REVISED HEALTH CHAPTER OF THE MEDIUM TERM STRATEGIC FRAMEWORK (MTSF) 2014-2019

15 July 2016

Outcome 2: A long and healthy life for all South Africans

1. National Development Plan 2030 vision and trajectory

The National Development Plan (NDP) 2030 envisions a health system that works for everyone and produces positive health outcomes, and is accessible to all. By 2030, South Africa should have:

(a) Raised the life expectancy of South Africans to at least 70 years;
(b) Produced a generation of under-20s that is largely free of HIV;
(c) Reduced the burden of disease;
(d) Achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-5 Mortality rate of less than 30 per thousand;
(e) Achieved a significant shift in equity, efficiency and quality of health service provision;
(f) Achieved universal coverage;
(g) Significantly reduced the social determinants of disease and adverse ecological factors.

The overarching outcome that the country seeks to achieve is ***A Long and Healthy Life for All South Africans.*** The NDP asserts that by 2030, it is possible to have raised the life expectancy of South Africans (both males and females) to at least 70 years. Over the next 5-years, the country will harness all its efforts - within and outside - the health sector, to achieve this outcome. Key interventions to improve life expectancy include addressing the social determinants of health; promoting health; as well as reducing the burden of disease from both Communicable Diseases and Non-Communicable Diseases as well as achieving meaningful progress towards universal health coverage through the phased implementation of National Health Insurance. An effective and responsive health system is an essential bedrock for attaining this.

Both the NDP 2030 and the World Health Organization (WHO) converge around the fact that a well-functioning and effective health system is an important bedrock for the attainment of the health outcomes envisaged in the NDP 2030. Equitable access to quality healthcare will be achieved through various interventions that are outlined in this strategic document and will be realisable through the phased implementation of National Health

Insurance. 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 adoption of the Sustainable Development Goals (SDGs) in September 2015 also has significant implications for South Africa, as the country will have to ensure that its health strategies and programmes contribute to the attainment of the SDGs. The United Nations (UN) has emphasized that all 17 SDGs and their 169 associated targets are integrated and indivisible. They should not be conceived of or implemented parochially. Taking cognisance of this, the following SDGs are immediately pertinent to the work of the South African health sector:
Goal 1. End poverty in all its forms everywhere
Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
Goal 3. Ensure healthy lives and promote well-being for all at all ages
Goal 5. Achieve gender equality and empower all women and girls
Goal 10. Reduce inequality within and among countries

2. Constraints and Strategic Approach

Following the advent of the democratic dispensation in 1994, progressive policies were introduced to transform the health system into an integrated, comprehensive national health system. Despite this, and significant investment and expenditure, the South African health sector has largely been beset by key challenges inclusive of:

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

As a result, quality health care has mostly been accessible to those who can afford and access it, and not those who need it. Until recently, South Africa's performance against key health indicators has consistently compared poorly with other countries with similar or less levels of investment and expenditure. Between 2009-2014 the Ministry of Health implemented massive reforms focusing on strengthening health system effectiveness by addressing health management and personnel challenges, financing challenges, and quality of care concerns. Major milestones have been achieved, including improvements in health outcomes such as the Infant Mortality Ratio; Under-5 mortality Ratio and to some extent the Maternal Mortality Ratio (MMR). The current phase of implementation focuses on the 2014-2019 period.

2.1. The gains made

Empirical evidence highlights several gains made by the democratic government towards improving the health status of all South Africans. These include the following:

(a) An increase in overall life expectancy from 57.1 years in 2009 to 62.9 years in 2014[1].
(b) An increase in female life expectancy from 59.7 years in 2009 to 65.8 years in 2014[1].
(c) An increase in male life expectancy from 54.6 years in 2009 to 60.0 years in 2014[1].
(d) A decrease in the Under-5 mortality rate (U5MR) from 56 deaths per 1 000 live births in 2009, to 39 deaths per 1 000 live births in 2014.
(e) A decrease in the Infant Mortality Rate (IMR) from 39 deaths per 1 000 live births in 2009, to 28 deaths per 1 000 live births in 2014.
(f) A decrease in mother-to-child transmission (MTCT) of HIV from 8.5% in 2008, to 3.5% in 2010 and to 2.7% in 2011.
(g) An increase in the number of people initiated on antiretroviral therapy from 47 000 in 2004[2] to 3.2million in 2014[3].
(h) A decrease in the total number of people dying from AIDS from 300 000 in 2010 to 270 000 in 2011.
(i) A 50% decline in the number of aged 0-4 years who acquired HIV between 2006 and 2011.
(j) A 50% decrease in the number of people acquiring HIV infection, from 700 000 in the 1990's to 350 000 in 2011.
(k) A 25% decrease in the annual number of infants and children younger than 5 years dying in the past two years.

Empirical evidence reflects that the estimated overall prevalence of HIV in South Africa increased from 10.6% in the 2008 to 12.2% in 2012, a trend attributed to the combined effects of a successfully expanded antiretroviral treatment (ART) programme and new infections[4]. This evidence also confirms that the availability and use of ART has increased survival among HIV-infected individuals. Furthermore, HIV prevalence among youth aged 15-24 years has declined from 8.7% in 2008 to 7.3% in 2012. The country's successful PMTCT programme has also resulted in a further decrease in HIV infection levels amongst infants 12 months and younger, from 2.0% in 2008 to 1.3% in 2012[4].All these gains must be protected and consolidated during the 2014-2019 planning and implementation cycle.

