health in South Africa signed groundbreaking legislation to mandate salt reductions in the food industry. Maximum sodium content limits will gradually decrease in two waves with deadlines in 2016 and 2019. Broad-based legislation such as this can significantly reduce sodium consumption among young people who tend to eat convenient, processed foods high in salt, such as snack chips, cereals, and breads.

Research evidence also shows that there is a high prevalence of mental disorders linked to social determinants such as poverty, unemployment, violence, substance abuse and other adversities that increase vulnerability of South Africans to mental disorders; high co-morbidity between mental and other diseases; and that there is a substantial gap between demand and supply of mental health services.

The National Mental Health Policy Framework and Strategic Plan 2013-2020 adopted in July 2013 sets out key objectives and milestones that must be realised to transform mental health services in this country. The priorities are (i) improving detection rates and management of mental disorders especially in primary health care settings; (ii) improving mental health infrastructure capacity especially at community level; and (iii) improving the supply of and access to mental health professionals. To achieve mental well being also requires that multidimensional interventions be implemented with other sectors to address the socio-economic determinants of mental disorders.

5. STRATEGIC FRAMEWORK 2014-2019

5.1. Strategic Approach

Despite efforts to transform the health system into an integrated, comprehensive national health system, and significant investment and expenditure, the South African health sector has largely been beset by key challenges including:

(a) a complex, quadruple burden of diseases;
(b) concerns about the quality of public health care;
(c) an ineffective and inefficient health system; and
(d) spiralling private health care costs.

Both the National Development Plan (NDP) 2030 and the World Health Organisation (WHO) converge around the fact that a well-functioning and effective health system is the bedrock for the attainment of the health outcomes envisaged in the NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system, to ensure that it is efficient and responsive, and offers financial risk protection. The critical focus areas proposed by the NDP 2030 are consistent with the WHO perspective.

The implementation of the strategic priorities for steering the health sector towards Vision 2030 would continue to be managed by the Implementation Forum for Outcome 2: "A long and healthy life for all South Africans", which is the National Health Council (NHC). This Implementation Forum consists of the Minister of Health and the 9 Provincial Members of the Executive Council (MECs) for Health. The Technical Advisory Committee of the NHC (Tech-NHC) functions as the Technical Implementation Forum. The Tech NHC consists of the Director-General of the National Department of Health (NDoH) and the Provincial Heads of Department (HoDs) of Health in the 9 Provinces, and NDoH Deputy Director-Generals.

5.2. National Development Plan 2030 vision

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years;
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 % from 2010 levels
6. Complete Health system reforms
7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage
9. Fill posts with skilled, committed and competent individuals

The NDP 2030 states explicitly that there are no quick fixes for achieving the nine goals outlined above. The NDP also identifies a set of nine (9) priorities that highlight the key interventions required to achieve a more effective health system, which will contribute to the achievement of the desired outcomes. The priorities are as follows:

a. Address the social determinants that affect health and diseases
b. Strengthen the health system
c. Improve health information systems
d. Prevent and reduce the disease burden and promote health
e. Financing universal healthcare coverage
f. Improve human resources in the health sector
g. Review management positions and appointments and strengthen accountability mechanisms
h. Improve quality by using evidence
i. Meaningful public-private partnerships

5.3. Sustainable Development Goals 2030

The Sustainable Development Goals 2030 built on Millennium Development Goals 2015 were adopted as the Global Goals by the world leaders on 25 September 2015. There are 17 Sustainable Development Goals (SDGs) to end poverty, fight in equality and tackle climate change by 2030. The following targets have been adopted for Goal 3 "Ensure healthy lives and promote well-being for all at all ages".

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. By 2020, halve the number of global deaths and injuries from road traffic accidents
7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
10. Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate
11. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

12. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
13. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

5.4. Alignment between NDP 2030 and SDG Goals 2030

An alignment exists between the National Development Plan 2030 adopted by the Government of South Africa in 2013, and the Sustainable Development Goals adopted by United Nations during September 2015. The Department is expecting the finalised set of indicators to measure progress against SGDs during 2016/17 financial year.

Table 8: Alignment between National Development Plan 2030 and Sustainable Development Goals 2030

NDP Goals 2030	SDG Goals 2030
Average male and female life expectancy at birth increased to 70 years	
Tuberculosis (TB) prevention and cure progressively improved;	• End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Maternal, infant and child mortality reduced	• Reduce the global maternal mortality ratio to less than 70/100,000 live births. • End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25/1,000 live births
Prevalence of Non-Communicable Diseases reduced	• Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol • Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate
Injury, accidents and violence reduced by 50% from 2010 levels	• By 2020, halve the number of global deaths and injuries from road traffic accidents
Health systems reforms completed	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Primary health care teams deployed to provide care to families and communities	• ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Universal health coverage achieved	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Posts filled with skilled, committed and competent individuals	• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

5.5. Alignment between NDP Goals, Priorities and NDoH Strategic Goals

Table 9: Alignment between National Development Plan 2030 and National DoH Strategic Goals 2014-2019

NDP Goals 2030	NDP Priorities 2030	NDoH Strategic Goals 2014- 2019
Average male and female life expectancy at birth increased to 70 years	a) Address the social determinants that affect health and diseases d) Prevent and reduce the disease burden and promote health	Prevent disease and reduce its burden, and promote health through a multi stakeholder National Health Commission
Tuberculosis (TB) prevention and cure progressively improved;		
Maternal, infant and child mortality reduced		
Prevalence of Non-Communicable Diseases reduced		
Injury, accidents and violence reduced by 50% from 2010 levels		
Health systems reforms completed	b) Strengthen the health system	Improve health facility planning by implementing norms and standards;
		Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms;
	c) Improve health information systems	Develop an efficient health management information system for improved decision making;
	h) Improve quality by using evidence	Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance
Primary health care teams deployed to provide care to families and communities		Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;
Universal health coverage achieved	e) Financing universal healthcare coverage	Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;
Posts filled with skilled, committed and competent individuals	f) Improve human resources in the health sector g) Review management positions and appointments and strengthen accountability mechanisms	Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.

5.6. STRATEGIC GOALS OF THE DEPARTMENT

The Department's five year strategic goals are to:

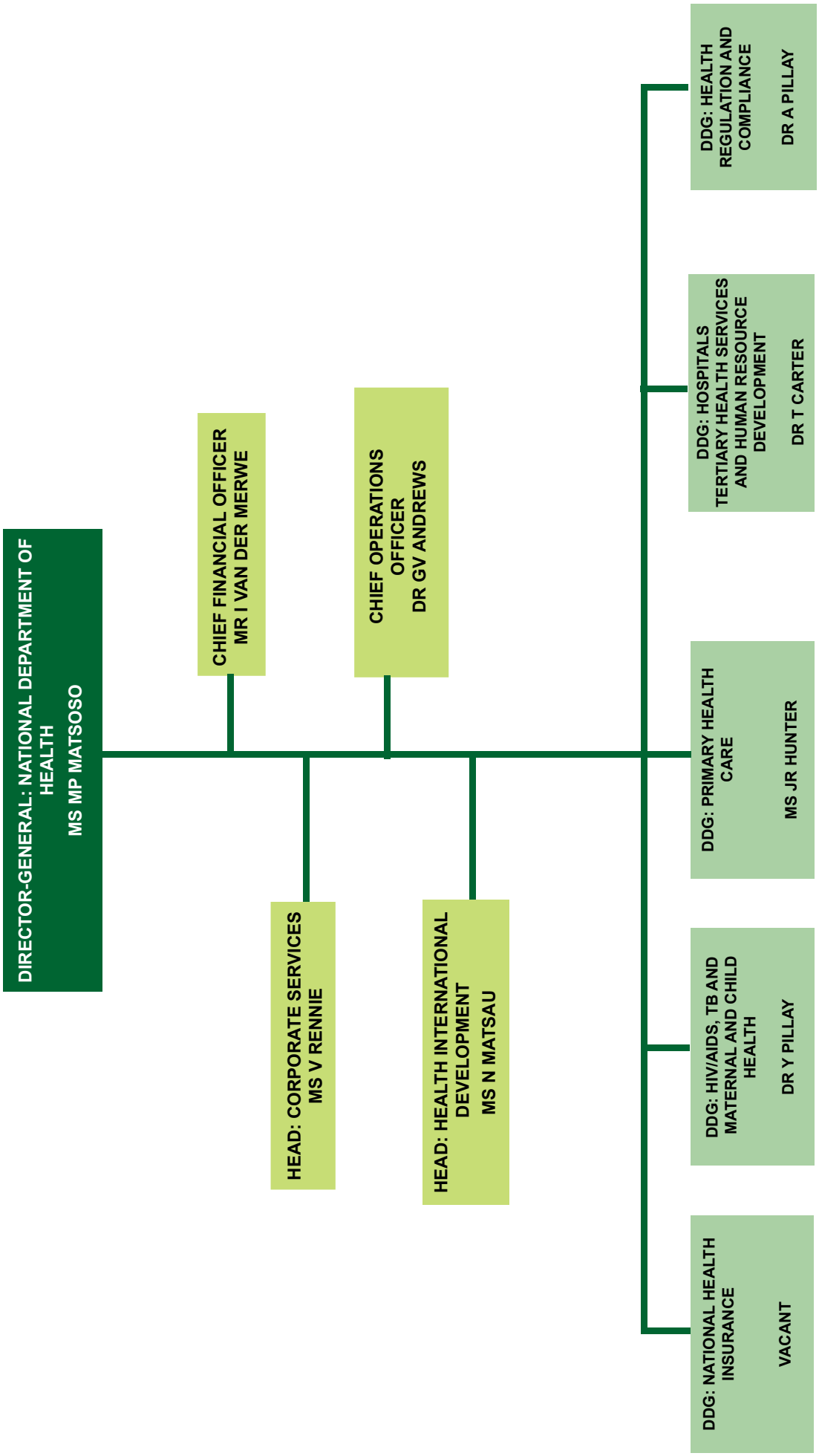
- Prevent disease and reduce its burden, and promote health;
- Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;
- Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;
- Improve health facility planning by implementing norms and standards;
- Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms;
- Develop an efficient health management information system for improved decision making
- Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance
- Improve human resources for health by ensuring adequate training and accountability measures.

6. ORGANISATIONAL ENVIRONMENT

The organisational structure of the National Department of Health was approved by the Department of Public Service and Administration and its implementation commenced in April 2012. The transformation of the organisational structure was aimed at ensuring an alignment with strategic priorities of the health sector and to improve the department's oversight function across the health system.

The organisational structure has been reviewed to maximise achievement of the Health Department's strategic priorities. The success of the implementation thereof is highly dependent on the alignment with the allocated available budget. Through the years the development of the organisational structure was done in isolation from the budget process, and this practise has challenged to action some of the key outputs. The current approved organisational structure is taking into consideration the change of organisational culture, improvement of productivity, development of leadership capability and repositioning of NDoH as an employer of choice whereby only candidates who meet the profile of the desired NDoH cadre of employees will be considered for appointment.

ORGANISATIONAL STRUCTURE



7. OVERVIEW OF 2016/17 BUDGETS AND MTEF ESTIMATES

R million	2016/17 Total	Current payments	Transfers and subsidies	Payments for capital assets	2017/18 Total	2018/19 Total
MTEF allocation						
Administration	463.5	456.4	2.6	4.5	516.6	549.1
National Health Insurance, Health Planning and Systems Enablement	559.7	421.3	110.6	27.8	739.7	998.5
HIV and AIDS, Tuberculosis, and Maternal and Child Health	16 018.6	553.2	15 449.5	15.9	18 432.7	20 855.0
Primary Health Care Services	257.8	252.9	3.0	1.9	286.3	317.2
Hospitals, Tertiary Health Services and Human Resource Development	19 573.5	409.6	18 596.2	567.7	21 072.4	22 224.5
Health Regulation and Compliance Management	1 690.2	211.2	1 475.2	3.8	1 730.4	1 789.9
Total expenditure estimates	**38 563.3**	**2 304.8**	**35 637.0**	**621.5**	**42 778.1**	**46 734.2**

PERSONNEL INFORMATION

Programmes

1. Administration
2. National Health Insurance, Health Planning and Systems Enablement
3. HIV and AIDS, Tuberculosis, and Maternal and Child Health
4. Primary Health Care Services
5. Hospitals, Tertiary Health Services and Human Resource Development
6. Health Regulation and Compliance Management

	Number of posts estimated for 31 March 2016		Number and cost of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate							Average growth rate (%)	Salary level/Total: Average (%)
			2014/15			2015/16			2016/17			2017/18			2018/19		2015/16 - 2018/19	
Health			**Number**	**Cost**	**Unit Cost**	**Number**	**Cost**	**Unit Cost**	**Number**	**Cost**	**Unit Cost**	**Number**	**Cost**	**Unit Cost**	**Number**	**Cost**	**Unit Cost**		
Salary level	**2,000**	**77**	**1,884**	**686.3**	**0.4**	**1,993**	**774.3**	**0.4**	**1,962**	**873.4**	**0.4**	**1,962**	**923.9**	**0.5**	**1,962**	**1,025.8**	**0.5**	**-0.5%**	**100.0%**
1 – 6	680	34	626	99.2	0.2	677	120.8	0.2	646	133.8	0.2	646	141.7	0.2	646	155.7	0.2	-1.6%	33.2%
7 – 10	882	29	856	276.7	0.3	880	332.8	0.4	880	389.5	0.4	880	411.9	0.5	880	452.7	0.5	–	44.7%
11 – 12	298	10	267	160.3	0.6	297	182.5	0.6	297	197.3	0.7	297	209.2	0.7	297	229.9	0.8	–	15.1%
13 – 16	138	4	133	145.6	1.1	137	134.2	1.0	137	148.4	1.1	137	156.6	1.1	137	182.5	1.3	–	7.0%
Other	2	–	2	4.5	2.3	2	4.0	2.0	2	4.3	2.1	2	4.5	2.3	2	5.0	2.5	–	0.1%
Programme	**2,000**	**77**	**1,884**	**686.3**	**0.4**	**1,993**	**774.3**	**0.4**	**1,962**	**873.4**	**0.4**	**1,962**	**923.9**	**0.5**	**1,962**	**1,025.8**	**0.5**	**-0.5%**	**100.0%**
Programme 1	471	–	470	167.5	0.4	471	177.1	0.4	470	192.5	0.4	470	203.5	0.4	470	223.6	0.5	-0.1%	23.9%
Programme 2	184	–	177	91.5	0.5	183	95.5	0.5	173	97.3	0.6	173	102.7	0.6	173	123.3	0.7	-1.9%	8.9%
Programme 3	133	–	137	65.3	0.5	133	72.3	0.5	142	75.8	0.5	142	81.0	0.6	142	89.0	0.6	2.2%	7.1%
Programme 4	490	31	440	151.3	0.3	488	175.9	0.4	459	215.6	0.5	459	227.8	0.5	459	250.4	0.5	-2.0%	23.7%
Programme 5	308	–	302	104.7	0.3	304	116.0	0.4	304	131.7	0.4	304	139.3	0.5	304	153.0	0.5	–	15.4%
Programme 6	414	46	358	106.1	0.3	414	137.4	0.3	414	160.5	0.4	414	169.7	0.4	414	186.5	0.5	–	21.0%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(45.6)	–	–	(71.5)	–	–	–
Total	2,000	77	1,884	686.3	0.4	1,993	774.3	0.4	1,962	873.4	0.4	–	878.3	–	–	954.3	–	–	–

8. EXPENDITURE TRENDS

Programmes

1. Administration
2. National Health Insurance, Health Planning and Systems Enablement
3. HIV and AIDS, Tuberculosis, and Maternal and Child Health
4. Primary Health Care Services
5. Hospitals, Tertiary Health Services and Human Resource Development
6. Health Regulation and Compliance Management

Programme	Adjusted Appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R million	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme 1	456.6	3.9%	1.2%	463.5	516.6	549.1	6.7%	1.2%
Programme 2	596.6	15.8%	1.1%	559.8	739.7	998.5	26.8%	1.7%
Programme 3	14 378.9	16.1%	36.6%	16 018.6	18 432.7	20 855.0	13.7%	42.4%
Programme 4	224.9	-1.1%	0.6%	257.8	286.3	317.2	13.4%	0.7%
Programme 5	18 950.2	2.7%	56.4%	19 573.5	21 072.4	22 224.5	5.7%	49.9%
Programme 6	1 603.9	14.3%	4.0%	1 690.2	1 730.4	1 789.9	3.8%	4.2%
Total	**36 211.1**	**7.9%**	**100.0%**	**38 563.3**	**42 778.1**	**46 734.2**	**9.3%**	**100.0%**
Change to 2015 Budget estimate				(360.2)	440.9	2 047.2		

Economic classification	Adjusted Appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R million	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Current payments	**2 250.3**	**9.3%**	**4.8%**	**2 304.8**	**2 752.3**	**2 942.8**	**15.2%**	**6.1%**
Compensation of employees	774.3	10.4%	2.1%	873.4	878.3	954.3	7.2%	2.1%
Goods and services	1 476.0	8.6%	2.8%	1 431.4	1 874.0	1 988.5	20.0%	3.9%
of which:								
Administrative fees	*1.0*	*-44.7%*	*0.0%*	*0.8*	*4.5*	*2.3*	*30.8%*	*0.0%*
Advertising	*32.4*	*-21.7%*	*0.0%*	*11.8*	*14.8*	*16.8*	*-15.6%*	*0.0%*
Minor assets	*15.5*	*-4.2%*	*0.0%*	*6.1*	*9.1*	*6.1*	*-20.0%*	*0.0%*
Audit costs: External	*35.7*	*8.4%*	*0.1%*	*31.1*	*38.0*	*39.3*	*18.6%*	*0.1%*
Bursaries: Employees	*1.6*	*0.2%*	*0.0%*	*2.2*	*2.0*	*2.1*	*10.7%*	*0.0%*
Catering: Departmental activities	*8.2*	*4.4%*	*0.0%*	*4.2*	*3.7*	*3.9*	*-22.2%*	*0.0%*
Communication	*22.4*	*-7.5%*	*0.1%*	*19.5*	*23.7*	*24.3*	*3.0%*	*0.1%*
Computer services	*23.4*	*-8.0%*	*0.0%*	*15.2*	*24.1*	*25.6*	*10.4%*	*0.1%*
Consultants: Business and advisory services	*112.3*	*-26.6%*	*0.4%*	*105.8*	*174.2*	*324.6*	*64.4%*	*0.4%*
Infrastructure and planning services	*13.0*	*–*	*0.0%*	*8.0*	*39.3*	*14.2*	*2.9%*	*0.0%*
Laboratory services	*0.1*	*17.0%*	*0.0%*	*0.3*	*–*	*1.0*	*132.1%*	*0.0%*
Legal services	*1.2*	*–*	*0.0%*	*1.0*	*9.0*	*8.4*	*92.4%*	*0.0%*
Science and technological services	*10.0*	*92.3%*	*0.0%*	*11.4*	*19.5*	*17.5*	*30.5%*	*0.0%*
Contractors	*333.9*	*115.6%*	*0.3%*	*276.5*	*352.9*	*376.2*	*13.0%*	*0.8%*
Agency and support/outsourced services	*141.4*	*107.6%*	*0.2%*	*211.3*	*324.7*	*437.1*	*53.3%*	*0.7%*
Entertainment	*0.8*	*3.6%*	*0.0%*	*0.3*	*0.4*	*0.2*	*-38.1%*	*0.0%*
Fleet services (including government motor transport)	*25.2*	*–*	*0.1%*	*19.2*	*30.8*	*32.5*	*8.9%*	*0.1%*
Inventory: Clothing material and accessories	*–*	*–*	*0.0%*	*2.0*	*1.0*	*–*	*–*	*0.0%*
Inventory: Food and food supplies	*–*	*–*	*0.0%*	*0.3*	*0.2*	*0.4*	*–*	*0.0%*
Inventory: Fuel, oil and gas	*0.5*	*1.5%*	*0.0%*	*1.7*	*3.2*	*2.6*	*72.3%*	*0.0%*
Inventory: Learner and teacher support material	*0.2*	*3.1%*	*0.0%*	*–*	*–*	*–*	*-100.0%*	*0.0%*
Inventory: Materials and supplies	*0.7*	*7.1%*	*0.0%*	*0.8*	*2.5*	*2.2*	*45.4%*	*0.0%*
Inventory: Medical supplies	*189.3*	*-25.4%*	*0.4%*	*192.4*	*199.7*	*211.7*	*55.5%*	*0.4%*
Inventory: Medicine	*196.2*	*69.5%*	*0.3%*	*177.0*	*176.7*	*2.1*	*-75.8%*	*0.3%*
Inventory: Other supplies	*14.9*	*7.1%*	*0.0%*	*12.4*	*15.1*	*12.0*	*-7.1%*	*0.0%*
Consumable supplies	*0.2*	*-28.7%*	*0.0%*	*2.8*	*10.1*	*6.6*	*198.1%*	*0.0%*
Consumables: Stationery, printing and office supplies	*35.4*	*-12.1%*	*0.1%*	*22.1*	*24.8*	*29.6*	*-0.7%*	*0.1%*
Operating leases	*127.9*	*15.1%*	*0.3%*	*136.2*	*179.1*	*183.6*	*7.8%*	*0.4%*
Rental and hiring	*–*	*–*	*0.0%*	*0.3*	*0.2*	*0.5*	*–*	*0.0%*
Property payments	*8.8*	*17.5%*	*0.0%*	*13.2*	*25.2*	*28.5*	*47.8%*	*0.0%*
Transport provided: Departmental activity	*0.7*	*-40.9%*	*0.0%*	*1.0*	*–*	*–*	*-100.0%*	*0.0%*
Travel and subsistence	*63.1*	*-19.5%*	*0.2%*	*79.8*	*87.7*	*88.1*	*11.9%*	*0.2%*
Training and development	*4.8*	*14.4%*	*0.0%*	*8.5*	*8.7*	*12.0*	*35.4%*	*0.0%*
Operating payments	*36.6*	*0.5%*	*0.1%*	*48.0*	*57.3*	*64.9*	*21.5%*	*0.1%*
Venues and facilities	*18.5*	*-9.2%*	*0.0%*	*8.0*	*11.8*	*11.6*	*-12.2%*	*0.0%*
Transfers and subsidies	**33 496.1**	**7.5%**	**94.6%**	**35 637.0**	**39 290.1**	**43 021.2**	**8.7%**	**92.4%**
Provinces and municipalities	31 904.8	7.2%	90.4%	33 972.0	37 588.2	41 247.4	8.9%	88.3%
Departmental agencies and accounts	1 417.1	18.5%	3.6%	1 494.5	1 516.6	1 577.8	3.6%	3.7%
Higher education institutions	3.1	–	0.0%	3.3	3.5	3.7	5.4%	0.0%
Non-profit institutions	171.1	-4.3%	0.5%	167.2	181.8	192.3	4.0%	0.4%
Payments for capital assets	**464.7**	**110.5%**	**0.6%**	**621.5**	**735.7**	**770.1**	**32.2%**	**1.5%**
Buildings and other fixed structures	354.6	–	0.4%	471.9	564.6	608.1	28.3%	1.2%
Machinery and equipment	110.1	8.6%	0.1%	149.6	171.1	162.1	52.4%	0.3%
Total	**36 221.1**	**7.9%**	**100.0%**	**38 563.3**	**42 778.1**	**46 734.2**	**9.3%**	**100.0%**

Programmes

1. Administration
2. National Health Insurance, Health Planning and Systems Enablement
3. HIV and AIDS, Tuberculosis, and Maternal and Child Health
4. Primary Health Care Services
5. Hospitals, Tertiary Health Services and Human Resource Development
6. Health Regulation and Compliance Management

Programme	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Revised estimate	Outcome/Annual budget Average (%)	Outcome/Adjusted appropriation Average (%)
R million	2012/13			2013/14			2014/15			2015/16			2012/13 - 2015/16	
Programme 1	357.9	403.3	372.9	411.0	405.7	347.3	389.7	389.7	386.5	457.1	456.6	452.2	86.5%	94.2%
Programme 2	315.1	315.1	315.4	491.9	491.8	222.6	652.0	658.9	338.2	587.8	596.6	489.8	86.7%	66.2%
Programme 3	9 089.9	9 074.9	8 979.3	10 829.9	10 842.8	10 763.5	12 840.7	12 840.7	12 827.5	14 442.1	14 378.9	14 193.0	99.1%	99.2%
Programme 4	193.4	224.9	206.3	214.0	207.2	183.5	200.5	216.2	206.3	225.0	224.9	217.4	97.7%	93.2%
Programme 5	16 918.0	17 348.0	17 378.6	17 908.2	17 715.4	17 493.3	18 929.5	18 816.5	18 448.6	19 159.1	18 950.2	18 801.4	98.9%	99.6%
Programme 6	1 063.4	1 071.6	1 008.9	1 252.1	1 261.7	1 214.4	1 367.6	1 403.1	1 331.9	1 596.9	1 603.9	1 600.0	97.6%	96.5%
Total	**27 937.6**	**28 437.8**	**28 261.5**	**31 107.1**	**30 924.6**	**30 224.5**	**34 380.0**	**34 325.1**	**33 539.0**	**36 468.0**	**36 211.1**	**35 753.8**	**98.4%**	**98.4%**
Change to 2015 budget estimate											(256.9)			
Economic classification														
Current payments	**1 365.4**	**1 473.0**	**1 265.6**	**1 743.3**	**1 732.5**	**1 262.3**	**2 041.0**	**2 245.1**	**1 740.1**	**2 351.5**	**2 250.3**	**1 924.3**	**82.6%**	**80.4%**
Compensation of employees	567.3	575.0	554.3	631.8	631.8	628.0	649.1	656.5	686.3	772.1	774.3	774.3	100.9%	100.2%
Goods and services	798.2	897.9	711.3	1 111.5	1 100.7	634.4	1 391.9	1 588.6	1 053.8	1 579.5	1 475.0	1 150.0	72.7%	70.1%
of which:														
Administrative fees	1.2	6.2	0.8	2.0	2.0	0.2	1.0	1.0	0.7	1.0	1.0	1.0	53.0%	27.1%
Advertising	56.4	58.0	11.9	23.8	23.4	11.8	59.1	57.8	9.3	32.4	32.4	27.9	35.5%	35.5%
Minor assets	13.7	13.6	3.4	17.0	17.0	2.4	18.0	29.7	8.2	15.5	15.5	12.0	40.5%	34.3%
Audit costs: External	18.5	18.5	23.8	29.4	29.5	30.6	31.7	30.7	27.9	35.7	35.7	23.6	91.6%	92.5%
Bursaries: Employees	1.4	1.6	0.9	1.6	1.6	1.1	1.5	1.5	1.1	1.6	1.6	1.6	76.8%	74.3%
Catering: Departmental activities	7.2	7.2	3.0	8.4	8.4	2.8	7.6	7.7	3.2	8.2	8.2	8.2	54.7%	54.7%
Communication	26.5	28.0	14.8	29.1	29.1	12.3	23.1	27.4	15.7	23.3	22.4	22.2	63.8%	60.8%
Computer services	22.1	24.4	9.3	26.1	27.2	6.6	21.3	29.6	13.8	23.9	23.4	19.0	52.1%	46.6%
Consultants: Business and advisory services	122.2	184.8	186.2	146.2	148.2	156.7	108.5	114.4	54.8	123.1	112.3	73.0	94.3%	84.1%
Infrastructure and planning services	–	–	–	–	–	–	–	171.5	4.3	13.0	13.0	13.0	133.0%	9.4%
Laboratory services	0.1	0.1	0.0	0.1	0.1	–	0.1	0.1	–	0.1	0.1	0.1	31.2%	31.2%
Legal services	–	–	10.5	–	–	11.1	45.2	1.1	6.2	10.2	1.2	1.2	52.2%	1 264.8%
Science and technological services	1.0	1.1	14.6	1.1	1.1	4.1	1.1	43.6	11.7	1.2	10.0	7.9	867.3%	68.7%
Contractors	20.9	26.0	9.8	318.2	313.8	16.9	416.0	415.9	95.3	341.5	333.9	260.5	34.9%	35.1%
Agency and support/outsourced services	18.7	13.6	19.8	14.2	15.2	3.7	12.4	17.4	92.4	222.4	141.4	121.4	88.6%	126.5%
Entertainment	0.8	0.8	0.1	0.8	0.8	0.1	0.8	0.8	0.6	0.8	0.8	0.8	30.8%	31.0%
Fleet services (including government motor transport)	–	–	–	–	–	16.4	–	29.8	27.2	23.6	25.2	25.2	291.1%	125.3%
Inventory: Clothing material and accessories	–	–	–	–	–	0.0	–	2.8	2.7	–	–	–	–	99.2%
Inventory: Food and food supplies	–	–	0.0	–	–	0.1	–	–	0.1	–	–	–	–	–
Inventory: Fuel, oil and gas	0.5	0.5	0.9	0.5	0.5	1.1	0.5	0.5	1.1	0.5	0.5	0.5	182.9%	182.9%
Inventory: Learner and teacher support material	0.2	0.2	–	0.2	0.2	–	0.2	0.2	–	0.2	0.2	0.2	26.4%	26.3%
Inventory: Materials and supplies	0.6	0.6	0.1	0.5	0.5	0.2	0.5	1.5	0.3	0.7	0.7	0.7	55.3%	39.8%
Inventory: Medical supplies	135.6	135.6	112.4	140.8	140.8	70.5	149.2	153.2	209.6	189.3	189.3	56.3	73.0%	72.5%
Inventory: Medicine	1.1	31.0	32.1	1.1	1.1	0.5	201.4	142.5	177.2	196.2	196.2	151.2	90.3%	97.3%

	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Audited outcome	Annual budget	Adjusted appropriation	Revised estimate	Outcome/Annual budget Average (%)	Outcome/Adjusted appropriation Average (%)
R million	2012/13			2013/14			2014/15			2015/16			2012/13 - 2015/16	
Medsas inventory interface	–	1.5	–	1.6	1.6	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	12.2	6.9	11.5	11.5	7.9	12.4	12.4	10.3	14.9	14.9	14.9	103.1%	76.5%
Consumable supplies	13.7	0.7	0.3	0.7	0.7	0.6	–	–	1.7	–	0.2	0.3	20.1%	175.9%
Consumables: Stationery, printing and office supplies	46.0	44.6	16.4	47.1	47.1	22.2	40.2	39.0	18.4	37.4	35.4	30.3	51.1%	52.6%
Operating leases	93.6	96.1	85.6	102.0	106.0	86.9	109.3	111.3	93.5	127.9	127.9	146.6	95.3%	93.5%
Rental and hiring	–	–	0.0	–	–	–	–	–	0.1	–	–	–	–	–
Property payments	5.4	5.4	9.6	5.5	5.5	11.4	5.6	5.6	22.6	8.8	8.8	8.8	206.9%	206.9%
Transport provided: Departmental activity	–	3.6	3.2	3.1	4.0	0.3	0.7	0.7	–	0.7	0.7	0.7	93.4%	47.2%
Travel and subsistence	129.2	120.6	88.6	112.7	111.2	81.9	62.3	72.6	82.7	66.1	63.1	62.9	85.4%	86.0%
Training and development	3.2	3.2	5.5	3.9	3.2	3.5	5.5	9.3	4.8	4.8	4.8	4.8	106.5%	90.6%
Operating payments	35.4	35.6	33.8	38.7	26.9	60.5	34.5	35.2	50.3	35.9	36.6	36.2	125.1%	134.6%
Venues and facilities	23.1	22.9	6.9	23.7	22.7	10.1	22.4	22.2	6.5	18.5	18.5	17.1	46.3%	47.0%
Transfers and subsidies	**26 543.4**	**26 929.1**	**26 969.9**	**28 538.0**	**28 725.6**	**28 787.4**	**31 314.1**	**31 591.1**	**31 570.6**	**33 448.5**	**33 496.1**	**33 496.1**	**100.8%**	**100.1%**
Provinces and municipalities	25 501.9	25 882.9	25 882.0	27 317.5	27 686.5	27 487.2	29 902.1	30 164.1	30 179.9	31 857.9	31 904.8	31 904.7	100.8%	99.8%
Departmental agencies and accounts	846.7	850.8	890.5	1 026.9	839.5	1 089.1	1 202.9	1 212.9	1 169.3	1 416.4	1 417.1	1 417.1	101.6%	105.7%
Higher education institutions	–	–	–	–	–	–	3.0	3.0	–	3.1	3.1	3.1	51.1%	51.1%
Foreign governments and international organisations	–	–	–	–	–	–	–	2.7	2.6	–	–	–	–	98.6%
Public corporations and private enterprises	–	0.0	0.0	–	–	0.2	–	–	–	–	–	–	–	475.0%
Non-profit institutions	194.8	195.3	196.2	193.6	199.7	209.6	206.1	208.4	215.3	171.1	171.1	171.1	103.5%	102.3%
Households	0.0	0.0	1.1	0.0	0.0	1.5	0.0	0.0	3.5	–	–	–	14 381.0%	14 381.0%
Payments for capital assets	**28.8**	**35.7**	**20.3**	**825.9**	**466.5**	**173.0**	**1 024.9**	**488.9**	**227.4**	**668.0**	**464.7**	**333.4**	**29.6%**	**51.8%**
Buildings and other fixed structures	–	–	–	807.0	440.0	113.7	979.9	378.4	168.9	562.5	354.6	287.6	24.3%	48.6%
Machinery and equipment	28.8	35.7	20.3	18.8	26.4	59.3	45.1	100.7	58.4	105.5	110.1	45.8	92.7%	67.3%
Software and other intangible assets	–	–	–	–	–	–	–	9.8	0.2	–	–	–	–	1.8%
Payments for financial assets	**–**	**–**	**5.7**	**–**	**–**	**1.7**	**–**	**–**	**0.9**	**–**	**–**	**–**	**–**	**–**
Total	**27 937.6**	**28 437.8**	**28 261.5**	**31 107.1**	**30 924.6**	**30 224.5**	**34 380.0**	**34 325.1**	**33 539.0**	**36 468.0**	**36 211.1**	**35 753.8**	**98.4%**	**98.4%**

PART B
PROGRAMME AND SUB-PROGRAMME PLANS

PROGRAMME 1: ADMINISTRATION

1.1. STRATEGIC OBJECTIVE, PERFORMANCE INDICATORS AND ANNUAL TARGETS

The table below summarises the key strategic objectives, indicators and three-year targets for the various sub-programmes funded from the Administration Programme.

Strategic Objective	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit opinion	Unqualified Audit opinion	Unqualified Audit opinion	Unqualified Audit opinion
	Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	1 Unqualified audit opinions	2 Unqualified Audit Opinion	3 Unqualified Audit Opinion	3 Unqualified audit opinions	4	5	7
Ensure efficient and responsive Human Resource Services through the implementation of efficient recruitment processes and responsive Human Resource support programmes	Average Turnaround times for recruitment processes	New Indicator	6 months	5 months	4 months	6 months	6 months	6 months
	Percentage of Employees accessing the Health and wellness programmes	New Indicator	New Indicator	All 4 EHW Pillars were integrated and implemented as per EHW Strategic Framework	EHW induction programme to Port Health Employees	30% (of 1993 employees)	35% (of 1993 employees)	40% (of 1993 employees)
Coordinate the development and implementation of the Departmental Business Continuity Plan by the 31st of March 2020	Departmental Business Continuity Plan (BCP) developed.	New Indicator	New Indicator	The ICT Service Continuity plan was finalised and approved	Ability to recover all Email Data of NDoH in the event of a Disaster Ensure all Senior Managers of NDoH are able to access Domain services at DR site.	Phase 1 of the BCP developed and disseminated	Systems identified for Phase 1 BCP Implemented Phase 2 of the BCP developed	Systems identified for Phase 2 BCP Implemented Final Phase of the BCP developed
Provide support for effective communication by developing an integrated communication strategy and implementation plan	Number of communication interventions implemented	New Indicator	New Indicator	Communication Strategy in line with GCIS was finalised and approved	Communication Toolkit developed to integrate messages	52 Communication interventions implemented	60 Communication interventions implemented	72 Communication interventions implemented

1.2. PROGRAMME PERFORMANCE INDICATORS AND ANNUAL TARGETS

The table below provides key programme performance measures that will be under taken by the Department to achieve the strategic objectives provided above. This table also provides three-year targets for the various sub-programmes funded from the Administration Programme.

