



Remaining on course to address challenges

Since government adopted the outcomes approach, good progress has been made in delivering on the five priorities. Through the outcomes approach, 12 outcomes were adopted with delivery agreements as the plans for implementation.

Cabinet has thus far had the benefit to review, through our system of monitoring and evaluation, three monitoring and evaluation reports against the 12 outcomes. The reports reflect the focus brought about by this system, which gave government strategic focus on what needs to be done to effectively address the challenges we have.

This month, we begin with a series of reporting on progress we are making collectively against the targets we have set ourselves. Cabinet is of the view that we are indeed making good progress and that we are focused enough to deliver on our mandate. This month we begin with health, led by the Department of Health (DoH), which is critical to have a healthy nation. We remain resolute in ensuring that our people live a long and healthy lifestyle.

We have set ourselves four outputs namely, combating HIV, AIDS and TB; decreasing maternal and child mortality; strengthening the health system's effectiveness; and ultimately increasing the life expectancy of South Africans.

In combating HIV, AIDS and TB, great progress has been made. Since the President's launch of the HIV Counselling and Testing (HCT) Campaign in April 2010, the number of persons tested has increased six-fold, compared to previous years, confirming improvements in health-seeking behaviour among South Africans. By June 2011, 14,7 million people had been counselled, of whom 13 million agreed to be tested in the public sector. Some 2,04 million HIV-positive people have been linked to care, including antiretroviral treatment (ART) and psychosocial support.

Nationally, mother-to-child transmission of HIV has declined from about 8% to 3,5%. Through a sustained concerted effort, the national DoH achieved a significant decrease in the prices of antiretroviral (ARV) drugs procured from the pharmaceutical industry.

The DoH awarded a tender to the value of R4,2 billion over two years for the procurement of ARVs. The department amended the usual procurement strategies, which has resulted in a saving of 53% (R4,4 billion). The benefit of this achievement to South Africans is that these savings will enable the health sector to treat more patients with the same resource envelope.

It must, however, be borne in mind, that South Africa cannot treat itself out of HIV and AIDS. Prevention therefore remains the cornerstone of interventions to curb this epidemic.

TB control and management is improving, with 7,7 million people screened during the HCT Campaign and the national TB cure rate reaching the 70% mark for the first time, though we still need to work hard to achieve the 85% recommended by the World Health Organisation (WHO).

People living with TB need to be diagnosed quickly and placed on TB treatment, to reduce the risk of infection of the general public and deterioration in health, including death of those infected.

Until 2011, TB detection in South Africa was largely based on microscopy (for drug-susceptible TB) and culture (for drug-resistant TB). This meant that TB culture results were available on average after 35 days after the sputum was taken. In 2011, the WHO endorsed new technology to diagnose TB with simultaneous detection of Rifampicin resistance (a good indicator of drug-resistant TB).

This technology, called GeneXpert MTB/Rif, has high sensitivity in both smear-positive as well as smear-negative, culture-positive individuals. When compared with microscopy and culture, a single GeneXpert test detects 98% of smear-positive TB, while microscopy has sensitivity of around 72%. In addition to high levels of sensitivity, a GeneXpert test result can be available within two hours.

The department has acquired 30 of the GeneXpert MTB/Rif machines, and plans to procure an additional 17 over the

next few months to achieve a target of at least one GeneXpert machine in each of the 52 health districts, until such time that current technology, mainly microscopy, will be fully replaced by the GeneXpert.

Already, over 20 400 tests have been run on these machines, with TB detected in about 18% of suspects. This far exceeds detection rates of between 2% and 10% using current technology, again demonstrating that we have been underdetecting TB.

Also, the tests that have been run show a 6,49% detection of resistance to Rifampicin (a good indicator of multidrug resistant [MDR] TB), well above current levels of just under 2%.

In summary, South Africans living with TB, including those with MDR TB, are being diagnosed early and placed on treatment immediately, to reduce the risk of the spread of TB infection.

The health sector is making good progress towards strengthening the health system's effectiveness in preparation for the National Health Insurance (NHI) that Cabinet recently approved. It is now up for public consultation.

