

VOTE 4

DEPARTMENT OF HEALTH

To be appropriated by Vote	R13 889 251 000
Responsible MEC	MEC for Health
Administering department	Department of Health
Accounting officer	Head of Department

1. OVERVIEW

Vision

"Health for a better life."

Mission

The Gauteng Department of Health aims to promote and protect the health of our people, especially those most vulnerable to illness and injury.

Through innovative leadership and management we provide quality health services and strive to:

- *Ensure a caring climate for service users;*
- *Implement best practice health care strategies;*
- *Create a positive work environment;*
- *Provide excellent and appropriate training for health workers;*
- *Listen to, and communicate with, our communities and staff;*
- *Establish management systems for effective decision making;*
- *Forge partnerships with others; and*
- *Obtain the greatest benefit from public monies.*

Our work is reflected in the enhanced wellbeing of our clients and staff, the social and economic development of our province and a more just society.

Strategic goals

The department remains committed to the six strategic goals in the 5-year Strategic Programme of Action:

- Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psycho-social factors;
- Effective implementation of the comprehensive HIV and AIDS strategy;
- Strengthen the district health system by providing care, responsive and quality health services at all levels;
- Implement the people's contract through effective leadership and governance;
- Become a leader in human resource development and management for health; and
- Operate smarter and invest in health technology, communication and management information systems.

A midterm review conducted in 2006 indicated that there is a significant gap between targets and what the department has achieved. The department is addressing this in the second half of the five-year period, and will build departmental capability to consistently achieve strategic objectives and prepare for growth through the 2009-2014 strategy. The department is implementing a 'Turnaround Strategy', which outlines how the department's activities will be realigned to achieve the department's 2004-2009 strategic goals. The way forward for the Gauteng Department of Health has been identified as follows:

- Achieve our vision through the improvement of the health status of the people Gauteng;
- Refocus on four stakeholder goal areas i.e. clients, employees, stakeholders, and shareholders;
- Achieve mission critical components i.e. promotion of healthy living lifestyles, prevention of diseases, curative and support, and rehabilitation of the people Gauteng.

In 2008/09, this revitalized strategy will build on the impetus begun in 2007/08, by implementing the 'Turnaround Strategy'. The key and underlying features of the strategy include; 'Take health to the people'; encouraging people to take accountability for living a healthy lifestyle; improve the quality of health care delivery; emphasise the improvement of district health services and strengthened community based services; and improve the department's ability to deliver through a strong project management culture.

Core functions of the department

The department renders the following services:

- Primary health care services are rendered through the district health system. A network of provincial clinics and community health centres provide ambulatory care administered by doctors, nurses and other professionals; and local government clinics are also subsidized to render care;
- Ambulance services throughout the province;
- Secondary health care services are rendered through regional hospitals that provide outpatient and in-patient care at general specialist level;
- Specialised health care services provide specialised inpatient care for psychiatric and infectious diseases, while proportions of the tuberculosis and chronic psychiatric services are provided on an outsourced basis;
- Academic health care services (both inpatient and outpatient) are rendered through our four central hospitals as well as the three dental hospitals. (Teaching also takes place within other service levels); and
- Health sciences faculties and nursing colleges provide training for future health care professionals.

These services are supported through human resource development, management and support services (such as laundries, facility management, cook-freeze and medical and pharmaceutical supplies).

Legislative mandate

The following national legislation and policy documents form the legal and policy framework for the work of the Gauteng Department of Health:

- The National Health Act (61 of 2003);
- Preferential Procurement Policy Framework Act, 2000;
- The Access to Information Act, 2000;
- The Patients' Rights Charter, 2000;
- The Public Finance Management Act, 1999;
- Domestic Violence Act, 1998;
- The Medical Schemes Act, 1998;
- The Pharmacy Act, 1953 (as amended in 1997);
- The Nursing Act, 1978 (as amended in 1997);
- The White Paper on the Transformation of the Health Sector, 1997;
- The Medicines and Related Substance Control Act, 1965 (as amended in 1997);
- The Choice on Termination of Pregnancy Act, 1996;
- The Public Service Act, 1994;
- The Sterilisation Act, 1988;
- The Human Tissue Act, 1983;
- The Child Care Act, 1983;
- The Medical, Dental and Supplementary Health Services Professions Act, 1974 (as amended);
- The Mental Health Care Act, 1973 (as amended);
- The Inquest Act, 1959;
- The Batho Pele principles of social service delivery; and
- Strategic Priorities for the National Health System.