Programme Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
NDoH vacancy rate	New Indicator	4.34%	5.08%	5%	<10 %	10 %	10 %
Percentage of Senior Managers that have entered into Performance agreements with their supervisors	New Indicator	94%	98%	98%	98%	99 %	100%

1.3. QUARTERLY TARGETS FOR 2016/17

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Audit opinion from Auditor General	Annual	Unqualified Audit opinion				
Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	Annual	4				
Average Turnaround times for recruitment processes	Bi-annually	6 months		6 Months		6 Months
%of Employees accessing the Health and wellness programmes	Quarterly	30% of 1962 employees	8% of 1993 employees	16% of 1993 employees (cumulative)	24% of 1993 employees (cumulative)	30% of 1993 employees (cumulative)
Departmental Business Continuity Plan (BCP) developed	Quarterly	Phase 1 of the BCP developed and disseminated	Signed contract between service provider and the NDOH on BCP development Conduct workshops with the targeted functional areas	business processes developed and systems identified for HR and ICT	Prioritise the identified business processes, data, applications and hardware technology in terms of criticality to the operations of targeted functional areas. Business processes developed and systems identified for Finance, SCM, MCC, MBOD/ CCOD, Port Health and Pharmaceutical clusters Update the current ICT Service Continuity Plan to incorporate identified business process and applications	Finalise Phase 1 of the BCP and detailed implementation plan covering the identified functional areas developed. Communicate the BCP to Man-agement Committee of National DoH
Number of communication interventions implemented	Quarterly	52 communication interventions implemented	13 communication interventions implemented	13 communication interventions implemented	13 communication interventions implemented	13 communication interventions implemented
NDoH Vacancy Rate	Bi-annually	<10 %		<10%		< 10%
% of Senior Managers that have entered into Performance agreements with their supervisors	Annually	98%				

1.4. RECONCILING PERFORMANCE TARGETS WITH THE BUDGETS AND THE MTEF

Sub-programme R thousand	Audited outcome 2012/13	2013/14	2014/15	Adjusted appropriation 2015/16	Average growth rate (%) 2012/13 - 2015/16	Expen-diture/ Total: Average (%)	Medium-term expenditure estimate 2016/17	2017/18	2018/19	Average growth rate (%) 2015/16 - 2018/19	Expen-diture/ Total: Average (%)
Ministry	25 547	27 595	28 851	31 417	7.1%	7.3%	31 534	31 840	34 264	2.9%	6.5%
Management	13 011	13 878	20 885	19 641	14.7%	4.3%	20 069	19 746	22 005	3.9%	4.1%
Corporate Services	158 081	157 816	178 331	213 467	10.5%	45.3%	206 733	207 523	225 355	1.8%	43.0%
Office Accommodation	92 978	93 532	110 449	125 810	10.6%	27.0%	143 695	192 179	197 912	16.3%	33.2%
Financial Management	83 305	54 521	47 960	66 243	-7.4%	16.1%	61 433	65 352	69 535	1.6%	13.2%
Total	**372 922**	**347 342**	**386 476**	**456 578**	**7.0%**	**100.0%**	**463 464**	**516 640**	**549 071**	**6.3%**	**100.0%**
Change to 2015 Budget estimate				(500)			7 506	24 588	28 479		
Economic classification											
Current payments	**362 225**	**340 637**	**381 821**	**443 993**	**7.0%**	**97.8%**	**456 419**	**509 297**	**541 207**	**6.8%**	**98.2%**
Compensation of employees	133 952	149 850	167 468	177 115	9.8%	40.2%	192 521	188 973	204 939	5.0%	38.5%
Goods and services	228 273	190 787	214 353	266 878	5.3%	57.6%	263 898	320 324	336 268	8.0%	59.8%
of which:											
Administrative fees	*187*	*160*	*505*	*197*	*1.8%*	*0.1%*	*280*	*200*	*206*	*1.5%*	–
Advertising	*2 386*	*2 673*	*5 367*	*12 148*	*72.0%*	*1.4%*	*4 978*	*900*	*952*	*-57.2%*	*1.0%*
Minor assets	*962*	*811*	*675*	*1 828*	*23.9%*	*0.3%*	*1 109*	*1 000*	*1 152*	*-14.3%*	*0.3%*
Audit costs: External	*22 763*	*30 560*	*27 921*	*32 000*	*12.0%*	*7.2%*	*29 039*	*35 500*	*36 643*	*4.6%*	*6.7%*
Bursaries: Employees	*797*	*1 115*	*1 076*	*1 485*	*23.1%*	*0.3%*	*1 750*	*2 000*	*2 110*	*12.4%*	*0.4%*
Catering: Departmental activities	*754*	*1 127*	*616*	*1 018*	*10.5%*	*0.2%*	*891*	*1 100*	*1 059*	*1.3%*	*0.2%*
Communication	*10 444*	*8 372*	*8 895*	*13 789*	*9.7%*	*2.7%*	*13 576*	*15 432*	*15 999*	*5.1%*	*3.0%*
Computer services	*6 327*	*3 672*	*8 635*	*13 817*	*29.7%*	*2.1%*	*10 951*	*6 200*	*7 548*	*-18.3%*	*1.9%*
Consultants: Business and advisory services	*36 296*	*3 630*	*2 180*	*2 335*	*-59.9%*	*2.8%*	*3 687*	*4 335*	*4 675*	*26.0%*	*0.8%*
Infrastructure and planning services	–	–	–	–	–	–	–	*200*	–	–	–
Legal services	*14 592*	*3 690*	*5 029*	*915*	*-60.3%*	*1.5%*	*970*	*7 000*	*7 406*	*100.8%*	*0.8%*
Science and technological services	–	–	–	*(4 122)*	–	*-0.3%*	*34*	–	–	*-100.0%*	*-0.2%*
Contractors	*5 861*	*4 822*	*2 352*	*13 930*	*33.5%*	*1.7%*	*18 067*	*9 889*	*12 416*	*-3.8%*	*2.7%*
Agency and support/outsourced services	*78*	*500*	*668*	*2 632*	*223.1%*	*0.2%*	*591*	*400*	*423*	*-45.6%*	*0.2%*
Entertainment	*45*	*15*	*8*	*300*	*88.2%*	–	*49*	–	–	*-100.0%*	–
Fleet services (including government motor transport)	–	*3 706*	*4 991*	*9 000*	–	*1.1%*	*1 171*	*1 513*	*2 656*	*-33.4%*	*0.7%*
Inventory: Clothing material and accessories	–	*2*	*4*	–	–	–	–	–	–	–	–
Inventory: Food and food supplies	*11*	*22*	*38*	–	*-100.0%*	–	–	–	–	–	–
Inventory: Fuel, oil and gas	*489*	*126*	*4*	*108*	*-39.6%*	–	*536*	*100*	*106*	*-0.6%*	–
Inventory: Materials and supplies	*6*	*7*	*154*	*194*	*216.6%*	–	–	–	–	*-100.0%*	–
Inventory: Medical supplies	–	*2*	–	*1*	–	–	–	–	–	*-100.0%*	–
Inventory: Medicine	*1*	*2*	–	–	*-100.0%*	–	–	–	–	–	–
Inventory: Other supplies	*287*	–	–	*844*	*43.3%*	*0.1%*	*312*	–	–	*-100.0%*	*0.1%*
Consumable supplies	–	*224*	*528*	–	–	–	–	*200*	*212*	–	–
Consumables: Stationery, printing and office supplies	*7 622*	*7 859*	*9 084*	*9 356*	*7.1%*	*2.2%*	*7 865*	*5 590*	*7 909*	*-5.4%*	*1.5%*
Operating leases	*82 670*	*83 940*	*90 241*	*119 954*	*13.2%*	*24.1%*	*131 440*	*170 579*	*174 654*	*13.3%*	*30.0%*
Property payments	*9 554*	*11 374*	*22 311*	*8 819*	*-2.6%*	*3.3%*	*10 644*	*24 000*	*24 827*	*41.2%*	*3.4%*
Travel and subsistence	*20 888*	*15 415*	*15 664*	*14 913*	*-10.6%*	*4.3%*	*16 781*	*18 280*	*19 814*	*9.9%*	*3.5%*
Training and development	*2 376*	*3 472*	*4 591*	*4 699*	*25.5%*	*1.0%*	*6 984*	*8 645*	*8 436*	*21.5%*	*1.4%*
Operating payments	*2 296*	*3 147*	*1 427*	*5 342*	*32.5%*	*0.8%*	*1 542*	*6 761*	*6 642*	*7.5%*	*1.0%*
Venues and facilities	*581*	*342*	*1 189*	*1 376*	*33.3%*	*0.2%*	*661*	*500*	*423*	*-32.5%*	*0.1%*
Transfers and subsidies	**615**	**2 041**	**2 150**	**2 742**	**64.6%**	**0.5%**	**2 594**	**2 746**	**2 905**	**1.9%**	**0.6%**
Departmental agencies and accounts	479	1 309	1 366	2 742	78.9%	0.4%	2 594	2 746	2 905	1.9%	0.6%
Households	136	*732*	*784*	–	*-100.0%*	*0.1%*	–	–	–	–	–
Payments for capital assets	**5 394**	**4 158**	**2 322**	**9 843**	**22.2%**	**1.4%**	**4 451**	**4 597**	**4 959**	**-20.4%**	**1.2%**
Machinery and equipment	5 394	4 158	2 322	9 843	22.2%	1.4%	4 451	4 597	4 959	-20.4%	1.2%
Payments for financial assets	**4 688**	**506**	**183**	–	**-100.0%**	**0.3%**	–	–	–	–	–
Total	**372 922**	**347 342**	**386 476**	**456 578**	**7.0%**	**100.0%**	**463 464**	**516 640**	**549 071**	**6.3%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**1.3%**	**1.1%**	**1.2%**	**1.3%**	–	–	**1.2%**	**1.2%**	**1.2%**	–	–
Details of transfers and subsidies											
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**479**	**1 309**	**1 366**	**2 742**	**78.9%**	**0.4%**	**2 594**	**2 746**	**2 905**	**1.9%**	**0.6%**
Health and Welfare Sector Education and Training Authority	479	1 259	1 276	2 536	74.3%	0.4%	2 464	2 609	2 760	2.9%	0.5%
Public Service Sector Education and Training Authority	–	50	90	206	–	–	130	137	145	-11.0%	–
Households											
Social benefits											
Current	**136**	**732**	**784**	–	**-100.0%**	**0.1%**	–	–	–	–	–
Employee social benefits	136	732	784	–	-100.0%	0.1%	–	–	–	–	–

1.5. Personnel information

	Number of posts estimated for 31 March 2016		Number and cost[1] of personnel posts filled / planned for on funded establishment												Number	
	Number of funded posts	Number of posts additional to the establishment	Actual 2014/15			Revised estimate 2015/16			Medium-term expenditure estimate 2016/17			2017/18			2018/19			Average growth rate (%) 2015/16 - 2018/19	Salary level/Total: Average (%)
Administration			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost		
Salary level	471	–	470	167.5	0.4	471	177.1	0.4	470	192.5	0.4	470	203.5	0.4	470	223.6	0.5	-0.1%	100.0%
1 – 6	241	–	245	40.0	0.2	241	45.2	0.2	241	48.0	0.2	241	50.8	0.2	241	55.9	0.2	–	51.2%
7 – 10	140	–	133	41.9	0.3	140	54.6	0.4	140	58.8	0.4	140	62.3	0.4	140	68.4	0.5	–	29.8%
11 – 12	51	–	49	30.3	0.6	51	36.5	0.7	51	38.7	0.8	51	40.9	0.8	51	45.0	0.9	–	10.8%
13 – 16	37	–	41	50.8	1.2	37	36.8	1.0	36	42.7	1.2	36	45.0	1.2	36	49.4	1.4	-0.9%	7.7%
Other	2	–	2	4.5	2.3	2	4.0	2.0	2	4.3	2.1	2	4.5	2.3	2	5.0	2.5	–	0.4%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(14.5)	–	–	(18.7)	–	–	–
Total	471	–	470	167.5	0.4	471	177.1	0.4	470	192.5	0.4	–	189.0	–	–	204.9	–	–	–

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

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

2.1. PROGRAMME PURPOSE

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

There are five budget sub programmes:

Technical Policy and Planning provides advisory and strategic technical assistance on policy and planning, and supports policy analysis and implementation.

Health Information Management, Monitoring and Evaluation sub-programme develops and maintains a national health information system, commissions and coordinates research, develops and implements disease surveillance programmes, and monitors and evaluates strategic health programmes.

The eHealth Strategy 2012-2016 was adopted by National Health Council and provides the roadmap for achieving a well-functioning national health information system with the patient located at the centre. The strategy also seeks to ensure that the integrated national patient-based information system will be based on agreed scientific standards for interoperability, which improves the efficiency of clinical care, produces the indicators required by management, and facilitates patient mobility.

The 2011 National Research Summit identified the following main research priorities, namely Funding; Human Resources; Health Research Infrastructure; Priority Research Fields; National Regulatory Framework; Planning and Translation; as well as Monitoring and Evaluation. It forms the basis upon which the long-term National Research Strategy for South Africa is being developed. The capacity for managing research is being expanded in provinces with the implementation of the National Health Research Database which will be used to identify research trends, expenditures and gaps. The Department is also implementing the National Health Scholars Programme which has eNumberolled 55 Master's and Doctoral students since 2013, with an aim of developing a 1000 new cadre of researchers in South Africa in 10 years time. Furthermore the Department will continue to audit research ethics committees (human and animal), ensure that ethical research is conducted, and support good governance of Research Ethics Committees (RECs) nationally.

The two statutory bodies that are pivotal in supporting the Ministry of Health to identify health research priorities and maintain research ethics in South Africa are the National Health Research Committee and the National Health Research Ethics Council. They derive their mandate from the National Health Act, 61 of 2003, Chapter 9. There are two other institutions that drive the research agenda, the MRC which is a public entity and HST which is a NGO.

Sector-wide Procurement sub programme is responsible for developing systems to ensure access to essential pharmaceutical commodities. This is achieved through the selection of essential medicines, development of standard treatment guidelines, administration of health tenders, and licensing of persons and premises that deliver pharmaceutical services and related policies.

The Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) are available for all levels of care and published on a 3 year cycle. These tools are used to promote access to affordable medicines that are safe and effective at the relevant level of care in both the public and private sector. Each chapter is disseminated for peer review by relevant stakeholders prior to publication. The EML and STGs are published in book, web and cell phone application formats in order to improve acceptability by health care professionals.

The Department of Health develops a procurement plan to ensure valid contracts are available for the procurement of essential medicines and pharmaceutical commodities. Prior to the issue of a contract, market intelligence is undertaken in order to facilitate the most economic procurement process and promote security of supply. Supplier performance is monitored and used to exclude poorly performing suppliers from participation in future tenders. Bar code technologies are being implemented to improve the efficiencies of the supply chain.

Medicines availability - a network of linked stock system will be established throughout the supply chain value chain to improve availability. In order to simplify the supply chain and its responsiveness direct deliveries are being implemented to central and regional hospitals. The National Department of Health maintains a buffer stock of vital medicines at the central procurement unit for deployment in the event of stock shortages.

To improve access, a system of central chronic medicines dispensing and distribution service providers linked to pick up points have been established to improve access through extended service hours and closer proximity to the patient's place of residence or work.

Permits are issued to various health care professionals in order to promote access to medicines in a manner that maintains safety of patients.

The Traditional Health Practitioners Interim Council (ITHPC) has been established and systems developed to manage knowledge of African Traditional Medicines.

Health Financing and National Health Insurance develops and implements policies, legislation and frameworks for the achievement of universal health coverage through the phased implementation of National Health Insurance; commissions health financing research including into alternative healthcare financing mechanisms for achieving universal health coverage; develops policy for the medical schemes industry and provides technical oversight over the Council for Medical Schemes; and provides technical and implementation oversight for the two national health insurance conditional grants. The cluster also comprises the Directorate for Pharmaceutical Economic Evaluation, which implements the single exit price regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees. Over the medium term, the initiatives implemented through the pilot districts will be expanded to improve access and quality health care. In 2012/13 and 2013/14, a draft white paper for the National Health Insurance was produced. A year later, in 2015/16 financial year, the Minister of Health published the white Paper for the National Health Insurance for public comments.

The final White Paper on the National Health Insurance will be tabled in Parliament. Legislation and regulations will be developed and over the MTEF period.

International Health and Development sub programme develops and implements bilateral and multilateral agreements with strategic partners such as the Southern African Development Community (SADC), the African Union (AU), United Nations (UN) agencies as well as other developing countries and emerging economic groupings such as Brazil-Russia-India-China-South Africa (BRICS) and IBSA (India, Bra il South Africa) to strengthen the health system and coordinates international development support.
The specific roles of the branch include coordinating and facilitating South-South partnerships and collaboration, ensuring effective and efficient well-coordinated and responsive partnerships and collaborations with Africa and Middle East countries, mobilisation of health technical and financial resources from international development agencies and international financial institutions, facilitation and coordination of the implementation of health related outcomes of the African Union Commission to meet the targets essential for Africa's Renewal and achievement of the African Agenda, and effective management of the deployment of Health Attaches.

Over the medium term, and in line with NDP 2030, the cluster will mobilise resources for national and regional health activities; establish strategic bilateral cooperation, especially with BRICS countries as well as other countries on the continent in areas of mutual and measurable benefit, thereby meeting our obligations in NEPAD to engage in post conflict reconstruction and diseases and emergencies in Africa; facilitate participation in various multilateral and other global engagements such as AU, SADC, WHO, UN and BRICS; implement cross border initiatives to manage cross border care and enhance harmonisation of regulations, treatment guidelines and policies; improved management and related capacity of Health Attachés to identify and analyse emerging issues and trends in global health; and establishment of global health dialogue forums with other stakeholders on intersectoral issues such as climate change, trade and foreign policy.

South Africa is signatory to a number of international treaties and instruments such as International Health Regulations (2005), Framework Convention on Tobacco Control (FCTC), including other human rights conventions such as International Covenant on Civil and Political Rights, International Convention on the Elimination of All Forms of Racial Discrimination, African Charter on Human and Peoples' Rights and the SADC Protocol on Health. Furthermore, South Africa has supported adoption of some important international reports and resolutions such as WHO Action Plan for the prevention of avoidable blindness and visual impairment, follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health, Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination, patient safety and Global strategy to reduce the harmful use of alcohol, Abuja Call for Action and Maseru Declaration on HIV and AIDS. As such, the cluster will accelerate the domestication and implementation of these treaties and resolutions in this mid-term cycle.

2.1. STRATEGIC OBJECTIVE, PERFORMANCE INDICATORS AND ANNUAL TARGETS

The table below summarise the key strategic objectives, indicators and three-year targets for the various budget sub-programmes funded from the National Health Insurance, Health Planning and Systems Enablement.

Strategic Objective	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance(NHI)	White Paper on NHI	Green Paper on NHI	Draft White Paper on NHI	Draft White Paper for the NHI Bill revised and prepared for submission to Cabinet	Finalise and publish White Paper on NHI for public comments	Review public comments and revise and publish final White Paper on NHI	Not Applicable	Not Applicable
	Legislation for NHI	Draft White Paper on NHI	Draft White Paper on NHI	Draft White Paper for the NHI Bill revised and prepared for submission to Cabinet	Finalise and publish White Paper on NHI for public comments	NHI Bill drafted	Draft NHI Bill gazetted for public comments	Public comments on draft NHI Bill reviewed and submitted to Parliament
	Establishment of the National Health Insurance Fund	New Indicator	Draft document out-lining the proposed structure of the NHI Fund prepared	Draft funding modality for the NHI Fund developed.	Funding Modality for the National Health Insurance Fund including budget reallocation for the district primary health care devel-oped	Funding Modality for the National Health Insurance Fund including budget reallocation for the district primary health care updated	NHI Fund created and arrangements for the contracting and purchasing of defined services initiated	Functional NHI fund – purchasing services on behalf of the population from accredited and contracted providers established
Establish a national stock management surveillance centre to improve medicine availability	Number of hospitals Implementing an Electronic Stock Management System (ESMS) for the detection of stock outs of medicines	New indicator	New indicator	Electronic System De-veloped	ESMS implemented at 10 central hospitals,17 tertiary hospitals and 25 regional hospitals.	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 50 district hospitals and 46 regional hospitals.	ESMS implement-ed at 10 central hospitals, 17 tertiary hospitals, 150 district hospitals and 53 regional hospitals.	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 252 district hospitals and 53 regional hospitals.
	Number of PHC Facilities Implementing an electronic system for the early detection of stock outs of medicines	New indicator	New indicator	Electronic system for the detection of stock outs functional in 600 PHC facilities.	Electronic system for the detection of stock outs functional in 1200 PHC facilities.	1800 PHC facilities (addi-tional 600).	2400 PHC facilities (additional 600).	3000 PHC facilities (additional 600).
	Number of facilities reporting stock availability at national surveillance centre to monitor medicine availability	New indicator	New indicator	Business plan for national surveillance centre de-veloped	National surveillance centre functional and reporting stock availability at 10 central hospitals, and 1200 PHC facilities.	10 central hospitals, 17 tertiary hospitals, 50 district hospitals, 46 regional hospi-tals and 1800 PHC clinics.	10 central hospitals, 17 tertiary hospitals, 150 district hospitals, 53 regional hospitals, and 2400 PHC clinics.	10 central hospitals, 17 tertiary hospitals, 252 district hospitals, 53 regional hospitals and 3000 PHC clinics.
Improve contracting and supply of medicines	Number of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	New indicator	New indicator	2 x PMPUs have been established (Limpopo and Gauteng).	2 x PMPUs established (Free State and Eastern Cape DoH)	2 PMPUs established (North-West and KZN DoH).	2 x PMPUs established (Mpumalanga and Northern Cape DoH)	All PMPUs monitored
	Number of patients receiving medicines through the centralised chronic medicine dispensing & distribution system	New indicator	New indicator	200,000 patients	500,000 patients	650,000 patients	850,000 patients	1,000, 000 patients
	Percentage of pharmaceutical Contracts awarded at least 8 weeks prior to expiration of outgoing contract	New indicator	New indicator	ARV Tender awarded 3 months prior to expiry	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract	100% pharmaceutical tenders are awarded at least 8 weeks prior to expiration of outgoing contract	100% pharmaceutical tenders are awarded at least 8 weeks prior to expiration of outgoing contract

Strategic Objective	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Implement the Strategy to address antimicrobial resistance (AMR)	National AMR strategy Implemented	New indicator	New indicator	Approved National AMR Strategy	Appointment of the Ministerial Advisory Committee; and Implementation plan for AMR strategy developed	Antimicrobial stewardship guideline as identified in the AMR strategy developed	Surveillance system monitoring resistance developed	Surveillance system monitoring resistance developed and piloted for implementation
Regulate African Traditional Practitioners	Council for Traditional Practitioners Established	New indicator	New indicator	Interim Council for Traditional Practitioners established and meets quarterly	Interim Council for Traditional Practitioners and Registrar appointed	Staff for Interim Council for Traditional Practitioners appointed	Not Applicable	Not Applicable
Strengthen Revenue collection by incentivising hospitals to maximise revenue generation.	Revenue Retention Model (RRM) at central hospitals	New Indicator	New Indicator	Identified two provinces (WC and FS) that have existing Revenue Retention Models. hybrid revenue retention model developed	A discussion paper on revenue retention models developed and presented to NHC, and Financial and Fiscal Committee (FFC)	A discussion paper on revenue retention models developed and approved by NHC and National Treasury	Implement RRM at 4 central hospitals	Implement the RRM at 7 Central Hospitals
Implement eHealth Strategy of South Africa through the development of the system design of patient information systems	A complete System design for a National Integrated Patient based information system	New Indicator	Normative Standards for eHealth developed and approved	Basic Health Information Exchange (HIE) architecture conceptualised	Basic Health Information Exchange developed to conduct a reference implementation of eHealth interoperability norms and standards	Health Normative Standards Framework (HNSF) Implementation protocol developed for Basic Health Information Exchange (HIE) for piloting integration with sub national systems	System , architectures integrated for a National Integrated Patient Based Information System developed	Phase 1 of System , Technology, and Data architectures integrated for a National Integrated Patient Based Information System implemented
	Number of PHC health facilities implementing improved patient administration and web based information systems	New Indicator	New Indicator	50 PHC Facilities implementing improved patient administration and web based information systems	750 (Additional 700) PHC Facilities	1450 (Additional 700) PHC Facilities	2450 (Additional 700) PHC Facilities	All PHC Facilities

Strategic Objective	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Develop and Implement a national research strategic plan	National health research plan implemented	New Indicator	Draft Concept paper for the establishment of the National Health Research Observatory (NHRD)	National Health Research Database launched as part of the NHRO development in October 2014.	National Health Research strategy developed	Costed National Health Research implementation plan approved; SADHS data collection completed	Priority Health Research studies conducted SADHS report available	Priority Health Research knowledge generated to inform future research and interventions SADHS informing public health planning and interventions
Develop and implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	Implement Integrated Monitoring and Evaluation plan	Draft components of the monitoring and evaluation systems are implemented and maintained. This includes the NSDA M&E plan	Monitoring and evaluation plan for health was revised	Monitoring and evaluation plan for health developed and revised The diagnostic evaluation of nutrition interventions for children under-5 was completed in 2014	Fully defined comprehensive list of indicators and data elements approved At least one national evaluation conducted	Draft Monitoring framework for NHI developed	Review implementation of NHI Phase 1 (2011-2016)	Evidence available to inform expansion in NHI implementation
Domestication of international treaties and Implementation of multilateral cooperation on areas of mutual and measurable benefit	Number of International treaties implemented	New Indicator	New Indicator	Implementation of provisions of IHR (2005) and WHO-FCTC.	Three International treaties implemented	Three International treaties implemented An audit on the progress of ratification of a treaty completed	Three International treaties implemented	Three International treaties implemented
	Number of multilateral frameworks implemented	New Indicator	New Indicator	Monitored the implementation of four cross border projects of the SADC HIV and AIDS Fund.	Three multilateral frameworks implemented	Three Multilateral Frameworks implemented and reviewed	Three Multilateral Frameworks implemented	Three Multilateral Frameworks implemented
Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	New Indicator	New indicator	Five strategic bilateral projects implemented.	Five strategic bilateral projects implemented	Six strategic bilateral projects implemented Review of all signed bilateral agreements completed and progress reports produced	Six strategic bilateral projects implemented	Six strategic bilateral projects implemented

2.2. PROGRAMME PERFORMANCE INDICATORS AND ANNUAL TARGETS

The table below provides key programme performance measures that will be under taken by the Department to achieve the strategic objectives provided above. This table also provides three-year targets for the various sub-programmes funded from Programme 2.

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Single Exit Price Adjustments Published and Implemented Annually	New Indicator	New Indicator	Implemented 2014/2015 Annual Single Exit Price Adjustment	Implementation of the gazette 2015/16 Annual Price Adjustment	2016/17 Annual Price Adjustments gazetted and published	2017/18 Annual Price Adjustments gazetted and published	2018/19 Annual Price Adjustments gazetted and published
Regulations pertaining to Uniform Patient Fee Schedule (UPFS) Developed	New Indicator	New Indicator	Sought legal guidance from the State Attorney general regarding UPFS tariffs applicable to Foreign Nationals . i.e. Refugees, Asylum seekers and undocumented foreign nationals	Finalised regulations pertaining to tariff settings for foreign nationals	Gazette the UPFS tariffs applicable to Foreign nationals (paying patients)	UPFS regulations implemented	UPFS regulations implemented
Central Repository for the funded and unfunded patients	New Indicator	New Indicator	Consult with CSIR regarding the minimum requirements (specifications) according to the eHealth - National Health Normative Standard framework (NHSF).	Develop architecture for a repository in accordance with the NHSF.	A repository containing information related to medical scheme members developed..	A repository containing information related to medical scheme members updated..	A repository containing information related to medical scheme members updated.
A national electronic system to monitor supplier performance developed	New Indicator	New indicator	New indicator	New Indicator	Performance reports of all contracted pharmaceutical suppliers produced on a quarterly basis	Performance reports of all contracted pharmaceutical suppliers produced on a quarterly basis	Performance reports of all contracted pharmaceutical suppliers produced on a quarterly basis
A forum to promote transparency and multi-stakeholder engagement regarding medicine availability	New Indicator	New indicator	New indicator	New indicator	Forum established; Terms of Reference developed; Forum members appointed; One quarterly stakeholder meeting convened	Quarterly meetings of the stakeholders held	Quarterly meetings of the stakeholders held

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Number of Provincial Annual Performance Plans (APPs) aligned to the National Health System Priorities	9 Provincial APPs reviewed and feedback provided	9 Provincial APPs reviewed and feedback provided	9 Provincial APPs reviewed and feedback provided	9 Provincial APPs reviewed and aligned to the National Health System Priorities	9 Provincial APPs reviewed and aligned to the National Health System Priorities	9 Provincial APPs reviewed and aligned to the National Health System Priorities	9 Provincial APPs reviewed aligned to the National Health System Priorities
Integrated Planning Framework for National Health System	New Indicator	New Indicator	New Indicator	New Indicator	Integrated Planning Framework for National Health System developed and presented to NHC	Integrated Planning Framework for National Health System implemented in 9 provincial DoH	Integrated Planning Framework for National Health System reviewed
Patient Experience of Care self assessment survey tool	New Indicator	New Indicator	Patient Experience of Care survey protocol and tool developed	Patient Experience of Care survey tool tested and piloted	Patient Experience of Care self assessment survey tool implemented in 1200 clinics	A national report produced of Patient Experience of Care self assessments conducted during 2016/17; and Patient Experience of Care self assessment survey tool supported and utilised at all public health facilities	A national report produced of Patient Experience of Care self assessments conducted during 2017/18; and Patient Experience of Care self assessment survey tool supported and utilised at all public health facilities
National Survey to measure Patient Experience of Care	New Indicator	New Indicator	New Indicator	A national survey conducted to measure patient experience of care at all PHC Facilities	A national survey conducted to measure Patient Experience of Care at all Hospitals	An evaluation of Patient Experience of Care conducted	Recommendations from patient experience of care implemented and follow up Patient Experience of Care conducted
National Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa	New Indicator	New Indicator	New Indicator	New Indicator	Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa developed, approved and Implementation commenced in 3 Provincial DoH	Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa fully implemented in all 9 Provincial DoH	A National Report produced to assess management of complaints in public health facilities of South Africa.
National Policy to manage Patient Safety incidents in the Public Health Sector of South Africa	New Indicator	New Indicator	New Indicator	New Indicator	Policy to manage Patient Safety Incidents in the Public Health Sector of South Africa developed and approved	Policy to manage Patient Safety Incidents in the Public Health Sector of South Africa fully implemented in all 9 Provincial DoH	A National Report produced on Patient safety in Public Health facilities of South Africa

2.3. QUARTERLY TARGETS FOR 2016/17

The reporting period for Most indicators under Programme 2 are annual, however where possible quarterly targets are provided for annual indicators

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
White Paper on NHI	Quarterly	Review public comments and revise and publish final White Paper on NHI	Public comments on NHI White paper reviewed	Public comments on NHI White paper reviewed	Public comments on NHI White paper reviewed	White Paper on NHI gazetted as policy document.
Legislation for NHI	Annual	NHI Bill drafted				
Establishment of the National Health Insurance Fund	Annual	Funding Modality for the National Health Insurance Fund including budget reallocation for the district primary health care updated				
Number of hospitals Implementing an Electronic Stock Management System (ESMS) for the detection of stock outs of medicines	Quarterly	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 50 district hospitals and 46 regional hospitals.	ESMS implemented at 10 central hospitals, 17 tertiary hospitals and 25 regional hospitals. (cumulative) Site assessments for 15 district hospitals and 8 regional hospitals completed	ESMS implemented at 10 central hospitals, 17 tertiary hospitals 15 district hospitals and 33 regional hospitals. (cumulative) Site assessments done for 20 district hospitals and 8 regional hospitals.	ESMS implemented 10 central hospitals, 17 Tertiary hospitals at 35 district hospitals and 41 regional hospitals. (cumulative) Site assessments done for 15 district hospitals and 5 regional hospitals.	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 50 district hospitals and 46 regional hospitals. (cumulative)
Number of PHC Facilities implementing an electronic system for the early detection of stock outs of medicines	Quarterly	1800 PHC facilities (additional 600).	Electronic system for the detection of stock outs functional in 1350 PHC clinics (additional 150 clinics)..	Electronic system for the detection of stock outs functional in 1500 PHC clinics (additional 150 clinics)..	Electronic system for the detection of stock outs functional in 1650 PHC clinics (additional 150 clinics)..	Electronic system for the detection of stock outs functional in 1800 PHC clinics (additional 150 clinics)..
Number of facilities reporting stock availability at national surveillance centre to monitor medicine availability	Quarterly	10 central hospitals, 17 tertiary hospitals, 50 district hospitals, 46 regional hospitals and 1800 PHC clinics.	National surveillance centre functional and reporting stock availability at 10 central hospitals, 17 tertiary hospitals and 25 regional hospitals and 1350 PHC clinics.	National surveillance centre functional and reporting stock availability for 10 central hospitals, 17 tertiary hospitals 15 district hospitals and 33 regional hospitals and 1500 PHC clinics.	National surveillance centre functional and reporting stock availability for 10 central hospitals, 17 tertiary hospitals at 35 district hospitals and 41 regional hospitals and 1650 PHC clinics.	National surveillance centre functional and reporting stock availability for 10 central hospitals, 17 tertiary hospitals, 50 district hospitals, 46 regional hospitals and 1800 PHC clinics.
Number of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	Quarterly	2 PMPUs established (North-West and KZN DoH).	Project plan for the rollout of PMPU developed for KZN.	PMPU in KZN functional.	PMPU in KZN functional. Project plan for the rollout of PMPU developed for North-West.	PMPU in KZN functional. PMPU in North-West functional.
Number of patients receiving medicines through the centralised chronic medicine dispensing & distribution system	Quarterly	650,000 patients	562 500 patients	600 000 patients	625 000 patients	650 000 patients
Percentage of pharmaceutical Contracts awarded at least 8 weeks prior to expiration of outgoing contract	Quarterly	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract.	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract.	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract.	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract.
National AMR strategy Implemented	Quarterly	Antimicrobial stewardship guideline as identified in the AMR strategy developed	Draft AMS guideline circulated for comment	Review comments on draft AMS guideline	AMS guideline finalised and published	AMS guideline implementation plan developed
Council for Traditional Practitioners established	Annual	Staff for Interim Council for Traditional Practitioners appointed				

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Revenue Retention Model (RRM) at central hospitals	Quarterly	A discussion paper on revenue retention models developed and approved by NHC and National Treasury	Incorporate feedback from FFC on the draft discussion paper on RRM	Present the revised RRM to CFO Forum and NHCC	Incorporate feedback from CFO Forum and NHCC; and present the refined discussion paper to NHC tech	Incorporate feedback from NHC Tech; and present the refined discussion paper to NHC for approval, Circulated the NHC approved discussion paper for National Treasury Approval
A complete System design for a National Integrated Patient based information system	Annual	Health Normative Standards Framework (HNSF) Implementation protocol developed for Basic Health Information Exchange (HIE) for piloting integration with Patient Based Information Systems				
Number of PHC health facilities implementing improved patient administration and web based information systems	Annual	1450 (Additional 700) PHC Facilities				
National health research plan implemented	Quarterly	Costed National Health Research plan approved; SADHS data collection completed	Consultative meeting with key stakeholders convened Fieldworkers for data collection recruited	First draft research plan produced Data collection commenced	Final draft costed research plan produced Data collected in 80% (n=15000) of the households	Costed plan approved Data collection completed in targeted households
Integrated Monitoring & Evaluation plan developed	Quarterly	Draft Monitoring framework for NHI developed	Review NHI white paper and NHIS plans	Review of global frameworks and indicators	Identification of appropriate NHI indicators	Draft monitoring framework for NHI produced
Number of International treaties implemented	Annual	Three International treaties implemented An audit of the progress of ratification of the treaties completed				
Number of multilateral frameworks implemented	Quarterly	Three Multilateral Frameworks implemented and reviewed	Coordinate participation in 69th WHA, and the 140th Executive Board meeting in Geneva, May 2016and the AU Ministers of Health and implementation of resolutions/ decisions	Coordinate participation in UN General Assembly, Ney York, September 2016 and implementation of resolutions/decisions	Coordinate participation in the WHO-AFRO meeting and the SADC Health Ministers' meeting in Swaziland, November 2016 and implementation of resolutions/decisions	Review of implementation of multilateral frameworks
Number of Bilateral projects implemented	Quarterly	Six strategic bilateral projects implemented Review of all signed bilateral agreements completed and progress reports produced	One strategic bilateral project implemented Two bilateral agreements reviewed	One strategic bilateral project implemented Two bilateral agreements reviewed	Two strategic bilateral projects implemented Four bilateral agreements reviewed	Two strategic bilateral projects implemented Four bilateral agreements reviewed

