Appendix 2
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. An effective and responsive health system is 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 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.

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. In 2009, the current Ministry of Health embarked on a massive reform 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.

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 61.3 years in 2012[1].
(b) A decrease in the Under-5 mortality rate (U5MR) from 56 deaths per 1 000 live births in 2009, to 41 deaths per 1 000 live births in 2012
(c) A decrease in the Infant Mortality Rate (IMR) from 39 deaths per 1 000 live births in 2009, to 27 deaths per 1 000 live births in 2012.
(d) 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.
(e) An increase in the number of people initiated on antiretroviral therapy from 47 000 in 2004[2] to 2.4million in 2013[3].
(f) A decrease in the total number of people dying from AIDS from 300 000 in 2010 to 270 000 in 2011.
(g) A 50% decline in the number of aged 0-4 years who acquired HIV between 2006 and 2011.
(h) A 50% decrease in the number of people acquiring HIV infection, from 700 000 in the 1990's to 350 000 in 2011.
(i) A 25% decrease in the annual number of infants and children younger than 5 years dying in the past two years.

Recent 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

[1] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012
[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 (2013): Annual Report 2012/13, 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.

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[5].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;
(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 though 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 (TAC-NHC) functions as the Technical Implementation Forum. The TAC-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

[5] 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.

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 11 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 National Health Insurance (NHI).

A dedicated NHI technical support unit will be established within the National Department of Health to steer the implementation of NHI. First steps include:

(a) The finalisation of the NHI White Paper and the Preparation of the Draft NHI Legislation - it is envisaged that this will be finalised during 2014/15. This will provide the legislative framework for the establishment of the NHI Fund in 2016/17.
(b) Various consultation fora will be established inclusive of nine Provincial NHI consultation fora.
(c) The NHI Pilot districts will be progressively expanded over the next five years.

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

	Actions	**Minister Responsible**	**Indicators**	**Baselines**[6]	**Targets**
1	Phased implementation of the building blocks of NHI	Minister of Health	National Health Insurance (NHI) Bill produced	None	Draft National Health Insurance Bill gazetted for public consultation in 2014/15 National Health Insurance law passed by 2015/16
			NHI fund created	None	Funding Modality for the National Health Insurance Fund including budget reallocation for the district primary health care (PHC) personal health services developed in 2014/15 NHI fund created by 2016/17
			Review and expand progressively NHI Pilot project to other districts	10 NHI pilot districts established across the Country	10 NHI pilot districts across the country in 2014/15 Review and expand progressively to other districts (Number to be determine based on review)
2	Establishment of NHI fora for engagement of non-state actors	Minister of Health	No of NHI Fora Established	None	9 Provincial NHI Fora established in 2014/15
3	Strengthen the input from patients on their experience of the health services	Minister of Health	No of Dialogues with patients groups on NHI	None	9 Provincial Dialogues with patient groups on NHI in 2014/15 and each year thereafter

[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
4	Reform of Central Hospitals and increase their capacity for local decision making and accountability to facilitate semi-autonomy.	Minister of Health	No. of central hospitals with reformed management and governance structures as per the prescripts	None	All 10 central hospitals with reformed management and governance structures according to the prescripts by 2019

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

Improved quality of care is an important 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 and Compliance, was assented to by the President in September 2013. Key focus during the 2014-2019 MTSF should 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[7]	Targets
1	Establish an operational Office of Health Standards Compliance (OHSC)	Minister of Health	Regulations for the functioning of the OHSC promulgated and implemented	Board of the OHSC established in January 2014	Finalise regulation for the functioning of the OHSC in 2014/15 Regulations promulgated for the functioning of the OHSC implemented from 2015/16