Specific provincial health legislation

National legislation and policy is further supported by the following provincial legislation, policy and planning documents:

- The Hospital Ordinance, 1958 (as amended);
- Executive Council and Provincial legislature resolutions;
- The Gauteng District Health Services Act, 2000;
- The Gauteng Ambulance Services Act, 2002;
- The 5 year Strategic Programme of Action (POA) for GPG;
- Gauteng 5 year strategic plan for health;
- Gauteng Growth And Development Strategy; and
- Gauteng Global City Region Strategy.

2. REVIEW OF THE 2007/08 FINANCIAL YEAR

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychological factors.

The department continued to implement strategies for reducing potentially avoidable deaths, and to minimise infant and maternal mortality. One hundred percent of maternity units are implementing the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) recommendations. Immunisation coverage of infants under the age of one year was 88 percent for 2006/07, while the number of confirmed cases of measles continued to decline. By mid 2007/08, the immunisation coverage target was being exceeded at 96 percent.

The department implements an integrated food security programme through the provision of adequate nutrition to vulnerable groups and improving school feeding programmes for early childhood development centres.

A healthy lifestyles promotion campaign was implemented, supporting good public health, focused on the move for healthy physical activity, healthy eating, decreasing substance and tobacco use. The healthy lifestyles campaign aims to minimise the high disease burden in the health services from conditions resulting from unhealthy lifestyles and non-communicable diseases.

Special attention was paid to improving the tuberculosis cure rate through improving directly observed TB treatment, strengthening of HIV/TB collaboration, and implementation of the TB crisis plan. The TB crisis plan piloted in Johannesburg resulted in a cure rate increase from 62 per cent to 72 per cent, while the overall TB cure rate increased from 64 percent in 2005/06, to 69 percent in 2006/07. By mid 2007/08, the new smear positive TB cure rate target of 72 per cent was achieved in each quarter. The challenge of MDR and XDR TB has had a severe impact on TB control. Sizwe Hospital has been established as the regional hospital specialising in the treatment and cure of these strains of TB.

Improving the completion rate for post-exposure-prophylaxis (PEP) for victims of sexual violence remained a priority. Post exposure prophylaxis for victims of sexual abuse was implemented in 60 facilities, with new sites activated at Odi and Jubilee Hospitals.

Effective implementation of the comprehensive HIV and AIDS strategy

The department has succeeded in increasing the number of female condoms distributed every month, partly through the training of more than 100 peer educators. By the end of 2007 the number of female condoms distributed every month had reached 130 000. Distribution of male condoms faced challenges including the recall of two million defective condoms.

By the middle of 2007/08, the roll-out of ART to patients had already exceeded the target for the year, with 90 623 people accessing anti-retroviral. A further total of 223 277 ante-natal care clients were tested for syphilis, of which 8 371 tested positive. Overall, 321 337 STI cases were treated in 2006/07.

From a modest beginning of 10 sites in 2001, voluntary counselling and testing is currently offered at more than 300 sites, including 100 per cent of provincial hospitals and fixed clinics. The improvement in the prevention of mother to child transmission (PMTCT) programme resulted in 166 658 women tested for HIV, with 46 791 positive results and 35 931 receiving Nevirapine in 2006/07. The programme achieved a rate of 68 per cent for infants being tested in 2007/08.

Strengthen the District Health System and provide caring responsive and quality services at all level

The Service Transformation Plan recommends strengthening access to rehabilitation services, and this was achieved by enabling patient access to comprehensive rehabilitation services and all academic regional and specialised services, and 100 percent of community health centres. In addition, the Tshwane rehabilitation hospital was opened with further plans to increase the hospital to an 80 beds rehabilitation hospital, and rehabilitation services are also offered at Dr. George Mukhari, South Rand, Edenvale and Natalspruit hospitals.

Quality of care has been strengthened by continuing to operate a 24-hour Hotline Service, with between 89 percent and 92 percent of complaints resolved within 24-hours. 75 percent of PHC facilities were receiving monthly supervisory visits by the middle of 2007/08 financial year. 78 percent of sub-districts are offering access to extended hours of service, thus improving access to PHC facilities.

A total of 3 000 Community Health Workers (CHWs) has benefited from the 69-day integrated course, and by mid 2007/08 the programme was on track to achieve the target of training an additional 500 community health workers to national qualification framework level 1 and 3. Oversight at district hospitals has been strengthened with operational hospital boards planned at all district hospitals by the end of 2007/08.

Implement the people's contract through effective leadership and governance

The Provincial AIDS Council strengthened partnerships with civil society and assisted with the procurement of private sector resources. The Accreditation Committee consisted of independent experts who monitored the quality of services in the province and advised the MEC.