2.5 QUARTERLY TARGETS FOR PROGRAMME PERFORMANCE INDICATORS

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Single Exit Price Adjustments Published and Implemented Annually	Annual	Implementation of the gazette 2016/17 Annual Price Adjustment				
Regulations pertaining to Uniform Patient Fee Schedule (UPFS) developed	Quarterly	Gazette the UPFS tariffs applicable to Foreign nationals (paying patients)	Present the State Attorney General's recommendations to the NHC –TAC regarding tariffs applicable to foreign Nationals (Refugees, asylum seekers and undocumented Foreign nationals)	Consult with Human Rights Commissioner and international agencies regarding the NHC recommendations of tariffs applicable to refugees, asylum seekers and undocumented foreign nationals	Gazette the tariffs applicable to foreign nationals.	Implement the tariffs applicable to foreign nationals.
Central Reposi-tory for the fund-ed and unfunded patients	Quarterly	A repository containing information related to medical scheme members developed.	Consult with CSIR regarding the minimum requirements (specifications) according to the eHealth - National Health Normative Standard framework (NHF).	Engage with medical schemes regarding access to patient information	Get ministerial approval to engage with medical schemes regarding access to patient information	Develop central repository according to the NHF.
A national electronic system to monitor supplier performance	Quarterly	Performance reports of all contracted pharmaceutical suppliers produced on a quarterly basis	Performance reports of all contracted pharmaceutical suppliers produced	Performance reports of all contracted pharmaceutical suppliers produced	Performance reports of all contracted pharmaceutical suppliers produced	Performance reports of all contracted pharmaceutical suppliers produced
A forum to promote transparency and multi-stakeholder engagement regarding medicine availability	Quarterly	Forum established; Terms of Reference developed; Forum members appointed; One quarterly stakeholder meeting convened	Draft Terms of Reference developed;	Terms of Reference Approved;	Forum members shortlisted	Forum members appointed ; and quarterly stakeholder meeting convened
Number of Provincial Annual Performance Plans (APPs) aligned to the National Health System Priorities	Quarterly	9 Provincial APPs reviewed and aligned to the National Health System Priorities	Not Applicable	Not Applicable	Review Draft 1 APPs of 9 Provincial DoH	Review Draft 2 APPs of 9 Provincial DoH
Integrated Planning Framework for National Health System	Annual	Integrated Planning Framework for National Health System developed and presented to NHC				
Patient Experience of care self assessment survey tool	Annual	Patient Experience of care self assessment survey tool implemented in 1200 clinics				
National Survey to measure Patient Experience of Care	Annual	A national survey conducted to measure patient experience of care at all Hospitals				
National Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa	Quarterly	Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa developed, and approved and Implementation commenced in 3 Provincial DoH	Revise the current National Complaints Management Policy for the Public Health Sector of South Africa	Seek approval of the revised policy	Implement the policy (roll out to provinces)	Implement the policy (roll out to provinces)

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
National Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa	Quarterly	Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa developed and approved	Update the draft National Policy to manage Patient Safety Incidents in the Public Health Sector of South Africa	Final consultation on the draft National Policy completed	Submit draft National Policy for approval	Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa approved

2.6 Reconciling Performance targets with the Budget and MTEF

National Health Insurance, Health Planning and Systems Enablement expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme Management	1 393	353	331	3 020	29.4%	0.3%	3 184	3 180	3 427	4.3%	0.4%
Technical Policy and Planning	24 856	16 704	9 979	19 869	-7.2%	4.8%	22 011	100 860	226 571	125.1%	12.8%
Health Information Management, Monitoring and Evaluation	49 973	44 355	51 800	85 042	19.4%	15.7%	55 491	61 444	61 611	-10.2%	9.1%
Sector-wide Procurement	19 838	20 817	24 347	29 429	14.0%	6.4%	39 550	139 531	242 529	102.0%	15.6%
Health Financing and National Health Insurance	166 377	76 029	177 446	395 765	33.5%	55.4%	373 528	364 800	381 578	-1.2%	52.4%
International Health and Development	52 951	64 298	74 296	63 521	6.3%	17.3%	65 998	69 927	82 769	9.2%	9.7%
Total	**315 388**	**222 556**	**338 199**	**596 646**	**23.7%**	**100.0%**	**559 762**	**739 742**	**998 485**	**18.7%**	**100.0%**
Change to 2015 Budget estimate				8 839			(16 846)	57 597	276 776		
Economic classification											
Current payments	**141 305**	**154 761**	**233 458**	**507 961**	**53.2%**	**70.4%**	**421 349**	**685 796**	**942 956**	**22.9%**	**88.4%**
Compensation of employees	81 779	85 612	91 491	95 534	5.3%	24.1%	97 271	95 413	112 946	5.7%	13.9%
Goods and services	59 526	69 149	141 967	412 427	90.6%	46.4%	324 078	590 383	830 010	26.3%	74.5%
of which:											
Administrative fees	*464*	*21*	*12*	*253*	*-18.3%*	*0.1%*	*233*	*200*	*200*	*-7.5%*	–
Advertising	*894*	*768*	*338*	*1 300*	*13.3%*	*0.2%*	*1 315*	*700*	*434*	*-30.6%*	*0.1%*
Minor assets	*356*	*391*	*111*	*1 015*	*41.8%*	*0.1%*	*569*	*600*	*724*	*-10.7%*	*0.1%*
Bursaries: Employees	*102*	–	–	–	*-100.0%*	–	–	–	–	–	–
Catering: Departmental activities	*603*	*434*	*490*	*710*	*5.6%*	*0.2%*	*656*	*500*	*824*	*5.1%*	*0.1%*
Communication	*1 081*	*713*	*839*	*928*	*-5.0%*	*0.2%*	*1 170*	*1 488*	*1 059*	*4.5%*	*0.2%*
Computer services	*208*	*181*	*646*	*2 539*	*130.3%*	*0.2%*	*366*	*10 600*	*11 662*	*66.2%*	*0.9%*
Consultants: Business and advisory services	*2 672*	*9 823*	*9 698*	*32 405*	*129.8%*	*3.7%*	*3 849*	*83 100*	*208 133*	*85.9%*	*11.3%*
Infrastructure and planning services	–	–	–	–	–	–	–	–	*100*	–	–
Legal services	*13*	*30*	*258*	–	*-100.0%*	–	–	–	–	–	–
Science and technological services	–	–	–	*6 343*	–	*0.4%*	*7 493*	*10 640*	*11 214*	*20.9%*	*1.2%*
Contractors	*68*	*5 106*	*75 735*	*314 234*	*1565.6%*	*26.8%*	*248 325*	*324 592*	*340 733*	*2.7%*	*42.4%*
Agency and support/outsourced services	*5 331*	*789*	*239*	*2 421*	*-23.1%*	*0.6%*	*2 773*	*92 400*	*192 446*	*330.0%*	*10.0%*
Entertainment	*15*	*39*	*8*	*193*	*134.3%*	–	*17*	*100*	*100*	*-19.7%*	–
Fleet services (including government motor transport)	–	*1 973*	*1 517*	*4 000*	–	*0.5%*	*1 600*	*3 799*	*3 844*	*-1.3%*	*0.5%*
Inventory: Farming supplies	*4*	–	–	–	*-100.0%*	–	–	–	–	–	–
Inventory: Food and food supplies	*8*	*16*	*13*	–	*-100.0%*	–	–	–	*200*	–	–

National Health Insurance, Health Planning and Systems Enablement expenditure trends and estimates by subprogramme and economic classification (continued)

Economic classification	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expen-diture/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expen-diture/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Inventory: Fuel, oil and gas	7	6	6	2	-34.1%	–	–	1 000	100	268.4%	–
Inventory: Materials and supplies	–	–	1	60	–	–	–	1 000	300	71.0%	–
Inventory: Medical supplies	–	–	–	–	–	–	–	–	200	–	–
Inventory: Medicine	2	1	1	–	-100.0%	–	–	–	100	–	–
Inventory: Other supplies	5	–	–	1 117	506.8%	0.1%	447	1 428	200	-43.6%	0.1%
Consumable supplies	329	195	38	–	-100.0%	–	–	400	412	–	–
Consumables: Stationery, printing and office supplies	3 134	1 270	740	5 617	21.5%	0.7%	5 273	3 100	2 381	-24.9%	0.6%
Operating leases	433	662	576	1 068	35.1%	0.2%	602	900	829	-6.1%	0.1%
Rental and hiring	–	–	–	–	–	–	–	–	200	–	–
Property payments	–	–	6	–	–	–	–	–	300	–	–
Transport provided: Departmental activity	3 227	259	–	734	-39.0%	0.3%	–	–	–	-100.0%	–
Travel and subsistence	17 689	21 208	24 925	13 543	-8.5%	5.3%	18 343	22 608	20 587	15.0%	2.6%
Training and development	3 135	7	–	–	-100.0%	0.2%	1 436	–	500	–	0.1%
Operating payments	17 983	23 182	24 054	17 461	-1.0%	5.6%	27 287	28 828	30 500	20.4%	3.6%
Venues and facilities	1 763	2 075	1 716	6 484	54.4%	0.8%	2 324	2 400	1 728	-35.6%	0.4%
Transfers and subsidies	**172 635**	**66 368**	**103 745**	**86 097**	**-20.7%**	**29.1%**	**110 591**	**25 949**	**27 453**	**-31.7%**	**8.6%**
Provinces and municipalities	150 000	50 953	76 956	61 077	-25.9%	23.0%	85 227	–	–	-100.0%	5.1%
Departmental agencies and accounts	9 503	–	–	900	-54.4%	0.7%	–	–	–	-100.0%	–
Non-profit institutions	12 852	15 231	26 537	24 120	23.3%	5.3%	25 364	25 949	27 453	4.4%	3.6%
Households	280	184	252	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**1 266**	**1 409**	**940**	**2 588**	**26.9%**	**0.4%**	**27 822**	**27 997**	**28 076**	**121.4%**	**3.0%**
Machinery and equipment	1 266	1 409	765	2 588	26.9%	0.4%	27 822	27 997	28 076	121.4%	3.0%
Software and other intangible assets	–	–	175	–	–	–	–	–	–	–	–
Payments for financial assets	**182**	**18**	**56**	–	**-100.0%**	–	–	–	–	–	–
Total	**315 388**	**222 556**	**338 199**	**596 646**	**23.7%**	**100.0%**	**559 762**	**739 742**	**998 485**	**18.7%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**1.1%**	**0.7%**	**1.0%**	**1.6%**	–	–	**1.5%**	**1.7%**	**2.1%**	–	–
Details of transfers and subsidies											
Households											
Other transfers to households											
Current	**7**	–	–	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	7	–	–	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**9 503**	–	–	**900**	**-54.4%**	**0.7%**	–	–	–	**-100.0%**	–
Council for Science and Industrial Research	4 041	–	–	–	-100.0%	0.3%	–	–	–	–	–
South African Medical Research Council	5 000	–	–	–	-100.0%	0.3%	–	–	–	–	–
Human Sciences Research Council	–	–	–	900	–	0.1%	–	–	–	-100.0%	–
National Health Laboratory Services Cancer Registry	462	–	–	–	-100.0%	–	–	–	–	–	–
Households											
Social benefits											
Current	**273**	**184**	**252**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	273	184	252	–	-100.0%	–	–	–	–	–	–
Non-profit institutions											
Current	**12 852**	**15 231**	**26 537**	**24 120**	**23.3%**	**5.3%**	**25 364**	**25 949**	**27 453**	**4.4%**	**3.6%**
Wits University Foundation	–	–	–	650	–	–	650	–	–	-100.0%	–
Non-profit institutions	4 600	–	13 670	–	-100.0%	1.2%	–	–	–	–	–
Health Information Systems Programme	–	4 979	–	12 103	–	1.2%	12 745	13 382	14 158	5.4%	1.8%
Health Systems Trust	8 252	10 252	12 867	11 367	11.3%	2.9%	11 969	12 567	13 295	5.4%	1.7%
Provinces and municipalities											
Provinces											
Provincial Revenue Funds											
Current	**150 000**	**50 953**	**76 956**	**61 077**	**-25.9%**	**23.0%**	**85 227**	–	–	**-100.0%**	**5.1%**
National health insurance grant	150 000	50 953	76 956	61 077	-25.9%	23.0%	85 227	–	–	-100.0%	5.1%

2.7 PERSONNEL NUMBERS

	Number of posts estimated for 31 March 2016		Number and cost[3] of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate							Average growth rate (%)	Salary level/total: Average (%)
			2014/15			2015/16			2016/17			2017/18			2018/19		
National Health Insurance, Health Planning and Systems Enablement			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	2015/16 - 2018/19	
Salary level	**184**	–	**177**	**91.5**	**0.5**	**183**	**95.5**	**0.5**	**173**	**97.3**	**0.6**	**173**	**102.7**	**0.6**	**173**	**123.3**	**0.7**	**-1.9%**	**100.0%**
1 – 6	43	–	37	6.6	0.2	43	9.3	0.2	40	9.1	0.2	40	9.7	0.2	40	10.6	0.3	-2.4%	23.2%
7 – 10	76	–	77	25.6	0.3	75	29.8	0.4	70	30.7	0.4	70	32.5	0.5	70	35.7	0.5	-2.3%	40.6%
11 – 12	37	–	37	22.9	0.6	37	26.3	0.7	36	27.2	0.8	36	28.8	0.8	36	31.6	0.9	-0.9%	20.7%
13 – 16	28	–	26	36.5	1.4	28	30.1	1.1	27	30.2	1.1	27	31.8	1.2	27	45.3	1.7	-1.2%	15.5%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(7.3)	–	–	(10.3)	–	–	–
Total	**184**	–	**177**	**91.5**	**0.5**	**183**	**95.5**	**0.5**	**173**	**97.3**	**0.6**	–	**95.4**	–	–	**112.9**	–	–	–

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

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

3.1 PROGRAMME PURPOSE

Develop national policies, guidelines, norms and standards, and targets to decrease the burden of disease related to the HIV and tuberculosis epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women; support the implementation of national policies, guidelines, and norms and standards; and monitor and evaluate the outcomes and impact of these.

The programme has established by focussing on just 15 interventions can assist the country to reduce maternal, neonatal and child mortality significantly within a short period of time. This emphasises the importance of focusing on the basics and ensuring that the basics are implemented in our facilities and districts. The full implementation of the four streams of PHC re-engineering, municipal ward based primary health care teams, the integrated school health programme, the District Clinical Specialist Teams, and GP Contracting will assist facilities and districts to fully implement interventions to reduce maternal, neonatal and child mortality, including those associated with HIV and TB.

The management of the programme also has to ensure that all efforts by all stakeholders are harnessed to support the overall purpose. This includes ensuring that the efforts and resources of Development Partners, funders, academic and research organisations, non-governmental and civil society organisations and society at large all contribute in a coherent and integrated manner.

HIV and AIDS sub-programme is responsible for policy formulation, coordination, and monitoring and evaluation of HIV and sexually transmitted diseases services. This entails coordinating the implementation of the Department of Health's component of the National Strategic Plan on HIV, STIs and TB, 2012-2016. Management and oversight of the conditional grant from the National Treasury for implementation by the provinces is an important function of the sub-programme. Another important purpose is the coordination and direction of donor funding for HIV, especially Pepfar, and Global Fund, in the health sector.

Key successes have been the reduction of mother-to-child HIV transmission, which has resulted in lower maternal and child mortality rates; increasing antiretroviral treatment coverage, which resulted in lower adult mortality rates; increasing the number of medical male circumcisions; and maintaining HIV testing at high levels. Key challenges include improving preventive programmes and decreasing the numbers of new HIV infections; and retaining those on treatment over time.

TB Control and Management sub-programme is responsible for coordination and management of a national response to TB that incorporates strategies needed to prevent, diagnose and treat both drug sensitive TB (DS-TB) and drug resistant TB (DR-TB) TB. The sub-programme develops national policies and guidelines, norms and standards to inform good practice at provincial, district, sub-district and health facility levels. The sub-programme also monitors implementation of the National Strategic Plan on HIV, STIs and TB, 2012-2016 with its vision of achieving zero infections, mortality, stigma and discrimination from TB and HIV/AIDS.

Until recently, the world relied on treating MDR and XDR TB using drugs that were developed more than 50 years ago. Since about 2 years ago, a new drug, bedaquiline, which is much more efficacious, and has little side effects (such as loss of hearing) was introduced globally. South Africa was the first in the world to use the drug formally within its TB programme, and beyond small scale research sites. The drug will be rolled out to ensure wide-scale availability to eligible DR-TB patients. The TB information systems (ETR.Net and EDRWeb) will be integrated to those in the HIV/AIDS programme (TIER.Net) and DHIS. A system for tracing initial treatment interrupters, defaulters and contacts will also be developed.

Women, Maternal, Neonatal and Reproductive Health sub-programme develops and monitors policies and guidelines, sets norms and standards for maternal and women's health and monitors the implementation of these. Key initiatives will be implemented as indicated in the maternal and child health strategic plan. In addition efforts to reduce maternal mortality will be based on the recommendations from the ministerial committee on maternal mortality and the South African Campaign on the Reduction of Maternal Mortality in Africa (CARMMA) strategy. Interventions will include the following: deploying obstetric ambulances, strengthening family planning services, establishing maternity waiting homes, establishing Kangaroo Mother Care facilities, scaling up the Essential Steps in Managing Obstetric Emergency (ESMOE) training for doctors and midwives, intensifying midwifery education and training and strengthening infant feeding practices.

Child, Youth and School Health sub-programme is responsible for policy formulation, coordination, and monitoring and evaluation of child, youth and school health services. Each province also has a unit which is responsible for fulfilling this role and for facilitating implementation at the provincial level. This Cluster will focus on the following: (a) reducing under five mortality by focusing on the major causes of childhood mortality; (b) increasing the number of HIV+ children on treatment; (c) strengthening the EPI programme (d) strengthening youth health services, including ensuring that health services are youth friendly; and (e) strengthening school health services.

3.2 CONSOLIDATED PERFORMANCE INDICATORS AND ANNUAL TARGETS

The consolidated indicators provided in below table are delivered by Provincial DoH. The NDoH monitors performance by consolidating (aggregating) performance reported by all 9 provincial DoH.

** Note: Targets are set with an assumption that denominators will remain stable over MTEF, unless otherwise specified where estimated denominators are available.*

Strategic Objective	Consolidated Performance Indicator		Audited/Actual performance			Estimated performance	Medium-term targets		
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
To reduce the maternal mortality ratio to under 100 per 100 000 live births	Antenatal 1st visit before 20 weeks rate	Indicator	43.2%	49.9%	53.8%	59.2%	62%	64%	66%
		Numerator	468,427	549,755	588,119	580,736	677,870	699,737	721,604
		Denominator	1,084,039	1,101,497	1,093,339	980,640	1,093,339	1,093,339	1,093,339
	Mother postnatal visit within 6 days rate	Indicator	65.10%	72.86%	74.30%	71.55%	75%	80%	85%
		Numerator	617,195	689,400	716,683	667,300	723,481	771,713	819,945
		Denominator	948,070	946,147	964,641	932,596	964,641	964,641	964,641
	Maternal mortality in facility ratio	Indicator	138.6	133.2	132.6	117.0	115	110	100
		Numerator	1302	1249	1270	1088	1102	1054	958
		Denominator	939362	937869	958053	930024	958,053	958,053	958,053
To reduce the neonatal mortality rate to under 7 per 1000 live births	Inpatient Early neonatal death rate	Indicator	11.6	12.2	12.1	12.4	10	9	8
		Numerator	41952	45416	45424	46536	37574	33817	30060
		Denominator	3622676	3736572	3757448	3748328	3,757,448	3,757,448	3,757,448
To improve access to sexual and reproductive health services	Couple year protection rate	Indicator	33%	38%	47%	48%	50%	54%	58%
		Numerator	4,771,332	5,550,862	6,982,092	7,163,884	7,535,934	8,138,808	8,741,683
		Denominator	14,527,073	14,721,211	14,920,548	15,071,867	15,071,867	15,071,867	15,071,867
	Cervical cancer screening coverage	Indicator	50.3%	54.1%	54.5%	57.4%	62%	64%	66%
		Numerator	594,587	655,223	675,922	725,916	76,948	79,430	81,912
		Denominator	1,181,325	1,210,666	1,241,094	1,264,524	1,241,094	1,241,094	1,241,094
Expand the PMTCT coverage to pregnant women by ensuring all HIV positive Antenatal clients are placed on ARVs and reducing the positivity rate to below 1%	Antenatal client initiated on ART rate	Indicator	81.60%	83.28%	91.21%	92.39%	95.5%	96.0%	96.5%
		Numerator	60,951	178,025	189,452	84,302	198,366	199,404	200,443
		Denominator	74,696	213,764	207,713	91,241	207,713	207,713	207,713
	Infant 1st PCR test positive around 10 weeks rate	Indicator	2.4%*	2.0%*	1.5%*	1.4%*	1.4%	1.30%	1.2%
		Numerator	6,122	4,932	3,801	2,934	3,532	3,279	3,027
		Denominator	250,294	247,619	252,269	205,088	252,269	252,269	252,269

Strategic Objective	Consolidated Performance Indicator		Audited/Actual performance			Estimated performance	Medium-term targets		
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
To reduce under-five mortality rate to less than 30 per 1,000 live births by promoting early childhood [1]development	Child under 5 years diarrhoea case fatality rate	Indicator	4.3%	3.9%	3.3%	2.4%	3.25%	3.00%	2.75%
		Numerator	1,523	1,776	1,513	1,062	1,488	1,374	1,259
		Denominator	35,599	46,117	45,787	44,966	45,787	45,787	45,787
	Child under 5 years pneumonia case fatality rate	Indicator	3.8%	3.5%	2.9%	2.5%	2.6%	2.4%	2.2%
		Numerator	1,392	1,533	1,411	1,386	1,258	1,161	1,064
		Denominator	36,346	43,593	48,383	55,000	48,383	48,383	48,383
	Child under 5 years severe acute malnutrition case fatality rate	Indicator	12.72%	11.21%	11.64%	10.1%	9.0%	8.0%	7.0%
		Numerator	1638	1678	1852	1,518	1,432	1,273	1,114
		Denominator	12877	14967	15910	15,090	15,910	15,910	15,910
	Confirmed measles case incidence per million total population	Indicator	New Indicator	New Indicator	1.19/1,000,000	< 2/1,000,000	< 2/1,000,000	< 1/1,000,000	< 1/1,000,000
	Immunisation coverage under 1 year (Annualised)	Indicator	83.63%	84.38%	89.82%	90%	92%	93%	95%
		Numerator	912,164	910,285	943,304	920,868	966,251	976,754	997,759
		Denominator	1,090,748	1,078,799	1,050,273	1,022,111	1,050,273	1,050,273	1,050,273
	Infant exclusively breastfed at HepB 3rd dose rate	Indicator	New Indicator	New Indicator	45.1%	55%	55%	60%	64%
		Numerator	New Indicator	New Indicator	465,883	468,766	538,706	620,407	661,767
		Denominator	New Indicator	New Indicator	1,034,011	830,755	1,034,011	1,034,011	1,034,011
	DTaP-IPV-Hib-HBV - Measles 1st dose drop-out rate	Indicator	New Indicator	-9%	6%	5%	6%	5%	5%
		Numerator	New Indicator	-76,909	62,693	42,736	60,146	50,122	50,122
		Denominator	New Indicator	890,094	1,002,438	845,272	1,002,438	1,002,438	1,002,438
	Measles 2nd dose coverage	Indicator	77%	75%	76%	78%	80%	82%	84%
		Numerator	828,554	802,417	799,662	820,003	841,029	862,055	883,081
		Denominator	1,071,933	1,066,540	1,051,287	1,051,287	1,051,287	1,051,287	1,051,287
To contribute to health and wellbeing of learners by screening for health barriers to learning	School Grade 1 screening coverage	Indicator	New Indicator	19.8%	23.4%	25.0%	28%	30%	35.0%
		Numerator	New Indicator	114,254	275,474	290,000	324 800	348 000	406,000
		Denominator	New Indicator	576,536	1,177,239	1,160,000	1,160,000	1,160,000	1,160,000
	School Grade 8 screening coverage	Indicator	New Indicator	14.0%	8.6%	10.0%	12.0%	15.0%	20.0%
		Numerator	New Indicator	57,459	77,891	91,000	109,200	136,500	182,000
		Denominator	New Indicator	411,434	905,709	910,000	910,000	910,000	910,000
To protect girl learners against cervical cancer	HPV 1st dose coverage	Indicator	New Indicator	New Indicator	91.2%	80%	87%	88%	90%
		Numerator	New Indicator	New Indicator	417,035	365,821	397,831	402,403	411,550
		Denominator	New Indicator	New Indicator	457,276	457,276	457,276	457,276	457,276
	HPV 2nd dose coverage	Indicator	New Indicator	New Indicator	94.0%	80.0%	87.0%	88.0%	90.0%
		Numerator	New Indicator	New Indicator	429,840	365,821	397,831	402,403	411,550
		Denominator	New Indicator	New Indicator	457,276	457,276	457,276	457,276	457,276

Strategic Objective	Consolidated Performance Indicator		Audited/Actual performance			Estimated performance	Medium-term targets		
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Increase access to treatment initiation to atleast 90% of lab diagnosed DC-TB and RR to TB patients	TB client 5 years and older initiated on treatment rate	Indicator	New Indicator	New Indicator	92.9%	93.0%	94%	95%	96%
		Numerator	New Indicator	New Indicator	160,272	261,144	297,061	236,550	196,552
		Denominator	New Indicator	New Indicator	172,567	280,800	316,022	249,000	204,742
	TB Rifampicin Resistant clients treatment initiation rate	Indicator	New Indicator	New Indicator	New Indicator	74.9%	80%	85%	90%
		Numerator	New Indicator	New Indicator	New Indicator	10,346	14,964	14,533	12,522
		Denominator	New Indicator	New Indicator	New Indicator	13,795	18,705	17,098	13,913
Strengthen the system for retaining patients in treatment and care by reducing lost to follow up by 50% for MDR-TB and 40% for TB patients	TB client treatment success rate	Indicator	78.7% (2011)	80.8% (2012)	82.4% (2013)	83% (2014)	84% (2015)	85% (2016)	86% (2017)
		Numerator	104,568	98,155	95,928	92,707	90,071	87,497	84,985
		Denominator	132,867	121,428	116,349	111,695	107,227	102,938	98,820
	TB Client lost to follow up rate	Indicator	6.1% (2011)	6.2% (2012)	5.7% (2013)	5.6% (2014)	5.4% (2015)	5% (2016)	4.5% (2017)
		Numerator	8,041	7,580	6,632	6,255	5,790	5,147	4,447
		Denominator	132,867	121,428	116,349	111,695	107,227	102,938	98,820
	TB Client death rate	Indicator	6.1% (2011)	5.8% (2012)	5.2% (2013)	5.1% (2014)	5% (2015)	4.9% (2016)	4.8% (2017)
		Numerator	8,127	7,077	6,096	5,696	5,361	5,044	4,743
		Denominator	132,867	121,428	116,349	111,695	107,227	102,938	98,820
	TB MDR client loss to follow up rate	Indicator	17 % (2010)	20% (2011)	24% (2012)	20 % (2013)	16 % (2014)	12% (2015)	10% (2016)
		Numerator	826	1,294	1,955	2,759	2,993	2,052	1,391
		Denominator	4,882	6,523	8,084	13,795	18,705	17,098	13,913
	TB MDR client death rate	Indicator	17 % (2010)	18% (2011)	19% (2012)	15% (2013)	12% (2014)	9% (2015)	8% (2016)
		Numerator	844	1,157	1,557	2,069	2,245	1,539	1,113
		Denominator	4,882	6,523	8,084	13,795	18,705	17,098	13,913
	TB MDR treatment success rate	Indicator	40 % (2010)	45% (2011)	49% (2012)	50% (2013)	55% (2014)	60% (2015)	65% (2016)
		Numerator	1,971	2,921	3,956	6,898	10,288	10,259	9,043
		Denominator	4,882	6,523	8,084	13,795	18,705	17,098	13,913
Increase the proportion of TB/HIV co-infected patients on ART to 90%	TB/HIV co-infected client on ART rate	Indicator	53.6%	65.5%	73.7%	79%	80%	85%	90%
		Numerator	101,937	130,899	130,269	107,841	155,944	131,373	114,292
		Denominator	190,093	199,910	176,756	136,507	194,930	154,557	126,991

Strategic Objective	Consolidated Performance Indicator		Audited/Actual performance			Estimated performance	Medium-term targets		
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
To scale up combination of prevention interventions to reduce new infections including HCT, male medical circumcision and condom distribution	Number of clients tested for HIV	Number	8 978 177	6 688 950	9 566 097	10 million	10 million	10 million	10 million
	Number of medical male circumcisions performed	Number	442 518	512 902	508 404	612 648	700 000	650 000	650 000
	Male Condoms Distributed	Number	New indicator	506 427 732	734 124 322	700m	750m	800m	800m
	Female Condoms Distributed	Number	New indicator	11 495 276	19 838 751	16.5m	17.5m	18.5m	20.5 m
Increase the numbers of HIV positive people on ARVs	Total clients remaining on ART (TROA)	Number	New Indicator	2.7 million	3 103 902	3.8 million	4.3 million	4.8 million	5.0 million

* TB treatment outcomes are based on a cohort system that is 12 months and 24 months behind for drug sensitive and drug resistant TB respectively. The years provided brackets for TB indicators refer to cohort of TB patients being measured.

3.3 PERFORMANCE INDICATORS AND ANNUAL TARGETS

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Maternal, Neonatal and Woman's health programmes using the standardised dashboard reports	New Indicator	New Indicator	2 reports produced and implementation feedback provided to all provincial DoH	Quarterly performance reports produced with feedback provided to each provincial DoH with recommendations targeting poor performance	4 x National Quarterly reports produced with recommendations	4 x National Quarterly reports produced with recommendations	4 x National Quarterly reports produced with recommendations
Remedial EMTCT plans developed with Districts	New Indicator	New Indicator	New Indicator	New Indicator	Remedial plans developed with all Districts that have MTCT rates > 2%	Remedial plans developed with all Districts that have MTCT rates > 1.5%	Remedial plans developed with all Districts that have MTCT rates > 1%
Number of Provincial DoH with Remedial plans to reduce SAM.	New Indicator	New Indicator	New Indicator	Implementation Framework finalised	Two (Mpumalanga DoH and Free State DoH)	Two (Eastern Cape and North West DoH)	All Nine Provincial DoH
Switch from trivalent Oral polio vaccine OPV(ttOPV) to bivalent OPV(bOPV)	New Indicator	New Indicator	New Indicator	New Indicator	Oral Polio Vaccine switch conducted and report produced	Not Applicable	Not Applicable
Cervical Cancer control Policy and Guidelines	New Indicator	New Indicator	New Indicator	Cervical cancer control policy and guidelines finalised	18 Master Trainers trained on the implementation of the Cervical Cancer Control Policy and guidelines	Cervical Cancer control Policy and Guidelines Monitored and a National report with recommendations produced	Cervical Cancer control Policy and Guidelines Monitored and a National report with recommendations produced
Breast Cancer Policy and Guidelines	New Indicator	New Indicator	New Indicator	Breast cancer policy guidelines developed and disseminated to facilities	Breast cancer policy guidelines finalised, approved and disseminated to identified facilities as per the approved policy.	Breast Cancer Policy and Guidelines Monitored and a National report with recommendations produced	Breast Cancer Policy and Guidelines Monitored and a National report with recommendations produced

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Number of Districts Implementation plans developed and operationalised in the subsequent year to reach 90-90-90 targets for TB and HIV	New indicator	New indicator	New indicator	New indicator	52 DIPs for developed with health districts for 2017/18	52 DIPs for developed with health districts for 2018/19	52 DIPs for developed with health districts for 2019/20
Number of Districts Implementation plans monitored	New indicator	New indicator	New indicator	New indicator	52 Districts Implementation Plans (DIPs) monitored and reports produced	52 Districts Implementation Plans (DIPs) monitored and reports produced	52 Districts Implementation Plans (DIPs) monitored and reports produced
Dashboard reports for Monitoring implementation of the HIV and AIDS and STI Programmes	New indicator	New indicator	New indicator	Quarterly reports produced	4 x National Quarterly monitoring dashboard reports produced with recommendations	4 x National Quarterly monitoring dashboard reports produced with recommendations	4 x National Quarterly monitoring dashboard reports produced with recommendations
HIV and AIDS Conditional grant Reports	New indicator	New indicator	New indicator	4 x Quarterly HIV conditional grant reports within the required timeframe producedAnnual HIV Conditional Grant Report produced	3x Quarterly HIV and AIDS Conditional grant reports produced Annual HIV Conditional Grant Report for 2015/16 year produced	3x Quarterly HIV and AIDS Conditional grant reports produced Annual HIV Conditional Grant Report for 2016/17 year produced	3x Quarterly HIV and AIDS Conditional grant reports produced Annual HIV Conditional Grant Report for 2017/18 year produced
Annual National HIV Antenatal Prevalence Survey	2011 National antenatal sentinel HIV and Syphilis prevalence report published	2012 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence Report produced	2013 National antenatal sentinel HIV prevalence report published	2014 National Antenatal HIV prevalence Report produced	2015 National antenatal sentinel HIV and Syphilis prevalence report published	2016 National antenatal sentinel HIV prevalence report published	2017 National antenatal sentinel HIV prevalence report published
Monitor implementation of child health programmes using the standardised dashboard reports	New indicator	New indicator	New indicator	Quarterly report developed and implementation feedback provided	4 x National Quarterly Monitoring dashboard reports produced with recommendations	4 x National Quarterly Monitoring dashboard reports produced with recommendations	4 x National Quarterly Monitoring dashboard reports produced with recommendations
Percentage of inmates screened for TB on admission	New Indicator	New Indicator	50%	75%	80%	85%	90%
Percentage of controlled mines providing routine TB screening	New Indicator	New Indicator	New Indicator	30%	85%	89.9%	95%
				74	197	221	234
				246	246	246	246

3.4 QUARTERLY TARGETS FOR 2016/17

Consolidated Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Antenatal 1st visit before 20 weeks rate	Quarterly	62%	60%	62%	63%	62%
Mother postnatal visit within 6 days rate	Quarterly	75%	72%	75%	77%	79%
Maternal Mortality in facility Ratio	Quarterly	115	116	115	115	114
Inpatient Early Neonatal Death Rate	Quarterly	10	11	10	10	9
Couple year protection rate	Quarterly	63%	58%	61%	63%	63%
Cervical cancer screening coverage	Quarterly	50%	49%	51%	53%	50%
Antenatal client initiated on ART rate	Quarterly	95.5%	94%	95.5%	95.5%	97%
Infant 1st PCR test positive around 10 weeks rate	Quarterly	1.4%	1.4%	1.4%	1.4%	1.4%
Child under 5 years diarrhoea case fatality rate	Quarterly	3.25%	3.30%	3.25%	3. 25%	3.20%
Child under 5 years pneumonia case fatality rate (%)	Quarterly	2.6%	2.6%	2.6%	2.6%	2.6%
Child under 5 years severe acute malnutrition case fatality rate	Quarterly	9%	10%	9%	9%	8%
Confirmed measles case incidence per million total population	Annual	<2/1,000,000				
Immunisation coverage under 1 year	Quarterly	92%	92%	92%	92%	92%
Infant exclusively breastfed at HepB 3rd dose rate	Quarterly	55%	50%	55%	55%	60%
DTaP-IPV-HB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	6%	6%	6%	6%	6%
Measles 2nd dose coverage	Quarterly	80%	82%	80%	79%	81%
School Grade 1 screening coverage	Quarterly	28%	42.5%	37.5%	13.5%	18.5%
School Grade 8 screening coverage	Quarterly	12%	18%	15%	5%	10%
HPV 1st dose coverage	Annual	87%				
HPV 2nd dose coverage	Annual	87%				
TB client 5 years and older initiated on treatment rate	Quarterly	94%	91%	93%	95%	97%
TB Rifampicin Resistant clients treatment initiation rate	Quarterly	80%	77%	79%	82%	82%
TB client treatment success rate	Quarterly	84%	83%	84%	84%	85%
TB client lost to follow up rate	Quarterly	5.4%	5.8%	5.6%	5.2%	5%
TB Client death rate	Quarterly	5%	6%	5.5%	4.5%	4%
TB MDR client loss to follow up rate	Quarterly	16%	18%	17%	15%	14%
TB MDR client death rate	Quarterly	12%	13%	12.5%	11.5%	11%
TB MDR treatment success rate	Quarterly	55%	52%	54%	56%	58%
TB/HIV co-infected client on ART rate	Quarterly	80%	78%	79%	81%	82%
Number of clients tested for HIV	Quarterly	10 million	2.5 million	2.5 million	2.5 million	2.5 million
Number of medical male circumcisions performed	Quarterly	700 000	150 000	250 000	150 000	150 000
Male condoms Distributed	Quarterly	750 million	200 million	150 million	150 million	250 million
Female Condoms Distributed	Quarterly	17.5 million	4.5 million	4.5 million	4.5 million	4 million
Total clients remaining on ART (TROA)	Quarterly	4.3 million	3.9 million	4.1 million	4.2 million	4.3 million