3. NDP priorities to achieve the Vision

The NDP sets out nine 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 deal with aspects of health systems strengthening. These are as follows:

(a) Average male and female life expectancy at birth increased to 70 years;
(b) Tuberculosis (TB) prevention and cure progressively improved;
(c) Maternal, infant and child mortality reduced;
(d) Prevalence of Non-Communicable Diseases reduced by 28%
(e) Injury, accidents and violence reduced by 50% from 2010 levels;

[1] Medical Research Council (2015): Rapid Mortality Surveillance (RMS) Report 2014
[2] Johnson, LF (2012): "Access to Antiretroviral Treatment In South Africa 2004 – 2011", the Southern African Journal of HIV Medicine, Vol 13, No 1, 2012
[3] National DoH (2015): Annual Report 2014/15, Pretoria
[4] Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, D et al. (2014) South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town, HSRC Press.

(f) Health systems reforms completed;
(g) Primary health Care (PHC) teams deployed to provide care to families and communities;
(h) Universal Health Coverage (UHC) achieved; and
(i) Posts filled 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 priorities that highlight the key interventions required to achieve a more effective health system, which will contribute to the achievement of the desired outcomes. These priorities include: addressing the social determinants that affect health and diseases; strengthening the health system; improving health information systems; preventing and reducing the disease burden and promoting health; achieving universal healthcare coverage through the implementation of NHI, improving human resources in the health sector; reviewing management positions and appointments and strengthening accountability mechanisms; improving quality by using evidence and creating meaningful public-private partnerships

4. Management of implementation

The implementation of the strategic priorities for steering the health sector towards Vision 2030 should 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 (DoH) and the Provincial Heads of Department (HoDs) of Health in the 9 Provinces. Both the Implementation Forum and the Technical Implementation Forum should enhance the participation of government departments responsible for line functions that are social determinants of health, such as; clean water and proper sanitation; appropriate housing; quality education and decent employment, which alleviates poverty levels.

5. MTSF sub-outcomes and component actions, responsible Ministry, indicators and targets

5.1. Sub-outcome 1: Universal Health coverage progressively achieved through implementation of National Health Insurance

The NDP 2030 explores diverse financing mechanisms for UHC including: general tax income; private health insurance; social health insurance; payroll taxes; and user fees. The NDP 2030 proposes that NHI should be implemented in a phased manner in South Africa, focusing on: improving quality of care in public facilities; reducing the relative cost of private medical care; increasing the number of medical professionals and introducing a patient record system and supporting information technology.

The NDP 2030 views general taxation as the most progressive form of raising revenue for NHI, though personal income tax, as the level of income will determine the amount of contributions, with the poor not being taxed. Social health insurance is viewed as more progressive than private health insurance in that its contributions are typically mandatory, income linked and not risk rated. One limitation of social health insurance is that it typically provides a limited set of benefits. Private health insurance is not an effective financing mechanism, due to the fact that it is voluntary, uses risk rating and may exclude many people from access, and contributions required are not linked to income. Payroll taxes, which are used in some countries to

fund NHI, have diminishing advantages as coverage becomes universal. The NDP 2030 views user fees or out-of-pocket payments (OOPs) as a regressive form of health financing, which can retract from access to health services. Table 1 below reflects the specific actions required from the health sector and other relevant sectors during the MTSF cycle 2014-2019.The NDP 2030 emphasizes that meaningful public-private partnerships in the health sector are important, particularly for NHI.

Government has set itself the target of establishing a publicly funded and publicly administered National Health Insurance (NHI) Fund through legislation, to drive the roll-out of the NHI programme. The country's NHI funding model will give effect to the three key principles of the NHI: universal provision of quality health care; social solidarity through cross-subsidisation; and equity, which delivers free health care at the point of service. A solid foundation is being laid for the introduction of NHI. The White Paper on NHI was approved by Cabinet and released for public comment in December 2015. A dedicated NHI technical support unit will be established within the National Department of Health to steer the implementation of NHI.

Table 1: Activities, indicators and targets for the implementation of NHI

	Actions	**Minister Responsible**	**Indicators**	**Baselines[5]**	**Targets**
1	Phased implementation of the building blocks of NHI	Minister of Health	National Health Insurance (NHI) Act Promulgated	None	Draft National Health Insurance Bill gazetted for public consultation by 2017/18 National Health Insurance Act promulgated by 2019
			NHI fund created	None	Funding Modality for the budget allocation to the public primary health care (PHC) facilities in the District Health System developed by 2017/18 NHI Fund purchasing services on behalf of the population from accredited and contracted health care providers by 2019
2	Reform of Central Hospitals and increase	Minister of Health	No. of central hospitals with standardised	None	All 10 Central Hospitals having revised normative and approved organisational structures and appropriate delegations by

[5] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

	Actions	Minister Responsible	Indicators	Baselines[5]	Targets
	their capacity for local decision making and accountability to facilitate semi-autonomy.		organisational structures and appropriate delegations		2019

5.2. Sub-outcome 2: Improved quality of health care

Improved quality of care is an important goal of the health sector and an essential building block for NHI. During 2012/13, an audit of all 3,880 public health facilities was completed by an independent organisation. The National Health Amendment Bill, which provides the important legal framework for the establishment of an independent Office of Health Standards Compliance, was assented to by the President in September 2013. The OHSC is mandated to monitor and enforce compliance by health establishments with norms and standards prescribed by the Minister, covering both public and private sector facilities. A key focus during the 2014-2019 MTSF will be devoted to accelerating the establishment and operationalisation of the Office of Health Standards Compliance. Table 2 below reflects the key actions required from the health sector to achieve this.