Community participation structures were strengthened with new staff appointments to coordinate hospital boards and clinic committees. Hospital boards have been established for all central, provincial and district hospitals in terms of the National Health Act and Hospital ordinance. Many community representatives are members of these boards. GDoH izimbizo, annual summit and roving meetings in municipalities and sub-districts, further enhanced participation.

Become a leader in human resources development and management for Health

The provincial human resources plan focuses on scarce skills and strategies for recruitment and retention. The recruitment and retention strategy will focus on health professionals, primarily the reduction of attrition rates of doctors and nurses, retention of community service professionals, recruitment and retention of black health professionals with scarce skills and the mainstreaming of gender and disability. The department recruited about 8 429 health professionals in 2006, resulting in a net gain of 759 professionals for the year. The department's retention strategy is yielding results, and 2007/08 already shows a reduction in the attrition rate. The occupation specific dispensation (OSD) for nurses has been implemented, and other categories will be finalised in the 2008/09 financial year.

The department successfully participated in concluding the negotiations for the transfer of TB beds from Life Esidimeni and SANTA into the department; the provincialisation of emergency services into the department; and, cross boundary municipalities transfer of associated staff. The percentage of people with disabilities employed by the department increased from 0.39 percent to one percent in 2006/07, although challenges remain in achieving this target in the 2007/08 financial year.

Operate smarter and invest in health technology communications and management information systems

The Johannesburg Hospital was voted best public sector hospital by the Star Newspaper, and the GDoH achieved the first successful bilateral transplant of pancreas and kidney in the public sector. Cochlea implant services have been established at Chris Hani Baragwanath Hospital, the unique foetal medicine unit, the only provincial service for ante-natal foetal diagnosis and treatment of inter-uterine conditions was commissioned at Chris Hani Baragwanath Hospital.

Access to information and communication technology infrastructure is being improved, although challenges remain in achieving the target of 100 percent of facilities with access to email and internet. The pilot project for the Health Information Systems (HIS)/ Electronic Health Record (e-HR) system has been tendered and awarded and the pilot started in early 2008.

New pharmacies at Dr. Yusuf Dadoo, Edenvale, Kopanong and Pholosong Hospitals have been built, and an emphasis was placed on the acquisition of medical equipment and revitalization of X-ray and general equipment at primary health care level. Fluoroscopy screening equipment was replaced at regional hospitals, providing enhanced quality of imaging, and a magnetic resonance imaging unit was installed at Dr. George Mukhari Hospital. Construction of the new Chris Hani Baragwanath accident and emergency unit and out-patient department (OPD) unit and Pretoria Academic Oncology unit is ongoing. The new Mamelodi Hospital is on track to be completed in the 2008/09 financial year.

3. OUTLOOK FOR THE 2008/09 FINANCIAL YEAR

The department continues to implement the priorities identified in the 2004/05 financial year, as part of the 2014 visioning process, as well as the departmental five-year programme of action. The 2008/09 departmental strategic plan is being developed, focusing on the priorities for the medium-term expenditure framework (MTEF), aligned to the 5-year programme of action.

Provincialisation

Primary Health Care

The department is assuming its responsibility for rendering primary health care services as mandated in the National Health Act (Act 61 of 2003). Through provincialisation, primary health care services will be consolidated, and the current fragmentation and duplication between province and local government will be overcome, resulting in a cost-effective, quality and seamless health service.

TB beds

Tuberculosis services have been operating smoothly from 1 April 2006 under the control of the department and the process of provincialisation will continue to achieve the stated objectives of a better quality of service, through the application and operation of norms and standards and improvement of infrastructure.

Emergency Medical Services

The department took the decision to provincialise emergency medical services (EMS), following an Executive Committee decision to provincialise both EMS and PHC services. Priority areas for the success of both provincialisation and preparations for 2010 include:

- Staffing, including improving norms, as well as implementing retention strategies, including the proposed occupation specific salary dispensation (OSD);
- Establishing new ambulance stations;
- Improving fleet norms; and
- Skills development.

NATIONAL HEALTH SYSTEMS PRIORITIES

Development of service transformation plans

The National Department of Health supported all provinces to develop service transformation plans informed by the National Integrated Health Planning Framework. The aim of the service transformation plan is to enable each province to review the shape and size of its health services; to develop an appropriate, adequately resourced and sustainable health service delivery platform, which is also responsive to current and future health challenges facing each of the provinces as well as the country.

The department developed its service transformation plan at the end of 2006, which aims to: optimise the distribution of health facilities, improve staff levels, ensure a good mix of skills and improve the quality of care. It also seeks to ensure that resources are devolved from hospitals to primary health care facilities close to communities in line with the White Paper on transformation.