For example, the sector is re-engineering the Primary Healthcare (PHC) delivery model, with greater emphasis on a preventive and community-oriented approach. The re-engineering is being conducted in three streams:

- specialist teams in each municipal district
- the School Health Programme
- municipal ward-based PHC agents.

These teams will focus on the provision of quality healthcare for mothers, newborns and children and general health promotion.

A Human Resources (HR) Health Strategy has been developed, focusing on South Africa's projected needs for health workers in the short, medium and long term. The department recently released a document on the HR Strategy for public discussion. The final HR Strategy will be released in October 2011.

Regulations have been developed, providing clear designations of different categories of hospitals and guiding the recruitment of appropriately skilled and competent hospital management. This will contribute towards management accountability and ultimately effective and efficient healthcare delivery.

A data warehouse is being established, with socio-economic data and health indicators for all health districts. This process has been informed by the collection of critical data from all 52 health districts, including health expenditure reviews and the development of health profiles. Ultimately, the department will use the information management system to inform the selection of districts for priority intervention.

Cabinet recently approved the National Health Amendment

Bill for Office of Health Standards Compliance, which will accredit health facilities. In preparation, the department has put in place quality norms and standards, which cover the availability of medicines and supplies, cleanliness, patient safety, infection prevention and control, positive attitudes and waiting time in all health facilities.

The department is currently auditing public health facilities against these standards, with over 1 600 audited by the end of August. Quality improvement projects are being developed to address the gaps identified by the audits for each health facility. Resources have been mobilised and budgets have been allocated for this purpose.

This is effectively the largest and most ambitious service-delivery improvement programme that has ever been implemented in South Africa, and the model may be replicable in other sectors. The approach is breaking new ground with regard to the roles of national departments in driving service delivery and operational improvements in concurrent functions.

Our department, working with the Department of Health, will jointly produce a series of case studies on this service-delivery improvement programme.

Although significant progress has been made in leading and harnessing efforts towards a long and healthy life for South Africans, challenges remain.

South Africa's performance on health indicators is generally poor and inconsistent with the levels of investments made. Child and maternal mortality still remains unacceptably high, with the poor largely bearing the brunt. We have successfully held a breastfeeding summit with far-reaching resolutions to strengthen our child survival strategies.

Non-communicable diseases are also on the rise and violence and injury remain cause for great concern. However, we held a Violence and Injury Summit under the auspices of the WHO in September and more recently, we successfully convened a Non-Communicable Disease Summit.

Both have resulted in very serious far-reaching resolutions, which the department is going to implement very soon.

The poor performance on health indicators has largely been attributed to systemic challenges, including a largely curative, hospital-centric model of delivering care, HR shortages and limited management capacity and accountability. There is also ongoing underexpenditure on the Hospital Revitalisation Grant and the issue has been elevated to the Presidential Infrastructure Commission.

Despite all these challenges, we remain on course to address them and all efforts led by the DoH working with the sector are producing results. We commend the DoH and its partners for the progress they have made thus far and we should all be putting in extra effort to ensure that we meet our targets in all the outcomes. This is testimony to the fact that working together we can indeed do more.

We will continue to support the department and monitor progress and ensure that we remain focused on what we have promised our people. 🗳️



Othniel Gollins Chabane

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October is Transport Month. As with most periods of heightened communication activity, this month is no exception. *Public Sector Manager* took the opportunity to talk to the Minister of Transport, Sibusiso Ndebele, about the path that is being charted for us as a country.

This path has already seen the dynamic and exceptional expansion of our transport sector into exciting developments such as the Rapid Bus Transport System, massive growth in our ports and rail infrastructure and the Gautrain, to name only a few.

Over the next two years, government's plans for public transport will radically change the way South Africans travel, due to investments of billions of rands.

In partnership with all provinces, the S'hamba Sonke Project will improve access roads to schools and clinics and public social infrastructure by drastically upgrading the secondary road network and repairing potholes throughout the country.

This includes rehabilitation of key arterial routes in support of the rural economy through labour-intensive projects. Some R6,4 billion has been set aside for this initiative in 2011/12; R7,5 billion in 2012/13; and R8,2 billion in 2013/14, amounting to a total of R22,3 billion in the medium term. The programme is also expected to create around 70 000 jobs in 2011/12.