[7] 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[7]	Targets
2	Appointment of the Ombudsperson and establishment of a functional office.	Minister of Health	Establish functional Ombuds Person Office	Board of the OHSC established in January 2014	Functional Ombuds Person office established by March 2015
3	Improve compliance with National Core Standards	Minister of Health	Proportion of Regional, Tertiary and Central Hospitals compliant with the extreme and vital measures of the national core standards for health facilities	Non-compliance with extreme and vital measures of the National Core Standards	100% compliance with National Core Standards in 5 Central Hospitals in 2014/15 100% compliance National Core Standards in 10 Central, 17 Tertiary, 46 Regional and 63 Specialised Hospitals by 2019
4	Monitor the existence of and progress on annual and regular plans that addresses breaches of quality, safety and compliance in all public sector	Minister of Health	Percentage of Health Establishments that have developed an annual Quality Improvement Plan (QIP) based on a self- assessment (gap assessment) or OHSC inspection	40%	45% in 2014/15 95% by 2019
5	Improve the acceptability, quality and safety of health services by increasing user and community feedback and involvement	Minister of Health	Patient satisfaction surveys rate (proportion of health facilities that conduct patient satisfaction surveys at least once a year)	65%	70% in 2014/15 100% by 2019
			Patient satisfaction rate	New Indicator	82,28 in 2014/15 90% by 2019

[8].In the 2013 General Household Survey conducted by Statistics South Africa (Stats SA), 82.2% of users of public health care facilities reported being satisfied with the services provided, while 60.5% of the respondents reported being very satisfied with the service provided. A total of 98% of users of private health facilities were satisfied with the services provided, while 94% were very satisfied.

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 10 below reflects the key actions required from the health sector for accelerating the re-engineering of PHC. Table 10 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[9]. (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.

[9] 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 WBPHCOTs by 2019
2	Accelerate appointment of District Clinical Specialist Teams	Minister of Health	Number of Districts with fully fledged District Clinical Specialist Teams appointed	34/52 Districts with at least 3 members of District Clinical Specialist Teams	40 districts in 2014/15 52 Districts by 2019
3	Expand and strengthen integrated school health services	Minister of Health Minister of Basic Education	School Grade 1 screening coverage (annualised)	7%	30% in 2014/15 60% by 2019

	Actions	Minister Responsible	Indicators	Baselines	Targets
			School Grade 8 screening coverage (annualised)	4%	25% in 2014/15 50% by 2019
4	Ensure quality primary health care services with optimally 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-	50 clinics in 2014/15 1500 clinics in the 52 districts (70%) qualify as Ideal Clinics by 2019
5	Improve intersectional 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	Establish the National Health Commission	None	Consultations with key government departments, civil society and other key stakeholders to facilitate the establishment of the intersectoral forum in 2014/15 National Health Commission established and fully functional by March 2019
6	Reduce risk factors for Non-Communicable Diseases (NCDs) by designing and implementing a mass mobilization strategy focusing on healthy options, including the reduction of obesity	Minister of Health	% of women who are obese	61% in 2014	51% in 2019 (10% reduction)
			% of men who are obese	31% in 2014	21% in 2019 (10% reduction)
			% of children under five who are obese	25% in 2012	15% in 2019 (10% reduction)

	Actions	Minister Responsible	Indicators	Baselines	Targets
7	Improve awareness of and management of prevalence of NCDs through screening and counselling for high blood pressure and raised blood glucose levels	Minister of Health	Number of people counselled and screened for high blood pressure	None (New Indicator)	500 000 in 2014/15 5 million people screened for high blood pressure and referred for treatment where necessary by 2019
			Number of people counselled and screened for raised blood glucose levels	None (New Indicator)	500 000 in 2014/15 5million people screened for raised blood glucose levels and referred for treatment where necessary by 2019
8	Expand rehabilitation services	Minister of Health	Proportion of health facilities accessible to people with disabilities	Draft framework and model for rehabilitation services produced	15 Districts implementing the framework and model for rehabilitation services in 2014/15 80% of all health facilities are accessible to people with disabilities and are meeting the 5 compulsory criteria of accessibility by 2019
			Proportion of Health Facilities providing rehabilitation services	Draft framework and model for rehabilitation services produced	Draft framework and model for rehabilitation services developed and approved in 2014/15 80% of all health facilities providing rehabilitation services by 2019