The department is committed to implementing the service transformation plan and as a result the 2008/09 annual performance plan will include indicators to measure progress made with the implementation of the service transformation plan recommendations. Some of the service transformation plan recommendations include providing the full service package for all levels of care, developing centres of excellence, redistributing human resources to provide full access across the platform, ensuring that infrastructure provides an appropriate efficient platform for delivery, developing hospital improvement plans, investigating options around telemedicine, flying doctors and emergency medical services and encouraging healthy lifestyles – ownership of personal health and ways to keep people out of hospital.

Human Resources

The department has started the implementation of the occupational specific dispensation and the Basic Conditions of Employment Act in the 2007/08 financial year. The occupational specific dispensation for nurses has been implemented and other categories will be finalised in the 2008/09 fiscal year. The number of nursing students will increase from 5 006 to 5 331 in the 2008/09 financial year. The retention strategy of the department is yielding results and the attrition rate thus far in 2007/08 is significantly lower than in 2006/07 fiscal year.

Quality of care

Improved quality of care is essential to the delivery of the required outcomes of the department's vision and mission. Improving the quality of care forms an integral part of the Turnaround Strategy of the department for the remainder of the current five-year period, and for the quality healthcare programme. To ensure the success of the programme:

- A waiting time project is currently being implemented in community health centres and electronic waiting time

- monitoring devices have been installed at 23 hospitals to improve quality of data and track patient flow;
- Customer care is being expanded from the current, successful complaints line by means of a toll free health information line;
 - A patient satisfaction survey using the National Department of Health tool is being run which will provide data for further improvement of customer services; and
 - The accreditation programme is currently being expanded to allow for more self-assessments and peer group assessments using an expanded tool in preparation for accreditation visits.

Priority Health Programmes

HIV and AIDS: The National Strategic Plan (NSP) 2007-2011 sets out a multi-sectoral policy to address HIV and AIDS. The NSP has strong support nationally, provincially and at local government and the Gauteng Department of Health is committed to supporting the ideals expressed in the plan.

Gauteng has made impressive progress towards rolling out anti-retroviral (ARV) treatment for those who require ARVs, exceeding the target set in 2006/07 by more than 15 000 patients and has already exceeded the target set for the 2007/08 spending year. This programme will be expanded further to ensure that 143 000 patients are on ART by the end of 2008/09.

Funds currently allocated from the national conditional grant for AIDS and the provincial grants for AIDS will be effectively expended in trying to sufficiently achieve all targets proposed in the NSP. The HIV and AIDS conditional grant has been increased and the Comprehensive HIV and AIDS Strategy will be implemented in all hospitals, community health centres and districts by 2009. An additional 200 step-down beds will be established to reduce the impact of HIV and AIDS in hospitals and clinics, and direct observed treatment (DOT) support will be increased to patients with TB.

Physical Infrastructure (Revitalisation, Maintenance, Infrastructure)

In the 2008 MTEF period, the new Chris Hani Baragwanath accident and emergency unit and out-patient department will be completed together with the Pretoria Academic Oncology unit. Construction of the new Zola Hospital will be completed in 2009/10. Construction of clinics will be prioritised in support of the service transformation plan which emphasises primary health care service delivery.

QUALITY HEALTHCARE PROGRAMME

The department has implemented a quality healthcare programme which focuses on inculcating a culture of healthy living and strengthening the provision of health services where needed. The programme aims to:

- Increase community involvement and transform the utilisation of hospitals, clinics and community health services;
- Cultivate a culture of healthy living through the implementation of health promotion interventions designed to increase awareness of communities' role in their own health status;
- Implement health prevention initiatives that will lead to communities' involvement in health improvement programmes;
- Introduce rehabilitation programmes that will enable individuals to integrate successfully back into society in a productive manner; and
- Strengthen community health governance and support structures to cultivate a culture of healthy living.

The quality health programme seeks to transform the utilisation of hospitals, clinics and community health services, and cultivate a culture of healthy living. It aims to achieve this through the implementation of:

- Health promotion interventions that will increase communities' awareness of their role in their own health status;
- Health prevention initiatives that will lead to communities' involvement in health improvement programmes;
- Rehabilitation programmes that will enable individuals to integrate successfully back into society in a productive manner;
- Health status profiles by family and community, by ward in Gauteng;
- Strengthened community health governance and support structures that will cultivate a culture of healthy living; and
- Strengthened community-based health services through NGOs engaging community health workers and volunteers in the community.