Table 2: Key actions, indicators and targets for enhancing Quality of Care

	Actions	Minister responsible	Indicators	Baselines[6]	Targets
1	Complete the regulatory framework for the Office of Health Standards Compliance (OHSC)	Minister of Health –	Regulations for the functioning of the OHSC promulgated and implemented	OHSC Board established in January 2014 and OHSC Operational	Finalise regulations for the functioning of the OHSC by March 2017
2	Appointment of the Ombudsperson and establishment of a functional office.	Minister of Health	Functional Ombuds Person Office established	Board of the OHSC established in January 2014	Functional Ombuds Person office established by March 2017
3	Improve compliance with National Core Standards	Minister of Health	Number of Regional, Specialised, Tertiary and Central Hospitals that achieved an overall performance of ≥75% compliance with the national core standards for health facilities	Non-compliance with extreme and vital measures of the National Core Standards	≥ 75% compliance with National Core Standards in 5 Central Hospitals by 2016/17 ≥ 75% compliance with National Core Standards in 10 Central, 17 Tertiary, 30 Regional and 15 Specialised Hospitals by 2019
4	Improve quality of District Hospitals		Status determination elements for Ideal District Hospitals	None	Ideal District Hospital status determination elements developed by 2018 25% of District Hospital

[6] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

	Actions	Minister responsible	Indicators	Baselines[6]	Targets
					conducting status determinations by 2019
5	Ensure quality primary health care services with functional clinics by developing all clinics into Ideal Clinics	Minister of Health	Number of primary health care clinics in the 52 districts that qualify as Ideal Clinics	None	2823 clinics in the 52 districts that qualify as Ideal Clinics by 2019
6	Improve the acceptability, quality and safety of health services by increasing user and community feedback and involvement	Minister of Health	Patient experience of care (PEC) survey rate	65%	75% of health facilities that conduct PEC surveys at least once a year by 2017/18 100% of health facilities that conduct PEC surveys at least once a year by 2019
			Patient satisfaction rate	New Indicator	50% of health facilities that conducted PEC survey and scored 85% or more by 2019 Nationally 85% of patients are satisfied with health services received in public health facilities by 2019

5.3. Sub-outcome 3. Implement the re-engineering of Primary Health Care

A strong PHC service delivery platform is the heartbeat for the implementation of NHI. The health sector has developed and begun implementing a re-engineered PHC model, which consists of three streams, namely: creation and deployment of ward-based PHC Outreach Teams; establishment of District Clinical Specialist Teams and strengthening of Integrated School Health Services. The health sector has begun establishing municipal Ward-based PHC Teams across all 9 Provinces. These teams are led by a professional nurse, and have 6 Community Health Care (CHWs) each. These teams are providing a range of community-based health promotion and disease prevention programmes including strengthening nutrition interventions. Their brief includes supporting and promoting health in households and community settings such as at crèches, Early Childhood Centres, and old age homes.

The establishment of District Clinical Specialist Teams has also commenced. These teams consist of: a Principal Obstetrician and Gynaecologist; Principal Paediatrician; an Anaesthetist; Principal Family Physician; Principal Midwife; Advanced Paediatric nurse and Principal PHC nurse. A national school health policy was developed, in a partnership programme between the National DoH, the Department of Basic Education (DBE) and the Department of Social Department. The NDP 2030 is supportive of health sector's model of PHC re-engineering. Table 3 below reflects the key actions required from the health sector for accelerating the re-engineering of PHC. Table 3 below reflects the specific actions required from the health sector and other relevant sectors during the MTSF cycle 2014-2019.

Another major social and public health problem facing South Africa is the high burden of disease from violence and injuries. The country has an injury death rate of 158 per 100 000, which is twice the global average of 86,9 per 100 000 population and higher than the African average of 139,5 per 100 000[7]. Key drivers of the injury death rates are intentional injuries due to interpersonal violence (46% of all injury deaths) and road traffic injuries (26%), followed by suicide (9%), fires (7%), drowning (2%), falls (2%) and poisoning (1%). It also stretches state resources in other sectors, such as the South African Police, the Criminal Justice System and the Welfare Sector. A need exists to implement a comprehensive and intersectoral response to combat violence and injury, and significantly reduce the country's injury death rate. This should be led by the Ministers of Police; Justice and Correctional Services; and Transport, with the Minister of Health playing a supporting role. The root causes of violence and injuries fall outside of the health system. However, these social ills place a huge strain on the limited resources of the health system.

Social determinants of health are defined as the economic and social conditions that influence the health of people and communities, and include employment, education, housing, water and sanitation, and the environment. The priority interventions recommended by the NDP 2030 to address the social determinants of health require the health sector and its implementation partners to:

(a) Implement a comprehensive approach to early life, which includes strengthening of existing child survival programmes;
(b) ensure collaboration across sectors; and
(c) promote healthy diets and physical activity.

[7] National DoH and Health Policy Initiative (2012):Integrated Strategic Framework for the Prevention of Injury and Violence in South Africa, Pretoria.

The prevalence of Non-Communicable Diseases (NCD), such as cardiovascular diseases, diabetes, chronic respiratory conditions, cancer, kidney disease and muscular-skeletal conditions, has increased globally, and in South Africa. Modifiable risk factors for NCDs, which are also emphasized in the NDP 2030 and the National Strategic Plan for NCDs 2013-2017, produced by the health sector in 2012, include the following:

(a) tobacco use;
(b) physical inactivity;
(c) unhealthy diets; and
(d) harmful use of alcohol.