3.5 QUARTERLY TARGETS FOR PROGRAMME PERFORMANCE INDICATORS

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Maternal, Neonatal and Woman's health programmes using the standardised dashboard reports	Quarterly	4 x National Quarterly reports produced with recommendations	Quarterly performance report produced with feedback provided to each provincial DoH	Quarterly performance report produced with feedback provided to each provincial DoH	Quarterly performance report produced with feedback provided to each provincial DoH	Quarterly performance report produced with feedback provided to each provincial DoH
Remedial EMTCT plans developed with Districts	Quarterly	Remedial plans developed with all Districts that have MTCT rates > 2%	Identify districts with transmission rates above 2%	District visits conducted	District visits conducted and draft remedial plans developed	District visits conducted and final remedial plans developed
Number of Provincial DoH with Remedial plans to reduce SAM.	Quarterly	Two (Mpumalanga DoH and Free State DoH)	1 Provincial DoH remedial plan drafted	1 Provincial DoH remedial plan completed	1 Provincial DoH remedial plan completed and 1	1 Provincial DoH implementation plan completed
Switch from trivalent Oral polio vaccine OPV(ttOPV) to bivalent OPV(bOPV)	Quarterly	Oral Polio Vaccine switch conducted and report produced	Switch conducted	Oral Polio Vaccine Switch Report drafted	Oral Polio Vaccine Reported Completed	Oral Polio Vaccine Report Approved
Cervical Cancer control Policy and Guidelines	Quarterly	18 Master Trainers trained on the implementation of the Cervical Cancer Control Policy and guidelines	Finalisation of draft Cervical Cancer control Policy and Guidelines	Approval and printing of Cervical Cancer control Policy and Guidelines	Training Plan developed	training of master trainers conducted
Breast Cancer Policy and Guidelines	Quarterly	Breast cancer policy guidelines finalised, approved and disseminated to identified facilities as per the approved policy.	Finalisation of Breast Cancer Policy and Guidelines	Final approval and printing of Breast Cancer Policy and Guidelines	Breast Cancer Policy and Guidelines dissemination commenced	Breast Cancer Policy and Guidelines dissemination completed
Number of Districts Implementation plans developed and operationalised in the subsequent year to reach 90-90-90 targets for TB and HIV	Quarterly	52 DIPs for developed with health districts for 2017/18	N/A	N/A	52 DIPs drafted with health districts for 2017/18	52 DIPs developed with health districts for 2017/18
Number of Districts Implementation plans monitored	Bi-annual	52 Districts Implementation Plans (DIPs) monitored and reports produced		52 Districts Implementation Plans (DIPs) monitored and reports produced		52 Districts Implementation Plans (DIPs) monitored and reports produced
Dashboard reports for Monitoring implementation of the HIV and AIDS and STI Programmes	Quarterly	4 x National Quarterly monitoring dashboard reports produced with recommendations	National Quarterly monitoring dashboard report produced with recommendations	National Quarterly monitoring dashboard report produced with recommendations	National Quarterly monitoring dashboard report produced with recommendations	National Quarterly monitoring dashboard report produced with recommendations
HIV and AIDS Conditional grant Reports	Quarterly	3x Quarterly HIV and AIDS Conditional grant reports produced Annual HIV Conditional Grant Report for 2015/16 year produced	Annual HIV Conditional Grant Report for 2015/16 year produced	Q1 2016/17 HIV and AIDS Conditional grant report produced	Q2 2016/17 HIV and AIDS Conditional grant report produced	Q3 2016/17 HIV and AIDS Conditional grant report produced
Annual National HIV Antenatal Prevalence Survey	Annual	2015 National antenatal sentinel HIV and Syphilis prevalence report published.				
Monitor implementation of child health programmes using the standardised dashboard reports	Quarterly	4 x National Quarterly Monitoring dashboard reports produced with recommendations	National Quarterly report produced with recommendations	National Quarterly report produced with recommendations	National Quarterly report produced with recommendations	National Quarterly report produced with recommendations
% of inmates screened for TB on admission	Quarterly	80%	75%	76%	80%	85%
% of controlled mines providing routine TB screening	Annual	85%				

HIV and AIDS, Tuberculosis, and Maternal and Child Health expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme Management	3 497	3 905	4 225	3 652	1.5%	-	4 736	4 752	5 105	11.8%	-
HIV and AIDS	8 938 272	10 705 079	12 572 819	14 106 361	16.4%	98.7%	15 744 874	18 156 977	20 573 984	13.4%	98.4%
Tuberculosis	13 426	23 800	21 783	27 571	27.1%	0.2%	27 370	28 209	30 060	2.9%	0.2%
Women's Maternal and Reproductive Health	10 724	14 117	12 422	18 578	20.1%	0.1%	18 924	20 020	21 472	4.9%	0.1%
Child, Youth and School Health	13 388	16 603	207 447	222 716	155.3%	1.0%	222 664	222 718	224 387	0.2%	1.3%
Total	**8 979 307**	**10 763 504**	**12 818 696**	**14 378 878**	**17.0%**	**100.0%**	**16 018 568**	**18 432 676**	**20 855 008**	**13.2%**	**100.0%**
Change to 2015 Budget estimate				(63 266)			15 893	459 739	1 839 639		
Economic classification											
Current payments	**219 485**	**213 779**	**515 858**	**543 259**	**35.3%**	**3.2%**	**553 239**	**581 914**	**438 549**	**-6.9%**	**3.0%**
Compensation of employees	59 447	62 475	65 285	72 303	6.7%	0.6%	75 779	77 590	83 236	4.8%	0.4%
Goods and services	160 038	151 304	450 573	470 956	43.3%	2.6%	477 460	504 324	355 313	-9.0%	2.6%
of which:											
Administrative fees	–	–	9	345	–	-	100	700	500	13.2%	-
Advertising	6 040	5 808	611	14 668	34.4%	0.1%	1 697	8 551	9 522	-13.4%	-
Minor assets	335	429	694	1 653	70.2%	-	392	1 700	629	-27.5%	-
Catering: Departmental activities	656	429	347	3 049	66.9%	-	887	1 000	629	-40.9%	-
Communication	626	523	1 024	737	5.6%	-	710	1 588	803	2.9%	-
Computer services	1	2	–	144	424.1%	-	100	200	–	-100.0%	-
Consultants: Business and advisory services	9 505	12 914	10 901	18 391	21.6%	0.1%	55 896	48 023	54 597	43.7%	0.3%
Legal services	–	65	845	–	–	-	–	1 000	–	–	-
Contractors	1 099	3 833	9 414	2 994	39.7%	-	2 263	4 300	9 232	45.6%	-
Agency and support/outsourced services	1 401	–	2 604	5 490	57.7%	-	2 541	400	–	-100.0%	-
Entertainment	–	–	–	200	–	-	177	200	100	-20.6%	-
Fleet services (including government motor transport)	–	3 277	11 418	5 000	–	-	5 578	11 577	11 137	30.6%	-
Inventory: Food and food supplies	8	13	13	–	-100.0%	-	77	200	134	–	-
Inventory: Fuel, oil and gas	5	5	3	4	-7.2%	-	200	400	1 100	550.3%	-

HIV and AIDS, Tuberculosis, and Maternal and Child Health expenditure trends and estimates by subprogramme and economic classification (continued)

Economic classification	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expen-diture/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expen-diture/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Inventory: Materials and supplies	–	–	–	2	–	–	–	–	523	539.5%	–
Inventory: Medical supplies	112 353	70 134	209 221	167 473	18.6%	1.2%	191 109	196 909	208 801	3.7%	1.1%
Inventory: Medicine	–	1	177 110	195 000	–	0.8%	175 000	176 100	1 000	-82.8%	0.8%
Inventory: Other supplies	7	296	–	54	97.6%	–	–	1 608	523	113.2%	–
Consumable supplies	–	26	15	250	–	–	200	2 300	500	26.0%	–
Consumables: Stationery, printing and office supplies	1 386	6 059	2 447	9 724	91.4%	–	2 515	9 300	12 403	8.4%	–
Operating leases	369	416	235	753	26.6%	–	506	1 700	1 617	29.0%	–
Rental and hiring	–	–	–	–	–	–	272	200	200	–	–
Property payments	–	–	–	–	–	–	1 000	–	–	–	–
Transport provided: Departmental activity	–	–	–	–	–	–	1 000	–	–	–	–
Travel and subsistence	18 870	15 499	11 892	11 482	-15.3%	0.1%	19 743	14 865	13 692	6.0%	0.1%
Operating payments	5 383	25 940	9 657	8 373	15.9%	0.1%	12 538	15 161	21 275	35.5%	0.1%
Venues and facilities	1 994	5 635	2 113	7 704	56.9%	–	2 969	6 342	6 396	-6.0%	–
Transfers and subsidies	**8 758 779**	**10 548 544**	**12 301 747**	**13 833 817**	**16.5%**	**96.8%**	**15 449 467**	**17 833 995**	**20 414 589**	**13.8%**	**96.9%**
Provinces and municipalities	8 573 184	10 334 687	12 102 108	13 670 730	16.8%	95.2%	15 290 603	17 660 333	20 231 872	14.0%	95.9%
Departmental agencies and accounts	7 000	25 951	15 000	15 840	31.3%	0.1%	16 711	17 547	17 547	3.5%	0.1%
Higher education institutions	–	–	–	3 138	–	–	3 304	3 469	3 670	5.4%	–
Public corporations and private enterprises	40	–	–	–	-100.0%	–	–	–	–	–	–
Non-profit institutions	178 507	187 637	184 346	144 109	-6.9%	1.5%	138 849	152 646	161 500	3.9%	0.9%
Households	48	269	293	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**989**	**1 170**	**531**	**1 802**	**22.1%**	**–**	**15 862**	**16 767**	**1 870**	**1.2%**	**0.1%**
Machinery and equipment	989	1 170	531	1 802	22.1%	–	15 862	16 767	1 870	1.2%	0.1%
Payments for financial assets	**54**	**11**	**560**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Total	**8 979 307**	**10 763 504**	**12 818 696**	**14 378 878**	**17.0%**	**100.0%**	**16 018 568**	**18 432 676**	**20 855 008**	**13.2%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**31.8%**	**35.6%**	**38.2%**	**39.7%**	**–**	**–**	**41.5%**	**43.1%**	**44.6%**	**–**	**–**
Details of transfers and subsidies											
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**7 000**	**25 951**	**15 000**	**15 840**	**31.3%**	**0.1%**	**16 711**	**17 547**	**17 547**	**3.5%**	**0.1%**
Human Sciences Research Council	7 000	–	–	–	-100.0%	–	–	–	–	–	–
South African National AIDS Council	–	25 951	15 000	15 840	–	0.1%	16 711	17 547	17 547	3.5%	0.1%
Households											
Social benefits											
Current	**48**	**269**	**293**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	48	269	293	–	-100.0%	–	–	–	–	–	–
Non-profit institutions											
Current	**178 507**	**187 637**	**184 346**	**144 109**	**-6.9%**	**1.5%**	**138 849**	**152 646**	**161 500**	**3.9%**	**0.9%**
Non-governmental organisations: Lifeline	17 627	18 308	19 023	19 898	4.1%	0.2%	20 953	22 000	23 276	5.4%	0.1%
Non-governmental organisations: loveLife	66 124	70 430	69 843	54 396	-6.3%	0.6%	57 808	61 200	64 750	6.0%	0.3%
Non-governmental organisations: Soul City	13 876	22 820	15 561	16 277	5.5%	0.1%	17 140	17 996	19 040	5.4%	0.1%
Non-governmental organisations: HIV and AIDS	67 903	76 079	79 919	53 538	-7.6%	0.6%	42 948	51 450	54 434	0.6%	0.3%
South African AIDS Vaccine Institute	12 977	–	–	–	-100.0%	–	–	–	–	–	–
Maternal, child and women's health	–	–	–	–	–	–	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial Revenue Funds											
Current	**8 573 184**	**10 334 687**	**12 102 108**	**13 670 730**	**16.8%**	**95.2%**	**15 290 603**	**17 660 333**	**20 231 872**	**14.0%**	**95.9%**
Comprehensive HIV and AIDS grant	8 573 184	10 334 687	12 102 108	13 670 730	16.8%	95.2%	–	–	–	-100.0%	19.6%
Human papilloma virus grant	–	–	–	–	–	–	–	–	200 000	–	0.3%
Comprehensive HIV, AIDS and TB grant	–	–	–	–	–	–	15 290 603	17 660 333	20 031 872	–	76.0%
Higher education institutions											
Current	**–**	**–**	**–**	**3 138**	**–**	**–**	**3 304**	**3 469**	**3 670**	**5.4%**	**–**
University of Limpopo: Pharmacovigilance	–	–	–	2 092	–	–	2 203	2 313	2 447	5.4%	–
University of Cape Town: Pharmacovigilance	–	–	–	1 046	–	–	1 101	1 156	1 223	5.3%	–
University of the Witwatersrand	–	–	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises											
Private enterprises											
Other transfers to private enterprises											
Current	**40**	**–**	**–**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Topco Media	40	–	–	–	-100.0%	–	–	–	–	–	–

3.7 Personnel information

	Number of posts estimated for 31 March 2016		Number and cost¹ of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual 2014/15			Revised estimate 2015/16			Medium-term expenditure estimate 2016/17			2017/18			2018/19			Average growth rate (%) 2015/16 - 2018/19	Salary level/total: Average (%)
HIV and AIDS, Tuberculosis, and Maternal and Child Health			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost		
Salary level	133	–	137	65.3	0.5	133	72.3	0.5	142	75.8	0.5	142	81.0	0.6	142	89.0	0.6	2.2%	100.0%
1 – 6	20	–	22	4.2	0.2	20	4.4	0.2	22	5.2	0.2	22	5.5	0.3	22	6.1	0.3	3.2%	15.4%
7 – 10	71	–	73	29.0	0.4	71	32.0	0.5	75	33.2	0.4	75	35.0	0.5	75	38.5	0.5	1.8%	53.0%
11 – 12	26	–	26	17.7	0.7	26	19.5	0.7	27	20.7	0.8	27	21.9	0.8	27	24.0	0.9	1.3%	19.1%
13 – 16	16	–	16	14.5	0.9	16	16.4	1.0	18	16.7	0.9	18	18.6	1.0	18	20.4	1.1	4.0%	12.5%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(3.4)	–	–	(5.8)	–	–	–
Total	133	–	137	65.3	0.5	133	72.3	0.5	142	75.8	0.5	–	77.6	–	–	83.2	–	–	–

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

PROGRAMME 4: PRIMARY HEALTH CARE SERVICES (PHC)

4.1 PROGRAMME PURPOSE

Develop and oversee the implementation of legislation, policies, systems, and norms and standards for a uniform well functioning district health system, environmental health services, communicable disease control, non-communicable disease control as well as health promotion and nutrition.

District Health Services: The District Health System (DHS) is the vehicle for the delivery of Primary Health Care services. The sub-programme is therefore central to supporting the health system to be efficient and effective. The National Health Act, Act 61 of 2003 makes provision for the establishment of health districts and the organisation and delivery of services within the DHS. The health system needs functional district health management offices to manage the primary health care facilities such that they meet the standards of the Office of Health Standards Compliance (OHSC) as well as achieve their key population health indicator targets. Over the next five years this sub-programme will collaborate with other programmes within the national department of health, other government departments, development partners, private sector and civil society organisations to ensure that weaknesses within the DHS are addressed.

Environmental and Port Health services: This sub-programme will work towards strengthening the delivery of Environmental Health services including Port Health services. Municipal Health Services are delivered by district and metropolitan municipalities but the NDoH must continue to provide oversight and support through policy development and implementation monitoring. The sub programme will collaborate with the District and Metropolitan Municipalities, South African Local Government Association (SALGA), Department of Cooperative Governance and Traditional Affairs (COGTA), Department of Environmental Affairs, Department of Human Settlements amongst others to support the delivery of municipal health services.

Health Promotion, Nutrition and Oral Health: Optimal health promotion and disease prevention is essential for the reduction of South Africa's burden of disease. Focussing on South Africa's quadruple burden of disease, the Health Promotion component of this sub-programme will over the next five years implement the approved health promotion strategy to reduce risk factors for disease. In South Africa, malnutrition is manifested in both under-nutrition and over-nutrition. This, together with the prevalence of a range of micronutrient deficiencies requires complementary strategies and an integrated approach to work towards an optimal nutritional status for all South Africans. Oral Health services will work towards expanding access to services at PHC level.

Non-Communicable Disease Control: With a large global and national increase in the prevalence of Non-communicable Diseases (NCDs) the Department is working towards a continuum of care starting with primordial prevention, early identification and screening, through to treatment and control at all levels of care and effective palliative care. This includes the development of guidelines and strategies for non-communicable diseases as well as the management of disabilities and the establishment and strengthening of rehabilitation services.

The programme also addresses mental health and eye health services with an emphasis on reducing avoidable blindness as well as mental health.The NDoH in collaboration with all provincial departments of health and other sectors aim to scale up (i) the implementation of the Mental Health Act no. 17 of 2002 to ensure that the human rights of people with mental illness are upheld and (ii) the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 to provide evidence-based, affordable, accessible and effective mental health promotion, mental illness prevention, treatment and rehabilitation interventions that are community based.

Communicable Disease Control addresses major causes of morbidity and mortality and through effectively addressing communicable diseases, life expectancy will increase.This sub-programme will devote this term to strengthening disease detection through improved surveillance, strengthening preparedness and core response capacities for public health emergencies in line with International Health Regulations, facilitating implementation of the Influenza prevention and control, the Neglected Tropical Disease prevention and control programmes as well as the elimination of Malaria.

4.2 CONSOLIDATED INDICATORS AND ANNUAL TARGETS 2016/17 – 2018/19

The consolidated indicators provided in below table are delivered by Provincial DoH. The NDoH monitors performance by consolidating (aggregating) performance reported by all 9 provincial departments of health.

Objective Statement	Consolidated Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
		2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Prevent avoidable blindness	Cataract Surgery Rate	1130 operations per million uninsured population (45 748 cataract operations)	1137 operations per million uninsured population (49 375 cataract operations)	985 operations per million un-insured population (44306 cataract operations)	1500 operations per million un-insured population (64 800 cataract operations)	1000 operations per million un-insured population (44 000 cataract operations)	1000 operations per million un-insured population (44 000 cataract operations)	1000 operations per million un-insured population (44 000 cataract operations)
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Malaria Incidence per 1000 population at risk	0.40 confirmed local cases 0.58 aggregate of local cases and cases of unknown origin	0.17 (3 408) confirmed local cases 0.21 (4 247) aggregate of local cases and cases of unknown origin	0.82 malaria cases per 1000 population at risk	0.2 malaria cases per 1000 population at risk	0.2 malaria cases per 1000 population at risk	0.1 malaria cases per 1000 population at risk	Malaria eliminated - zero local cases of malaria in South Africa

4.3 STRATEGIC OBJECTIVE, PERFORMANCE INDICATORS AND ANNUAL TARGETS

This section provides key strategic objectives, indicators and three-year targets for the various budget sub-programmes funded from the Primary Health Care Services (PHC) Programme of NDoH.

Objective Statement	Performance Indicator				Estimated performance 2015/16	Medium-term targets		
		2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Improve district governance and strengthen management and leadership of the district health system	Number of Districts with uniform management structures	New Indicator	New Indicator	WISN process and normative guidelines for PHC facilities have been completed.	Draft Uniform structure for District Health Management developed	Uniform structure for District Health Management approved.	52 Districts audited against the approved uniform structure	30 Districts with uniform management structures
	Number of primary health care facilities with functional committees	New Indicator	New Indicator	Implementation plan approved and Monitoring and evaluation system developed	1000 health care facilities with functional clinic committees	1200 health facilities audited to determine functional	1800 health facilities audited to determine functional	2500 health care facilities with functional committees
Improve access to community based PHC services	Number of functional WBPHCOTs	New Indicator	1063 functional WBPHCOTs	1748 functional WBPHCOTs	2000 functional WBPHCOTs	2000 functional WBPHCOTs	2000 functional WBPHCOTs	2000 functional WBPHCOTs
Improve quality of services at primary health care facilities	Number of primary health care facilities in the 52 districts that qualify as Ideal Clinics	New Indicator	New Indicator	New Indicator	500 primary health care facilities in the 52 districts qualify as Ideal Clinics	Additional 750 primary health care facilities in the 52 districts qualify as Ideal Clinics	Additional 1000 primary health care facilities in the 52 districts qualify as Ideal Clinics	Additional 1250 primary health care facilities in the 52 districts qualify as Ideal Clinics
Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of municipalities that are randomly selected and audited against environmental health norms and standards in executing their environmental health functions	New Indicator	New Indicator	Environmental Health strategy developed	20	35	35	35
	Hand and hygiene strategy rolled out in 9 (nine) provinces	New Indicator	New Indicator	Hand hygiene campaign launched	National Hand hygiene strategy developed	National Hand hygiene strategy approved; and Hand hygiene strategy workshops held in all 9 provinces	9 provinces monitored on implementing hand hygiene strategy	9 provinces monitored on implementing hand hygiene strategy
	Health Care Risk Waste (HCRW) Regulations	New Indicator	New Indicator	Health Care waste management regulations finalised.	Health care risk waste regulations finalised and tools for audit implementation developed	9 Provincial Implementation Plans developed	50 randomly selected public health facilities audited, and report with recommendations produced	50 randomly selected public health facilities audited, and report with recommendations produced

Objective Statement	Performance Indicator				Estimated performance 2015/16	Medium-term targets		
		2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Ensure provision of IHR compliant port health services at all 44 commercial points of entry in South Africa	Number of points of entry that provide IHR compliant port health services	New Indicator	New Indicator	Port Health Services transferred from provinces to national	Port Health Services fully transferred from provinces to national	All 44 points of entry audited, and report produced	25 commercial points of entry fully compli-ant with IHR 2005	35 commercial points of entry compliant with IHR 2005
Reduce risk factors and improve management for Non-Communicable Diseases (NCDs) by implementing the Strategic Plan for NCDs 2012-2017	Number of government Departments oriented on the National guide for healthy meal provision in the workplace	New Indicator	New Indicator	New Indicator	20 National Departments oriented on the National guide for healthy meal provision in the workplace	35 (15 additional) National Departments oriented on the National guide for healthy meal provision in the workplace	9 Provincial Departments of Health oriented on the National guide for healthy meal provision in the workplace	All Government Departments in 4 provinces (Limpopo, North West, Eastern Cape, KZN) oriented on the National guide for healthy meal provision in the workplace
	Guidelines on Nutrition for Early Childhood Development centres	New Indicator	New Indicator	New Indicator	guidelines on Nutrition for Early Childhood Development centres drafted	Guidelines on Nutrition for Early Childhood Development centres consulted widely and approved	Implementation plan developed in collaboration with Department of Social Development	Implementation plan forguidelines on Nutrition for Early Childhood Development centres monitored
	Regulations relating to labelling and packaging of tobacco products and smoking in indoor and outdoor public places developed	New Indicator	New indicator	New indicator	New Tobacco Product Bill drafted	Draft Tobacco Product Bill submitted to Cabinet	Tobacco Product Bill enacted	Regulations relating to labelling and packaging of tobacco products (plain packaging) published for public comment;
								Regulations relating to smoking in indoor and outdoor public places published for public comment
	Random Monitoring of salt content in foodstuffs	New Indicator	New Indicator	New Indicator	Random samples from each of 13 regulated food categories tested, reported on and corrective action taken	Random samples from each of 13 regulated food categories tested, reported on	Random samples from each of 13 regulated food categories tested, reported on	Random samples from each of 13 regulated food categories tested, reported on
Establish a National Health Commission to address the social determinants of health	National Health Commission established	New Indicator	New Indicator	Framework for National Health Commission drafted	Operating framework for National Health Commission developed	Operating framework for National Health Commission approved	National Health Commission resourced and established	National Health Commission operational
Improve access to and quality of mental health services in South Africa	Number of District Mental Health Teams established	New indicator	New indicator	New indicator	Strategy for establishment of specialist mental health teams approved by the TechNHC	5 District mental health teams established	10 district mental health teams established	15 specialist mental health teams established

Objective Statement	Performance Indicator				Estimated performance 2015/16	Medium-term targets		
		2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Number of Districts implementing the National policy framework and strategy for disability and rehabilitation services	New Indicator	New Indicator	Framework developed and adopted	Framework developed and adopted	9 Implementation Plans developed for the National Policy framework and strategy for disability and rehab services	9 Provincial Plans monitored	20 Districts implementing plans developed
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Number of targeted districts reporting malaria cases within 24 hours of diagnosis	New Indicator	New Indicator	1 of 9 malaria targeted district reporting malaria cases within 24 hours of diagnosis	5 of 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis	7 of 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis	7 of 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis	All 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis
Strengthen preparedness and core response capacities for public health emergencies in line with International Health Regulations	Number of Provincial Outbreak Response Teams trained to respond to zoonotic, infectious and food-borne diseases outbreaks	New Indicator	New indicator	New indicator	9 Provincial Outbreak Response Teams capacitated to respond to zoonotic disease outbreaks	9 Provincial Outbreak Response Teams trained	9 Provincial Outbreak Response Teams trained	Evaluation Report commenced on the capacity of all 9 provinces to respond to zoonotic, infectious and food-borne diseases
Improve South Africa's response with regard to Influenza prevention and control	Number of high risk population covered by the seasonal influenza vaccination	New Indicator	New Indicator	837 845 individuals vaccinated against seasonal influenza	800 000 high risk individuals covered with seasonal influenza vaccination	800 000 high risk individuals covered with seasonal influenza vaccination	800 000 high risk individuals covered with seasonal influenza vaccination	800 000 high risk individuals covered with seasonal influenza vaccination

4.4 PROGRAMME PERFORMANCE INDICATORS AND ANNUAL TARGETS 2016/17 – 2018/19

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Regulations on organ transplantation developed	New indicator	New indicator	New indicator	New Indicator	Regulations for organ transplantation drafted	Regulations for organ transplantation adopted	Regulations for organ transplantation implementation
Regulations on dialysis developed	New indicator	New indicator	New indicator	New Indicator	Regulations for dialysis drafted	Regulations for dialysis adopted	Regulations for dialysis implemented
National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	New indicator	New indicator	New indicator	New indicator	Draft National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery developed	Policy framework approved and provincial plans developed	9 Provincial plans monitored

4.5 QUARTERLY TARGETS FOR CONSOLIDATED PERFORMANCE INDICATORS 2016/17

Consolidated Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Cataract Surgery Rate	Annual	1000 operations per million un-insured population (44 000 cataract operations)				
Malaria Incidence per 1000 population at risk	Quarterly	0.2 malaria cases per 1000 population at risk	0.2	0.2 (cumulative)	0.2 (cumulative)	0.2 (cumulative)

4.6 QUARTERLY TARGETS FOR STRATEGIC OBJECTIVE INDICATORS

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Number of Districts with uniform management structures	Annual	Uniform structure for District Health Management approved.				
Number of primary health care facilities with functional committees	Annual	1200 health facilities audited to determine functional				
Number of functional WBPHCOTs[3]	Quarterly	2000 functional WBPHCOTs	2000	2000	2000	2000
Number of primary health care facilities in the 52 districts that qualify as Ideal Clinics	Annual	Additional 750 primary health care facilities in the 52 districts qualify as Ideal Clinics				
Number of municipalities that are randomly selected and audited against environmental health norms and standards in executing their environmental health functions	Annual	35				
Hand and hygiene strategy rolled out in 9 (nine) provinces	Annual	National Hand hygiene strategy approved; and Hand hygiene strategy workshops held in all 9 provinces				
Health Care Risk Waste (HCRW) Regulations	Annual	9 Provincial Implementation Plans developed				
Number of points of entry that provide IHR compliant port health services	Annual	All 44 points of entry audited, and report produced				
Number of government Departments oriented on the National guide for healthy meal provision in the workplace	Quarterly	35 (15 additional) National Departments oriented on the National guide for healthy meal provision in the workplace	25	28 (cumulative)	33 (cumulative)	35 (cumulative)
Guidelines on Nutrition for Early Childhood Development centres	Annual	Guidelines on Nutrition for Early Childhood Development centres consulted widely and approved				
Regulations relating to labelling and packaging of tobacco products and smoking in indoor and outdoor public places developed	Annual	Draft Tobacco Product Bill submitted to Cabinet				
Random Monitoring of salt content in foodstuffs	Quarterly	Random samples from each of 13 regulated food categories tested, reported on and corrective action taken	2	6 (cumulative)	10 (cumulative)	13 (cumulative)
National Health Commission established	Annual	Operating framework for National Health Commission approved				
Number of District Mental Health Teams established	Annual	5 District mental health teams established				
Number of Districts implementing the National policy framework and strategy for disability and rehabilitation services	Annual	9 Implementation Plans developed for the National Policy framework and strategy for disability and rehab services				
Number of targeted districts reporting malaria cases within 24 hours of diagnosis	Annual	7 of 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis				
Number of Provincial Outbreak Response Teams trained to respond to zoonotic, infectious and food-borne diseases outbreaks	Annual	9 Provincial Outbreak Response Teams trained				
Number of high risk population covered by the seasonal influenza vaccination	Annual	800 000 high risk individuals covered with seasonal influenza vaccination				

4.7 QUARTERLY TARGETS FOR PROGRAMME PERFORMANCE INDICATORS 2016/17

Programme Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Regulations on organ transplantation developed	Annual	Regulations drafted				
Regulations on dialysis developed	Annual	Regulations drafted				
National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	Annual	Draft National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery approved				

4.8 RECONCILING THE PERFORMANCE TARGETS FOR THE BUDGET AND MTEF

Primary Health Care Services expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme Management	1 897	1 689	2 834	3 095	17.7%	1.2%	2 994	2 942	3 103	0.1%	1.1%
District Health Services	24 932	13 970	25 790	24 481	-0.6%	10.9%	26 047	46 644	67 662	40.3%	15.2%
Communicable Diseases	43 624	13 784	23 366	18 088	-25.4%	12.0%	21 561	22 509	23 504	9.1%	7.9%
Non-Communicable Diseases	22 692	25 541	25 282	23 533	1.2%	11.8%	21 596	22 631	23 735	0.3%	8.4%
Health Promotion and Nutrition	14 114	23 880	18 353	25 625	22.0%	10.0%	22 723	26 697	25 059	-0.7%	9.2%
Environmental and Port Health Services	99 121	104 624	110 697	130 095	9.5%	54.1%	162 916	164 871	174 107	10.2%	58.2%
Total	**206 380**	**183 488**	**206 322**	**224 917**	**2.9%**	**100.0%**	**257 839**	**286 294**	**317 170**	**12.1%**	**100.0%**
Change to 2015 Budget estimate				(88)			18 572	34 501	50 772		
Economic classification											
Current payments	**201 530**	**174 750**	**195 103**	**219 691**	**2.9%**	**96.3%**	**252 922**	**280 769**	**311 325**	**12.3%**	**98.0%**
Compensation of employees	126 907	140 861	151 285	175 878	11.5%	72.5%	215 633	211 609	229 425	9.3%	76.6%
Goods and services	74 623	33 889	43 818	43 813	-16.3%	23.9%	37 289	69 160	81 900	23.2%	21.4%
of which:											
Administrative fees	*2*	*22*	*–*	*65*	*219.1%*	*–*	*200*	*200*	*430*	*87.7%*	*0.1%*
Advertising	*1 104*	*747*	*1 684*	*876*	*-7.4%*	*0.5%*	*1 004*	*1 000*	*1 446*	*18.2%*	*0.4%*
Minor assets	*322*	*99*	*336*	*475*	*13.8%*	*0.2%*	*1 349*	*2 200*	*750*	*16.4%*	*0.4%*
Audit costs: External	*–*	*–*	*–*	*140*	*–*	*–*	*–*	*–*	*–*	*-100.0%*	*–*
Catering: Departmental activities	*377*	*415*	*711*	*1 609*	*62.2%*	*0.4%*	*614*	*600*	*629*	*-26.9%*	*0.3%*
Communication	*352*	*479*	*1 411*	*3 211*	*108.9%*	*0.7%*	*649*	*800*	*1 320*	*-25.6%*	*0.6%*
Computer services	*14*	*1*	*–*	*1 379*	*361.8%*	*0.2%*	*1 011*	*1 000*	*700*	*-20.2%*	*0.4%*
Consultants: Business and advisory services	*4 364*	*86*	*1 347*	*3 699*	*-5.4%*	*1.2%*	*2 663*	*16 600*	*31 022*	*103.2%*	*5.0%*
Science and technological services	*10 557*	*11 113*	*11 743*	*11 187*	*2.0%*	*5.4%*	*3 032*	*8 863*	*6 299*	*-17.4%*	*2.7%*
Contractors	*18*	*4*	*312*	*139*	*97.7%*	*0.1%*	*200*	*179*	*200*	*12.9%*	*0.1%*
Agency and support/outsourced services	*8 734*	*–*	*–*	*23*	*-86.2%*	*1.1%*	*935*	*1 000*	*990*	*250.5%*	*0.3%*
Entertainment	*–*	*–*	*–*	*73*	*–*	*–*	*59*	*–*	*–*	*-100.0%*	*–*
Fleet services (including government motor transport)	*–*	*1 539*	*1 283*	*4 189*	*–*	*0.9%*	*3 700*	*7 700*	*8 116*	*24.7%*	*2.2%*
Inventory: Clothing material and accessories	*–*	*–*	*2 446*	*–*	*–*	*0.3%*	*1 000*	*1 000*	*–*	*–*	*0.2%*
Inventory: Food and food supplies	*8*	*11*	*11*	*–*	*-100.0%*	*–*	*–*	*–*	*100*	*–*	*–*
Inventory: Fuel, oil and gas	*3*	*3*	*3*	*221*	*319.2%*	*–*	*–*	*522*	*200*	*-3.3%*	*0.1%*
Inventory: Learner and teacher support material	*–*	*–*	*–*	*192*	*–*	*–*	*–*	*–*	*–*	*-100.0%*	*–*
Inventory: Materials and supplies	*–*	*–*	*95*	*17*	*–*	*–*	*100*	*100*	*600*	*228.0%*	*0.1%*
Inventory: Medical supplies	*–*	*45*	*–*	*–*	*–*	*–*	*–*	*–*	*100*	*–*	*–*
Inventory: Medicine	*32 083*	*451*	*–*	*1 116*	*-67.4%*	*4.1%*	*2 002*	*501*	*935*	*-5.7%*	*0.4%*

Primary Health Care Services expenditure trends and estimates by subprogramme and economic classification (continued)

Economic classification	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expen-diture/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expen-diture/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Inventory: Other supplies	9	–	–	69	97.2%	–	–	–	300	63.2%	–
Consumable supplies	–	18	27	–	–	–	2 600	5 100	5 200	–	1.2%
Consumables: Stationery, printing and office supplies	2 103	4 772	3 241	4 825	31.9%	1.8%	3 760	4 100	1 897	-26.7%	1.3%
Operating leases	325	369	354	499	15.4%	0.2%	447	2 600	1 194	33.8%	0.4%
Rental and hiring	–	–	–	–	–	–	–	–	100	–	–
Property payments	–	–	–	–	–	–	1 000	–	200	–	0.1%
Travel and subsistence	8 340	8 659	7 325	5 940	-10.7%	3.7%	6 963	10 122	11 977	26.3%	3.2%
Training and development	13	–	–	17	9.4%	–	–	–	3 000	460.9%	0.3%
Operating payments	4 150	3 424	10 182	2 501	-15.5%	2.5%	2 965	3 100	2 179	-4.5%	1.0%
Venues and facilities	1 745	1 632	1 307	1 351	-8.2%	0.7%	1 036	1 873	2 016	14.3%	0.6%
Transfers and subsidies	**3 543**	**6 935**	**7 169**	**2 901**	**-6.4%**	**2.5%**	**3 036**	**3 170**	**3 353**	**4.9%**	**1.1%**
Foreign governments and international organisations	–	–	2 622	–	–	0.3%	–	–	–	–	–
Public corporations and private enterprises	–	150	–	–	–	–	–	–	–	–	–
Non-profit institutions	3 528	6 686	4 400	2 901	-6.3%	2.1%	3 036	3 170	3 353	4.9%	1.1%
Households	15	99	147	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**621**	**661**	**4 015**	**2 325**	**55.3%**	**0.9%**	**1 881**	**2 355**	**2 492**	**2.3%**	**0.8%**
Machinery and equipment	621	661	4 015	2 325	55.3%	0.9%	1 881	2 355	2 492	2.3%	0.8%
Payments for financial assets	**686**	**1 142**	**35**	–	**-100.0%**	**0.2%**	–	–	–	–	–
Total	**206 380**	**183 488**	**206 322**	**224 917**	**2.9%**	**100.0%**	**257 839**	**286 294**	**317 170**	**12.1%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**0.7%**	**0.6%**	**0.6%**	**0.6%**	–	–	**0.7%**	**0.7%**	**0.7%**	–	–
Details of transfers and subsidies											
Households											
Other transfers to households											
Current	–	–	**100**	–	–	–	–	–	–	–	–
Donation for conference on paediatric cardiology and cardiac surgery	–	–	100	–	–	–	–	–	–	–	–
Households											
Social benefits											
Current	**15**	**99**	**47**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	15	99	47	–	-100.0%	–	–	–	–	–	–
Non-profit institutions											
Current	**3 528**	**6 686**	**4 400**	**2 901**	**-6.3%**	**2.1%**	**3 036**	**3 170**	**3 353**	**4.9%**	**1.1%**
Non-communicable disease non-governmental organisations	1 100	–	–	–	-100.0%	0.1%	–	–	–	–	–
District services and environmental health non-governmental organisations	844	–	–	–	-100.0%	0.1%	–	–	–	–	–
South African Federation for Mental Health	290	305	320	335	4.9%	0.2%	353	371	393	5.5%	0.1%
South African National Council for the Blind	651	684	718	752	4.9%	0.3%	792	832	880	5.4%	0.3%
Medical Research Council: South African Community Epidemiology Network on Drug Use	351	428	512	471	10.3%	0.2%	496	520	550	5.3%	0.2%
Inter-Academy Medical Panel	–	100	–	–	–	–	–	–	–	–	–
Non-governmental organisations: Mental health	–	169	82	190	–	0.1%	200	210	222	5.3%	0.1%
National Council Against Smoking	292	5 000	768	803	40.1%	0.8%	845	887	938	5.3%	0.3%
National Kidney Foundation of South Africa	–	–	–	350	–	–	350	350	370	1.9%	0.1%
Health Systems Global: South Africa	–	–	2 000	–	–	0.2%	–	–	–	–	–
Public corporations and private enterprises											
Private enterprises											
Other transfers to private enterprises											
Current	–	**150**	–	–	–	–	–	–	–	–	–
Public Health Association of South Africa	–	100	–	–	–	–	–	–	–	–	–
Albinism Society of South Africa	–	50	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations											
Current	–	–	**2 622**	–	–	**0.3%**	–	–	–	–	–
World Health Organisation	–	–	2 622	–	–	0.3%	–	–	–	–	–

4.9 PERSONNEL INFORMATION

	Number of posts estimated for 31 March 2016		Number and cost[3] of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate							Average growth rate (%)	Salary level/total: Average (%)
			2014/15			2015/16			2016/17			2017/18			2018/19		2015/16 - 2018/19
Primary Health Care Services			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost		
Salary level	490	31	440	151.3	0.3	488	175.9	0.4	459	215.6	0.5	459	227.8	0.5	459	250.4	0.5	-2.0%	100.0%
1 – 6	125	31	86	13.5	0.2	123	19.1	0.2	93	23.0	0.2	93	24.3	0.3	93	26.7	0.3	-8.9%	21.6%
7 – 10	309	–	306	102.0	0.3	309	112.4	0.4	310	145.1	0.5	310	153.1	0.5	310	168.3	0.5	0.1%	66.4%
11 – 12	37	–	33	21.8	0.7	37	26.6	0.7	37	27.5	0.7	37	29.1	0.8	37	32.0	0.9	–	7.9%
13 – 16	19	–	15	14.0	0.9	19	17.9	0.9	19	20.1	1.1	19	21.2	1.1	19	23.3	1.2	–	4.1%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(16.2)	–	–	(20.9)	–	–	–
Total	490	31	440	151.3	0.3	488	175.9	0.4	459	215.6	0.5	–	211.6	–	–	229.4	–	–	–

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

PROGRAMME 5: HOSPITAL, TERTIARY HEALTH SERVICES AND HUMAN RESOURCE DEVELOPMENT

5.1 PROGRAMME PURPOSE

The purpose of the programme is to develop policies, delivery models and clinical protocols for hospitals and emergency medical services. It is also to ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure meet the health needs of the country. This programme will also assist the government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations on the role of nurses in attainment of desired health outputs.