2010 FIFA WORLD CUP

Current challenges in meeting both existing and additional demands were identified through a process of

consultation within the GDoH (on a national, provincial, regional and district level), as well as with external role players such as local authorities and private sector institutions.

The primary goal of the 2010 Implementation Strategy is to integrate and align the capacity, roles and responsibilities of the respective business units (departmental programmes) and regional infrastructure of the GDOH in respect of:

- Compliance with the requirements of FIFA and the Bid Book;
- Leverage in using the event to further the service delivery aims of the department in improving both the access to, and quality of health service provision in the province;
- Ensuring that legacy aspects are entrenched in any service delivery improvements for the 2010 SWC™; and
- In the use of sport as leverage to promote healthy lifestyles.

These goals will be addressed through the implementation of a number of projects that relate to:

- The underlying processes with regard to the provision of a comprehensive 24-hour medical service and disaster management; and
- Establishing or increasing all service levels within the current health programmes as well as the capacity with regard to regional public health centres, district and tertiary hospitals in close proximity to the designated match venues, training venues, fan parks and ports.

A point of focus would be to progressively align existing capacity levels with current and projected local demand, in view of the 2009 Confederation Cup and then to aim at building capacity towards any potential surge.

E-HEALTH STRATEGY

The department has a mandated obligation to transform and offer quality healthcare service delivery to its citizens. One of the strategic goals is to operate smarter and invest in health technology, communication and management information systems.

Priority areas to be activated in 2008/09 in support of this goal are the improvement of information and technology infrastructure (i.e. Networking and IT equipment), the procurement of an integrated health information system (HIS), and the implementation of a Smartcard (e-Health Card).

IT Infrastructure

The IT Infrastructure project is critical to ensure connectivity within the department's health facilities where HIS and Smartcard will be implemented.

The project was established to provide connectivity at 134 facilities in Gauteng. These facilities were identified as those sites that did not meet the minimum connectivity requirements that are required by a centralised HIS system. By 2008/09 financial year, all of health institutions will have access to email and the internet, and the HIS/e-HR system will be installed in 30 percent of all the health institutions in the province.

Smartcard

The Smartcard project is a ground-breaking initiative that will: allow Smartcards to store an electronic health card for every resident of Gauteng and meet the National Department of Health objective of an electronic patient record for all South African citizens.

The first stage of the Smartcard project sees a pilot test of 1 000 Gauteng patients, with access to a clinic, community health care centre and a hospital, issued with Smartcards. Smartcard technology will be implemented in 30 per cent of institutions in 2008/09.

Health Information System (HIS) Project

The first stage of the Health Information System project has been awarded and sees the implementation of a pilot test in the Sedibeng district, involving Sebokeng hospital, Leval Mbatha community health centre, Johan Deo and Helga Kuhn clinics.

These initiatives will fundamentally transform the manner in which patients experience health treatment within the province and ultimately lead to improved quality of healthcare and service delivery.

STRATEGIC CLUSTER

The revised organogram for the department makes provision for three new Directorates: Monitoring and Evaluation, Policy, Planning and Research, and Intergovernmental and International Relations, established in April 2007.

This 'strategic cluster' strengthens the vital roles of strategic planning, monitoring and reporting, and the provision of strategic support in respect of cooperative governance through the promotion of integrated planning. In addition, administrative, technical and policy support is provided to inter-governmental and governance structures, to ensure effective coordination of service delivery, collaboration and consultation between the spheres of government.

4. RECEIPTS AND FINANCING

4.1 Summary of receipts

TABLE 1: SUMMARY OF RECEIPTS: GAUTENG DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Equitable share	6,004,673	7,263,100	7,320,400	8,442,806	8,763,707	8,937,760	9,667,920	11,062,001	12,105,012
Conditional grants	2,670,218	2,653,783	3,269,098	3,609,476	3,681,923	3,681,923	4,221,331	4,568,995	4,952,867
Total receipts	8,674,891	9,974,383	11,114,979	12,052,282	12,445,630	12,619,683	13,889,251	15,630,996	17,057,879

The department is funded through equitable share as well as conditional grants to enable it to finance its service delivery mandate.

The total allocation to the department grows over a seven year period from a R8.7 billion in 2004/05 to R17.1 billion in 2010/11 financial year, representing 96.5 percent growth in seven years. From the 2008/09 to the 2010/11 financial year, the total budget grows by R3.2 billion or 22.4 percent. Growth in equitable share shows a growth from R6 billion in 2004/05 to R12 billion in 2010/11, showing a 100 percent growth over seven years. The growth in the equitable share is mainly as a result of the population increase in Gauteng and according to Statistics South Africa, Gauteng has now become the most populous province in the country. Conditional grants, on the other hand, grew from R2.7 billion in 2004/05 to an estimated R5 billion in 2010/11 financial year. The department has the following conditional grants: tertiary services grant, health professions training and development grant, hospital revitalisation grant, forensic pathology services grant, HIV and AIDS grant, integrated nutrition programme grant and the infrastructure grant.