The National Strategic Plan for NCDs 2013-2017 reflects 10 goals and associated targets that must be achieved by 2020. Combating NCDs requires behaviour change and lifestyle change, which are extremely difficult to implement. Full participation of all government departments is required to meet the set targets. A need exists for the health sector to establish the National Health Commission (NHC) which will be an intersectoral platform to promote healthy lifestyles, encourage prevention of diseases and promote health care; and which will also enforce health regulations.

Table 3 below reflects the specific and concrete actions required from the health sector and its implementation partners to strengthen primary health care services, to address the social determinants of health and other interventions that have an impact on NCDs, during the MTSF cycle 2014-2019.

Table 3: Key actions, indicators and targets for Re-engineering PHC (Including Non-Communicable Diseases and Mental Health)

	Actions	**Minister Responsible**	**Indicators**	**Baselines**	**Targets**
1	Expand coverage of ward-based primary health care outreach teams (WBPHCOTs)	Minister of Health	Number of functional WBPHCOTs	1063 functional WBPHCOTs	1500 functional WBPHCOTs in 2014/15 3000 functional[8] WBPHCOTs by 2019
2	Expansion and strengthening of integrated school health services	Minister of Health Minister of Basic Education	School Grade 1 screening coverage (annualised)	7%	40% School Grade 1 screening coverage by 2019

[8] visiting at least 250 households annually

	Actions	Minister Responsible	Indicators	Baselines	Targets
			School Grade 8 screening coverage (annualised)	4%	25% School Grade 8 screening coverage by 2019
3	Improve intersectoral collaboration with a focus on population wide interventions (to promote healthy lifestyles in the whole population) and community based interventions (to promote healthy lifestyles in communities) and addressing social and economic determinants of Non-Communicable Diseases	Primary responsibility: Minister of Health Supporting Ministers: • Minister of Basic Education • Minister of Correctional Services • Minister of Justice and Constitutional Development • Minister of Social Development • Minister of Trade and Industry Minister of Transport • Minister of Water and Sanitation • Minister of Cooperative Governance and Traditional Affairs	Establish the National Health Commission	None	National Health Commission established by March 2019

	Actions	Minister Responsible	Indicators	Baselines	Targets
4	Improve awareness of and management of NCDs through screening and counselling for high blood pressure and raised blood glucose levels	Minister of Health	Number of people[9] counselled and screened for blood pressure	None (New Indicator)	5 million people[9] counselled and screened annually for blood pressure by 2019
			Number of people[9] counselled and screened for blood glucose levels	None (New Indicator)	5 million people[9] counselled and screened annually for blood glucose levels by 2019
5	Expand provision of rehabilitation services, and accessibility of Primary Health Services to people with physical disabilities	Minister of Health	Proportion of health facilities accessible to people with physical disabilities	39% (1384 PHC health facilities)	70% (of 2823) of PHC health facilities are accessible to people with physical disabilities and are meeting the 4 compulsory criteria (ramp, compacted access from gate to entrance, Toilets, signage) of accessibility by 2019
			Number of Districts with a multi-disciplinary rehabilitation team (physiotherapist, optometrist, speech and hearing/audiologist, occupational therapist, medical orthotist/prosthetist)	Unknown	Survey conducted on number of Districts with a multi-disciplinary rehabilitation team and Baseline Established by March 2017 10 percentage points increase (on the baseline) by 2019
6	Screening the users of public primary health care	Minister of Health	Number of people using public PHC services	1.8m	2.2m people that use public PHC services

[9] People refers to those attending public health facilities

	Actions	Minister Responsible	Indicators	Baselines	Targets
	(PHC) services for mental health disorders		screened for mental health disorders annually		screened for mental health disorders annually by 2019
7	Contribute to a comprehensive and intersectoral response by government to violence and injury, and to ensure action	Minister of Health	Eliminate backlog of blood alcohol tests at Forensic Chemistry Laboratories	Backlog of blood alcohol testing eliminated at Cape Town and Durban laboratories	Backlog of blood alcohol tests eliminated (0% backlog) Pretoria and Johannesburg laboratories by 2018
		Minister of Transport and Minister of Health	Roadside testing programme implemented to monitor driving under the influence of alcohol	None	Mobile laboratories established and roadside testing programme implemented by March 2018 to significantly reduce the country's injury and death rate

5.4. Sub-outcome 4: Reduced health care costs

The NDP 2013 identifies a need for the development and implementation of mechanisms to improve the efficiency and control of health care costs in the private sector. These mechanisms include regulation of prices primary care gate-keeping; diagnostic and therapeutic protocols; preferred providers; alternate and reimbursement strategies (capitation or global budgets instead of fee-for-service). Mechanisms will be implemented to improve efficiencies and control the spiralling costs of health care. Reforms will also be implemented to reduce private health care costs.

Table 4: Key actions, indicators and targets to reduce health care costs

	Actions	**Minister Responsible**	**Indicators**	**Baselines**	**Target**
1	Regulation of the price on medicines through the transparent pricing system	Minister of Health	Regulations relating to the single exit price increase, dispensing fees published	Transparent pricing regulations promulgated in 2004	Regulations relating to the single exit price increase, dispensing fees published for public comment by 2018 Regulations relating to the single exit price increase, dispensing fees published for implementation by 2019

2	Reform of the procurement system for medicines in the public sector	Minister of Health	Changes in tender price managed to not exceed inflation and currency variance	Previous tender price	Zero real price increase in tender prices for medicines by 2019 (net result of inflation and currency variance)

5.5. Sub-outcome 5: Improved human resources for health

The NDP 2030 highlights the disparity in the distribution of health care providers between the public and private sectors in South Africa. The NDP emphasizes that the shortage of trained health workers and CHWs to provide health-promoting, disease preventing and curative services, is a major obstacle to service delivery. A new strategy for strengthening community-based services has been developed by the health sector, known as the re-engineering of Primary Health Care. The NDP accentuates the need to prioritise the training of more midwives, and distribute them to appropriate levels in the health system. This will contribute significantly to improving maternal, neonatal and child health.