	Actions	Minister Responsible	Indicators	Baselines	Targets
			Number of Health Districts providing community based rehabilitation	Draft framework and model for rehabilitation services produced	52 Districts where Community Based Rehabilitation Services are available by 2019 Fully constituted rehabilitation teams inclusive of community based rehabilitation workers available in 52 Districts by 2019
9	Screen the population for mental health disorders	Minister of Health	Percentage people screened for mental disorders	25% of people with mental disorders screened (prevalence of mental disorders is estimated at 16.5% of the population) s	25% of the prevalent population screened for mental disorders in 2014/15 35% of the prevalent population screened for mental disorders by 2019
			Percentage of people treated for mental disorders	25% of the prevalent population with mental disorder treated	25% of the prevalent population screened for mental disorders in 2014/15 35% of prevalent population treated for mental disorders by 2019
10	Contribute to a comprehensive and intersectoral response by government to violence and injury, and to ensure action	The Ministers of Police; Justice and Correctional Services; and Transport, with the Minister of Health playing a supporting role	Implementation of a comprehensive and intersectoral response to combat violence and injury, and significantly reduce the country's injury death rate	Integrated Strategic Framework for the Prevention of Injury and Violence in South Africa produced in March 2012	Comprehensive and intersectoral response to combat violence and injury, and significantly reduce the country's injury death rate implemented by 2019

5.4. Sub-outcome 4: Reduced health care costs

The NDP 20130 identifies a need for the development and implementation of mechanisms to improve the efficiency and control of health care costs. These mechanisms include primary care gate-keeping; demand management strategies such as appropriate self-care and user fees; rationing, diagnostic and therapeutic protocols; preferred providers; managed care 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 reform private health care to bring costs down.

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

	Actions	Minister Responsible	Indicators	Baselines	Targets
1	Establish a National Health Pricing Commission to regulate health care in the private sector	Minister of Health	National Health Pricing Commission established	None	Draft National Pricing Commission Bill gazetted for public consultation in 2014/15 National Health Pricing Commission established by 2017/18

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 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 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 and recruitment of nurse trainees increased.

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 of Health	Minister of Health and Minister of Higher Education and Training	Intake of Medicine Students increased	1 767 new medical[11] students 961 medical students enrolled into the RSA- Cuba programme	2 000 new medical students enrolled annually (on average) by 2019
			Number of nursing colleges accredited to offer the new nursing curriculum	None	5 public nursing colleges accredited to offer the new nursing qualification in 2014/15 All 220 public nursing colleges by 2019
2	Finalise and adopt norms for the provision of Human Resource for Health	Minister of Health Minister of Finance Minister of Higher Education and Training	Norms for the provision of Human Resources for Health finalised and adopted	Draft guidelines for the development of Primary Health Care staffing norms are available	Draft guidelines for the development of Primary Health Care staffing norms are adopted in 2014/15 Norms for all levels of health care adopted by 2016

[10] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15.
[11] Health Data Advisory and Coordination Committee (HDACC) Report No.2, version June 2014

	Actions	Minister Responsible	Indicators	Baselines[10]	Targets
3	Produce, cost and implement Human Resource for Health Plans	Minister of Health Minister of Finance	Number of Provincial Human Resources for Health Plans produced	None	9 x Provincial Human Resources for Health Plans published by 2016/17, informed by national norms

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 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 2012/13, three health departments, the National DoH, the Western Cape and North West Departments of Health, received an unqualified audit opinion from the AGSA. 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 Health District governance and strengthen management and leadership of the district health system
(c) Development of a training programme for Hospital CEOs and PHC Facility Managers
(d) Implementation of a knowledge hub which includes a web based interactive information system with information on innovative improvements and
(e) Establishing a national and international link of practising Health Managers
(f) Establishing a coaching and mentoring program for Health Managers