4.2. Departmental receipts collection

TABLE 2: DEPARTMENTAL RECEIPTS: GAUTENG DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Tax receipts									
Casino taxes									
Horse racing taxes									
Liquor licences									
Motor vehicle licences									
Sales of goods and services other than capital assets	244,450	223,746	232,800	208,501	222,496	249,645	341,609	377,527	413,991
Transfers received	20				3	17			
Fines, penalties and forfeits	2	5	15	1	3	8	14	14	14
Interest, dividends and rent on land	2,283	5,209	1,421	5,890	1,500	1,269	1,418	1,418	1,418
Sales of capital assets	1,044	6,699	35	53	40	171	72	72	72

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Financial transactions in assets and liabilities	16,630	18,242	29,932	7,071	8,550	8,833	29,931	29,931	29,931
Total departmental receipts	264,429	253,901	264,203	221,516	232,592	259,943	373,044	408,962	445,426

The primary mandate of the department is not to generate own revenue, but to render health services. The department receives revenue from a number of sources. The main source is patient fees, which contributes more than 80 per cent of the overall collection. Other sources include, amongst others, the sale of scrap, silver, meals and accommodation.

The department anticipates collecting R260 million for the 2007/08 financial year. The collection of patient fees amounts to R250 million, out of a total collection of R260 million for 2007/07. Over the medium term period, revenue collection is estimated at R373 million in 2008/09 to R445 million in 2010/11.

The collection of revenue is expected to increase over the medium term period. The increase is the result of the annual tariff revision, improved processes and training. The department also has a revenue retention agreement with the Gauteng Treasury, whereby amounts collected above a set target are appropriated back to the department to further improve revenue collection, administration and billing systems. This scheme has also contributed to increased revenue.

5. PAYMENT SUMMARY

5.1. Key assumptions

The following key assumptions, which established the basic foundation for the budget were as follows:

- The training and appointment of additional health care professionals, including doctors and nurses over the medium term expenditure framework;
- Strengthening of primary health care to divert patients from expensive services in hospitals to district health services;
- Increase in the improvement of conditions of services as well as pay progression and performance bonuses; and
- The provincialisation of primary health care services provided by district councils.

5.2 Programme summary

TABLE 3: SUMMARY OF PAYMENTS AND ESTIMATES: GAUTENG DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
1. Administration	264,087	239,996	310,861	304,667	335,035	335,035	529,200	454,410	479,630
2. District Health Services	1,922,347	2,152,883	2,479,485	3,193,477	3,208,385	3,208,385	3,667,278	4,302,809	4,765,040
3. Emergency Medical Services	278,350	329,451	295,818	502,341	450,505	450,505	581,000	631,000	617,600
4. Provincial Hospitals Services	2,415,992	2,645,825	2,940,538	3,008,568	3,146,071	3,146,071	3,234,450	3,709,000	4,055,589
5. Central Hospital Services	3,007,524	3,656,071	3,802,607	3,516,165	3,689,268	3,863,321	3,769,300	4,220,791	4,691,553
6. Health Training And Sciences	189,041	220,818	272,149	338,820	358,554	358,554	459,500	538,460	576,000

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
7.: Health Care Support Services	57,877	100,818	105,803	122,981	121,381	120,756	122,401	126,601	132,701
8. Health Facilities Management	436,448	642,084	931,356	1,092,263	1,163,431	1,163,431	1,553,622	1,675,925	1,767,766
Special Functions	3,620	13,509	3,125			625			
Internal Charges		-27,272	-26,764	-27,000	-27,000	-27,000	-27,500	-28,000	-28,000
Total payments and estimates:									
Health	8,575,286	9,974,183	11,114,978	12,052,282	12,445,630	12,619,683	13,889,251	15,630,996	17,057,879

The total departmental budget grows from the 2004/05 financial year to the 2010/11 financial year by R8.5 billion, this growth represents a 99 percent increase. From the 2008/09 fiscal year to the 2010/11 fiscal year, the overall budget grows from R13.9 billion to R17 billion or by 23 percent. The main spending programme areas where allocations are significant are; central hospital services, district health services, provincial hospital services and health facilities management.