The NDP articulates a concern about the training of specialists in South Africa, which encourages the continued production of system specialists, and which is not consistent with the needs of the country. A major change in the training and distribution of specialists is proposed. This should include speeding up the training of community specialists in five specialist areas namely: medicine; surgery including anaesthetics; obstetrics; paediatrics and psychiatry. Training of specialists should include compulsory placement in resource-scarce regions, under the supervision of Provincial specialists.
Measures will be implemented to ensure adequate availability of well qualified, appropriately skilled and competent Human Resources for Health. The number of doctors trained locally and abroad will be doubled, at an average of 2,000 doctors a year. The Cuban Medical Training programme will be strengthened to ensure successful integration of medical students returning from Cuba to complete their training in South Africa. The revitalisation and resourcing of nursing colleges will be prioritised

The health sector's priority during 2009-2014 has been on professionalising nursing training and re-introducing a caring ethos in nursing through a greater focus on bedside nurse training provided through colleges and public sector hospitals. The key objectives were to develop a new nursing curriculum and enable 5 public nursing colleges to offer this new curriculum by the end of 2014/15. Protracted negotiations between the health sector and the Department of Higher Education and Training (DHET) constrained the achievement of this target.

Table 5: Key actions, indicators and targets for improving Human Resource production, development and management

	Actions	Minister Responsible	Indicators	Baselines[10]	Targets
1	Increase production of Human Resources for Health to strengthen capacity in the health system	Minister of Health and Minister of Higher Education and Training	Percentage of Cuban trained doctors employed in the public sector	2 971 medical students enrolled into the RSA- Cuba programme Prep year: 419 1st Year: 609 2nd Year: 883 3rd Year: 919 4th Year: 73 5th Year: 68	90% (951 /1 060) of Cuban trained medical students that are in their 3rd, 4th and 5th years complete training by 2019. 100% (951 of 951) of qualified Cuban trained medical doctors employed in the public sector by 2020
2	Develop a new nursing curricula to ensure a balance between bedside training and theoretical training at all public Nursing Collages in South Africa	Minister of Health and Minister of Higher Education	Number of nursing colleges offering the new nursing curriculum	None	All 17 public nursing colleges offering the new nursing curriculum by 2019

[10] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15.

5.6. Sub-outcome 6: Improved health management and leadership

The NDP 2030 identifies an important need to ensure that people who lead health institutions must have the required leadership capability and a high level of technical competence in a clinical discipline.

Central hospitals are national assets and, as integral parts of universities, are primary training platforms for health professionals. The health sector will ensure that their governance, funding and management becomes a national public sector competency and that they play their role as part of a seamless referral system. Management and related capacity of central hospitals will be enhanced to enable them to deliver services efficiently and effectively.

A key important area that also requires strengthening is financial management in the health sector. At the end of 2013/14, four health departments, the National DoH, Limpopo; North West and the Western Cape received an unqualified audit opinion from the AGSA. **This reflects improvement from 2012/13, during which only 3/10 departments received unqualified audit opinions.** Concerted effort must be made to increase this figure to at least 7/9 by 2019. Key interventions include:

(a) Improving financial management and audit outcomes in the health sector
(b) Improve District Health governance and strengthen management and leadership of the district health system
(c) Development of a training programme for Hospital CEOs and PHC Facility Managers

Table 6 below reflects other key specific actions required from the health sector and other relevant sectors during the MTSF cycle 2014-2019.

Table 6: Key actions, indicators and targets for improving health management and leadership

	Actions	Minister Responsible	Indicators	Baselines[11]	Targets
1	Improve financial management skills and audit outcomes for the health sector	Minister of Health	Number of Health Departments receiving unqualified audit reports from the Auditor-General of South Africa (AGSA)	4 Health Departments in 2012/13 (National DoH; Limpopo North West and Western Cape)	5 health departments (1 National and 4 Provincial DoHs) receiving unqualified audit reports from the Auditor-General of South Africa (AGSA) by 2017/18 7 Departments (1 National and 6 Provincial DoHs) receiving unqualified audit reports from the Auditor-General of South Africa (AGSA) by 2019
2	Improve District Health governance and strengthen management and leadership of the District Health System	Minister of Health	Number of districts with normative management structures	None	Normative District management structure developed and approved by 2017 52 districts with normative management structures by 2019
3	Ensure equitable access to specialised health care by increasing the training platform for medical specialists	Minister of Health	Number of gazetted tertiary hospitals providing the full package of tertiary 1 services	None	17 gazetted tertiary hospitals providing the full package of Tertiary 1 services by 2019

[11] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

	Actions	Minister Responsible	Indicators	Baselines[11]	Targets
4	Address skills gap at all levels of the health care system	Minister of Health	Training programme for Hospital CEOs and PHC Facility Managers	The training platform (knowledge management hub) established	90% of Hospitals CEOs, and PHC Facility Managers accessing the training programme platform for Hospital CEOs and PHC Facility Managers (knowledge management hub) by 2019

5.7. Sub-outcome 7: Improved health facility planning and infrastructure delivery

Health Facilities and Infrastructure Management continue focuses on coordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care in line with national policy objectives. To improve health facility planning and infrastructure delivery a more systematic and professional approach to infrastructure delivery was introduced by the health sector, this entailed the establishment of a Project Office at macro level to deliver on the major infrastructure programs. The pace of infrastructure delivery will be accelerated using alternative methods of delivery where possible to accelerate progress. Teams for health facility planning and infrastructure delivery will be strengthened by restructuring of the current infrastructure establishment. For the MTSF 2014-2019 period, 106 new clinics and community health centres and 22 hospitals will be built and over 435 health facilities in all 9 provinces will undergo major and minor refurbishments.