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

	Actions	Minister Responsible	Indicators	Baselines[12]	Targets
1	Improve financial management skills and outcomes for the health sector	Minister of Health	Number of Health Departments receiving unqualified audit reports from the Auditor-General of South Africa (AGSA)	3 Health Departments in 2012/13 (National DoH; North West and Western Cape)	4 health departments receiving unqualified audit reports from the AGSA for 2013/14 (National DoH and 3 Provincial DoHs) in 2014/15 5 health departments by 2017/18 (1 National and 4 Provincial DoHs) by 2019 7 Departments by 2019 (1 National and 6 Provincial DoHs) National DoH receiving a clean audit report from the AGSA by 2018/19
2	Improve Health District governance and strengthen management and leadership of the district health system	Minister of Health	Number of primary health care facilities with functional clinic committees/ district hospital boards	2256 primary health care facilities with functional clinic committees/ district hospital boards	Implementation strategy for establishing functional clinic committees approved in 2014/15 Monitoring and evaluation system implemented in 2014/15 3760 primary health care facilities with functional clinic committees/ district hospital boards by 2019

[12] 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[12]	Targets
3	Improve Health District governance and strengthen management and leadership of the district health system	Minister of Health	Number of districts with apprppriate management structures for primary health care facilities	None	Appropriate management structures for primary health care facilities approved and resources secured in 2014/15 52 districts with uniform management structures for primary health care facilities by 2019
4	Ensure equitable access to specialised health care by increasing the training platform for medical specialists	Minister of Health	Number of gazetted hospitals providing the full package of tertiary services	None	17 gazetted tertiary hospitals providing the full package of Tertiary 1 services by 2019
5	Establish the Academy for Leadership and Management in Health to address skills gap at all levels of the health care system	Minister of Health	Training programme for Hospital CEOs and PHC Facility Managers developed	Health Management and Leadership Academy established in 2012	Dedicated training programme for Hospital CEOs, Hospitals Management Teams, District Mangers, District Management Teams and PHC Facility Managers developed by March 2016 90% of Hospitals CEOs, District Managers and PHC Facility Managers trained by 2019
		Minister of Health	Establish a national and international link of practising Health Managers	Health Management and Leadership Academy established in 2012	National and international link of practising Health Managers established by March 2016 90% of Hospitals CEOs, District Managers and PHC Facility Managers benefitting from the national and international link by 2019

	Actions	Minister Responsible	Indicators	Baselines[12]	Targets
		Minister of Health	Establish a coaching and mentoring program for Health Managers	None	Coaching and mentoring programme established by March 2016 90% of Hospitals CEOs, District Managers and PHC Facility Managers benefiting from the coaching and mentoring programme, resulting in improvements in service delivery by 2019
		Minister of Health	Knowledge hub developed and functional	None	Knowledge hub developed and functional by March 2017 60% of Hospitals CEOs, District Managers and PHC Facility Managers benefitting from the knowledge hub by March 2019

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

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 Management Support Unit, with 8 key works streams for accelerated delivery. The work streams focus on: Planning and Design; Procurement; Construction; Maintenance; Nursing Colleges; Public-Private Partnerships; Capacity Building Strategic Project Management. 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. Under the NHI, 213 new clinics and community health centres and 43 hospitals will be built and over 870 health facilities in all 11 NHI pilot districts will undergo major and minor refurbishments. This will later be extended to all other districts.

Table 7: Key actions, indicators and targets for improved health facility planning and accelerated infrastructure delivery

	Key Action	**Minister Responsible**	**Indicator**	**Baselines[13]**	**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	Construct new clinics, community health centres and hospital	Minister of Health	Number of additional clinics and community health centres constructed	0	5 CHCs to be completed by March 2016) 213 by 2019
			Number of additional hospitals constructed or revitalised	0	4 hospitals to be completed by March 2015 43 hospitals by 2019
3	Undertake major and minor refurbishment of health facilities	Minister of Health	Number of health facilities that have undergone -major and minor refurbishment	95 health facilities	150 health facilities in 2014/15 870 health facilities by 2019
4	Strengthen partnership with the Department of Public Works to accelerate infrastructure delivery	Minister of Health	Number of Provincial Departments of Health that have established Service Level Agreements (SLAs) with Departments of Public Works	None	4 Provincial Departments by- March 2015 9 Provincial Departments by 2016

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

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.