The budget growth over the 2008 MTEF is due to additional provincial funding for provincialisation of primary health care services; additional funds to address the wheel chair backlog in the Odi and Jubilee hospitals as a result of the demarcation of provincial boundaries and address the backlog in respect of accelerating clearance of surgical backlogs. In order to capacitate the department to be able to render its optimal pharmaceutical services, more funds have been made available for the appointment of Pharmacists and Assistant Pharmacists. This will also improve the capacity of the state and create new jobs for newly qualified professionals.

Due to the uncurbed increase in the costs of medical equipment, and the related inflationary growth, the department's non-personnel non-capital allocation has been adjusted over the MTEF to ensure that the department responds to the quality service demands. Additional allocation is also made to reopen the Bona Lesedi and the Coronation nursing colleges; in this regard, funds will be made available to ensure an increase in the intake of nurses and also to cater for operational costs.

The department has received additional funding to make provisional funding for the baseline adjustment to stabilise the public health system and to mitigate the impact of MDR, XDR and TB on the public health system. In addition, funds are made available for the carry through costs of the improvement of conditions of service and the partial implementation of the occupation specific dispensation.

Over the 2008 MTEF, the national tertiary services grant has been revised to help the department plan, modernise and transform tertiary services in the province in line with the national policy objectives and to improve access and equity. The Hospital revitalisation grant has also been revised upwards to assist the department to step up the maintenance, equip and modernise the hospital facilities. More especially, this allocation is made to fund diagnostic radiology, telemedicine and oncology.

5.3 Summary of economic classification

TABLE 4: SUMMARY OF ECONOMIC CLASSIFICATION: GAUTENG DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	7,400,966	8,132,461	9,451,383	10,159,569	10,457,936	10,636,420	11,559,945	13,166,894	14,580,334
Compensation of employees	4,453,088	4,688,666	5,347,243	5,921,722	6,213,280	6,223,108	6,987,921	7,946,381	8,835,785
Goods and services	2,935,678	3,429,466	4,101,011	4,237,847	4,244,656	4,412,687	4,572,024	5,220,513	5,744,549

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Financial trans in assets and liabilities	12,200	14,329	3,129			625			
Transfers and subsidies	806,322	872,481	742,689	796,819	790,981	792,185	924,263	984,050	1,029,728
Provinces and municipalities	422,747	467,529	391,883	436,433	389,769	389,769	443,285	458,100	472,100
Universities and technikons	597	66,373	641	720	676	676	755	795	795
Foreign govts and international organs		10							
Non-profit institutions	358,973	316,065	315,898	327,170	370,595	371,456	445,861	493,300	523,983
Households	24,005	22,504	34,267	32,496	29,941	30,284	34,362	31,855	32,850
Payments for capital assets	367,998	969,241	920,906	1,095,894	1,196,713	1,191,078	1,405,043	1,480,052	1,447,817
Buildings and other fixed structures	189,197	329,793	610,852	720,087	797,855	798,004	894,973	1,150,158	990,231
Machinery and equipment	178,681	639,448	310,054	375,807	398,858	393,074	510,070	329,894	457,586
Software and other intangible assets	120								
Total economic classification: Health	8,575,286	9,974,183	11,114,978	12,052,282	12,445,630	12,619,683	13,889,251	15,630,996	17,057,879

The budget for compensation of employees increase from R4.5 billion in 2004/05 to R8.8 billion in 2010/11 financial year, this increase reflects a 98 percentage over a seven year period. The allocation for compensation of employees increases from 2007/0 to 2009/10 by R4.4 billion to R8.8 billion or 100 percentage. Over the 2008 MTEF, compensation increase from R7 billion to R8.8 billion or 26 percent, this increase over the MTEF is to enable the department to employ additional personnel as indicated above.

Goods and services budget grows from a R3 billion in 2004/05 to R5.7 billion in 2010/11 or an average of 96 percent over a seven year period. Over the 2008 MTEF, the baseline for goods and services has been revised upwards to protect the value of the rand and related services.

Transfer payments shows a steady increase over the seven year period from 2004/05 to 2010/11, an increase from R806 million to just over R1 billion. These transfers are categorised by transfers to municipalities for the primary health care services, transfers to non-profit institutions and household and insignificant transfers to universities and technikons.

Capital payments are mainly made up of conditional grant in respect of infrastructure grant, hospital revitalisation grant and the forensic pathology services grant. Payment for capital assets grows from R368 million in 2004/05 to R1.4 billion in 2010/11 financial year (293 percent increase) mainly due to the increase in infrastructure and hospital revitalisation grants.