Table 7: Key actions, indicators and targets for improved health facility planning and accelerated Infrastructure Delivery

	Key Action	Minister Responsible	Indicator	Baselines[12]	Targets
1	Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with facility norms and standards	Minister of Health	Percentage of facilities that comply with gazetted infrastructure Norms & Standards	None	Health facility norms and standards developed and gazetted by March 2015 100% of new facilities comply with gazetted infrastructure Norms and Standards by 2019
2	Construction of new clinics, community health centres and hospital	Minister of Health	Number of additional clinics and community health centres constructed	-	106 clinics and community health centres constructed by 2019
			Number of additional hospitals constructed or revitalised	-	22 hospitals constructed or revitalised hospitals by 2019
3	Major and minor refurbishment of health facilities	Minister of Health	Number of health facilities that have undergone major and minor refurbishment	95 health facilities	435 health facilities undergone major and minor refurbishment by 2019

5.8. Sub-outcome 8: HIV & AIDS and Tuberculosis prevented and successfully managed

Strategies and actions to combat the HIV&AIDS epidemic are outlined in the National Strategic Plan (NSP) on HIV, STIs and TB 2012-2016, which was produced by the South African National AIDS Council (SANAC), chaired by the Deputy President of South Africa. The NDP 2030 recognises the pivotal role of the NSP on HIV, STIs and TB 2012-2016 in harnessing the efforts of all sectors of society towards reducing the burden of disease from HIV and AIDS and Tuberculosis.

[12] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

The NSP 2012-2016 has adopted as a 20-year vision, the four zeros advocated by the Joint United Nations Programme on HIV and AIDS (UNAIDS). It, therefore, entails the following targets for South Africa:

- zero new HIV and TB infections
- zero new infections due to vertical transmission
- zero preventable deaths associated with HIV and TB
- zero discrimination associated with HIV and TB.

With respect to achieving an "HIV-free" generation of under-20s, the NSP 2012-2016 has two pertinent objectives namely Strategic Objective 1 and Strategic Objective 2. Strategic Objective 1 (SO 1) of the NSP 2012-2016 focuses specifically on addressing the structural, social, economic and behavioural factors that drive the HIV and TB epidemics. Strategic Objective 2 (SO 2) is focused on primary strategies to prevent sexual and vertical transmission of HIV and STIs, and to prevent TB infection and disease, using a combination of prevention approaches. The NSP 2012-2016 defines combination prevention as a mix of biomedical, behavioural, social and structural interventions that will have the greatest impact on reducing transmission and mitigating susceptibility and vulnerability to HIV, STIs and TB. This implies that different combinations of interventions will be designed for the different key populations. The NSP 2012-2016 identifies a total of 7 sub-objectives for HIV, STI and TB prevention, which if effectively implemented will yield the desired effect of reducing new HIV and TB infections

Strategic Objective (SO) 3 of the NSP 2012-2016 outlines pertinent interventions to reduce morbidity and mortality from AIDS related causes and Tuberculosis. SO 3 focuses on sustaining health and wellness, and achieving a significant reduction in deaths and disability as a result of HIV and TB infection through universal access to accessible, affordable and good quality diagnosis, treatment and care.

The health sector will implement diverse interventions to deal with the burden of TB. Screening, treatment and prevention will be strengthened in the following vulnerable groups:

(a) **Correctional Services** - 150 000 inmates in the 242 correctional services, and the families of those who test positive,
(b) **Mineworkers** - A total of the 500 000 mineworkers and the families of those found positive
(c) **Peri-mining communities** - 600 000 communities in the peri-mining communities
(d) **Schools and households** - intensified screening of TB in schools and households using primary ward-based outreach teams

The public health sector will decentralise the management of MDR-TB. The decentralisation will enable the sector to implement an approach similar to that used to address the burden of diseases from HIV, for instance, the Nurse Initiated Management of Antiretroviral therapy (NIMART), which enables nurses to diagnose and manage accordingly. Multi-Drug Resistant (MDR) sites will expanded. Table 8 below reflects the specific actions required from the health sector and its implementation partners to reduce mortality from AIDS related causes and Tuberculosis (TB).