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. 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 from less than 100 currently to 2500 in the next 3 years, to expand access to as many people as possible – using nurses in the decentralised sites to help manage this. 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**[14] [15]	**Target**
1	Maximise 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 once annually	Minister of Health	Number of men and women 15–49 tested for HIV	8.9 million (2012/13)	10 million in 2014/15 50 million by March 2019
			Number of people screened for TB	8 million (in 2011)	6 million in 2014/15 30 million by March 2017 40 million by March 2019
2	Maximise opportunities for testing and screening to ensure that everyone in South Africa's Correctional Facilities is tested for HIV and 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)	50% in 2014/15 (121/242) in 2014/15 95% (230/242) by 2019

[14] Estimated performance of the health sector for 2013/14, as reflected in the Annual Performance Plan of the National DoH for 2014/15.
[15] South African National AIDS Council (SANAC): National Strategic Plan on HIV, STIs and TB 2012-2016

	Action	Minister Responsible	Indicator	Baselines[14] [15]	Target
3	Increase access to a preventive package of sexual and reproductive health (SRH) services, including includes medical male circumcision and provision of both male and female condoms	Minister of Health	Number of male condoms distributed	387 million (in 2012/13)[16]	600 000 000 in 2014/15 One billion by March 2019
			Number of female condoms distributed	5,1 million (2010/11)[17]	5 million in 2014/15 25 million by March 2019
			Number of men medically circumcised	600 000 (2012/13)	1 million in 2014/15 5 million by March 2019
4	Implement essential interventions to reduce HIV mortality	Minister of Health	HIV Mortality	34.6% in 2011	17.3% by March 2017 (50% reduction)
5	Improve the effectiveness and efficiency of the TB control programme	Minister of Health	TB new client treatment success rate	79%	82% in 2014/15 >85% by 2019
6	Improve TB treatment outcomes	Minister of Health	TB (new pulmonary) defaulter rate	6%	6% in 2014/15 <5% by 2019
7	Implement interventions to reduce TB mortality	Minister of Health	TB Death Rate	6%	6% in 2014/15 <3% by 2019 (50% reduction)

[16] Health Systems Trust, District Health Barometer, 2012/13
[17] South African National AIDS Council (SANAC): National Strategic Plan on HIV, STIs and TB 2012-2016

	Action	Minister Responsible	Indicator	Baselines[14] [15]	Target
8	Improve the effectiveness and efficiency of the MDR-TB control programme	Minister of Health	Number of professional nurses trained to initiate MDR-TB treatment	5	25 in 2014/15 400 Professional Nurses trained to initiate MDR-TB treatment by 2019
9	Combat MDR TB by ensuring access to treatment	Minister of Health	MDR-TB confirmed treatment initiation rate	56%	60% in 2014/15 80% by 2019
		Minister of Health	MDR treatment success rate	42%	50% in 2014/15 >65% by 2019

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

South Africa has a high maternal mortality ratio (MMR), largely attributable to HIV and AIDS. The country'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. Annual data from the NCCEMD reflect that institutional MMR has decreased from 188.9 per 100 000 live births in 2009 to 146.7 per 100 000 live births in 2012. South Africa's 2013 Millennium Development Goals (MDG) country report reflects MMR as 269 per 100 000. Estimates from the Rapid Mortality Surveillance (RMS) system of the Medical Research Council and the University of Cape Town place South Africa's MMR for 2010 at 269/100 000.