Appropriately Transport Month is being celebrated under the theme "Year of Job Creation and Service Delivery in the Transport Sector: Moving South Africa to a Better Tomorrow".

Undoubtedly, these and other initiatives being embarked upon by the department should ignite inspiration in public service managers, for whom innovation, creativity and determination must be the cornerstones of their ethos.

In its own contribution to stimulating healthy debate, interaction and information-sharing among senior public service managers, the Government Communication and Information System (GCIS) launched the inaugural *Public Sector Manager* (PSM) Forum in September. These forums will take place monthly. The main aim is to allow interaction that will stimulate the growth and knowledge of our managers. The forums allow a space where they are given the opportunity obtain more insight into government's position on key and current issues. They can also ask questions, provide insights and network. It is my hope that more managers will participate in the PSM forums.

At the pinnacle of the Public Service corps, we honour the longest-serving Director-General, Advocate Sandile Nogxina, who has left his position as DG of Mineral Resources to advise Mineral Resources Minister Susan Shabangu.

This pioneering leader talks readers through his – and the Public Service's – commendable early feats in those formative years of democracy when new departments with a new outlook on the country's developed had to be forged from the fragmented apartheid Public Service that was geared towards serving a minority of citizens.

Advocate Nogxina's insights tell us how far we have come and how far we have yet to go. Alongside the tributes provided by some of his veteran peers, *Public Sector Manager* wishes this dean of the Public Service well in his new role.

I am pleased to present to our readers with yet another edition of the *Public Sector Manager* – with information as insightful as that around the recently launched *Green Paper on Land Reform* to some meaningful clean energy options for our country as dialogue on this topic intensifies prior to the United Nations Climate Change Conference (COP17) starting in November as well as the recent strides made in South Africa's relations with the European Union.

These, and other issues covered in the magazine, hopefully provide information and thinking around key issues in government, which we as senior public service managers can and must be aware of.

Jimmy Manyi
GCIS: CEO
Cabinet Spokesperson

Dear Editor

The September edition of *PSM* refers. Your good mix of content in this edition was impressive and informative. As a public service official, I continue to draw inspiration from the behind-the-scenes efforts of my fellow colleagues in the public sector, as so articulately chronicled in your magazine.

However, I could not help but notice the glaring and unforgivable editing and proof-reading blunder in the headline on page 71. Such mistakes tend to lend credence to the stereotyping of civil servants as a bunch of no-hopers. Your copy editing team will have to do a refresher course on basic editing.

**- Shobana Khumalo,
Empangeni**

*Editor's response:
Your comments are noted. We are working hard on improving the proof-reading and copy-editing. Thanks for your constructive criticism.*



We hear you!

Dear Editor

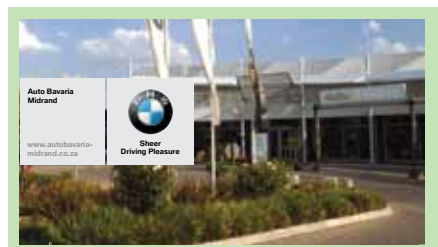
I enjoyed reading the article on the National Health Insurance (NHI). The NHI emanates from the Freedom Charter. The latter states that: "A preventive health scheme shall be run by the state. Free medical care and hospitalisation shall be provided for all, with special care for mothers and young children."

Also, Section 27 of our Constitution states that: "Everyone has the right to have access to healthcare services." What the Government is doing through the NHI is commendable. The United Kingdom already runs a national health insurance system. What is of concern, though, is how it will be implemented in the context of such challenges as corruption, shortage of health practitioners, lack of medial equipment and medicines in hospitals, and poor infrastructure.

- Sifiso Mona, University of Limpopo

Write and win
The winning letter will receive an advanced driving course worth R800, courtesy of BMW SA.

Dear Editor
The article on Minister Aaron Motsoaledi (September edition) refers. Health is not the sole responsibility of the Department of Health. The department only looks after improving the life of those who have been affected by environmental factors (socio-economic and genetical).
All government departments have a responsibility towards improving the health status of our people. Most diseases are environmentally induced. Societal attitudes are paramount to the health of society and in this regard citizens have a responsibility to lead a healthy lifestyle, such as doing physical exercise and following a healthy diet.
**- Kgomodikae Protea Leserwane,
via e-mail**



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