Hospitals and Tertiary Health Services is responsible for tertiary services planning, policies that guides the management of and service standards in hospitals as well as to ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals

Trauma, violence and EMS is responsible for improving the governance, management and functioning of Emergency Medical Services (EMS) in the country through strengthening the capacity and skills of EMS personnel, identification of needs and service gaps and provision of appropriate and efficient EMS through providing oversight of Provinces. To provide a quality, effective system of emergency medical care, each EMS System must have in place comprehensive enabling legislation which governs the provision of EMS. The key components of this legislation include authority for national coordination, standardised treatment, transport, communication and evaluation, including licensing of ambulances and designation of emergency care centres. The Cluster has developed National Regulations governing the provision of EMS and these are in the process of being republished for public comment.

Forensic pathology services is responsible for ensuring the effective and efficient rendering of Forensic Chemistry Laboratory services in instances of unnatural deaths (toxicology analysis) and drunken driving matters (blood alcohol analysis) to support the Criminal Justice System. They are also responsible for food testing in terms of the Foodstuffs Act. The ultimate goal is to reduce the burden of disease and unnatural causes of death. The Cluster is also responsible for policies that guide the management of and service standards of Forensic Pathology services.

Office of nursing services: The purpose of the office of nursing services is to ensure that nursing and midwifery practitioners are competent and responsive to the burden of disease and population health needs .This sub programme is responsible for providing leadership in the implementation of the recommendations emanating from the nursing strategy by coordinating the three core areas of nursing including education regulation and practice. This sub-programme is responsible for the promotion and maintenance of a high standard and quality of nursing and midwifery by ensuring that nursing education and training is harmonised with population health needs and are commensurate with competency framework ,provide guidance in the production of sufficient numbers and the appropriate categories of nurses required to deliver healthcare services. This sub-programme is responsible for enabling intra and inter-professional liaison to harness nursing interventions into a coherent response to population and health service needs.

Health facilities infrastructure planning: The Sub Programme coordinates and funds health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology, hospital management and improve quality of care; and it is responsible for two conditional grants for health infrastructure: the provincial health facility revitalisation grant and, the infrastructure component of the national health grant. These Grants are funding Infrastructure projects ranging from New and Replaced facilities; Upgrades and Additions; Refurbishment, Rehabilitation and Renovations; to Maintenance and Repairs. The Infrastructure Unit also provide guidance on the common objective of optimising the acquisition and management of South Africa's public healthcare infrastructure through the infrastructure lifecycle through the establishment of 46 new national norms, standards, guidelines and performance benchmarks for health infrastructure that were developed and implemented. In addition further system development and configuration was done on the project management information system which primary function is to provide a centralised database of all current health related capital cost project work in the country to enable effective infrastructure programme review and management.

Workforce development and planning: The sub-programme is responsible for medium to long-term health workforce planning, development and management in the national health system. this entails facilitating implementation of the national human resources for health strategy, health workforce capacity development for sustainable service delivery, and development, and co-ordination of transversal human resources management policies. The functions of the Sub Programme also focus on the following: Facilitate the process of increasing the number of health professionals in the health sector, facilitate implementation of the HRH Strategy, development of health workforce staffing norms and standards, facilitate in-service training of the health workforce, including Community Health Workers.

5.2 CONSOLIDATED INDICATORS AND ANNUAL TARGETS 2016/17 – 2018/19

The consolidated indicators provided in below table are delivered by Provincial DoH. The NDoH monitors performance by consolidating (aggregating) performance reported by all 9 provincial DoH.

Objective Statement	Consolidated Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment.	New indicator	New Indicator	1/10 targeted Central hospital fully complied with the National Core Standards namely: Steve Biko at 96%.	Full compliance with the National Core Standards in 8 Central hospitals and 5 Tertiary Hospitals	26 Hospitals (5 Central10 Tertiary, 11 Regional)	43 Hospitals (8 Central, 15 Tertiary, 20Regional Hospitals)	72 Hospitals (10 Central, 17 Tertiary, 30 Regional Hospitals and 15 Specialised Hospitals)

5.3 STRATEGIC OBJECTIVE, PERFORMANCE INDICATORS AND ANNUAL TARGETS

The tables below summarise the key strategic objectives, indicators and three-year targets for the various budget sub-programmes funded from the Hospitals, Tertiary Health Services and Human Resource Development

Objective Statement	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of 10 central hospitals	Number of central hospitals with standardised organisational structure	New indicator	New Indicator	New Indicator	New Indicator	Organisational structure for Central Hospitals approved by NHC	3 Central hospitals implementing approved Organisational structure	6 Central hospitals implementing approved Organisational structure
Improve access to and quality of mental health services in South Africa	Number of District and Regional hospitals with mental health inpatient units established	New indicator	New indicator	New Indicator	New Indicator	10 (8 district and 2 regional hospitals)	10 (8 district and 2 regional hospitals)	10 (8 district and 2 regional hospitals)
Develop and Implement health workforce staffing norms and standards.	Guidelines for HRH norms and standards using the WISN methodology	New indicator	New indicator	Staffing norms and standards for Clinics and CHCs developed. Implementation guideline developed	HRH Norms for District and specialised hospitals developed. Tertiary, Regional and Central Hospital managers oriented on WISN tool and methodology	HRH Norms for District and specialised hospitals approved. HRH Norms for Regional, Tertiary and Central Hospitals developed	HRH Norms for Regional, Tertiary and Central Hospitals approved	Guidelines for HRH Norms and standards for Hospitals developed and published
	Number of health facilities benchmarked against staffing normative guides	New indicator	New indicator	New indicator	1000 Facilities benchmarked	3500 (2500 additional) PHC Facilities benchmarked	450 District hospitals benchmarked	50 Specialised hospitals benchmarked

Objective Statement	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Strengthen Nursing Education Training and Practice through implementation of the objectives of the Nursing Strategy.	New basic Nursing qualification programmes and draft curricula developed	New indicator	New indicator	New indicator	A national policy for nursing education developed in the context of bedside training	New basic nursing qualification programmes and draft curricula developed in line with the national nursing education and training policy	New basic nursing qualification programmes and draft curricula consulted and finalised Implementation plans developed with 8 of nursing colleges to offer the new curricula.	Implementation plans developed with the remaining 9 nursing colleges New basic nursing qualification programmes and curricula accredited
	Number of Nursing and midwifery educators ' identified nationally and registered for training and development programme	New indicator	New indicator	Audit of capacity of nurse educators completed	A Nursing and midwifery educators' training and development programme specifications developed	50	50	50
	Implementation of the Nursing Strategy Monitored	New indicator	New indicator	A national nursing services leadership structure estab-lished	A provincial Nursing structure to give authority over nursing and midwifery services tabled at NHC	A monitoring system developed and a report produced to monitor the implementation of the Nursing strategy	Bi-annual monitoring reports produced to monitor implementation of the Nursing Strategy	Bi-annual monitoring reports produced to monitor implementation of the Nursing Strategy
To improve quality of health infrastructure in South Africa	Number of facilities maintained, repaired and/or refurbished in NHI Districts	New indicator	New indicator	94 maintenance projects for health facilities in NHI Districts	198 facilities	178 facilities	197 facilities	125 facilities
	Number of facilities maintained, repaired and/or refurbished outside NHI pilot Districts	New indicator	New indicator	249 maintenance projects for health facilities outside NHI pilot Districts	310 facilities	307 facilities	321 facilities	297facililities
	Number of clinics and Commu-nity Health Centres constructed or revitalised	New indicator	New indicator	72 clinics and community health centres constructed	35	44	42	40
	Number of hospitals construct-ed or revitalised	New indicator	New indicator	7 hospitals constructed or revitalised	2	8	8	8
	Number of new facilities that comply with gazetted infrastructure Norms & Standards.	New indicator	New indicator	100% from date of gazetting	37 new facilities	52 new facilities	50 new facilities	48 new facilities

Objective Statement	Performance Indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
		2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Strengthen Monitoring of Infrastructure projects	Infrastructure Monitoring System	New indicator	New indicator	New Indicator	Infrastructure Monitoring System fully developed and tabled at NHC	Infrastructure monitoring System for monitoring all infrastructure projects using standard Balance Score Card methodology approved by NHC One consolidated National Monitoring report produced	4 consolidated National Monitoring reports produced	4 consolidated National Monitoring reports produced
Ensure access to an efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are monitored for compliance with the EMS regulations	New Indicator	New Indicator	Regulations governing the provision of emergency medical services published for public comment	EMS Regulations gazetted and compliance checklist gazetted for implementation	Compliance checklist to monitor compliance with EMS regulations developed and approved by National Committee Emergency Medical services (NCEMS) and 9 provincial department of health monitored using the approved checklist	9 provincial department of health monitored using the approved checklist And 9 x EMS Improvement plans developed	9 provincial department of health monitored using the approved checklist
To eliminate the backlog of blood alcohol and toxicology tests by 2016	Percentage backlog eliminated for blood alcohol tests	New indicator	New indicator	New Indicator	70%	100%	100%	Not applicable
	Percentage backlog eliminated for toxicology tests	New indicator	New indicator	New Indicator	70%	100%	100%	Not applicable
To provide food analysis services	Percentage of food tests completed within normative turnaround time (30 days – perishable, and 60 days non-perishable)	New indicator	New indicator	New Indicator	70%	100%	100%	100%
Improve management of health facilities at all levels of care through the Health Leadership and Management Acadamy.	Number of managers accessing the coaching and mentoring Programme	New indicator	New indicator	New indicator	Coaching mentoring and training programme developed and piloted	40 Hospital CEOs and 200 PHC Facility Managers	80 (40 additional) Hospital CEOs and 800 (600 additional) PHC Facility Managers.	100 of Hospital CEOs and 1200 (400 additional) PHC Facility Managers.
	Number of managers using the knowledge hub information system	New indicator	New indicator	New Indicator	Framework for knowledge hub developed and approved	200 Hospital CEOs and 700 PHC Facility managers.	350 (150 additional) Hospital CEOs and 2100 (1400 additional) PHC Facility managers	All Hospital CEOs and All PHC Facility managers

5.4. PROGRAMME PERFORMANCE INDICATORS AND ANNUAL TARGETS

The table below provides other key programme performance measures that will be under taken by the Department to achieve the strategic objectives provided above. This table also provides three-year targets for the various sub-programmes funded from the Programme 5.

Programme Performance indicator	Audited/Actual performance			Estimated performance	Medium-term targets		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Policy on education and training of EMS Personnel monitered	New indicator	New indicator	Policy on education and training of EMS Personnel drafted	Policy on education and training of EMS Personnel published	A checklist for EMS education and training accreditation criteria in line with the Policy developed and approved by NCEMS. One Monitoring report produced to monitor compliance with Policy on education and training by training providers	4 quarterly monitoring reports produced to determine compliance with Policy on education and training by training providers	4 quarterly monitoring reports produced to determine compliance with Policy on education and training by training providers
Regulations for Emergency Care Centres published	New indicator	New indicator	None	Regulations on Emergency Care Centres Drafted	Regulations for Emergency Care Centres published for public comment	Regulations on Emergency Care Centres published for implementation	Regulations implemented by 9 Provinces
Regulations for EMS in Mass Gatherings published	New indicator	New indicator	Regulations on EMS in mass gatherings developed –	EMS in mass gatherings published for public comment and implementation	Regulations for EMS in mass gatherings published for implementation	A monitoring system developed to measure compliance with Regulation for EMS in Mass Gatherings	Monitor compliance of Regulations for EMS in Mass Gatherings
Regulations for the Rendering of Forensic Pathology Services published	New indicator	New indicator	New indicator	Regulations on for the Rendering of Forensic Pathology Services reviewed and Published for public comment	Regulation on for the rendering of Forensic Pathology Services published for implementation	A monitoring system developed and implemented to measure compliance with Regulations for the Rendering of Forensic Pathology Services	Monitor compliance of Regulations for the Rendering of Forensic Pathology Services
Scope of Practice for the rendering of Forensic Pathology Services published	New indicator	New indicator	New indicator	Review and Finalise the Scope of Practice for the rendering of Forensic Pathology Services and Publish for Implementation	Scope of Practice for the rendering of Forensic Pathology Services published for Implementation	A monitoring system developed and implemented to measure compliance with Forensic Pathology Services scope of practice	Monitor compliance of Forensic Pathology Services scope of practice
Health Facilities that are designated to render services for the management of sexual and related offences monitored	New indicator	New Indicator	New Indicator	New Indicator	Monitoring system developed and Implemented to monitor facilities which render services for the management of sexual and related offences	Biannual monitoring reports produced to monitor facilities which render services for the management of sexual and related offences	Biannual monitoring reports produced to monitor facilities which render services for the management of sexual and related offences
Number of Regional Training Centre (RTC) established	New indicator	New Indicator	3 RTCs established	5 RTCs established	9 RTCs established	9 RTCs providing in service training	9 RTCs providing in service training

5.5 QUARTERLY TARGETS FOR STRATEGIC OBJECTIVE PERFORMANCE INDICATORS 2016/17

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets (cumulative)			
			1st	2nd	3rd	4th
Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment.	Quarterly	26 Hospitals (5 Central, 10 Tertiary, 11 Regional)	7 Hospitals	14 Hospitals	21 Hospitals	26 Hospitals
Number of central hospitals with standardised organisational structures.	Annual	Organisational structure for Central Hospitals approved by NHC,				
Number of District and Regional hospitals with mental health inpatient units established	Quarterly	10 (8 district and 2 regional hospitals)	Monitoring system drafted to measure establishment of mental health units	Monitoring system approved	4 district hospital 1 regional hospital	4 district hospital 1 regional hospital
Guidelines for HRH norms and standards using the WISN methodology	Quarterly	HRH Norms for District and specialised hospitals approved. HRH Norms for Regional, Tertiary and Central Hospitals developed	Not Applicable	HRH Norms for Regional, Tertiary and Central Hospitals drafted	HRH Norms for District and specialised hospitals presented to NHC Tech	HRH Norms for District and specialised hospitals approved. HRH Norms for Regional, Tertiary and Central Hospitals developed
Number of health facilities benchmarked against staffing normative guides	Quarterly	3500 (2500 additional) PHC Facilities benchmarked	1600 (600 additional PHC Facilities benchmarked	2200 (600 additional) PHC Facilities benchmarked	2800 (600 additional) PHC Facilities benchmarked	3500 (600 additional) PHC Facilities benchmarked
New basic Nursing qualification programmes and draft curricula developed	Quarterly	New basic nursing qualification programmes And draft curricula developed in line with the national nursing education and training policy	Programme and curriculum development advisory committee established	Scope of new basic nursing programmes and curricula developed	New basic nursing qualifications programme and draft curricula presented to Executive and Management Committee	New basic nursing qualification programmes and draft curricula completed
Number of Nursing and midwifery educators ' identified nationally and registered for training and development programme	Annual	50				
Implementation of the Nursing Strategy Monitored	Quarterly	A monitoring system developed and a report produced to monitor the implementation of the Nursing strategy	Elements of the nursing strategy identified from the Nursing strategy and development of the monitoring system commenced	Monitoring system drafted to monitor the implementation of the Nursing strategy	Monitoring system finalised for monitoring the implementation of the Nursing strategy	Report produced to monitor implementation of the nursing strategy
Number of facilities maintained, repaired and/or refurbished in NHI Districts	Annual	178 facilities				
Number of facilities maintained, repaired and/or refurbished outside NHI pilot Districts	Annual	307 facilities				
Number of clinics and Community Health Centres constructed or revitalised	Annual	44				
Number of hospitals constructed or revitalised	Annual	8				
Number of new facilities that comply with gazetted infrastructure Norms & Standards.	Annual	52 new facilities				

Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets (cumulative)			
			1st	2nd	3rd	4th
Infrastructure Monitoring System	Annual	Infrastructure monitoring System for monitoring all infrastructure projects using standard Balance Score Card methodology approved by NHC One consolidated National Monitoring report produced				
Number of provinces that are monitored for compliance with the EMS regulations	Quarterly	Compliance checklist to monitor compliance with EMS regulations developed and approved by National Committee of Emergency Medical services (NCEMS) and 9 provincial DoH monitored using the approved checklist	Checklist to monitor compliance with EMS regulations drafted	Checklist to monitor compliance with EMS regulations presented to National EMS Committee	Checklist to monitor compliance with EMS regulations approved	9 provincial DoH monitoring produced
Percentage backlog eliminated for blood alcohol tests	Quarterly	100%	25%	50%	75%	100%
Percentage backlog eliminated for toxicology tests	Quarterly	100%	25%	50%	75%	100%
Percentage of food tests completed within normative turnaround time (30 days – perishable, and 60 days non-perishable)	Quarterly	100%	25%	50%	75%	100%
Number of managers accessing the coaching and mentoring Programme	Annual	40 Hospital CEOs and 200 PHC Facility Managers				
Number of managers using the knowledge hub information system	Annual	200 Hospital CEOs and 700 PHC Facility managers.				

5.6. QUARTERLY TARGETS FOR PROGRAMME PERFORMANCE INDICATORS

Programme Performance indicator	Reporting period	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Policy on education and training of EMS Personnel	Quarterly	A checklist for EMS education and training accreditation criteria in line with the Policy developed and approved by NCEMS. One Monitoring report produced to monitor compliance with Policy on education and training by training providers	Checklist for EMS education and training accreditation criteria in line with the Policy drafted	Checklist EMS education and training accreditation criteria in line with the Policy presented to NCEMS	Checklist EMS education and training accreditation criteria in line with the Policy approved by NCEMS	One Monitoring report produced to monitor compliance with Policy on education and training by training providers
Regulations for Emergency Care Centres	Annual	Regulation on Emergency Care Centres published for public comment				
Regulations for EMS in Mass Gatherings	Annual	EMS in mass gatherings published for implementation				
Regulations for the Rendering of Forensic Pathology Services	Annual	Regulation on for the rendering of Forensic Pathology Services published for implementation				
Scope of Practice for the rendering of Forensic Pathology Services	Annual	Scope of Practice for the rendering of Forensic Pathology Services published for Implementation				
Health Facilities that are designated to render services for the management of sexual and related offences Monitored	Quarterly	Monitoring system developed and Implemented to monitor facilities which render services for the management of sexual and related offences	Monitoring system drafted	Monitoring system consulted with key stakeholders	Monitoring system approved	One Monitoring report produced to monitor facilities which render services for the management of sexual and related offences
Number of Regional Training Centre (RTC) established	Annual	9 RTCs established				

5.7. RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF

Hospitals, Tertiary Health Services and Human Resource Development expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expen-diture/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expen-diture/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme Management	798	2 263	4 191	3 619	65.5%	–	3 713	3 692	3 971	3.1%	–
Health Facilities Infrastructure Management	6 314 812	5 546 053	5 807 614	6 032 785	-1.5%	32.8%	6 078 821	6 735 676	7 055 362	5.4%	31.7%
Tertiary Health Care Planning and Policy	8 882 258	9 624 393	10 172 223	10 384 206	5.3%	54.1%	10 851 438	11 530 763	12 199 642	5.5%	55.0%
Hospital Management	21 427	5 664	4 583	4 962	-38.6%	0.1%	5 159	5 155	5 539	3.7%	–
Human Resources for Health	2 090 834	2 208 908	2 340 618	2 398 285	4.7%	12.5%	2 500 069	2 656 018	2 810 448	5.4%	12.7%
Nursing Services	503	1 093	2 563	4 741	111.2%	–	6 627	6 562	7 076	14.3%	–
Forensic Chemistry Laboratories	64 221	93 851	110 056	114 450	21.2%	0.6%	120 533	127 405	134 795	5.6%	0.6%
Violence, Trauma and EMS	3 699	11 024	6 730	7 133	24.5%	–	7 138	7 149	7 673	2.5%	–
Total	**17 378 552**	**17 493 249**	**18 448 578**	**18 950 181**	**2.9%**	**100.0%**	**19 573 498**	**21 072 420**	**22 224 506**	**5.5%**	**100.0%**
Change to 2015 Budget estimate				(208 884)			(387 869)	(147 530)	(226 201)		
Economic classification											
Current payments	**207 136**	**227 726**	**239 485**	**340 164**	**18.0%**	**1.4%**	**409 592**	**464 474**	**480 402**	**12.2%**	**2.1%**
Compensation of employees	65 952	94 956	104 678	116 037	20.7%	0.5%	131 726	136 168	145 094	7.7%	0.6%
Goods and services	141 184	132 770	134 807	224 127	16.7%	0.9%	277 866	328 306	335 308	14.4%	1.4%
of which:											
Administrative fees	*78*	–	*81*	*133*	*19.5%*	–	–	*1 000*	*1 000*	*95.9%*	–
Advertising	*283*	*780*	*153*	*1 499*	*74.3%*	–	*951*	*2 002*	*2 358*	*16.3%*	–
Minor assets	*845*	*463*	*5 840*	*1 728*	*26.9%*	–	*1 123*	*1 600*	*929*	*-18.7%*	–
Bursaries: Employees	–	–	–	*72*	–	–	–	–	–	*-100.0%*	–
Catering: Departmental activities	*188*	*113*	*248*	*1 162*	*83.5%*	–	*287*	*200*	*394*	*-30.3%*	–
Communication	*963*	*847*	*1 761*	*1 690*	*20.6%*	–	*1 644*	*2 200*	*3 265*	*24.5%*	–
Computer services	*1 842*	*582*	*2 473*	*2 203*	*6.1%*	–	*1 717*	*1 700*	*1 741*	*-7.5%*	–
Consultants: Business and advisory services	*112 944*	*104 472*	*916*	*40 084*	*-29.2%*	*0.4%*	*23 734*	*3 768*	*18 274*	*-23.0%*	*0.1%*
Infrastructure and planning services	–	–	*4 286*	*13 000*	–	–	*8 000*	*39 095*	*14 083*	*2.7%*	*0.1%*
Laboratory services	*9*	–	–	*80*	*107.1%*	–	*263*	–	*1 000*	*132.1%*	–
Legal services	–	*150*	–	–	–	–	–	*302*	*1 000*	–	–
Science and technological services	–	–	–	*1 200*	–	–	*890*	–	–	*-100.0%*	–
Contractors	*1 990*	*1 644*	*4 976*	*1 082*	*-18.4%*	–	*5 550*	*13 269*	*12 283*	*124.7%*	–
Agency and support/outsourced services	*2 627*	*1 641*	*88 115*	*129 787*	*266.9%*	*0.3%*	*201 262*	*228 389*	*241 077*	*22.9%*	*1.0%*
Entertainment	*2*	–	–	*18*	*108.0%*	–	–	*136*	–	*-100.0%*	–
Fleet services (including government motor transport)	–	*1 368*	*1 305*	*3 000*	–	–	*4 404*	*4 000*	*4 287*	*12.6%*	–
Inventory: Clothing material and accessories	–	*29*	*183*	–	–	–	*1 000*	–	–	–	–
Inventory: Farming supplies	–	–	*1*	–	–	–	–	–	–	–	–
Inventory: Food and food supplies	*5*	*7*	*9*	–	*-100.0%*	–	*271*	–	–	–	–
Inventory: Fuel, oil and gas	*416*	*960*	*1 050*	*175*	*25.1%*	–	*957*	*1 200*	*1 002*	*78.9%*	–
Inventory: Materials and supplies	*23*	*11*	*80*	*223*	*113.2%*	–	*159*	*159*	*468*	*28.0%*	–
Inventory: Medical supplies	*33*	*213*	*311*	*1 090*	*220.9%*	–	*800*	*1 300*	*2 375*	*29.6%*	–
Inventory: Medicine	*11*	*18*	*8*	*40*	*53.8%*	–	*12*	–	–	*-100.0%*	–
Inventory: Other supplies	*6 291*	*7 477*	*10 247*	*11 647*	*22.8%*	–	*11 379*	*10 800*	*10 842*	*-2.4%*	*0.1%*
Consumable supplies	–	*42*	*418*	–	–	–	–	–	*200*	–	–
Consumables: Stationery, printing and office supplies	*939*	*804*	*903*	*1 923*	*27.0%*	–	*1 068*	*1 256*	*1 575*	*-6.4%*	–
Operating leases	*804*	*567*	*819*	*5 092*	*85.0%*	–	*1 438*	*1 277*	*1 475*	*-33.8%*	–
Rental and hiring	*23*	–	*64*	–	*-100.0%*	–	*25*	–	–	–	–
Property payments	–	–	*18*	–	–	–	–	–	–	–	–
Travel and subsistence	*8 355*	*9 010*	*9 502*	*4 886*	*-16.4%*	–	*8 095*	*11 981*	*12 670*	*37.4%*	–
Training and development	–	–	–	*131*	–	–	*100*	*100*	*106*	*-6.8%*	–
Operating payments	*1 820*	*1 320*	*875*	*718*	*-26.7%*	–	*1 812*	*1 902*	*2 075*	*42.4%*	–
Venues and facilities	*693*	*252*	*165*	*1 464*	*28.3%*	–	*922*	*670*	*829*	*-17.3%*	–
Transfers and subsidies	**17 160 216**	**17 101 605**	**17 992 739**	**18 172 941**	**1.9%**	**97.4%**	**18 596 182**	**19 927 889**	**21 015 571**	**5.0%**	**95.0%**
Provinces and municipalities	17 158 834	17 101 539	17 992 004	18 172 941	1.9%	97.4%	18 596 182	19 927 889	21 015 571	5.0%	95.0%
Higher Education											
Non-profit institutions	1 326	–		–	-100.0%	–	–	–	–	–	–
Households	56	66	735	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**11 186**	**163 891**	**216 301**	**437 076**	**239.3%**	**1.1%**	**567 724**	**680 057**	**728 533**	**18.6%**	**2.9%**
Buildings and other fixed structures	–	113 726	168 329	354 629	–	0.9%	471 883	564 646	608 073	19.7%	2.4%
Machinery and equipment	11 186	50 165	47 972	82 447	94.6%	0.3%	95 841	115 411	120 460	13.5%	0.5%
Payments for financial assets	**14**	**27**	**53**	–	**-100.0%**	–	–	–	–	–	–
Total	**17 378 552**	**17 493 249**	**18 448 578**	**18 980 181**	**2.9%**	**100.0%**	**19 573 498**	**21 072 420**	**22 224 506**	**5.5%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**61.5%**	**57.9%**	**55.0%**	**52.3%**	–	–	**50.8%**	**49.3%**	**47.6%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current	**56**	**66**	**735**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	56	66	735	–	-100.0%	–	–	–	–	–	–
Non-profit institutions											
Current	**1 326**	–	–	–	**-100.0%**	–	–	–	–	–	–
Health facilities and infrastructure management: Non-profit institutions	1 326	–	–	–	-100.0%	–	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial Revenue Funds											
Current	**10 968 258**	**11 810 723**	**12 490 023**	**12 755 896**	**5.2%**	**66.5%**	**13 323 502**	**14 157 994**	**14 979 157**	**5.5%**	**67.5%**
Health professions training and development grant	2 075 248	2 190 366	2 321 788	2 374 722	4.6%	12.4%	2 476 724	2 631 849	2 784 496	5.4%	12.5%
National tertiary services grant	8 878 010	9 620 357	10 168 235	10 381 174	5.4%	54.0%	10 846 778	11 526 145	12 194 661	5.5%	54.9%
2013 Africa Cup of Nations medical services grant	15 000	–	–	–	-100.0%	–	–	–	–	–	–
Capital	**6 190 576**	**5 290 816**	**5 501 981**	**5 417 045**	**-4.4%**	**31.0%**	**5 272 680**	**5 769 895**	**6 036 414**	**3.7%**	**27.5%**
Health facility revitalisation grant	4 289 595	5 290 816	5 501 981	5 417 045	8.1%	28.4%	5 272 680	5 769 895	6 036 414	3.7%	27.5%
Health infrastructure grant	1 800 981	–	–	–	-100.0%	2.5%	–	–	–	–	–
Nursing colleges grant	100 000	–	–	–	-100.0%	0.1%	–	–	–	–	–

5.8 PERSONNEL INFORMATION

	Number of posts estimated for 31 March 2016		Number and cost[1] of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual 2014/15			Revised estimate 2015/16			Medium-term expenditure estimate 2016/17			2017/18			2018/19			Average growth rate (%) 2015/16 - 2018/19	Salary level/total: Average (%) 2015/16 - 2018/19
Hospitals, Tertiary Health Services and Human Resource Development			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost		
Salary level	**308**	**–**	**302**	**104.7**	**0.3**	**304**	**116.0**	**0.4**	**304**	**131.7**	**0.4**	**304**	**139.3**	**0.5**	**304**	**153.0**	**0.5**	**–**	**100.0%**
1 – 6	79	–	70	12.1	0.2	78	16.1	0.2	78	17.2	0.2	78	18.1	0.2	78	19.9	0.3	–	25.7%
7 – 10	183	–	190	56.1	0.3	182	64.5	0.4	182	75.8	0.4	182	80.2	0.4	182	88.2	0.5	–	59.9%
11 – 12	25	–	22	17.7	0.8	24	17.2	0.7	24	18.2	0.8	24	19.3	0.8	24	21.2	0.9	–	7.9%
13 – 16	21	–	20	18.8	0.9	20	18.2	0.9	20	20.4	1.0	20	21.6	1.1	20	23.8	1.2	–	6.6%
Reduction	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**(3.1)**	**–**	**–**	**(7.9)**	**–**	**–**	**–**
Total	**308**	**–**	**302**	**104.7**	**0.3**	**304**	**116.0**	**0.4**	**304**	**131.7**	**0.4**	**–**	**136.2**	**–**	**–**	**145.1**	**–**	**–**	**–**

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT

6.1. PROGRAMME PURPOSE

The purpose of this programme is to regulate the sale of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. The programme also promotes accountability and compliance by regulatory bodies and public entities for effective governance and the quality of health care.

Food Control Pharmaceutical Trade & Product Regulation: The cluster Food Control Pharmaceutical Trade and Product Regulation is responsible for the regulation of pharmaceutical products for human and animal use with an aim of ensuring that they are safe, efficacious and of quality. The Cluster is also responsible for post marketing surveillance, and taking appropriate remedial action where necessary. It also licenses manufacturers, exporters, importers, wholesalers and distributors of medicines and ensures compliance with standards. With respect to Food Control, the cluster is responsible for developing safety standards, monitoring compliance thereto and taking appropriate remedial action where necessary. The cluster is also responsible for approval and oversight of clinical trials.

The cluster has been regulating allopathic medicines and recently embarked on complementary and alternative medicines (CAMS) as well as medical devices and in vitro diagnostics as from 2016/17. During 2015/16 the Cluster developed and published draft regulations for cosmetic products.

The regulator (the Medicines Control Council, MCC) has been experiencing an increasing workload both for new applications and post- registration variations. This has resulted in inordinately long review timelines and a backlog. The Medicines Control Council is being re –engineered to a more responsive structure, through the establishment of the South African Health Products Regulatory Authority (SAHPRA).

Compensation Commissioner for Occupational Diseases and Occupational Health: is responsible for compensation of active and ex-workers in controlled mines and works certified to be suffering from cardio-pulmonary related diseases as a result of work place exposures in the controlled mines or works. Over the medium term, the business processes will be reengineered with regard to revenue collection; reducing the turnaround period for claims, amending the Occupational Diseases in Mines and Works Act(1973); and improving governance, internal controls and relationships with the stakeholders.