Table 8: Key actions, indicators and targets for the prevention and successful management of HIV&AIDS and Tuberculosis

	Action	**Minister Responsible**	**Indicator**	**Baselines[13] [14]**	**Target**
1	Maximising opportunities for testing and screening to ensure that everyone in South Africa has an opportunity to test for HIV and to be screened for TB at least annually	Minister of Health	Number of clients tested for HIV annually	8.9 million (2012/13)	10 million HIV tests administered annually by 2019
			Number of people screened for TB annually	8 million (in 2011)	8 million TB screenings annually by 2019
2	Maximising opportunities for testing and screening to ensure that everyone in South Africa's Correctional Facilities is screened for TB at least annually	Minister of Health Minister of Justice and Correctional Services	Percentage of correctional services centres conducting routine TB screening	23% (56/242)	95% (230/242) of correctional services centres conducting routine TB screening by 2019
3	The National HIV Prevention Campaign for Girls and Young Women implemented to among others focus on new HIV infections and unwanted pregnancies,	Minister of Health Minister of Basic Education Minister of Higher Education	Delivery under 20 years in facility rate	7.5% (72 200 of 961 200) for 2013	<5.25% (50 540 of 961 200) of total deliveries in public health facilities by 2019 (30% reduction)

[13] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15.

[14] South African National AIDS Council (SANAC): National Strategic Plan on HIV, STIs and TB 2012-2016

		Minister of Social Development Minister of Rural Development Minister of Economic Development Minister of Labour			
3	Increasing access to a preventive package of sexual and reproductive health (SRH) services, including medical male circumcision and provision of both male and female condoms	Minister of Health	Number of male condoms distributed annually	387 million (in 2012/13)[15]	800 million male condoms distributed annually by 2019
			Number of female condoms distributed annually	5,1 million (2010/11)[16]	25 million female condoms distributed annually by March 2019
			Number of males medically circumcised (cumulative)	804 285 (2012/13)	5 million males medically cumulatively circumcised by 2019
3	Expand access to Antiretroviral Therapy (ART) for people living with	Minister of Health	Total clients remaining on ART	2.7m	5.0 million patient on ART by 2019

[15] Health Systems Trust, District Health Barometer, 2012/13

[16] South African National AIDS Council (SANAC): National Strategic Plan on HIV, STIs and TB 2012-2016

	HIV/AIDS		(TROA)		
4	Improve the effectiveness and efficiency of the TB control programme	Minister of Health	TB new client treatment success rate	79%	85% of new TB clients successfully completing treatment by 2019
5	Improve TB treatment outcomes	Minister of Health	TB client lost to follow up	6%	Less than 5% of clients lost to follow up by 2019
6	Implement interventions to reduce TB mortality	Minister of Health	TB Death Rate	6%	5% (or less) of clients that started on TB treatment died during treatment period by 2019
7	Combat MDR TB by ensuring access to treatment	Minister of Health	TB MDR confirmed client start on treatment	56%	80% of MDR-TB patients initiated on treatment by 2019
		Minister of Health	TB MDR client successfully completing treatment	42%	65% of MDR-TB patients successfully completing treatment by 2019

5.9. Sub-outcome 9: Maternal, infant and child mortality reduced

South Africa's efforts to reduce maternal deaths date back to 1997, when the then Minister of Health established the National Committee of Confidential Enquiry into Maternal Deaths (NCCEMD), which was the first on the African continent. The NCCEMD has since released five triennial reports. A positive development is that South Africa's MMR, both population-based and institutional, reflect a downward trend. Data from the NCCEMD reflect that institutional MMR has decreased from 188.9 per 100 000 live births in 2009 to 141 per 100 000 live births in 2013. Estimates from the Rapid Mortality Surveillance (RMS) system of the Medical Research Council and the University of Cape Town reflects South Africa's MMR for 2013 at 155/100 000.

As is the case with MMR, Infant Mortality Rates (IMR) in South Africa reflect a decline. IMR in South Africa has decreased from 39 deaths per 1 000 live births in 2009, to 28 deaths per 1 000 live births in 2014. Similarly, the Under-5 mortality rate decreased from 56 deaths per 1 000 live births in 2009, to 39 deaths per 1 000 live births in 2014.

With respect to under-nutrition, the South African National Health and Nutrition Examination Survey, conducted by the Human Sciences Research Council found that found that young children youngest boys and girls (0–3 years of age) had the highest prevalence of stunting (26.9% in boys and 25.9% in girls), which was significantly different from the other age groups, with the lowest prevalence in the group aged 7–9 years (10.0% and 8.7% for boys and girls, respectively). It was also found that among boys, rural informal areas had significantly more stunting (23.2%) than urban formal areas (13.6%). Furthermore, girls living in urban informal areas had the highest prevalence of stunting (20.9%) and those in urban formal areas, the lowest (10.4%), the difference in prevalence being significant.

Table 9 below shows the key actions, indicators and targets to reduce maternal, infant and child mortality.

	Actions	Minister responsible	Indicators	Baselines[17]	Target
1.	Improve the implementation of Basic Antenatal and Postnatal Care	Minister of Health	Antenatal visits before 20 weeks rate	50.6%	70% of pregnant women attending PHC facility for Antenatal care before they are 20 weeks pregnant by 2019
			Proportion of mothers visiting a PHC facility for postnatal care within 6 days of delivery of their babies	74.8%	80% of mothers visiting a PHC facility for postnatal care within 6 days of delivery of their babies by 2019
2.	Expand the PMTCT coverage to pregnant woman	Minister of Health	Antenatal client initiated on ART rate	90%	98% of HIV positive pregnant women initiated on ART by 2019
			Infant 1st Polymerase Chain Reaction (PCR) test positive around 10 week rate	2.5%[18]	<1.5% of babies born to HIV positive mothers testing HIV positive at the age of 10 weeks by 2019
3.	Protection of children against vaccine preventable diseases	Minister of Health	Immunisation coverage under 1 year (annualised)	82.6% (2012/13)	95% infants fully immunised by 2019
			DTaP-IPV-HepB-Hib3 - Measles 1st dose drop-out rate	8%	<5% of infants who dropped out of the immunisation schedule between DTaP-IPV-Hep3/ Hib

[17] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

[18] Baseline provided for Infant 1st Polymerase Chain Reaction (PCR) test positive around 6 week rate. Baseline for PCT test positive at 10 weeks will be determined during 2016/17 financial year.