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 27 deaths per 1 000 live births in 2012. Similarly, the Under-5 mortality rate decreased from 56 deaths per 1 000 live births in 2009, to 41 deaths per 1 000 live births in 2012.

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**[18]	**Target**
1.	Improve the implementation of Basic Antenatal Care	Minister of Health	Antenatal visits before 20 weeks rate	50.6%	65% in 2014/15 70% by 2019
			Proportion of mothers visited within 6 days of delivery of their babies	74.8%	90% in 2014/15 80% by 2019
2.	Expand the PMTCT coverage to pregnant women	Minister of Health	Antenatal client initiated on ART rate	90%	95% in 2014/15 98% by 2019
			Infant 1st Polymerase Chain Reaction (PCR) test positive around 6 week rate	2.5%	2% in 2014/15 <1.5% by 2019
3.	Protect children against vaccine preventable diseases	Minister of Health	Immunisation coverage under 1 year (annualised)	94%	90% in 2014/15 95% by 2019
			DTaP-IPV/HIV 3-Measles 1st dose drop-out rate	8%	7% in 2014/15 <5% by 2019
			Measles 2nd dose coverage	81.8%	85% in 2014/15 95% by 2019
			Confirmed measles case incidence per million total population	<5 per 1,000,000	<4 per 1,000,000 in 2014/15 <1 per 1,000,000 by 2019

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

		Minister of Health	Child under 5 years diarrhoea case fatality rate	4.2%	3,5% in 2014/15 <2% by 2019
		Minister of Health	Child under 5 years severe acute malnutrition case fatality rate	9%	8% in 2014/15 5% by 2019
4.	Expand and strengthen integrated school health services	Minister of Health Minister of Basic Education	School Grade 1 screening coverage (annualised)	7%	30% in 2014/15 60% by 2019
			School Grade 8 screening coverage (annualised)	4%	25% in 2014/15 50% by 2019
5.	Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services	Minister of Health	Couple year protection rate	36%	55% in 2014/15 80% by 2019
		Minister of Health	Cervical cancer screening Coverage (amongst women)	55%	60% in 2014/15 70% by 2019
		Minister of Health	Human Papilloma Virus coverage 1st dose ((HPV Vaccine Coverage amongst 9 and 10 year old girls)	None (new indicator)	80% in 2014/15 90% 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	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	Business architecture for a National Integrated Patient Based Information System developed in 2014/15 System design for a National Integrated Patient based information system completed by March 2018 National Integrated Patient based information system implemented from April 2018
		Minister of Telecommunications & Postal Services	Percentage of hospitals implementing an integrated ICT Health System through broadband access		80% by 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] 2012	2019 targets
Life expectancy at birth: Total	Minister of Health	56.5 years	60.0 years (increase of 3,5years)	63 years by March 2019 (increase of 3 years)
Life expectancy at birth: Male	Minister of Health	54.0 years	57.2 years (increase of 3,2 years)	60.2 years by March 2019 (increase of 3 years)
Life expectancy at birth: Female	Minister of Health	59.0 years	62.8 years (increase of 3,8years)	65.8 years by March 2019 (increase of 3years)
Under-5 Mortality Rate (U5MR)	Minister of Health	56 per 1,000 live-births	41 per 1,000 live-births (25% decrease)	23 per 1,000 live-births by March 2019 (20% decrease)
Neonatal Mortality Rate	Minister of Health	-	14 per 1000 live births	6 per 1000 live births
Infant Mortality Rate (IMR)	Minister of Health	39 per 1,000 live-births	27 per 1,000 live-births (25% decrease)	18 per 1000 live births
Child under 5 years diarrhoea case Fatality rate	Minister of Health	-	4.2%	<2%
Child under 5 years severe acute malnutrition case fatality rate	Minister of Health	-	9%	<5%
Maternal Mortality Ratio	Minister of Health	304 per 100,000 live-births	269 per 100,000 live-births	Downward trend <100 per 100,000live-births by March 2019

[20] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012
[21] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012