Public Entities Management sub-programme supports the Executive Authority's oversight function and provides guidance to health public entities and statutory health professional councils (hereinafter referred to as entities') falling within the mandate of the health legislation with regard to planning, budget procedures, performance and financial reporting, remuneration, governance and accountability. The sub-programme further assists the Minister in accounting to Parliament on activities and performance of the entities.

The development of the sub-programmes' strategic objectives is guided by the enabling legislation, current legislative developments and best practice which promote good corporate governance.

Governance oversight over entities is conducted through monitoring compliance to legislative requirements based on entities enabling legislation, applicable provisions of the Public Finance Management Act, 1999 (PFMA) (Act No. 1 of 1999) as amended in conjunction with the principles contained in King III report on corporate governance as well as other relevant policies and legislative prescripts.

The Cluster oversees the following entities falling within the mandate of the Department of Health:

The strategic objectives of the Cluster are to improve oversight and promote good corporate governance practices over health entities and statutory councils by ensuring compliance to applicable legislative prescripts and the production of governance reports bi-annually.

HEALTH ENTITIES	HEALTH STATUTORY COUNCILS
The National Health Laboratory Service (NHLS)	Allied Health Professions Council of South Africa (AHPCSA)
The South African Medical Research Council (SAMRC)	South African Dental Technicians Council (SADTC)
The Council for Medical Schemes (CMS)	South African Nursing Council (SANC)
Office of Health Standards Compliance (OHSC)	South African Pharmacy Council (SAPC)
	Health Professions Council of South Africa (HPCSA)
	Interim Traditional Health Practitioners Council of South Africa (ITHPCSA)

6.2. STRATEGIC OBJECTIVE, PERFORMANCE INDICATORS AND ANNUAL TARGETS

The tables below summarise the key Strategic objectives, indicators and three-year targets for the various budget sub-programmes funded from the Health Regulation and Compliance Management.

Strategic objective	Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
		2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Establish the South African Health Product Regulatory Authority (SAHPRA)	SAHPRA established as a public entity	Publish Medicine Amendment Bill (July 2012)	Publish Bill 6 of 2014 (February 2014)	Medicines and Related Substances Amendment Bill, Bill 6 of 2014 making provision for SAHPRA discussed by Health Portfolio Committee and Stakeholders.	SAHPRA Act (Bill 6 of 2014) Promulgated, and transitional plan from MCC to SAHPRA developed	SAHPRA Listed as a public entity Board, CEO and Committees Appointed	SAHPRA Operational and functional	SAHPRA fully functional
To establish an occupational health cluster	Occupational health cluster established and functional	New Indicator	New Indicator	Discussion document on integration of the governance and management of the occupational health units (NIOH, CCOD and MBOD)	Consultation on discussion document and approval of structure, organogram and activities of the occupational health cluster by NHC	Integrated management of NIOH, CCOD and MBOD and agency agreement with compensation fund service provider/s	New structure for occupational health cluster implemented	Governance, management and service delivery framework for the occupational health cluster integrated and operational
To establish the National Public Health Institutes of South Africa (NAPHISA) for disease and injury surveillance	Legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	New Indicator	Concept document for NAPHISA	Conceptual framework document and business case for NAPHISA developed	Gazetted legislation on NAPHISA	Comments on draft NAPHISA legislation considered and revised NAPHISA bill submitted to cabinet.	Parliamentary Portfolio Committee of Health reviewing the Bill	NAPHISA established as an entity
Improve oversight and Corporate Governance practices by establishing effective governance structures, policies and tools	Number of Health entities' and Statutory Health professional Councils fully functional and compliant to good Governance practices (structures, Finance, HR , Supply Chain Management policies)	New Indicator	New Indicator	2 health entities fully functional	4 health Entities' and 6 statutory health professional councils	4 health Entities' and 6 statutory health profession-al councils	4 health Entities' and 6 statutory health profes-sional councils	4 health Entities' and 6 statutory health professional councils
	Performance management system for board members	New indicator	New indicator	Governance Framework and implementation plan developed.	A standardised performance management system for board members developed and piloted	A standardised performance management system for board members fully implemented	A standardised performance management system for board members fully implemented	A standardised performance management system for board members fully implemented

6.3. PROGRAMME PERFORMANCE INDICATORS AND ANNUAL TARGETS

Programme Performance Indicator	Audited/Actual performance			Estimated performance 2015/16	Medium-term targets		
	2012/13	2013/14	2014/15		2016/17	2017/18	2018/19
Number of newly appointed boards inducted and trained	New indicator	New indicator	1 new public entity board (Council for Medical Schemes) with 10 members appointed inducted and trained	3 new boards appointed, inducted and trained (Health Professions Council of South Africa; National Health Laboratory Service and the Interim Traditional Health Practitioners Council of South Africa)	3 new boards appointed, inducted and trained (South African Medical Research Council; Office of Health Standards Compliance and Allied Health Professions Council of SA)	1 new board appointed, inducted and trained (Council for Medical Schemes Inducted	4 New boards appointed, inducted and trained) South African Dental Technician Council, South African Nursing Council, South African Pharmacy Council and National Health Laboratory Service
Number of entities and statutory councils monitored using dashboards for performance and compliance to legislative prescripts	New indicator	New indicator	New Indicator	10 Dashboards developed and piloted (1 per entity or statutory council)	10 entity and statutory councils monitored using dashboards biannually	10 entity and statutory councils monitored using dashboards biannually	10 entity and statutory councils monitored using dashboards biannually
Develop a reporting template to enable feedback to the executive authority.	New indicator	New indicator	No standardised Feedback mechanism available for Departmental representatives serving on boards	Standardised reporting template developed and implemented for Departmental representatives serving on boards	Standardised reporting template developed and implemented for Departmental representatives serving on boards	Standardised reporting template implemented for Departmental representatives serving on boards	Standardised reporting template implemented for Departmental representatives serving on boards

6.4. QUARTERLY TARGETS FOR STRATEGIC OBJECTIVES PERFORMANCE INDICATORS 2016/17

Performance indicator	Reporting period	2016/17	Quarterly targets			
			1st	2nd	3rd	4th
SAHPRA as a public entity	Quarterly	SAHPRA Listed as a public entity Board CEO and Committees Appointed	Not applicable	SAHPRA listed as a public entity	CEO of SAHPRA appointed Board of SAHPRA appointed	Committees of SAHPRA appointed
Occupational health cluster established and functional	Quarterly	Integrated management of NIOH, CCOD and MBOD and agency agreement with compensation fund service provider/s	Integrated management of NIOH, CCOD and MBOD; develop agency agreement with service provider for claims management, medical assessments and compensation services	Develop agency agreements with service providers for claims man-agement, medical and compensation services	Implement agency agreements with service provider/s	Annual report produced on management of occupational health cluster
Legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	Annual	Comments on draft NAPHISA legislation considered and revised NAPHISA bill submitted to cabinet.				
Number of Health entities' and Statutory Health professional Councils fully functional and compliant to good Governance practices (structures, Finance, HR , Supply Chain Management policies)	Bi-annual	4 health Entities' and 6 statutory health professional councils	All entities and statutory health professional council's governance structures fully constituted and vacancies filled within three months of notification.		All entities and statutory health professional council's systems and policies developed in accordance with applicable legislation and corporate governance best practice.	
Performance manage-ment system for board members	Quarterly	A standardised performance man-agement system for board members fully implemented	Performance management system for the following board/councils implemented: Interim Traditional Health Practitioners Council of SA, South African Pharmacy Council	Performance management system for the following board/ councils implemented: South African Nursing Council	Performance management system for the following board/councils implemented: South African Dental Techni-cians Council, Health Profes-sions Council of SA, National Health Laboratory Service, Allied Health Professions Council of SA	Performance management system for the following board/councils implemented: South African Medical Research Council, Office of Health Standards Compliance, Council for Medical Schemes

6.5. QUARTERLY TARGETS FOR PROGRAMME PERFORMANCE MEASURES FOR 2016/17

Programme Performance Measure	Reporting period: (Quarterly / Bi-annually / Annual)	Annual target 2016/17	Quarterly targets			
			1st	2nd	3rd	4th
Number of newly appointed boards inducted and trained	Quarterly	3 new boards appointed, inducted and trained (South African Medical Research Council; Office of Health Standards Compliance and Allied Health Professions Council of SA)	Not Applicable	One new board appointed	Two new boards appointed	Not Applicable
Number of entities and statutory councils monitored using dashboards for performance and compliance to legislative prescripts	Bi-annually	10 entity and statutory councils monitored using dashboards biannually		Bi-annual dashboard reports produced to monitor performance and compliance of all entities and statutory councils		Bi-annual dashboard reports produced to monitor performance and compliance of all entities and statutory councils
Develop a reporting template to enable feedback to the executive authority.	Quarterly	Standardised reporting template developed and implemented for Departmental representatives serving on boards	Executive Authority's feedback report on Board/Council activities produced.	Executive Authority's feedback report on Board/ Council activities produced.	Executive Authority's feedback report on Board/ Council activities produced.	Executive Authority's feedback report on Board/ Council activities produced.

6.6 RECONCILING PERFORMANCE TARGETS WITH THE BUDGET AND MTEF

Health Regulation and Compliance Management expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Programme Management	2 693	2 834	3 758	3 670	10.9%	0.3%	4 062	4 028	4 334	5.7%	0.2%
Food Control	9 928	7 156	6 871	9 798	-0.4%	0.7%	9 972	11 786	11 564	5.7%	0.6%
Pharmaceutical Trade and Product Regulation	85 848	105 781	120 504	131 772	15.4%	8.6%	139 572	152 993	148 417	4.0%	6.4%
Public Entities Management	874 300	1 062 170	1 162 942	1 399 991	17.0%	87.1%	1 474 937	1 496 491	1 556 790	3.6%	87.0%
Compensation Commissioner for Occupational Diseases and Occupational Health	36 181	36 440	46 626	58 644	17.5%	3.4%	61 643	65 064	68 838	5.5%	3.7%
Total	**1 008 950**	**1 214 381**	**1 340 701**	**1 603 875**	**16.7%**	**100.0%**	**1 690 186**	**1 730 362**	**1 789 943**	**3.7%**	**100.0%**
Change to 2015 Budget estimate				6 956			2 514	12 000	77 715		
Economic classification											
Current payments	**133 930**	**150 674**	**174 365**	**195 179**	**13.4%**	**12.7%**	**211 249**	**230 037**	**228 397**	**5.4%**	**12.7%**
Compensation of employees	86 274	94 202	106 122	137 411	16.8%	8.2%	160 468	168 545	178 676	9.1%	9.5%
Goods and services	47 656	56 472	68 243	57 768	6.6%	4.5%	50 781	61 492	49 721	-4.9%	3.2%
of which:											
Administrative fees	*32*	*25*	*133*	*51*	*16.8%*	–	*29*	*2 200*	–	*-100.0%*	–
Advertising	*1 165*	*1 063*	*1 158*	*1 880*	*17.3%*	*0.1%*	*1 834*	*1 600*	*2 041*	*2.8%*	*0.1%*
Minor assets	*573*	*227*	*579*	*8 767*	*148.3%*	*0.2%*	*1 578*	*2 000*	*1 945*	*-39.5%*	*0.2%*
Audit costs: External	*1 000*	*1*	–	*3 536*	*52.3%*	*0.1%*	*2 100*	*2 500*	*2 703*	*-8.6%*	*0.2%*
Bursaries: Employees	*1*	–	–	–	*-100.0%*	–	*451*	–	–	–	–
Catering: Departmental activities	*396*	*315*	*810*	*624*	*16.4%*	–	*878*	*300*	*317*	*-20.2%*	–
Communication	*1 377*	*1 358*	*1 793*	*2 135*	*15.7%*	*0.1%*	*1 751*	*2 216*	*1 814*	*-5.3%*	*0.1%*
Computer services	*930*	*2 135*	*1 822*	*1 227*	*9.7%*	*0.1%*	*1 045*	*4 400*	*3 900*	*47.0%*	*0.2%*
Consultants: Business and advisory services	*20 399*	*25 753*	*29 773*	*15 428*	*-8.9%*	*1.8%*	*15 957*	*18 367*	*7 864*	*-20.1%*	*0.8%*
Legal services	–	*150*	*65*	*266*	–	–	–	*700*	–	*-100.0%*	–
Contractors	*734*	*1 445*	*2 500*	*1 474*	*26.2%*	*0.1%*	*2 099*	*700*	*1 370*	*-2.4%*	*0.1%*
Agency and support/outsourced services	*1 658*	*743*	*737*	*1 015*	*-15.1%*	*0.1%*	*3 195*	*2 100*	*2 169*	*28.8%*	*0.1%*
Entertainment	*2*	*2*	*2*	*59*	*209.0%*	–	–	–	–	*-100.0%*	–
Fleet services (including government motor transport)	–	*4 581*	*6 687*	–	–	*0.2%*	*2 700*	*2 224*	*2 454*	–	*0.1%*
Inventory: Clothing material and accessories	–	*8*	*75*	–	–	–	–	–	–	–	–
Inventory: Food and food supplies	*3*	*11*	*9*	–	*-100.0%*	–	–	–	–	–	–
Inventory: Fuel, oil and gas	*2*	*25*	*10*	–	*-100.0%*	–	–	–	*100*	–	–
Inventory: Materials and supplies	*24*	*178*	*4*	*220*	*109.3%*	–	*523*	*1 200*	*312*	*12.4%*	–
Inventory: Medical supplies	*31*	*125*	*24*	*718*	*185.0%*	–	*534*	*1 443*	*212*	*-33.4%*	–
Inventory: Medicine	*31*	*1*	*73*	*58*	*23.2%*	–	*32*	*100*	*100*	*19.9%*	–
Inventory: Other supplies	*269*	*99*	*85*	*1 211*	*65.1%*	–	*293*	*1 300*	*100*	*-56.5%*	–
Consumable supplies	*6*	*112*	*661*	–	*-100.0%*	–	–	*2 100*	*100*	–	–
Consumables: Stationery, printing and office supplies	*1 248*	*1 466*	*1 944*	*3 942*	*46.7%*	*0.2%*	*1 611*	*1 500*	*3 475*	*-4.1%*	*0.2%*
Operating leases	*969*	*938*	*1 307*	*547*	*-17.4%*	*0.1%*	*1 813*	*2 036*	*3 822*	*91.2%*	*0.1%*
Rental and hiring	–	–	*33*	–	–	–	–	–	–	–	–
Property payments	*22*	*15*	*257*	–	*-100.0%*	–	*522*	*1 201*	*3 158*	–	*0.1%*
Travel and subsistence	*14 496*	*12 104*	*13 437*	*12 303*	*-5.3%*	*1.0%*	*9 877*	*9 805*	*9 313*	*-8.9%*	*0.6%*
Training and development	*6*	–	*198*	–	*-100.0%*	–	–	–	–	–	–
Operating payments	*2 178*	*3 459*	*4 067*	*2 175*	–	*0.2%*	*1 859*	*1 500*	*2 252*	*1.2%*	*0.1%*
Venues and facilities	*104*	*133*	–	*132*	*8.3%*	–	*100*	–	*200*	*14.9%*	–
Transfers and subsidies	**874 104**	**1 061 952**	**1 163 002**	**1 397 643**	**16.9%**	**87.0%**	**1 475 150**	**1 496 350**	**1 557 340**	**3.7%**	**87.0%**
Departmental agencies and accounts	873 565	1 061 833	1 161 716	1 397 643	17.0%	87.0%	1 475 150	1 496 350	1 557 340	3.7%	87.0%
Households	539	119	1 286	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**885**	**1 751**	**3 288**	**11 053**	**132.0%**	**0.3%**	**3 787**	**3 975**	**4 206**	**-27.5%**	**0.3%**
Buildings and other fixed structures	–	–	536	–	–	–	–	–	–	–	–
Machinery and equipment	885	1 751	2 752	11 053	132.0%	0.3%	3 787	3 975	4 206	-27.5%	0.3%
Payments for financial assets	**31**	**4**	**46**	–	**-100.0%**	–	–	–	–	–	–
Total	**1 008 950**	**1 214 381**	**1 340 701**	**1 603 875**	**16.7%**	**100.0%**	**1 690 186**	**1 730 362**	**1 789 943**	**3.7%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**3.6%**	**4.0%**	**4.0%**	**4.4%**	–	–	**4.4%**	**4.0%**	**3.8%**	–	–

Details of transfers and subsidies	Audited outcome			Adjusted appropriation	Average growth rate (%)	Expenditure/ Total: Average (%)	Medium-term expenditure estimate			Average growth rate (%)	Expenditure/ Total: Average (%)
R thousand	2012/13	2013/14	2014/15	2015/16	2012/13 - 2015/16		2016/17	2017/18	2018/19	2015/16 - 2018/19	
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**870 649**	**1 058 771**	**1 158 501**	**1 394 280**	**17.0%**	**86.7%**	**1 471 609**	**1 492 632**	**1 553 406**	**3.7%**	**86.8%**
South African Medical Research Council	283 863	419 460	446 331	623 892	30.0%	34.3%	657 590	614 961	624 829	0.1%	37.0%
National Health Laboratory Service	558 801	603 534	674 052	678 926	6.7%	48.7%	711 871	746 464	789 759	5.2%	43.0%
Office of Health Standards Compliance	23 675	31 252	33 367	88 906	55.4%	3.4%	100 535	125 711	133 003	14.4%	6.6%
Council for Medical Schemes	4 310	4 525	4 751	2 556	-16.0%	0.3%	1 613	5 496	5 815	31.5%	0.2%
Households											
Social benefits											
Current	**539**	**119**	**1 286**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	539	119	1 286	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Social security funds											
Current	**2 916**	**3 062**	**3 215**	**3 363**	**4.9%**	**0.2%**	**3 541**	**3 718**	**3 934**	**5.4%**	**0.2%**
Compensation Fund	2 916	3 062	3 215	3 363	4.9%	0.2%	3 541	3 718	3 934	5.4%	0.2%

6.7 PERSONNEL INFORMATION

	Number of posts estimated for 31 March 2016		Number and cost[2] of personnel posts filled / planned for on funded establishment													Number	
	Number of funded posts	Number of posts additional to the establishment	Actual 2014/15			Revised estimate 2015/16			Medium-term expenditure estimate 2016/17			2017/18			2018/19			Average growth rate (%) 2015/16 - 2018/19	Salary level/total: Average (%)
Health Regulation and Compliance Management			Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost	Number	Cost	Unit Cost		
Salary level	414	46	358	106.1	0.3	414	137.4	0.3	414	160.5	0.4	414	169.7	0.4	414	186.5	0.5	–	100.0%
1 – 6	172	3	166	22.8	0.1	172	26.7	0.2	172	31.2	0.2	172	33.3	0.2	172	36.5	0.2	–	41.5%
7 – 10	103	29	77	22.2	0.3	103	39.5	0.4	103	45.9	0.4	103	48.8	0.5	103	53.6	0.5	–	24.9%
11 – 12	122	10	100	50.0	0.5	122	56.6	0.5	122	65.0	0.5	122	69.2	0.6	122	76.1	0.6	–	29.5%
13 – 16	17	4	15	11.1	0.7	17	14.6	0.9	17	18.3	1.1	17	18.4	1.1	17	20.3	1.2	–	4.1%
Reduction	–	–	–	–	–	–	–	–	–	–	–	–	(1.1)	–	–	(7.8)	–	–	–
Total	414	46	358	106.1	0.3	414	137.4	0.3	414	160.5	0.4	–	168.5	–	–	178.7	–	–	–

Personnel numbers and cost by salary level prior to cabinet approved reduction, effective from 2017/18; budget reductions and aggregate baseline total

PART C
LINKS TO OTHER PLANS

1. CONDITIONAL GRANTS

HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
Health Professional Training and Development	• Support provinces to fund services costs associated with the training of health science trainees on the public service platform	Number of Business Plans approved and submitted to National Treasury.	9 Business Plans
		Number of site visits.	9 site visits
		Number of Quarterly reports submitted	1 per quarter
		Number of Annual performance reports submitted	1 per annum

NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
National Tertiary services	• To ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) • To compensate tertiary facilities for the additional costs associated with the provision of these services	Number of Service Level Agreements (SLA) approved and submitted to National Treasury	9 SLA's
		Number of Business Plans approved and submitted to National Treasury.	9 Business Plans
		Number of site visits.	46 site visits
		Number of Quarterly reports submitted to National Treasury	1 per quarter
		Number of Annual performance reports submitted to National Treasury	1 per annum

COMPREHENSIVE HIV/AIDS GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
Comprehensive HIV AIDS Conditional Grant	To enable the health sector to develop an effective response to HIV/AIDS and TB To support the Department with the PEPFAR transition process.	Number of patients on ART remaining in care	4,300,000
		Number of Antenatal Care (ANC) clients initiated on life-long ART	198,366
		Number of 1st Polymerase Chain Reaction (PCR) test around 10 weeks	252,269
		Number of HIV positive clients screened for TB	2,053,793
		Number of HIV positive patients that started on IPT	1,161,340
		Number of HIV tests done	10,000,000
		Number of Medical Male Circumcisions performed	700,000

NATIONAL HEALTH INSURANCE GRANT

Name of conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
National Health Insurance Grant	• Test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context, in line with the vision for realising universal health coverage for all. • To undertake health systems strengthening activities in identified focus and priority areas. • To assess the effectiveness of interventions/activities undertaken in the districts funded through this grant	Existing PHC teams equipped to provide relevant health services	As indicated in the Business Plans
		Number of Approved business plans for all 10 pilot districts and submitted to National Treasury	10 Approved Business Plans and submitted to National Treasury
		Number of Quarterly reports submitted to National Treasury	4 Signed Quarterly Reports
		Consolidated annual performance evaluation report	1 Consolidated Annual Performance Evaluation Report submitted to National Treasury.

HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets
Health Facility Revitalisation Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology (HT), organisational design (OD) systems and quality assurance (QA) • To enhance capacity to deliver health infrastructure	Approved Annual Implementation plans for both Health Facility Revitalisation Grant	9 Approved Annual Implementation Plans
		Monitoring number of projects that receive funding from Health Facility Revitalisation Grant through the Project Management Information System	2 Visits per project

NATIONAL HEALTH INSURANCE INDIRECT GRANT: HUMAN PAPILLOMAVIRUS COMPONENT (HPV)

Name Conditional Grant	Purpose of the Grant	Performance Indicators	Indicator Targets
National Health Insurance Indirect Grant Human Papillomavirus Component	• To enable the health sector to develop and effective response to preventing cervical cancer by making available HPV vaccination for grade 4 school girls. • To fund the introduction of HPV vaccination programme in schools.	% of eligible grade 4 school girls who receive the HPV vaccination	80%
		% of schools with grade 4 girls reached by the HPV vaccination team	80%

NATIONAL HEALTH INSURANCE INDIRECT GRANT: IDEAL CLINIC COMPONENT (IC)

Name Conditional Grant	Purpose of the Grant	Performance Indicators	Indicator Targets
National Health Insurance Indirect Grant : Ideal Clinic Component	To enable the health sector to address the deficiencies in the primary health care facilities systematically to yield big fast results.	Number of primary health care facilities that will be ideal.	Move 740 clinics from an average compliance score of 60% to 70%
			Completion, design, layout, printing and distribution of IC manual to 740 clinics
			740 clinics peer reviewed

NATIONAL HEALTH INSURANCE INDIRECT GRANT: HEALTH FACILITY REVITALISATION COMPONENT

Name Conditional Grant	Purpose of the Grant	Performance Indicators	Indicator Targets
National Health Insurance Indirect Grant: Health Facility Revitalisation Component	• To create an alternative track to improve spending, performance and monitoring and evaluation on infrastructure in National Health Insurance (NHI) pilot districts. • To enhance capacity and capability to deliver infrastructure for NHI pilots	Approved Annual Implementation plan National Health insurance Indirect Grant	1 Approved Annual Implementation Plan
		Monitoring number of projects that receive funding from National Health Insurance Indirect Grant through the Project Management Information System	2 Visits per project

NATIONAL HEALTH INSURANCE INDIRECT GRANT: HEALTH PROFESSIONALS CONTRACTING COMPONENT

Name Conditional Grant	Purpose of the Grant	Performance Indicators	Indicator Targets
National Health Insurance Indirect Grant: Health Proffessionals Contracting Component	• Assessment of the implications of the NHI reforms on the public sector services • To develop and implement innovative models for purchasing services from health practitioners in the ten NHI pilot districts • To develop and implement innovative models for the dispensing and distribution of chronic medication in the ten NHI pilot districts.	Number of Quarterly Reports Submitted	4 x Quarterly
		Number of Annual Performance Evaluation Report submitted	1 x Annually
		Appropriate and innovative models for purchasing services from health professionals identified and tested	300 Health practitioners contracted to render services in public health facilities across the country
		Implement an alternative distribution model for chronic medication	Continued implementation and expansion of the CCMDD programme
		Development of a base capitation model to inform the risk-adjusted capitation approach for PHC services	Base capitation model developed

2. PUBLIC ENTITIES

The National Department of Health has oversight over the following public entities:

2.1 Council for Medical Schemes

The Council for Medical Schemes is the national medical schemes regulatory authority established in terms of the Medical Schemes Act (1998). The council's vision for the medical scheme industry is that it is effectively regulated to protect the interests of members and promote fair and equitable access to private health financing.

2.2 National Health Laboratory Service

In terms of the National Health Laboratory Service Act (2000) the National Health Laboratory Service is required to: provide cost-effective and efficient health laboratory services to all public sector health care providers, other government institutions and any private health care provider in need of its service; support health research; and provide training for health sciences education.

The service's overarching goals are to restructure and transform laboratory services in order to make them part of a single national public entity and develop policies that will enable it to provide health laboratory services as the preferred provider for the public health sector; and to provide cost-effective and professional laboratory medicine, through competent, qualified professionals and state-of-the-art technology supported by academic and internationally recognised research, training and product development in order to support optimal healthcare delivery for the country.

2.3 South African Medical Research Council

The South African Medical Research Council was established in 1969 in terms of the South African Medical Research Council Acts (1969 and 1991). The Intellectual Property, Rights from Publicly Financed Research and Development Act (2008) also informs the council's mandate. The Council is required to promote the improvement of health and quality of life through research development and technology transfer. Research and innovation are primarily conducted through council-funded research units located within the council and in higher education institutions. The council's strategic focus is determined in the context of the priorities of the Department of Health and government. The council's research therefore plays a key role in responding to government's key health outcome: a long and healthy life for all South Africans.

2.4 Compensation Commissioner for Occupational Diseases in Mines and Works

The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational Diseases on Mines and Works Act (1973). It operates a trading account in terms of the act. The commissioner is mandated to compensate ex-miners and miners for impairment of lungs or respiratory organs and reimbursement for loss of earnings incurred during tuberculosis treatment. In the case where the ex-miner is deceased it compensates the beneficiaries of the ex-miner. The commissioner also administrates the government grant for pensioners.

2.5 The Office of Health Standards Compliance

The Office of Health Standards Compliance is established in terms of the National Health Amendment Act (2013). The board of the office was inaugurated in January 2014 and the Office started to function as an independent entity on 1 April 2014. The 12-member board consists of healthcare professionals, academics and activists. The establishment of the Office of Health Standards Compliance is another step towards realising universal healthcare coverage and improving the quality of care in SA. The Office of Health Standards Compliance will conduct compliance inspections at health facilities. It will also have an ombudsman, which will make it possible for patients to complain about healthcare institutions.

3. PUBLIC PRIVATE PARTNERSHIP

3.1 Bio Vac

In 2003 the National Department of Health established the Biological and Vaccines Institute of Southern Africa (Biovac) through a strategic equity partnership with the Biovac Consortium (Pty) Ltd. The two aims of the partnership were: revive the declining vaccine production capacity in South Africa; and improve the supply of vaccines for the expanded programme on immunisation (EPI) to the public sector. The project agreement is structured to give effect to these objectives by creating specific Strategic Equity Partnership Undertakings. The current Agreement is effective until 31 December 2016 in accordance with Regulation 16.8 of the Public Financial Management Act.

3.2 Infrastructure PPPs

The National Department of Health through its infrastructure unit, is actively involved together with the Provinces in the establishment of seven PPP flagship projects for identified hospitals.

ANNEXURE A : REVIEW OF THE STRATEGIC PLAN 2015-2020

PROGRAMME 1: ADMINISTRATION

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Ensure effective financial management and accountability	Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinions	Clean Audit Opinion for the NDoH
		Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	2 Unqualified audit opinions	9 Provincial DoH that demonstrate improvements in Audit
Ensure efficient and responsive Human Resources Services to the National Department of Health	Ensure efficient and responsive Human Resources Services through the implementation of efficient recruitment processes and responsive Human Resources support programmes	Average Turnaround times for recruitment processes	6 months	6 months
		Percentage of Employees accessing the Health and wellness programmes	None	45% of NDoH employees
Coordinate the development and implementation of the Departmental Business Continuity Plan by the 31st of March 2020	Ensure resilient and continuously available ICT systems and services in the Department through the implementation of an approved Departmental ICT Service Continuity Plan	Departmental Business Continuity Plan (BCP) developed.	An approved ICT Service Continuity Plan exist	All Phases of Business Continuity Plan (BCP) implemented by 2020
Provide support for effective communication	Provide support for effective communication by developing an integrated communication strategy and implementation plan	Number of communication interventions implemented	Limited media presence for Health Messages	400 communication interventions implemented (cumulative)

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

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Achieve Universal Health Coverage through the phased implementation of National Health Insurance	Achieve Universal Health Coverage through the phased implementation of National Health Insurance	White Paper on NHI	Green paper on NHI	Review public comments and revise and publish final White Paper on NHI by 2016/17
		Legislation for NHI	None	National Health Insurance legislation and regulations developed and published by 2018/19
		Establishment of the National Health Insurance Fund	Conceptual document of the NHI Fund as per the Draft White Paper on National Health Insurance	NHI fund –purchasing services on behalf of the population from accredited and contracted providers established by 2018/19
Establish A national stock management surveillance centre to improve medicine availability	Establish A national stock management surveillance centre to improve medicine availability	Number of hospitals Implementing an electronic stock management system (ESMS) for the detection of stock outs of medicines	Electronic system developed	Electronic stock management system implemented and Functional at all Hospitals
		Number of PHC Facilities Implementing an electronic system for the early detection of medical stock outs	Electronic stock management system functional in 600 PHC facilities	Electronic stock management system functional in all PHC facilities
		Number of facilities reporting stock availability at national surveillance centre to monitor medicine availability	Business plan for the a national surveillance centre developed	National DoH surveillance centre functional and reporting stock availability at all health Facilities in South Africa
Improve contracting and supply of medicines	Improve contracting and supply of medicines through innovative service delivery models	Number of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	Procurement Unit (PMPU) established in Limpopo and Gauteng.	Control towers have been implemented in 8 Provincial DoH
		Number of patients receiving medicines through the centralised chronic medicine dispensing & distribution system	200,000 patients	1,500,000 patients
		Percentage of pharmaceutical Contracts awarded at least 8 weeks prior to expiration of outgoing contract	ARV Tender awarded 3 months prior to expiry	100% of contracts are available at least 8 weeks prior to expiration of outgoing tender

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Implement the Strategy to address antimicrobial resistance (AMR)	Implement the Strategy to address antimicrobial resistance (AMR)	National AMR strategy	Approved National AMR Strategy	Surveillance system monitoring resistance implemented
Regulate African Traditional Practitioners	Regulate African Traditional Practitioners	Council for Traditional Practitioners Established	Interim Council for Traditional Practitioners established and meets quarterly	Council for Traditional Practitioners is established and fully operational
Strengthen Revenue collection by incentivising hospitals to maximise revenue generation.	Strengthen Revenue collection by incentivising hospitals to maximise revenue generation.	Revenue Retention Model (RRM) at central hospitals	A discussion paper on revenue retention models developed and presented to NHC	Revenue Retention Model (RRM) fully implemented at all 10 central hospitals
Implement eHealth Strategy of South Africa	Implement eHealth Strategy of South Africa through the development of the system design of patient information systems and implantation	Development of a complete System design for a National Integrated Patient based information system	Normative Standards for eHealth developed and approved Standards based basic Health Information Exchange architecture conceptualised	System Architecture fully developed and patient registry implemented through the development of Health Information Exchange, And eHealth Strategy 2012 2016 Reviewed
		Number of health facilities implementing improved patient administration and web based information systems	50 PHC Facilities implementing improved patient administration and web based information systems	All PHC Facilities implementing improved patient administration and web based patient information systems
Ensure research contributes to the improvement of health outcomes.	Develop and Implement a national research strategic plan	National health research plan implemented	Draft Concept paper for the establishment of the National Health Research Observatory and revision of health policy	National Health Research plan implemented and SADHS conducted
Integrated monitoring and evaluation system established to generate evidence for planning and performance management	Implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	Integrated monitoring and evaluation system implemented	Draft Monitoring and Evaluation plan	Integrated monitoring and evaluation system providing evidence for planning and performance management implemented.
Ensure SA meets its international obligation	Domestication of international treaties and implementation of multilateral cooperation on areas of mutual and measurable benefit	Number of International treaties implemented	New indicator	Three International treaties implemented And an audit on the progress of ratification of a treaty completed by 2016/17
		Number of multilateral frameworks implemented	New indicator	Three Multilateral Frameworks implemented
	Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	New indicator	Six strategic bilateral projects implemented

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

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
To reduce maternal morbidity and mortality	To reduce the maternal mortality ratio to under 100 per 100 000 live births by 2020	Maternal Mortality Ratio	Maternal Mortality Ratio of 269/100 000 live births	Maternal Mortality Ratio of <100/100,000 live births
		Antenatal 1st visit before 20 weeks rate	55%	80%
		Mother postnatal visit within 6 days rate	80%	95%
To reduce neonatal morbidity and mortality	To reduce the neonatal mortality rate to under 7 per 1000 live births by 2020	Inpatient early neonatal death rate	13.9	7
To improve access to sexual and reproductive health services	To improve access to sexual and reproductive health services by expanding the availability of contraceptives	Couple year protection rate	55%	75%
		Cervical cancer screening coverage	64%	75%
Expand the PMTCT coverage to pregnant women	Expand the PMTCT coverage to pregnant women by ensuring that all HIV positive antenatal clients are initiated on lifelong ART and reducing the positivity rate to below1%	Antenatal client initiated on ART rate	88%	98%
		Infant 1st PCR test positive around 10 weeks rate	2.6%	<1%
Reduce under-five mortality rates	To reduce under-five mortality rates to less than 30 per 1,000 live births.	Under five mortality rate	42 per 1,000 Live births	30 per 1,000 Live births
		Child under 5 years diarrhoea case fatality rate	4.2%	<2%
		Child under 5 years pneumonia case fatality rate	3.5%	<2%
		Child under 5 years severe acute malnutrition case fatality rate	11.2%	< 5%
		Confirmed measles case incidence per million total population	< 5/ 1,000,000	<1/1,000,000
		Immunisation coverage under 1 year	83.38%	95%
		Infant exclusively breastfed at HepB 3rd dose rate	45.1% (2014/15)	70%
		DTaP-IPV-Hib-HBV - Measles 1st dose drop-out rate	7%	<5%
		Measles 2nd dose coverage	75%	90%
Improve health and learning amongst school-aged children	To improve health and educational outcomes amongst school-aged children by rolling out ISHP services	School Grade 1 screening coverage (annualised)	7%	40%
		School Grade 8 screening coverage (annualised)	4%	25%
To protect girls against cervical cancer	To vaccinate at least 90% of grade 4 girls annually to reduce cervical cancer	HPV 1st dose coverage	New Indicator	90%
		HPV 2nd dose coverage	New Indicator	90%

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Improve access to treatment	Increase access to at least 90% of lab-diagnosed DS-TB and RR-TB clients	TB client 5 years and older initiated on treatment rate	New Indicator	90%
		TB Rifampicin resistant client treatment initiation rate	60 % (2013)	90%
Strengthen patient retention in treatment and care	Strengthen the system for retaining patients in treatment and care by reducing lost to follow up by 50% for MDR TB and by 40% for TB	TB client treatment success rate	76% (2012)	90%
		TB client lost to follow up rate	6.6% (2012)	4.0%
		TB client death rate	8.4% (2012)	<5%
		TB MDR client lost to follow up rate	20 %(2011)	<10 %
		TB MDR client death rate	18% (2011)	<8%
		TB MDR treatment success rate	45%(2011)	70%
Strengthen TB/HIV integration	Increase the proportion of TB/HIV co-infected patients on ART to 90%	TB/HIV co-infected client on ART rate	65% (2012)	90%
To scale-up combination of prevention interventions to reduce new HIV, STI and TB infections	To scale up combination of prevention interventions to reduce new infections including HCT, male medical circumcision and condom distribution	Number of clients tested for HIV	6 688 950	10 million annually
		Number of medical male circumcisions performed	512 912	650 000 annually
		Male condoms distributed	506 427 732	800 million annually
		Female condoms distributed	13 254 025	19 million annually
Increase the number of HIV positive people on ARVs	Increase the numbers of HIV positive people on ARVs to at least 5.2 million by 2020	Total clients remaining on ART (TROA)	2.7 million	5.2 million