	Actions	Minister responsible	Indicators	Baselines[17]	Target
					3rd dose and measles 1st dose by 2019
			Measles 2nd dose coverage	77% (2012/13)	85% of children receiving Measles 2nd dose by 2019
			Confirmed measles case incidence per million total population	<5 per 1,000,000	<1 confirmed cases of Measles incidence per 1,000,000 population by 2019
4	Reduce fatality caused by leading causes of death	Minister of Health	Child under 5 years diarrhoea case fatality rate	4.2%	<2% of children under 5 years admitted with diarrhoea who died by 2019
		Minister of Health	Child under 5 years severe pneumonia case fatality rate	3.8%	<2.5% of children under 5 years admitted with pneumonia who died by 2019
		Minister of Health	Child under 5 years severe acute malnutrition case fatality rate	9%	<5% of children under 5 years admitted with severe acute malnutrition who died by 2019
5	Improve nutrition levels among infants	Minister of Health	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	45% (2014/15)	65% infants exclusively breastfed at 14 weeks as a proportion of the infants receiving DTaP-IPV-Hib-HBV 3rd dose vaccination
6.	Expand access to sexual and	Minister of Health	Couple year protection rate	36%	75% of 15 to 49 year

	Actions	Minister responsible	Indicators	Baselines[17]	Target
	reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services				old women protected against unwanted pregnancies by 2019
		Minister of Health	Cervical cancer screening Coverage	55%	70% of women screening for cervical cancer at least once every 10 years by 2019
		Minister of Health	Human Papilloma Virus (HPV) Vaccine 1st dose coverage -	None (new indicator)	90% of grade 4 girls that are 9 years and older receiving 1st dose of HPV vaccine by 2019

5.10. Sub-outcome 10*:* Efficient Health Management Information System developed and implemented for improved decision making

The NDP 2030 emphasizes the widely accepted fact that credible data are necessary for decision-making and regular system-wide monitoring. The NDP 2030 accentuates the need to implement effective health information systems. Key interventions include: prioritizing the development and management of effective data systems; integrating the national health information system with the provincial, district, facility and community-based information systems; establishing national standards for integrating health information systems; undertaking regular data quality audits, developing human resources for health information; strengthening the use of information; focusing access on web based and mobile data entry and retrieval linked to the existing DHIS; and investing in improving data quality. Diverse health information systems exist in the public sector, which play a key role in tracking the performance of the health system. However, these systems have various limitations, including: lack of interoperability between different systems; inability to facilitate harmonious data exchange; prevalence of manual systems and lack of automation.

Table 10: Key actions, indicators and targets for the development of an integrated and well-functioning national patient-based information system

	Key Actions	**Minister Responsible**	**Indicators**	**Baselines**[19]	**Targets**
1	Develop a complete System design for a National Integrated Patient based information system	Minister of Health Minister of Science and Technology	System design for a National Integrated Patient based information system completed	Health Normative Standards Framework for eHealth produced and gazetted in terms of the National Health Act (61 of 2003) in 2014	System design for a National Integrated Patient based information system completed by March 2019

[19] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15

6. Impact (or outcome) Indicators

Table 11 below reflects the key impacts expected from the interventions of the health sector during 2014-2019.

Impact Indicator	Minister responsible	Baseline 2009[20]	Baseline[21] 2014	2019 targets
Life expectancy at birth: Total	Minister of Health	57.1 years	62.9 years (increase of 3,5years)	Life expectancy of at least 65 years by March 2019
Life expectancy at birth: Male	Minister of Health	54.6 years	60.0 years	Life expectancy of at least 61.5 years amongst Males by March 2019 (increase of 3 years)
Life expectancy at birth: Female	Minister of Health	59.7 years	65.8 years	Life expectancy of at least 67 years amongst females by March 2019 (increase of 3years)
Under-5 Mortality Rate (U5MR)	Minister of Health	56 per 1,000 live-births	39 under 5 deaths per 1 000 live-births (25% decrease)	33 under 5 year deaths per 1 000 live-births by March 2019

[20] Dorrington RE, Bradshaw D, Laubscher R (2015): Rapid Mortality Surveillance Report 2014, Cape Town: South African Medical Research Council.

[21] Dorrington RE, Bradshaw D, Laubscher R (2015): Rapid Mortality Surveillance Report 2014, Cape Town: South African Medical Research Council.

Impact Indicator	Minister responsible	Baseline 2009[20]	Baseline[21] 2014	2019 targets
Neonatal Mortality Rate	Minister of Health	-	14 neonatal deaths per 1000 live births	8 neonate deaths per 1000 live births
Infant Mortality Rate (IMR)	Minister of Health	39 per 1,000 live-births	28 infant deaths per 1,000 live-births (25% decrease)	23 infant deaths per 1000 live births (15% decrease)
Maternal Mortality Ratio (MMR)	Minister of Health	280 per 100,000 live-births (2008 data)	269 maternal deaths per 100,000 live-births (2010 data)	<100 maternal deaths per 100,000live-births by March 2019
Live Birth under 2500g in facility rate	Minister of Health Minister of Social Development Minister of Agriculture Minister of Economic Development	-	12.9%	11.6% (10 percentage point reduction)