PROGRAMME 4: PRIMARY HEALTH CARE (PHC) SERVICES

Strategic Objective	Objective Statement	Performance Indicator	Baseline 2013/14	Target 2019/20
Reduce risk factors and improve integrated management of chronic conditions	Reduce risk factors and improve integrated management of chronic conditions	Number of people screened comprehensively for diseases of lifestyle	New Indicator	8 million screened annually
Prevent avoidable blindness	Prevent avoidable blindness through scale up of the Cataract surgery programme	Cataract Surgery Rate	1137 operations per million uninsured population (49 375 cataract operations)	1000 operations per million un-insured population
Eliminate Malaria by 2018	Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Malaria Incidence per 1000 population at risk	0.17 (3 408) confirmed local cases 0.21 (4 247) aggregate of local cases and cases of unknown origin	Malaria Eliminated by 2018, so that there is zero local cases of malaria in South Africa
		Number of districts targeted[1] for malaria elimination reporting malaria cases within 24 hours of diagnosis	1 district targeted for malaria elimination reporting malaria cases within 24 hours of diagnosis	10 districts targeted for malaria elimination reporting malaria cases within 24 hours of diagnosis
Improve district governance and strengthen management and leadership of the district health system	Improve district governance and strengthen management and leadership of the district health system	Number of Districts with uniform management structures	Uniform management structures for Districts	52 Districts with uniform management structures
		No of primary health care facilities with functional committees	Implementation plan approved and Monitoring system developed	3500 primary health care facilities with functional clinic committees
Improve access to community based PHC services	Improve access to community based PHC services	Number of functional WBPHCOTs	1500 functional WBPHCOTs	3500 functional WBPHCOTs
Improve quality of services at primary health care facilities	Improve quality of services at primary health care facilities through the Ideal Clinic Initiative	Number of primary health care facilities in the 52 districts that qualify as Ideal Clinics	New Indicator	3500 primary health care facilities in the 52 districts qualify as Ideal Clinics
Improve environmental health services IN South Africa	Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of municipalities that are randomly selected and audited against environmental health norms and standards in executing their environmental health functions	Environmental Health strategy developed	35 municipalities randomly selected and audited annually against environmental health norms and standards
		Hand hygiene campaign rolled out in all 9 (nine) provinces	Hand hygiene campaign launched	9 provinces implementing hand hygiene campaign targeting commuters, early childhood development centres and schools
		Health Care Risk waste Regulations Developed and monitored	Regulations developed and published in the government gazette for public comment	9 provinces monitored on implementation of hand hygiene strategy
Ensure provision of IHR compliant port health services in South Africa	Ensure provision of IHR compliant port health services at all 44 commercial points of entry in South Africa	Number of points of entry that provide IHR compliant port health services	Port Health Services transferred from Provincial DoH to National DoH (2014/15)	All 35 commercial points of entry compliant with IHR 2005
Reduce risk factors and improve management for Non-Communicable Diseases (NCDS) by implementing the Strategic Plan for NCDs 2012-2017	Reduce risk factors and improve management for Non-Communicable Diseases (NCDs) by implementing the Strategic Plan for NCDs 2012-2017	Number of government Departments oriented on the National guide for healthy meal provision in the workplace	New Indicator	All National and Provincial Government Departments and oriented on the National guide for healthy meal provision in the workplace
		Guidelines on Nutrition for Early Childhood Development centres	New indicator	Guidelines on Nutrition for Early Childhood Development centres implemented and monitored
		Regulations relating to Labelling and packaging of tobacco products and smoking in indoor and outdoor public places Developed	New indicator	Regulations relating to labelling and packaging of tobacco products gazetted; and Regulations relating to smoking in indoor and outdoor public places gazetted
		Random Monitoring of salt content in foodstuffs conducted.	New Indicator	Random samples from each of 13 regulated food categories tested, reported on and corrective action taken
Establish a National Health Commission	Establish a National Health Commission to address the social determinants of health	National Health Commission established	New Indicator	National Health Commission established and Operational by 2018/19

Strategic Objective	Objective Statement	Performance Indicator	Baseline 2013/14	Target 2019/20
Improve access to and quality of mental health services in South Africa	Improve access to and quality of mental health services in South Africa	Mental health teams established in each district	Zero	30 Specialist mental health teams established
Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Number of Districts implementing the framework and model for rehabilitation services	Draft Framework and Model approved and costed	30 Districts implementing the framework and model for rehabilitation services
Strengthen preparedness and core response capacities for public health emergencies in line with International Health Regulations	Strengthen preparedness and core response capacities for public health emergencies in line with International Health Regulations	Number of Provincial Outbreak Response Teams trained to respond to zoonotic, infectious and food-borne diseases outbreaks	New indicator	Evaluation report on the capacity of all 9 provinces to respond to zoonotic, infectious and food-borne diseases
Improve South Africa's response with regard to Influenza prevention and control	Improve South Africa's response with regard to Influenza prevention and control	Number of high risk population covered by the seasonal influenza vaccination	750 000 high risk individuals covered with seasonal influenza vaccination	800 000 high risk individuals covered with seasonal influenza vaccination annually

PROGRAMME 5: HOSPITALS, TERTIARY SERVICES AND WORKFORCE MANAGEMENT

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Ensure quality health care by improving compliance with National Core Standards at all Hospitals	Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment.	New Indicator	All Hospitals assessed, and achieved an overall performance of 75% (or more) compliance with NCS
Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of central hospitals	Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of 10 central hospitals	Number of central hospitals with standardised organisational structure	None (New Indicator)	All 10 Central hospitals implementing approved Organisational structure
Improve access to and quality of mental health services in South Africa	Improve access to and quality of mental health services in South Africa	Number of District and Regional hospitals with mental health inpatient units established	None (New Indicator)	50 District and 10 Regional Hospitals
Develop and Implement health workforce staffing norms and standards.	Develop and Implement health workforce staffing norms and standards.	Guidelines for HRH norms and standards using the WISN methodology	Determine norms for PHC. Orientate District Hospital managers	Guidelines for HR Norms and standards published for all levels of care
		Number of facilities benchmarked against PHC staffing normative guides	New indicator	All PHC facilities, District Hospitals and Specialised Hospitals benchmarked
Implementation of the objectives of the Nursing Strategy	Professionalise Nursing Training and Practice through implementation of the objectives of the Nursing Strategy.	New basic Nursing qualification programmes and draft curricula developed	Nursing strategy developed	New basic nursing qualification programmes and curricula developed and offered at all 17 public Nursing collages
		Number of Nursing and midwifery educators ' identified nationally and registered for training and development programme	New Indicator	50 annually (from 2016/17)

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Build new and improve quality of existing health infrastructure in South Africa	Build new and improve quality of existing health infrastructure in South Africa	Number of facilities maintained, repaired and/ or refurbished in NHI Districts	94 maintenance projects for health facilities in NHI Districts	872 facilities maintained, repaired and/or refurbished in NHI Districts
		Number of facilities maintained, repaired and/ or refurbished outside NHI pilot Districts	249 maintenance projects for health facilities outside NHI pilot Districts	1580 facilities maintained, repaired and/or refurbished outside NHI Districts
		Number of clinics and Community Health Centres constructed or revitalised	72 clinics and community health centres constructed	216 clinics and Community Health Centres constructed or revitalised
		Number of hospitals constructed or revitalised	7 hospitals constructed or revitalised	44 hospitals constructed or revitalised
		Number of new facilities that comply with gazetted infrastructure Norms & Standards.	100% from date of gazetting	260 new health facilities compliant with gazetted norms and standards
Strengthen Monitoring of Infrastructure projects	Strengthen Monitoring of Infrastructure projects	Infrastructure Monitoring System	Non standardised system in place	Infrastructure Monitoring fully implemented for all projects and National reports produced quarterly
Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are monitored for compliance with the EMS regulations	Draft EMS Regulations developed	9 provincial DoH monitored using the approved checklist annually
Eliminate the backlog of blood alcohol and toxicology tests by 2016	Eliminate the backlog of blood alcohol and toxicology tests by 2016	Number of Blood Alcohol reports issued	7500 reports per lab per quarter (4 FCLs)	Backlogs eliminated and 120 000 Alcohol test reports issued Annually
		Number of Toxicology reports issued	375 reports per lab(3 FCLs)	Backlogs eliminated and 4 500 Alcohol test reports issued Annually
Provide food analysis services	Provide food analysis services	Number of food tests performed	500 per lab per quarter(2 FCLs)	4 000 food tests completed annually
Improve management of health facilities at all levels of care through the Health Leadership and Management Academy.	Improve management of health facilities at all levels of care through the Health Leadership and Management Academy.	A coaching mentoring and training programme for health managers	New Indicator	Mentoring and training Programme for Health Managers developed and accessible to all Hospital CEOs and PHC Managers
		A knowledge hub which includes a web based interactive information system	New Indicator	Knowledge hub fully developed and accessible to all Hospital CEOs and PHC Managers

PROGRAMME 6: HEALTH REGULATION AND COMPLIANCE MANAGEMENT

Strategic Objective	Objective Statement	Performance Indicator	Baseline	Strategic Plan Target
			2013/14	2019/20
Improve efficiency of regulator through the establishment of SAHPRA.	Establish the South African Health Product Regulatory Authority (SAHPRA)	SAHPRA established as a public entity	Parliament process. National Portfolio Committee on HealthPublic hearings Nov 2014.	SAHPRA established by 2016/17 and fully operational and functional by 2019/20
Establish the National Public Health Institutes of South Africa (NAPHISA) for disease and injury surveillance	Establish NAPHISA to ensure coordinated disease and injury surveillance and research	Legal framework developed to establish National Public Health Institutes of South Africa (NAPHISA)	Report on conceptual framework and business case for NAPHISA	NAPHISA established and fully operational
Improve oversight and corporate governance practices at all Public Entities and Statutory Councils	Improve oversight and Corporate Governance practices by establishing effective governance structures, policies and tools	Number of Health entities' and Statutory Health professional Councils fully functional and compliant to good Governance practices (structures, Finance, HR , Supply Chain Management policies)	2 health entities fully functional	4 health Entities' and 6 statutory health professional councils
		Performance management system for board members	New Indicator	A standardised performance management system developed and institutionalised for board members

ANNEXURE B: TECHNICAL INDICATOR DESCRIPTIONS

PROGRAMME 1:

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Audit opinion from Auditor General	Audit opinion from Auditor General for National Department of Health	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officer
Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	To strengthen financial management monitoring and evaluation	Provincial Auditor General's Reports used to determine improvements	N/A	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officers of Provincial Departments of Health Chief Financial Officer : NDoH
Average Turnaround times for recruitment processes	Rate at which recruitment processes are concluded, represented as the Number of average days taken for the recruitment process	To measure the time it takes to fill vacancies in the department. Importance: Significant	Personnel Files	Numerator: Total Number of Days taken to make all appointments Denominator: Total Number of appointments	Turnaround time could be hampered by poor response from SAQA and NIA	Outcome	Cumulative	Bi Annually	No	A lower Number indicates better performance	Cluster Manager: HR

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Percentage of Employees accessing the Health and wellness programmes	Percentage of Employees accessing the Health and wellness programmes at the National Department of Health including all satellite offices of National Department of Health	To provide maximum levels of health, quality of life, work performance and health care to employees.	Numerator: Attendance register Denominator: 2016 Estimates of Expenditure	Numerator: Number of Employees accessing the Health and wellness programmes Denominator: Total Number of employees in the Department as per 2016 ENE	Programme implementation dependant on employees of the Department volunteering to participate	Input	Cumulative	Quarterly	No	Higher percentage of employees indicated greater programme success.	Cluster Manager: Employment Relations
Departmental Business Continuity Plan (BCP) developed	Departmental Business Continuity Plan (BCP) developed in consultation with line managers responsible for the identified systems	To track progress against ICT continuity plan	Signed contract between service provider and NDoH Business processes of HR, ICT Finance, SCM, MCC, MBOD/CCOD, Port Health and Pharmaceutical cluster	N/A	N/A	Output	N/A	Quarterly	No	National DoH protected in the event of a disaster	Director: ICT
Number of communication interventions implemented	Number of communication interventions which consists of health of health awareness campaigns, media releases, and advertorials	Track health publicity	Copies of media releases, abertorials and health awareness reports or articles	sum of communication interventions which consists of health of health awareness campaigns, media releases, and advertorials	None	Outcome	N/A	Quarterly	Yes	Higher number of communication interventions indicated better publicity	Cluster Manager: Communication Cluster
NDoH vacancy rate	NDoH vacancy rate remains within DPSA threshold of 10%	To track vacancy rate	Persal system providing vacancy reports	Numerator: Total Number of unfilled Posts Denominator: Total Number of posts on the staff establishment	None	Input	%	Bi-Annually	No	NDoH vacancy rate remains within DPSA threshold of 10%	Cluster: HRM&D
Percentage of Senior Managers that have entered into Performance agreements with their supervisors	Percentage of Senior Managers that have entered into Performance agreements (PAs) with their supervisors by 1 June 2016	To track implementation of PMDS	Signed Performance Agreements	Numerator: Total Number of senior managers with signed PAs Denominator: Total Number of Senior Managers on the staff establishment	None	Process	%	Annual	No	All managers signing PAs timeously	Cluster: HRM&D

PROGRAMME 2:

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
White Paper on NHI	White Paper on NHI published	To outline the policy document for achieving universal health coverage in South Africa through the phased implementation of NHI.	Published White Paper on NHI	N/A	None	Activity	N/A	Quarterly	No	Final White Paper on NHI published	Cluster : NHI
Legislation for NHI	Determination of the legal framework to enable the implementation of NHI	To outline the enabling legislative framework to support the phased implementation of NHI.	Draft NHI Bill	N/A	None	Activity	N/A	Annual	No	Draft NHI Bill prepared to be gazetted for public comments	Cluster : NHI
Establishment of the National Health Insurance Fund	Initiate work on the creation of a functional NHI Fund.	To initiate work on the NHI Fund as part of the preparatory work for the phased implementation of NHI	Published White Paper on NHI- Draft document outlining the funding modality for the NHI Fund	N/A	None	Activity	N/A	Annual	No	NHI Fund modality developed	Cluster: NHI
Number of hospitals Implementing an electronic stock management system (ESMS) for the detection of stock outs of medicines	Implement an Electronic system for the early detection of stock outs of medicines at hospitals for the management of medicines supply	To detect and correct of facility stock outs timeously.	Dashboard report from National system that confirms the use of the electronic system at hospitals	Sum of hospitals reporting data electronically	Submission of electronic data is equated to implementation	Output	Cumulative Count	Quarterly	No	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 50 district hospitals and 46 regional hospitals.	Cluster: Sector Wide Procurement
Number of PHC Facilities Implementing an electronic system for the early detection of stock outs of medicines	Implement an Electronic system for the early detection of stock outs of medicines at PHC Facilities for the management of medicines supply	Timely detection and correction of facility stock outs.	Dashboard report from National system that confirms the use of the electronic system at hospitals	Sum of PHC Facilities reporting data electronically	Submission of electronic data is equated to implementation.	Output	Count	Quarterly	No	Electronic system for the detection of stock outs functional in 1800 PHC clinics.	Cluster: Sector Wide Procurement

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of facilities reporting stock availability at national surveillance centre to monitor medicine availability	Establish a national surveillance centre for the triangulation of stock out signals, verification and tracking.	Communication and correction of stock outs.	Dashboard report from National system that confirms the use of the electronic system at hospitals	Sum of facilities reporting stock availability at national surveillance centre to monitor medicine availability	Reporting by stake holders	Output	None	Quarterly	No	National surveillance centre functional and reporting stock availability for 10 central hospitals, 17 tertiary hospitals, 50 district hospitals, 46 regional hospitals and 1800 PHC clinics.	Cluster: Sector Wide Procurement
Number of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	Establish Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines	Track the establishment of the PMPUs in provinces	Report confirming the direct delivery of medicines by each PMPU	Sum of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	Not all facilities in the province may be participating in this new model	Output	Sum - non cumulative	Quarterly	No	PMPU Unit has been implemented in North-West and Kwa-Zulu Natal DoH.	Cluster: Sector Wide Procurement
Number of patients receiving medicines through the centralised chronic medicine dispensing & distribution system	Number of patients receiving medicines through the centralised chronic medicine dispensing & distribution system	Measure implementation of CCMDD.	Monthly reports from contracted suppliers that confirm medicine supply.	Total Number of patients receiving medicines via the chronic medicine dispensing & distribution system per district.	Not all patients in the District may be participating in this new model	Output	Sum	Quarterly	No	Greater number of patients indicates higher uptake of the new service delivery model	Cluster: Sector Wide Procurement
Percentage of pharmaceutical Contracts awarded at least 8 weeks prior to expiration of outgoing contract	Contracts for health related items are awarded at least 8 weeks prior to the expiration of the outgoing contract.	Facilitate smooth progression between contracts an initial lead time of at least 8 weeks is required to minimise the risk of interruptions in medicines supplies	Contract circular	Numerator Number of contracts available 8 weeks prior to expiration. Denominator Total Number of renewed contracts awarded in the reporting period.	None	Output	%	Quarterly	No	All pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract	Cluster: Sector Wide Procurement
National AMR strategy Implemented	Implementation of the AMR strategy	Track Implementation of the AMR strategy	Antimicrobial Stewardship Policy	None	None	None	N/A	Quarterly	No	Appointment of the MAC Implementation plan for AMR strategy developed	Cluster: Sector Wide Procurement
Council for Traditional Practitioners Established	Council for Traditional Practitioners established by National DoH	Track institutionalisation of Traditional medicine practice	Appointment letters of staff appointments	None	None	None	N/A	Annual	No	Council for Traditional Practitioners and Registrar appointed	Cluster: Sector Wide Procurement

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Revenue Retention Model (RRM) at central hospitals	Develop a Revenue retention model to incentivise hospitals to improve revenue collection	Improve hospital accountability in revenue genera-tion and minim	Compare actual revenue collection to annual revenue targets	None	None	Inputs	None	Quarterly	No	A discussion paper on revenue retention models developed and approved by NHC and National Treasury	Cluster: NHI
Single Exit Price Adjustments Published and Implemented Annually	Publish and Implement Single Exit Price Adjustments Annually	Track publication of SEP annual adjustments	SEP Publication for 2016/17 year	None	None	Process	N/A	Annual	No	Implementation of the gazette 2015/16 Annual Price Adjustment	Cluster: NHI
Regulations pertaining to Uniform Patient Fee Schedule (UPFS) developed	Regulations pertaining to Uniform Patient Fee Schedule (UPFS) developed	Track development of Uniform Patient Fee Schedule (UPFS)	Published UPFS tariffs and related addendums	N/A	UPFS is not cost recovery	Process	N/A	Quarterly	No	UPFS regulations for legal comments Disseminated	Cluster: NHI
Central Repository for the funded and unfunded patients	Central Repository consisting of all funded patients personal, demographic and medical benefit details.	Monitor the development of Central Repository	Existence of the ICT system with a database of medical scheme members	N/A	None	Process	N/A	Quarterly	No	A repository containing funded patients established by Council for Medical Schemes	Cluster: NHI
National electronic system to monitor supplier performance	National electronic system to monitor supplier performance developed and implemented through production of supplier performance reports	Monitor medicine supplier performance	Quarterly performance reports of all medicine suppliers	N/A	None	Process	N/A	Quarterly	Yes	Supplier performance monitored	Cluster: Sector Wide Procurement

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Forum to promote transparency and multi-stakeholder engagement regarding medicine availability	Forum to promote transparency and multi-stakeholder engagement for medicine availability established and operational	Track establishment of a forum that promotes multi-stakeholder engagement	Terms of Reference of the Forum developed Appointment letter sent to forum members Attendance register of One stakeholder meeting	N/A	None	Process	N/A	Quarterly	Yes	Forum established and actively promoting multi-stakeholder management	Cluster: Sector Wide Procurement
Complete System design for a National Integrated Patient based information system	Develop software to integrate Patient based information systems	Integrate patient and health information residing in separate repositories	Software that demonstrated capability to exchange health information	N/A	None	Output	N/A	Annual	No	Basic Health Information Exchange developed to conduct a reference implementation of eHealth interoperability norms and standards	NHI Programme
Number of PHC health facilities implementing improved patient administration and web based information systems	Number of Primary Health Care facilities implementing improved patient administration and web based information systems	Track implementation of eHealth Project	Health Patient Registration System (HPRS) reports confirming the Number of facilities reporting data electronically or facility sign-off implementation	Sum of PHC health facilities implementing improved patient administration and web based information systems	Reliant on accuracy of reports sent by Provincial DoH	Output	Cumulative Sum	Annual	No	Additional 700 Facilities implementing improved patient administration and web based information systems	NHI Programme
National health research plan implemented	Develop and Implement National health research plan	Ensure health research contributes to improving health outcomes	Approved National Health Research Plan Signed SADHS progress report Confirming SADHS data collection is completed	N/A	None	Output	N/A	Annual	No	National Health Research strategic plan approved	Health Information Research Monitoring and Evaluation (HIRME) Cluster
Integrated Monitoring and Evaluation plan developed	Implement an evaluation plan for the health sector	Coordinated efforts and resources for evaluations	Draft Monitoring Framework for NHI	N/A	N/A	Output	N/A	Annual	No	Monitoring framework for NHI developed	HIRME Cluster
Number of International treaties implemented	Number of Inter-national treaties Implemented	To strengthen international relations for health	Approved reports that confirm implementation of international treaties Audit report of progress of ratification of a treaty	Sum of International treaties implemented	N/A	Output	Sum	Annual	No	Three International treaties implemented An audit of the progress of ratification of the treaties completed	International Health Liason Unit

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of multilateral frameworks implemented	Number of multilateral frameworks implemented	To strengthen international relations for health	Approved reports that confirm implementation of multilateral frameworks	Sum of multilateral frameworks implemented	N/A	Output	Sum	Annual	Yes	Three Multilateral Frameworks implemented	International Health Liason Unit
Number of Bilateral projects implemented	Number of Bilateral projects implemented	To strengthen international relations for health	Approved reports which confirms the implementation of bilateral project Progress reports which aim to review all signed bilateral agreements	Sum of Bilateral projects implemented	N/A	Output	Sum	Annual	No	Seven strategic bilateral projects implemented	International Health Liason Unit
Number of Provincial Annual Performance Plans (APPs) aligned to the National Health System Priorities	Provincial APPs reviewed for alignment with national health sector priorities and feedback provided	Facilitate alignment of provincial plans with National Health sector priorities	Evidence providing review of 9 x Provincial APPs, and/ or Agendas for Provincial feedback sessions and/or copies of correspondence to Provinces providing feedback	N/A	None	Process	None	Annually	No	All provincial plans reviewed and feedback provided	Cluster: Policy Coordination and Integrated Planning
Integrated Planning Framework for National Health System	Integrated Planning Framework for National Health System developed to strengthen integration of planning across all levels of the health system	Track development of a planning framework to strengthen integrated health service planning	Draft Integrated Planning Framework for National Health System	N/A	N/A	Output	None	Annual	Yes	Integrated Planning Framework developed and presented to NHC	Cluster: Policy Coordination and Integrated Planning
Patient Experience of Care (PEC) survey tool	Implement Patient Experience of Care survey tool to ensure consistent measurement of patient satisfaction levels in South Africa	Improve Patient Experience of Care	Report from DHIS that confirms pilot implementation of Patient Quality of care survey tool	N/A	The scale of the implementation is unknown at this stage. Quality of data is dependent onaccuracy of reporting by provinces	Process	None	Annual	Yes	A national survey that measures patient experience of care conducted	Quality Assurance Directorate

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
National Survey to measure Patient Experience of Care	Conduct a National Survey to establish baseline of patient satisfaction levels in South Africa	Improve quality of care	Documented evidence that confirms a National survey has been conducted	N/A	The scale of the National survey is unknown at this stage.	Process	None	Annual	Yes	A national survey that measures patient experience of care conducted	Quality Assurance Directorate
National Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa	Develop and implement a National Policy to manage Complaints, Compliments and Suggestions to ensure a uniform process on the management of complaints, compliments and suggestions in all health establishments	Improve quality of care	Documented evidence of Policy to manage Complaints, Compliments and Suggestions and attendance register of training conducted	N/A	N/A	Process	N/A	Quarterly	Yes	Approval and implementation of the National Policy to manage Complaints, Compliments and Suggestions	Quality Assurance Directorate
National Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa	Develop and seek approval for National Policy to manage Patient Safety Incidents to ensure that harm to patients are reduced	Improve quality of care	Approved Policy to manage Patient Safety Incidents	N/A	N/A	Process	N/A	Quarterly	Yes	Approval of the National Policy to manage patient safety incidents	Quality Assurance Directorate

PROGRAMME 3:

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	Tracks proportion of pregnant women that presented at a health facility within the first 20 weeks of pregnancy	Facility Register	Numerator: Sum[Antenatal 1st visit before 20 weeks] Denominator: Sum[Antenatal 1st visit total]	Accuracy dependent on quality of data submitted by health facilities	Process	%	Quarterly	No	Higher percentage indicates better uptake of ANC services	MNCWH Programme Manager
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Tracks proportion of mothers that received postnatal care within 6 days from giving birth	Facility Register	Numerator: Sum[Mother postnatal visit within 6 days after delivery] Denominator: Sum[Delivery in facility total]	Accuracy dependent on quality of data submitted by health facilities	Process	%	Quarterly	No	Higher % indicates better uptake of postnatal services	MNCWH programme manager
Maternal mortality in facility ratio	Ratio of the number of maternal deaths in public health facilities (excluding accidental or incidental causes) per 100,000 live births for a specified year	This population based indicator is a measure of women's health across the country	Facility Register	Numerator: Sum[Maternal death in facility] Denominator: Sum[Live births]	Accuracy dependent on quality of data submitted by health facilities	Impact	Ratio per 100 000 live births	Quarterly	No	Lower rate indicates improved access to SRH services.	MNCWH Programme Manager
Inpatient Early neonatal death rate	Proportion of children 28 days admitted/separated who died during their stay in the facility as a proportion of Live birth in facility	Monitors treatment outcome for admitted children under 28 days	DHIS, facility registers, patient records	Numerator: Sum[Neonatal death in facility (0-28days)] Denominator: Sum[Live birth in facility]	Accuracy dependent on quality of data submitted by health facilities	Impact	%	Quarterly	No	Lower death rate in facilities indicate better obstetric management practices and antenatal and care	MNCWH Programme Manager
Couple Year Protection Rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Contraceptive years	Track the extent of the use of contraception (any method) amongst women of child bearing age	Facility Register Denominator: StatsSA	Numerator Contraceptive years: Sum of (Oral pill cycles/13) + (Medroxyprogesterone injection/ 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) +)Male condoms distributed / 200) + (Female condoms distributed/200) +Male sterilisation x 20) + (Female sterilisation x 10) Denominator: SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]}	Accuracy dependent on quality of data submitted by health facilities	Outcome	%	Quarterly	No	Higher percentage indicates higher usage of contraceptive methods.	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Cervical cancer screening coverage (annualised)	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitors implementation of policy on cervical screening	Numerator: Facility Register Denominator: StatsSA	Numerator: SUM([Cervical cancer screening 30 years and older]) Denominator: (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older]) / 10	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted health facilities	Output	%	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
Antenatal client initiated on ART rate	% of HIV positive Antenatal clients placed on ART.	Tracks the HIV Treatment policy	Facility Register	Numerator: Antenatal client start on ART Denominator: Antenatal client eligible (Antenatal client known HIV positive but NOT on ART at 1st visit) for ART initiation	Accuracy dependent on quality of data Reported by health facilities	Output	%	Quarterly	No	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment	MNCWH programme manager
Infant 1st PCR test positive around 10 weeks rate	Infants PCR tested positive for the first time around 10 weeks after birth as proportion of Infants PCR tested around 10 weeks	This indicator monitors PCR positivity rate in HIV exposed infants around 10 weeks	Facility Register	Numerator: SUM[Infant 1st PCR test positive around 10 weeks Denominator: Sum[Infant PCR test around 10 weeks]	Accuracy dependent on quality of data submitted health facilities	Output	%	Quarterly	No	Lower percentage indicate fewer HIV transmissions from mother to child	PMTCT Programme
Child under 5 years diarrhoea case fatality rate	Proportion of children under 5 years admitted into any public health facility with diarrhoea who died	Monitors treatment outcome for children under 5 years who were admitted with diarrhoea. Include under 1 year diarrhoea deaths	Facility Register	Numerator: SUM [Child under 5 years with diarrhoea death] Denominator: SUM [Child under 5 years with diarrhoea admitted]	Reliant on accuracy of diagnosis / cause of death Accuracy dependent on quality of data submitted by health facilities	Impact	%	Quarterly	No	Lower children mortality rate is desired	MNCWH Programme manager
Child under 5 years pneumonia case fatality rate	Proportion of children under 5 years admitted into any public health facility with pneumonia who died	Monitors treatment outcome for children under 5 years who were admitted with pneumonia. Include under 1 year diarrhoea deaths	Facility Register	Numerator: SUM [Child under 5 years with pneumonia death] Denominator: SUM [Child under 5 years with pneumonia admitted]	Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted by health facilities	Impact	%	Quarterly	No	Lower children mortality rate is desired	MNCWH Programme manager

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Child under 5 years severe acute malnutrition case fatality rate	Proportion of children under 5 years admitted into any public health facility with severe acute malnutrition who died	Monitors treatment outcome for children under 5 years who were admitted with severe acute malnutrition. Includes under 1 year severe acute malnutrition deaths as defined in the	Facility Register	Numerator: SUM [Child under 5 years severe acute malnutrition deaths] Denominator: SUM [Children under 5 years severe acute malnutrition admitted]	Accuracy dependent on quality of data submitted by health facilities	Impact	%	Quarterly	Yes	Lower children mortality rate is desired	MNCWH Programme manager
Confirmed measles case incidence per million total population	Incidence of Measles per million total population	To monitor measles incidence	Numerator: NHLS Laboratory report confirming mea-sles casesDenom-inator: StatsSA	NumeratorSUM [Number of Measles cases] Denominator: SUM [Total population]	Accuracy dependent on quality of specimen tested by NHLS	Outcome	Rate: Per Million population	Annual	No	Incidence rate should decrease	MNCWH
Immunisation coverage under 1 year (Annualised)	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year. The population will be divided by 12 in the formula to make provision for annualisation	Monitor the implementation of Extended Programme in Immunisation (EPI)	Numerator: Facility Register Denominator: StatsSA	Numerator: SUM([Immunised fully under 1 year new]) Denominator: SUM([Female under 1 year]) + SUM([Male under 1 year])	Reliant on under 1 population estimates from StatsSA, and dependent on quality of data submitted by health facilities	Output	%	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager
Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3rd dose rate	% of Infants exclusively breastfed at HepB 3rd dose rate	Monitor Exclusive breastfeeding	Facility Register	Numerator: SUM([Infants exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose]) Denominator: SUM([DTaP-IPV-Hib-HBV 3rd dose])	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted by health facilities	Output	%	Quarterly	No	Higher percentage indicate better exclusive breastfeeding rate	Cluster: Child Health
DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	DTaP-IPV/ Heb3 to Measles1st dose drop-out	Monitors children who drop out of the vaccination program after 14 week vaccina-tion.	Facility Register	Numerator: Sum[DTaP-IPV-Hib-HBV 3 to Measles 1st dose drop-out] Denominator: Sum [DTaP-IPV-Hib-HBV (Hexaxim) 3rd dose]	Accuracy dependent on quality of data submitted by health facilities	Outcome	%	Quarterly	No	Lower dropout rate indicates better vaccine coverage	Cluster: Child Health

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Measles 2nd dose coverage	Measles 2nd dose coverage	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here	Numerator: Facility Register Denominator: StatsSA	Numerator: SUM([Measles 2nd dose]) Denominator: SUM([Female 1 year]) + SUM([Male 1 year])	Accuracy dependent on quality of data submitted by health facilities	Output	%	Quarterly	No	Higher coverage rate indicate greater protection against measles	Cluster: Child Health
School Grade 1 screening coverage (annualised)	Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator: Facility Register Denominator: Report from Department of Basic Education	Numerator: SUM [School Grade 1 - learners screened} Denominator: SUM [School Grade 1 - learners total]	None	Process	%	Quarterly	No	Higher percentage indicates greater proportion of school children received health services at their school	Cluster: Child Health
School Grade 8 screening coverage (annualised)	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator: Facility Register Denominator: Report from Department of Basic Education	Numerator: SUM [School Grade 8 - learners screened] Denominator: SUM [School Grade 1 - learners total]	None	Process	%	Quarterly	No	Higher percentage indicates greater proportion of school children received health services at their school	Cluster: Child Health
HPV 1st dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 1st dose of the HPV vaccine during 2016 Calendar year	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	Numerator: HPV Campaign Register – captured electronically on HPV system Denominator: Report from Department of Basic Education	Numerator: Sum[Girls 9 years and older that received HPV 1st dose] Denominator: Sum[Grade 4 girl learners ≥ 9 years during 2016]	Dependent on accuracy of data from Dept of Education	Output	%	Annually	No	Higher percentage indicate better coverage	Cluster: Child Health
HPV 2nd dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 2nd dose of the HPV vaccine during 2016, and First round 2017	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	Numerator: HPV Campaign Register – captured electronically on HPV system Denominator: Report from Department of Basic Education	Numerator: Sum[Girls 9 years and older that received HPV 2nd dose] Denominator: Sum[Grade 4 girl learners ≥ 9 years]	Dependent on accuracy of data from Dept of Education	Output	%	Annually	No	Higher percentage indicate better coverage	Cluster: Child Health

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
TB client 5 years and older initiated on treatment rate	TB client 5 years and older start on TB treatment rate	To determine whether all laboratory confirmed TB patients are started on treatment	Numerator: TB case identification register Denominator: Results from NHLS	Numerator: Sum[TB client 5 years and older start on TB treatment] Denominator: Sum[TB symptomatic client 5 years and older test positive]	Accuracy dependent on quality of data from reporting facility	Output	%	Monthly	No	Higher	TB Cluster
TB Rifampicin Resistant clients treatment initiation rate	TB Rifampicin Resistant confirmed clients start treatment rate	To determine whether all clients diagnosed with RR TB on Gene-Xpert are started on treatment.	TB case identification register Denominator Results from NHLS	Numerator: Sum[TB Rifampicin Resistant confirmed clients start on treatment] Denominator: Sum[TB Rifampicin Resistant confirmed client]	Accuracy dependent on quality of data from reporting facility	Output	%	Quarterly	No	Higher	TB Cluster
TB client treatment success rate	Proportion TB patients (ALL types of TB) cured and completed treatment	Monitors success of TB treatment for ALL types of TB	TB Register; ETR. Net	Numerator: SUM [TB client cured and completed treatment] Denominator: SUM [TB client initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	%	Quarterly	Yes	Higher percentage suggests better treatment success rate.	TB Cluster
TB Client lost to follow up rate	Percentage of all types of TB cases who are lost to follow up	Monitor patients defaulting on TB treatment	TB Register; ETR. Net	Numerator: SUM [TB client lost to follow up] Denominator: SUM [TB client start on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	%	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Cluster
TB Client death rate	Proportion TB patients who died during treatment period	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB.	TB Register; ETR. Net	Numerator: SUM([TB client death during treatment]) Denominator: SUM([TB client start on treatment])	Accuracy dependent on quality of data from reporting facility	Outcome	%	Quarterly	Yes	Lower levels of death desired	TB Cluster
TB MDR client loss to follow up rate	Percentage of MDR TB cases who interrupted (defaulted) treatment	To monitor the effectiveness of the TB retention strategy.	Facility Register	Numerator: Sum[TB MDR client loss to follow up] Denominator: Sum[MDR TB confirmed clients started on treatment]	Accuracy dependent on quality of data from reporting facility	Output	%	Quarterly	No	Lower	TB Cluster

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
TB MDR client death rate	TB MDR died	To monitor deaths during TB MDR treatment	Facility Register	Numerator: Sum[TB MDR client died] Denominator: Sum[MDR TB confirmed on treatment]	Accuracy dependent on quality of data from reporting facility	Output	%	Quarterly	No	Lower	TB Cluster
TB MDR treatment success rate	TB MDR client success-fully completing treatment as a proportion of TB MDR confirmed clients started on treatment	Monitors success of MDR TB treatment	TB Register; EDR Web	Numerator: TB MDR client successfully complete treatment Denominator: SUM([TB MDR confirmed client start on treatment])	Accuracy dependent on quality of data submitted by health facilities	Outcome	%	Quarterly	Yes	Higher percentage indicates a better treatment rate	TB Cluster
TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	All eligible co-infected clients must be on ART to reduce mortality. Monitors ART initiation for TB clients	TB register; ETR. Net;	Numerator: Total Number of registered HIV+TB co-infected patients on ART Denominator: Total Number of registered HIV positive TB patients	Availability of data in ETR.net, TB register, patient records	Outcome	%	Quarterly	No	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates	TB/HIV manager
Number of clients tested for HIV	Total Number of HIV Tests done	Monitors HIV testing	Facility Register; DHIS	**Sum of :** HIV test child 19-59 months HIV test child 5-14 years HIV test client 15-49 years (excl ANC) HIV test client 50 years and older (excl ANC) Antenatal client HIV 1st test Antenatal client HIV retest)	Accuracy dependent on quality of data submitted by health facilities	Process	Sum	Quarterly	No	Higher percentage indicates increased population knowing their HIV status.	HIV/AIDS Programme Manager
Number of Medical Male Circumcisions performed	Total Number of Medical Male Circumcisions (MMCs) performed	Tracks the Number of the MMCs performed	Facility Register	Total Number of Medical Male Circumcisions (MMCs) conducted	Accuracy dependent on quality of data submitted by health facilities	Output	Sum	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager
Male Condoms Distributed	Total Number of Male condoms supplied to Provincial DoH	Tracks the supply of male condoms in South Africa	Delivery notes or reports of male Condoms distributed by service providers to Provincial DoH	Total Number of Male condoms distributed in South Africa	None	Process	Sum	Quarterly	No	Higher number indicates better distribution (and indirectly better uptake) of condoms in South Africa	HIV/AIDS Cluster

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Female Condoms Distributed	Total Number of female condoms supplied to Provincial DoH	Tracks the supply of female condoms in South Africa	Delivery notes or reports of female Condoms distributed by service providers to Provincial DoH	Total Number of Female condoms distributed in South Africa	None	Process	Sum	Quarterly	No	Higher number indicates better distribution (and indirectly better uptake) of condoms in South Africa	HIV/AIDS Cluster
Total clients remaining on ART (TROA)	Total clients remaining on ART (TROA) are the sum of the following: Any client that has a current regimen in the column designating the month at the end of the reporting period. Any client that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month at the end of the reporting period.	Track the number of patients on ARV Treatment	Facility Register	Numerator: SUM [Total clients remaining on ART at end of the reporting period]	None	Input	Cumulative Sum	Quarterly	No	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
Maternal, Neonatal and Woman's health programmes using the standardised dashboard reports	Monitor implementation of Maternal, Neonatal and Woman's health programmes using the standardised dashboard reports	To monitor the Mother, Neonatal and Woman's Health Programs using Dashboards to identify critical areas (Provinces/ Districts/Facilities) for intervention	4 x National Quarterly Reports that contain Dashboards	N/A	Availability of Data through DHIS	Output	N/A	Quarterly	No	Quarterly per-formance reports produced with feedback provided to each provincial DoH	Women's Health Programme Manager
Remedial EMTCT plans developed with Districts	Remedial EMTCT plans developed with Districts that have MTCT (Infant 1st PCR test positive around 10 weeks rate) > 2%	To develop EMTCT Plans with Districts and identify critical interventions needed in District to control transmission rate	Remedial plans of all Districts that have MTCT (Infant 1st PCR test positive around 10 weeks) rates > 2% for 2015/16 financial year Data Source for Infant 1st PCR test positive around 10 weeks rates – Annual Report 2015/16	Sum of Districts that have MTCT (Infant 1st PCR test positive around 10 weeks) rates > 2%	None	Process	Sum – non-cumulative	Quarterly	yes	Remedial plans of all Districts developed that have MTCT (Infant 1st PCR test positive around 10 weeks) rates > 2% for 2015/16 financial year	Women's Health Programme Manager

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Provincial DoH with Remedial plans to reduce SAM	Number of Provincial DoH supported to develop Remedial plans to reduce SAM (severe acute malnutrition)	To reduce infant deaths caused by severe acute malnutrition	Copies of approved Remedial plans for Mpumalanga DoH and Free State DoH	Sum of Provincial DoH with Remedial plans to reduce SAM	None	Process	N/A	Quarterly	Yes	Produce remedial plans for Reducing deaths from severe acute malnutrition (SAM)	Child Health Programme Manager
Switch from trivalent Oral polio vaccine OPV(ttOPV) to bivalent OPV(bOPV)	The change of oral polio vaccine from types 1,2&3 to types 1&3 completed and report produced	Removal of type 2 component of tOPV which also interferes with the immune response to poliovirus types 1 and 3.	Approved report (produced by the Project team)	N/A	None	Process	N/A	Quarterly	Yes	all tOPV (containing types 1, 2 and 3) used for routine immunisation be replaced by bOPV (types 1 and 3), and switch report produced	Child Health Programme Manager
Cervical Cancer control Policy and Guidelines	Complete development of the cervical cancer control Policy Guidelines and train master trainers on its implementation	To track development of Cervical Cancer control Policy and Guidelines and its training	Approved Cervical cancer policy guidelines and attendance register with list of minimum 18 participants receiving the master training	N/A	None	Process	N/A	Quarterly	No	Cervical cancer policy and guidelines approved and training completed	Women's Health Programme Manager
Breast Cancer Policy and Guidelines	Complete development of the Breast Cancer Policy and Guidelines and disseminate those to facilities identified in the policy	To track development of Breast Cancer Policy and Guidelines and distribution	Approved Breast cancer policy guidelines And distribution lists with facilities confirming receipt of Breast cancer policy guidelines	N/A	None	Process	N/A	Quarterly	No	Monitoring of the implementation of the new breast cancer policy guideline in all provinces with interventions to strengthen implementation	Women's Health Programme Manager
Number of Districts Implementation plans developed and operationalised in the subsequent year to reach 90-90-90 targets for TB and HIV	Development of Districts Implementation plans supported and (implementation operationalised in the subsequent year) to reach 90-90-90 targets for TB and HIV	To track development of DIPs for fast tracking implementation of 90-90-90 TB HIV targets	Approved 52 DIPs for 2017/18, And attendance register with minutes of meet-ings confirming support	Number of Districts Implementation plans developed for 2017/18 year	None	Process	Sum – non-cumulative	Quarterly	Yes	52 Districts Implementation plans developed with District management	TB and HIV Programme Managers

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Districts Implementation plans monitored	Number of Districts Implementation plans monitored to measure implementation of DIPs	To track monitoring of DIPs in all 52 Districts	52 Districts Implementation Plans (DIPs) monitored and reports produced	Number of Districts Implementation plans monitored during the year	None	Process	Sum – non-cumulative	Quarterly	Yes	52 Districts Implementation plans monitored and recommendations provided to District management teams	TB and HIV Programme Managers
Dashboard reports for Monitoring implementation of the HIV and AIDS and STI Programmes	Monitor implementation of the HIV and AIDS and STI Programme	To monitor the implementation of the HIV and AIDS and STI programme to reduce infections	4 x National quarterly reports with recommendations	N/A	None	Process	N/A	Quarterly	No	Quarterly reports produced or each province with recommendations	HIV/AIDS Programme Manager
HIV and AIDS Conditional grant Reports	Monitor the implementation of the HIV and AIDS Conditional grant	To ensure spending through the conditional grant is appropriate and in line with National Treasury guidelines	3x Quarterly HIV and AIDS Conditional grant reports Annual HIV Conditional Grant Report for 2015/16 year	N/A	None	Process	N/A	Quarterly	yes	4 x Quarterly HIV conditional grant reports within the required timeframe produced Annual HIV Conditional Grant Report produced	HIV/AIDS Programme Manager
Annual National HIV Antenatal Prevalence Survey	Report on HIV and Syphilis prevalence at national by conducting the annual antenatal sentinel survey.	Track status of HIV AIDS amongst pregnant women in South Africa	Annual 2015 National HIV Antenatal Prevalence Survey report	N/A	None	Output	N/A	Annual	No	2015 National Antenatal HIV prevalence Report produced	Epidemiology Directorate
Monitor implementation of child health programmes using the standardised dashboard reports	Monitor implementation of child health programmes using the standardised dashboard reports	To monitor the implementation of the child health programs	4 x National Quarterly Monitoring dashboard reports produced with recommendations	N/A	None	Process	N/A	Quarterly	No	Reports sent to provinces each quarter	Child Health Program Manager
Percentage of inmates screened for TB after admission	Percentage of inmates screened after admission for TB annually at correctional service facilities by NGOs appointed by NDoH	To monitor the percentage of inmates screened for TB after admission	Numerator: TB screening Register from Correctional services Denominator: Department of Correctional Services reports providing the Number of admissions	Numerator: Number of inmates screened after admission Denominator: Total Number of admissions	Availability of data from Correctional services; and accuracy of recording admissions by correctional services facility;	Output	%	Quarterly	No	Higher percentage indicates greater coverage of inmates in correctional services screened for TB	TB Program Manager

Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Percentageof controlled mines providing routine TB screening	Percentage of controlled mines providing routine TB screening by Occupational Health and Safety Officers	To monitor and track the % of controlled mines providing routine TB screening	Numerator: Inspection reports from Occupational Health and safety inspectors Denominator: Email or a report from Department of Mineral and Resources con-firming total num-ber of controlled mines	Numerator: Number of controlled mines providing routine TB screening Denominator: Total Number of controlled mines	Occupational health and safety officers reliant on records at the controlled mine to confirm if TB screening took place.	Input	%	Annual	No	Higher percentage indicates greater coverage of registered mines providing routine screening	TB Program Manager

* Note: All population figures are sourced from StatsSA and imported in the DHIS to calculate performance. Denominators for School health services and HPV indicators is sourced from Department of Higher Education. These are subject to in year changes.

PROGRAMME 4:

Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Cataract Surgery Rate	Number of Clients who had cataract surgery per uninsured population	Monitors access to cataract surgery (preventing disability through blindness)	Numerator: Facility Register Denominator: Uninsured population in the DHIS (calculated on StatsSA data)	Numerator: Total Number of Cataract surgeries completed Denominator: Uninsured Population	Accuracy dependant on quality of data from health facilities	Output	Rate	Annual	No	Higher number indicates greater number of population was prevented for blindness	Cluster: Non communicable Diseases
Malaria Incidence per 1000 population at risk	Malaria cases among population at risk	Tracks new malaria cases in malaria affected districts	Report from National and Provincial malaria information systems	Numerator: Local malaria cases Denominator: Total populattion at risk	Dependent on the accuracy of data inputs from the provinces	Impact		Quarterly	No	Lower rate indicates better performance	Cluster: Communicable Diseases
Number of Districts with uniform management structures	Determines whether clinics have the management capacity to ensure that clinics meet the requirements of the OHSC	Ensures that clinic has the processes in place to meet OHSC standards	Approved District Health Management Structure	N/A	Dependent on auditable records kept by districts	Process	N/A	Annual	No	Uniform structure for District Health Management approved.	Cluster: District Health Services
Number of primary health care facilities with functional committees	Determines whether a clinic's health service provision activities are planned, implemented and monitored and evaluated in collaboration with community representatives	Services at clinic level that are not planned and executed in collaboration with the communities may not meet communities' needs. Clinics benefit in multiple ways from community involvement	Ideal Clinics Dashboard assessment reports	Number primary health care facilities audited to determine functional	Dependent on auditable records kept by districts	Process	Sum	Annual	No	Greater number of health facilities audited to determine functional	Cluster: District Health Services

Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of functional WBPHCOTs	Measures the number WBPHCOTs that report their activities on the DHIS	Functional WBOTs are an essential component to ensuring quality PHC to communities	Reports from DHIS used to determine the number of functional teams	Number of functional WBPHCOTs[4]	Provinces not submitting reports or accurately collecting data	Input	Sum	Quarterly	No	Greater number of functional WBPHCOTs	Cluster: District Health Services
Number of primary health care facilities in the 52 districts that qualify as Ideal Clinics	Measures the Facilities that have implemented the ideal clinic and adhering to more than 70% of the elements as defined in the Ideal Clinic Dashboard (to be published during March 2016)	To track implementation of the ideal clinic standards	Ideal Clinic Dashboard assessment reports (captured on the system)	Sum of Primary health care facilities in the 52 districts that qualify as Ideal Clinics	Performance based on self / peer review reporting	Process	Sum	Annual	No	Greater number of primary health care facilities in the 52 districts qualify as Ideal Clinics	Cluster: District Health Services
Number of municipalities that are randomly selected and audited against environmental health norms and standards in executing their environmental health functions	Measures the % of municipalities that meet environmental health norms and standards in executing their environmental health functions	The status of the environment impacts on other population health indicators and has to be monitored to prevent negative effects on these	Inspection reports	Sum of municipalities that are audited against environmental health norms and standards in executing their environmental health functions	Inspectors need to be calibrated	Process	Sum	Annual	Yes	Greater number of municipalities that are randomly selected and audited to encourage compliance	Cluster : Environmental and Port Health Services
Hand and hygiene strategy rolled out in 9 (nine) provinces	Hand hygiene strategy rolled out	Hand hygiene is a key method for prevention of specific communicable diseases	Approved hand hygiene strategy Attendance registers of hand hygiene workshops	N/A	Will be communicated in evaluation reports	Process	N/A	Annual	No	National Hand hygiene strategy approved; and Hand hygiene strategy workshops held in all 9 provinces	Cluster: District Health Services
Health Care Risk Waste (HCRW) Regulations	Implement Health Care Risk waste Regulations in all 9 provinces	Appropriate health care risk waste management is a key method for prevention of specific communicable diseases	9 Provincial Implementation plans	N/A	Inspectors need to be calibrated	Process	N/A	Annual	No	9 Provincial Implementation Plans developed	Cluster: District Health Services
Number of points of entry that provide IHR compliant port health services	Number of points of entry that were audited and provide IHR compliant port health services	Determines whether port health services are provided according to IHR	Inspection / audit reports	Sum of ports of entry that were audited and report produced	N/A	Process	Sum	Quarterly	No	Greater number of points of entry audited, and report produced for compliance	Cluster: Environmental and Port Health Services

Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of government Departments oriented on the National guide for healthy meal provision in the workplace	Number of National government Departments oriented on the National guide for healthy meal provisioning in the workplace	Tracks implementation of government's healthy lifestyle programme	Minutes of workshops confirming orientation of government Department	Sum of govern-ment Depart-ments oriented on the National guide for healthy meal provision in the workplace	None	Process	Sum (cumulative)	Annual	No	Greater number of National Departments oriented on the National guide for healthy meal provision in the workplace	Cluster: Health Promotion and Environmental Health
Guidelines on Nutrition for Early Childhood Development centres	Development of Guidelines on Nutrition for Early Childhood Development centres	Track Development of Guidelines on Nutrition for Early Childhood Development centres	Approved guidelines on Nutrition for Early Childhood Development centres Attendance registers of consultation meetings	N/A	None	Input	N/A	Annual	Yes	Guidelines on Nutrition for Early Childhood Development centres consulted widely and approved	Cluster: Health Promotion and Environmental Health
Regulations relating to labelling and packaging of tobacco products and smoking in indoor and outdoor public places developed	Amend Tobacco control act to facilitate development of Regulations relating to Labelling and packaging of tobacco products and smoking in indoor and outdoor public places	Reduce risk factors for NCDs through the amendment of Tobacco Control Act which enables development of Regulations relating to Labelling and packaging of tobacco products and smoking in indoor and outdoor public places.	Signed Submission	N/A	None	Process	N/A	Annual	No	Draft Tobacco Product Bill submitted to Cabinet	Cluster: Health Promotion and Nutrition
Random Monitoring of salt content in foodstuffs	Random Monitoring of salt content in foodstuffs conducted.	Track Health Promotion programme	Documented evidence confirming the approved content for campaign	At least one sample needs to be tested to count its category	None	Input	Sum of categories (cumulative)	Quarterly	No	Random samples from each of 13 regulated food categories tested, reported on	Cluster: Non communicable Diseases
National Health Commission established	Establish National Health Commission to address of social determinants of health	A National Health Commission will facilitate the reduction in the negative effects of social determinants of health	Approved Operational Framework for National Health Commission	N/A	N/A	Process	Annual Status	Annual	No	Operating framework for National Health Commission approved	Cluster: Non communicable Diseases
Number of District Mental Health Teams established	Number of Mental health teams established in each district .	Track implementation of Mental Health policy	Appointment letters of members of team	Sum of Mental health teams with at least one member appointed	None	Input	Sum	Annual	No	Higher number of teams indicate better access to mental health programme	Cluster: Non communicable Diseases

3 A functional WBPHCOT is one that is constituted according to the prescripts of the policy on WBPHCOTs and reports its activities on the District Health Information System

Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Districts implementing the National policy framework and strategy for disability and rehabilitation services	Measure number of Districts implementing the framework and model for rehabilitation services	Tracking this will ensure that communities receive access to rehabilitation services	9 Implementation plans for the National Policy framework and strategy for disability and rehab services	Sum of Districts implementing the National policy framework and strategy for disability and rehabilitation services	None	Process	Sum	Annual	No	9 Implementation Plans developed for the National Policy framework and strategy for disability and rehab services	Cluster: Non communicable Diseases
Number of targeted districts reporting malaria cases within 24 hours of diagnosis	Malaria case notification among endemic provinces	Tracks performance of districts to report malaria cases within 24 hours of diagnosis	Report from National and Provincial malaria information systems to confirm the reporting frequency	Number malaria districts reporting malaria cases in endemic provinces	Dependent on the accuracy of data inputs from the prov-inces	Output	Sum	Annual (cumulative)	No	7 of 9 malaria targeted districts reporting malaria cases within 24 hours of diagnosis	Cluster: Communicable Diseases
Number of Provincial Outbreak Response Teams trained to respond to zoonotic, infectious and food-borne diseases outbreaks	Number of Provincial Outbreak Response Teams trained and thereby capacitated to respond to zoonotic, infectious and food-borne diseases outbreaks	Track implementation of the training programme of Provincial Outbreak Response Teams	Attendance registers of training workshops	Sum of Provincial Outbreak Response Teams trained to respond to zoonotic, infectious and food-borne diseases outbreaks	N/A	Process	Sum	Annual	No	9 Provincial Outbreak Response Teams capacitated to respond to food-borne disease outbreaks	Cluster: Communicable Diseases
Number of high risk population covered by the seasonal influenza vaccination	The Number of people at risk, which has been vaccinated with influenza vaccine.	Tracks the Number of people in the high risk population that is covered by influenza vaccination.	Number of people vaccinated with in influenza vaccines with be provided by the Communicable Disease Control Coordinators in provinces	Indicator will be monitored by the total sum of vaccines administered.	Dependant on accuracy of capture of data at facility level and flow to the next level.	Output	Sum	Quarterly	No	800 000 high risk individuals covered with seasonal influenza vaccination	Cluster: Communicable Diseases

Programme Performance Indicators

Programme Performance Indicator	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Regulations on organ transplantation developed	Measures whether a regulatory framework for transplants have been developed	Provides for the establishment of a tool that will ensure that this service is equitably provided	Draft Regulations on organ transplantation	N/A	N/A	Process	N/A	Annual	Yes	The presence of a regulatory framework for organ transplantation	Cluster: Non - Communicable Diseases
Regulations on dialysis developed	Measures whether a regulatory framework for dialysis have been developed	Provides for the establishment of a tool that will ensure that this service is equitably provided	Draft Regulations on dialysis	N/A	N/A	Process	N/A	Annual	Yes	The presence of a regulatory framework for Dialysis	Cluster: Non -Communicable Diseases
National Policy Framework and Strategy on Eye Health including provincialeye health centres for cataract surgery	National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	Develop National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	Approved National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	N/A	N/A	Process	N/A	Annual	Yes	National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery approved	Cluster: Non -Communicable Diseases

PROGRAMME 5:

Consolidated Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment.	Number of Hospitals that achieve an overall performance of 75% (or more) compliance with the National Core Standards assessment, which will either be done by OHSC or by other hospitals	Tracks quality of care at hospitals	OHSC report Or Peer assessment reports (where OHSC assessments did not take place)	Number of Hospitals that achieve an overall performance of more than 75% compliance with the National Core Standards assessment	None	Outcome indicator	N/A	Quarterly	No	Greater number of hospitals achieving 75% or higher indicates improved quality of care at hospitals	Cluster manager: Hospital Services
Number of central hospitals with standardised organisational structures.	Number of central hospitals implementing the standardised organisational structures as approved by NHC	Tracks implementation of decentralised decision making and accountability	NHC Approved Organisational structure for Central Hospitals	N/A	None	Process indicator	N/A	Annual	Yes	A higher number indicates greater number of central hospitals with standardised Organisational structure.	Cluster manager: Hospital Services
Number of District and Regional hospitals with mental health inpatient units established	Number of District and Regional hospitals where dedicated mental health wards or inpatient units established	Track implementation of Mental Health Policy	Approved reporting tool signed off by the CEOs	Sum of District and Regional hospitals with mental health inpatient units established	None	Output	Sum	Quarterly	Yes	Greater % of mental health inpatient units attached to designated district and regional hospitals	Cluster: Hospital Services
Guidelines for HRH norms and standards using the WISN methodology	Develop guidelines for Human Resources for Health norms and standards using the WISN methodology	Establish guidelines for HRH Norms to ensure equitable distribution of HRH	Approved Normative Guidelines for District and Specialised Hospitals Draft HRH Normative guidelines for Regional, Tertiary and Central Hospitals	N/A	None	Output	N/A	Quarterly	No	Approved Normative Guidelines for District and Specialised Hospitals Draft HRH Normative guidelines for Regional, Tertiary and Central Hospitals	Cluster Manager: Workforce Development and Planning
Number of health facilities benchmarked against staffing normative guides	Number of health facilities where staffing number and staff mix is compared with the staffing norms as per the normative guides	Track implementation of PHC Staffing norms	Benchmark Reports, and copies of letters to HODs confirming distribution of the benchmark reports	Sum of health facilities benchmarked against staffing normative guides	None	Output	Sum	Quarterly	No	PHC Facilities implementing HR Normative guidelines	Cluster Manager: Workforce Development and Planning
New basic Nursing qualification programmes and draft curricula developed	New basic Nursing qualification programmes and draft curricula developed in line with the new national nursing education and training policy.	Implement the nursing strategy	New basic nursing qualifications programme and draft curricula	N/A	N/A	Output	N/A	Quarterly	No	Draft curricula of new basic nursing programmes drafted	Office of the Chief Nursing Officer

Consolidated Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Nursing and midwifery educators identified nationally and registered for training and development programme	Facilitate and initiate Nursing and midwifery educators ' registration for training and development programme	Implement the nursing strategy	Approved list of identified students	Sum of Nursing and midwifery educators identified nationally and registered for training and development programme	None	Input	Sum	Annual	No	Higher number of Nursing and midwifery educators ' registered for training and development programme indicated greater capacity for training nurses and midwifes.	Office of the Chief Nursing Officer
Implementation of the Nursing Strategy Monitored	A monitoring system developed and a report produced to monitor the implementation of the Nursing strategy	Monitor the imple-mentation of the nursing strategy	A document outlining the Monitoring system And one monitoring report (compiled using the newly developed monitoring system)	N/A	None	Output	N/A	Quarterly	Yes	Monitoring System to track implementation of the nursing strategy established and implemented	Office of the Chief Nursing Officer
Number of facilities maintained, repaired and/or refurbished in NHI Districts	Number of facilities receiving maintenance, repair and/or refurbishments (dependant on their status and need) in 11 NHI pilot Districts	Track scale up of infrastructure programme	Practical Project completion reports	Sum of facilities that received maintenance, repair and/or refurbishments (dependant on their status and need)	Number of facilities targeted is determined by the scope of work. This scope may be amended at the time of project inception	Output	Sum of facilities maintained, repaired and/or refurbished in NHI Districts during the reported period	Annual	No	Reduce infrastructure maintenance backlog	Cluster: Health Facilities and Infrastructure Planning
Number of facilities maintained, repaired and/ or refurbished outside NHI pilot Districts	Number of facilities receiving maintenance, repair and/or refurbishments (dependant on their status and need) outside NHI Districts	Track scale up of infrastructure programme	Practical Project completion reports	Sum of facilities maintained, repaired and/or refurbished (dependant on their status and need) outside NHI pilot Districts during the reporting period	Number of facilities targeted is determined by the scope of work. This scope may be amended at the time of project inception	Output	Sum of facilities maintained, repaired and/or refurbished outside NHI pilot Districts during the reporting period	Annual	No	Reduce infrastructure maintenance backlog	Cluster: Health Facilities and Infrastructure Planning

Consolidated Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of clinics and Community Health Centres constructed or revitalised	Number of clinics and community health centres constructed nationally	Track scale up of infrastructure programme	Practical Project completion reports	Sum of clinics and community health centres constructed or revitalised	None	Output	Sum of clinics and Community Health Centres constructed or revitalised during the reporting year.	Annual	No	Improve quality of health facilities	Cluster: Health Facilities and Infrastructure Planning
Number of hospitals constructed or revitalised	Number of hospitals constructed or revitalised Nationally	Track scale up of infrastructure programme	Practical Project completion reports	Sum of hospitals constructed or revitalised	None	Output	Sum of hospitals constructed or revitalised during the reporting year	Annual	No	Improve quality of health facilities	Cluster: Health Facilities and Infrastructure Planning
Number of new facilities that comply with gazetted infrastructure Norms & Standards.	To determine the extent to which health facilities comply with proper working environment and reduced occupational health and safety risks.	To track compliance with Infrastructure Norms and Standards	Peer review assessment reports	Sum of new facilities that comply with gazetted infrastructure Norms & Standards	None	Input	Sum of new facilities that were completed during the year, which comply with gazetted infrastructure Norms & Standards.	Annual	No	All health facilities complaint with Infrastructure Norms and Standards	Cluster: Health Facilities and Infrastructure Planning
Infrastructure Monitoring System	Balanced scorecard Monitoring System to improve monitoring of infrastructure projects.	Ensure timely completion of Infrastructure projects.	Approved document that describes the Balance Scorecard system and one consolidated national Monitoring report	N/A	N/A	Output	N/A	Annual	No	Infrastructure Monitoring System developed	Cluster: Health Facilities and Infrastructure Planning
Number of provinces that are monitored for compliance with the EMS regulations	Number of provinces that are monitored for compliance with the EMS regulations using a standardised monitoring system	Track implementation of EMS regulations	Approved Compliance checklist to monitor compliance with EMS regulations by chairperson of National EMS committee 9 provincial DoH monitoring reports (using the approved checklist)	Sum of Provincial DoH monitoring reports	None	Output	Sum	Quarterly	No	Compliance checklist to monitor compliance with EMS regulations developed and approved by National EMS Committee and 9 provincial DoH monitored for compliance against the EMS regulations	Cluster: Violence Trauma and Injury

Consolidated Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Percentage of backlog of blood alcohol tests eliminated	Percentage backlog of blood alcohol tests reduced	Track the scale up programme to eliminate backlog of blood alcohol tests	Blood Alcohol reports issued and Blood Alcohol report Register and LIMS (Laboratory Information Management System)	Numerator: Blood Alcohol test reports from backlogged samples Denominator: Total Number of Samples older than 90 days	None	Output	%	Quarterly	Yes	Higher Percentage indicates greater reduction of backlog	Chief Director: Violence Trauma and Injury
Percentage of backlog of toxicology tests eliminated	Percentage backlog of toxicology tests reduced	Track the scale up programme to eliminate backlog of toxicology tests	Toxicology reports issued and Toxicology report Register and LIMS	Numerator: Toxicology test reports from backlogged samples Denominator: Total Number of Samples older than 90 days	None	Output	%	Quarterly	Yes	Higher Percentage indicates greater reduction of backlog	Chief Director: Violence Trauma and Injury
Percentage of food tests within normative turnaround time in the reporting period	Percentage of food tests within normative turnaround time in the reporting period	Track the scale up programme of food sample testing	Food test reports issued and LIMS	Numerator: Sum [perishable food tests within 30 days completed] + Sum [non -perishable food tests within 60 days completed Denominator: Sum [All test reports produced]	None	Output	%	Quarterly	Yes	Higher percentage indicates greater scale up	Chief Director: Violence Trauma and Injury
Number of managers accessing the coaching and mentoring Programme	Develop and Establish a coaching mentoring and training programme for health managers	Track uptake of coaching and mentoring programme	Report from the knowledge hub information system that provides a list of CEOs and PHC facility managers that access the coaching the mentoring module of the knowledge hub	Sum of managers accessing the coaching and mentoring Programme	None	Process	Sum managers that accessed the coaching and mentoring Programme during the year	Annual	No	Coaching mentoring and training programme developed and established	Programme 5 Manager
Number of managers using the knowledge hub information system	Number of managers at PHC Facilities and Hospitals that utilise the knowledge hub information system	Tracks the uptate of knowledge hub information system by managers at PHC Facilities and Hospitals	Generated system report reflecting the number of managers at PHC facilities and Hospitals CEOs that are utilising knowledge hub system	Sum of managers using the knowledge hub which includes a web based interactive information system	None	Process	Sum of managers using the knowledge hub which includes a web based interactive information system	Annual	No	Framework for knowledge hub developed and approved	Programme 5 Manager

INDICATOR DESCRIPTIONS OF PROGRAMME PERFORMANCE INDICATORS

Programme Performance Indicator	Short Definition	Purpose/ Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Policy on education and training of EMS Personnel	Publish Policy on education and training of EMS Personnel published for implementation	Improve quality of EMS training	Approved checklist for EMS education and training accreditation criteria Monitoring report	N/A	N/A	Process	N/A	Quarterly	No	A monitoring system for EMS education and training accreditation criteria in line with the Policy developed approved and implemented	Chief Director: Violence Trauma and Injury
Regulations for Emergency Care Centres	Develop regulations for Emergency Care Centres	Regulate Emergency Care Centres	Published regulations for Emergency Care Centres for public comment	N/A	N/A	Process	N/A	Annual	No	Regulations on Emergency Care Centres Drafted	Chief Director: Violence Trauma and Injury
Regulations for EMS in Mass Gatherings	Publish Regulations for EMS in Mass Gatherings for implementation	Regulate EMS for mass gatherings	published Regulations for EMS in mass gatherings for implementation	N/A	N/A	Process	N/A	Annual	No	EMS in mass gatherings published for public comments and implemented	Chief Director: Violence Trauma and Injury
Regulations for the Rendering of Forensic Pathology Services	Regulations for the Rendering of Forensic Pathology Services (FPS) for implementation	Regulate Forensic Pathology services	Published Regulations on for the rendering of Forensic Pathology Services for imple-mentation	N/A	N/A	Process	N/A	Annual	No	Regulations on for the Rendering of Forensic Pathology Services reviewed and Published for public comment	Chief Director: Violence Trauma and Injury
Scope of Practice for the rendering of Forensic Pathology Services	Publish Scope of Practice Guidelines for the rendering of Forensic Pathology Services	Track Scope of Practice for FPS	Published Scope of Practice document for the rendering of Forensic Pathology Services and for Implementation	N/A	N/A	Process	N/A	Annual	No	Review and Finalise the Scope of Practice Guidelines for the rendering of Forensic Pathology Services and Publish for Implementation	Chief Director: Violence Trauma and Injury
Health Facilities that are designated to render services for the management of sexual and related offences Monitored	Number of Health Facilities that are designated to render services for the management of sexual and related offences	Improve access to health services for sexual related offences	A document describing monitoring system for Health Facilities that are designated to render services for the management of sexual and related offences One Monitoring Report	N/A	N/A	Process	N/A	Quarterly	No	Monitoring system for Health Facilities that are designated to render services for the management of sexual and related offences developed and implemented	Chief Director: Violence Trauma and Injury
Number of Regional Training Centre established	Number of Regional Training Centres (RTCs) established in Provincial DoH for co-ordinating and implementing in service training	Improve training capacity of the health sector	Site Inspection (or Progress) reports confirming establishment of RTC	Sum of RTC's established	None	Input	Sum	Annual	No	Higher Number indicated greater number of training resources available for providing in service training	Cluster Manager : Workforce Development and Planning

PROGRAMME 6:

Indicator Name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
SAHPRA established as a public entity	Establish new regulatory authority to allow for oversight of medical devices, IVDs, and cosmetics	Improve efficiency of Regulatory Authority	Public Entity Listing Schedule; and appointment letters of board members, CEO and Committees	N/A	Progress depends on finalisation of parliamentary process	Activity	N/A	Quarterly	No	SAHPRA Listed as a public entity Board, CEO and Committees Appointed	FCPTPR
Occupational health cluster established and functional	Governance and management of the occupational health cluster for enhanced occupational health service delivery	Legal framework to provide for occupational health services and compensation Will assist with efficiency gains in occupational health service delivery and effective management of the occupational health cluster	Documented evidence of report and submissions; agendas, attendance registers and minutes of management meetings of the occupational health cluster that confirm the newly organised occupational health cluster	N/A	The reports are dependent on a unified management structure across MBOD/CCOD and NIOH	Output	N/A	Quarterly	No	Integrated management of NIOH, CCOD and MBOD and agency agreement with compensation fund service provider/s	Occupational Health Cluster
Legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	Establish National Public Health Institutes of South Africa (NAPHISA) for coordinated disease and injury surveillance and research	Improve disease and injury surveillance, research, monitoring and evaluation of health and disease trends	Report confirming review of comments on draft NAPHISA legislation Submission to cabinet with draft NAPHISA bill	N/A	The introduction of legislation on NAPHISA is dependent on amendments to the NHLS Act	Outcome	N/A	Quarterly	No	Comments on draft NAPHISA legislation considered and revised NAPHISA bill submitted to cabinet.	Occupational Health Cluster
Number of Health entities' and Statutory Health professional Councils fully functional and compliant to good Governance practices (structures, Finance, HR , Supply Chain Management policies)	Number of Functional Health entities' and Statutory Health professional Councils as established in terms of the health legislation.	Monitor functionality of the board/ council in terms of compliance to good Governance practices (structures, Finance, HR , Supply Chain Management policies) and also respond to health sector priorities	Health entities and statutory councils monitoring reports	Sum of health entities and Statutory Health Proffesional Councils	Functionality measurement is limited to the criteria in the checklist	Process	Sum	Bi-annual	No	4 health Entities' and 6 statutory health professional councils monitored	Cluster: Health Entities Management
Performance management system for board members	Develop and implement an annual performance management system for board members	Ensure Board/ Council optimal performance.	Departmental representative reports	Board/Council Performance rating	Dependent on Board/ Council's level of participation.	Activity	N/A	Quarterly	No	Standardised Performance Management System for Board members fully implemented	Cluster: Health Entities Management

INDICATOR DEFINITIONS FOR PROGRAMME PERFORMANCE INDICATORS

Programme Performance Indicator	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of newly appointed boards inducted and trained	Number of newly appointed boards inducted and trained in corporate governance and applicable legislation.	Establish a governing structure as per enabling legislation.	Appointment letters and attendance register confirming the training session with board member	Sum of newly appointed boards inducted and trained More than 80% of board members constitute a inducted and trained board	None	Output	Sum of boards	Quarterly	No	3 new boards appointed, inducted and trained (South African Medical Research Council; Office of Health Standards Compliance and Allied Health Professional Council of SA)	Cluster: Health Entities Management
Number of entities and statutory councils monitored using dashboards for performance and compliance to legislative prescripts	Develop and implement Dashboard to monitor entities performance and compliance to legislative prescripts	Improve monitoring of entities and statutory health professionals councils	Completed Dashboards	Sum of entities and statutory councils monitored using dashboards for performance and compliance to legislative prescripts	None	Output	Sum	Bi-annually	No	10 entity and statutory councils monitored using dashboards biannually	Cluster: Health Entities Management
Develop a reporting template to enable feedback to the executive authority.	Develop a reporting template to enable feedback to the executive authority.	Ensure early identification of risk areas and challenges for Executive Authority's intervention.	Completed reports by departmental reps	N/A	N/A	Output	N/A	Quarterly	No	Standardised reporting template developed and implemented for Departmental representatives serving on boards	Cluster: Health Entities Management

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