5.4 Infrastructure payments

5.4.1 Departmental infrastructure plans

TABLE 5: SUMMARY OF INFRASTRUCTURE BUDGET BY CATEGORY

R thousand	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2007/08	2008/09	2009/10
New Construction	379,607	497,628	497,628	876,194	1,003,724	953,432
Rehabilitation/Upgrading	170,289	185,322	185,322	233,300	146,434	154,999
Maintenance	378,090	378,090	378,090	336,290	425,078	565,121
Total Infrastructure: Health	927,986	1,061,190	1,061,190	1,445,784	1,575,236	1,673,552

The budget for infrastructure increases from an adjusted budget of R1 billion in 2007/08 to R1.5 billion in 2008/09, showing a growth of 50 percent. The budget further grows from R1.5 billion in 2008/09 to R1.7 billion in 2010/11 financial year.

The budget for capital payments or infrastructure is mainly funded by the revitalisation and infrastructure grants, where the hospital revitalisation grant is meant for the construction, upgrading and rehabilitation of hospitals and the provincial infrastructure grant is meant for the rehabilitation and maintenance of hospital infrastructure. The source of funding for infrastructure is from conditional grants and the equitable share. Two conditional grants, namely the revitalisation grant (R718.3 million) and the provincial Infrastructure grant (R87 million) are funded from the National Department of Health and National Treasury respectively in the 2008/09 financial year. The Department of Public Transport Roads and Works (DPTRW) acts as the agent for GDoH to facilitate and provide new, the rehabilitation and upgrading as well as the maintenance of Health facilities.

Details of the department's capital estimates are reflected in Budget Statement 3.

5.4.2 Departmental Public-Private Partnership (PPP) projects

TABLE 6: SUMMARY OF DEPARTMENTAL PUBLIC-PRIVATE PARTNERSHIP PROJECTS

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Projects under implementation									
PPP unitary charge									
Advisory fees									
Revenue generated									
Project monitoring cost									
New projects			11,000	12,000	12,000	12,000	12,600	13,230	
PPP unitary charge									
Advisory fees			11,000	12,000	12,000	12,000	12,600	13,230	
Revenue generated									
Project monitoring cost									
Total			11,000	12,000	12,000	12,000	12,600	13,230	

Provision is made from the 2006/07 financial year's budget over the 2009/10 financial year for a transaction advisor on the proposed PPP at Chris Hani Baragwanath Hospital. The expected outcome of this allocation will be the feasibility of establishing a PPP arrangement for the administration and operation of the Chris Hani Baragwanath Hospital. This process is expected to be complete by the 2009/10 financial year.

5.5 Transfers

TABLE 7: SUMMARY OF DEPARTMENTAL TRANSFERS TO OTHER ENTITIES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Mental Health NGOs	224,713	197,745	179,280	183,865	210,395	210,395	205,937	239,000	254,183
HIV/AIDS NGOs	38,393	93,737	78,259	79,045	79,045	79,045	104,792	112,000	120,000
Nutrition	16,582	18,404	16,929	22,700	22,700	22,700	32,200	35,000	38,000
Community Based Services	75,032		9,909		16,425	17,286	58,800	58,800	58,800
Tuberculosis entities	62,960	65,743							
Alexandra Health Care Centre	20,000	21,600	22,000	30,000	30,000	30,000	31,500	34,000	37,000
Philip Moyo Community Health Centre	6,520	7,256	7,760	7,760	8,230	8,230	8,642	10,000	11,000
Witkoppen Clinic	1,400	1,500	1,760	3,800	3,800	3,800	3,990	4,500	5,000
Total departmental transfers to other entities	445,600	405,985	315,897	327,170	370,595	371,456	445,861	493,300	523,983

Transfers to these entities, other than public entities, grows from R445.6 million in 2004/05 to R524 million in 2010/11. The increase reflects an insignificant increase of 17 percent over the seven year period. The main budget under these transfers is allocated for mental health NGOs and then HIV and AIDS non-governmental organisations.

These transfers to non-governmental organisations are mainly for providing services regarding the treatment of mental health patients. NGOs are also utilised for the fight against HIV and AIDS. Transfers are also made to the Alexandra Health Care Centre, Philip Moyo Community Health Centre and Witkoppen Clinic for the provision of primary health care services.

TABLE 8: SUMMARY OF DEPARTMENTAL TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Category A	312,309	304,891	279,123	344,137	339,091	339,091	376,876	398,200	412,200
Category C	95,264	145,856	108,240	60,051	50,678	50,678	66,409	59,900	59,900
Total departmental transfers to local government	407,573	450,747	387,363	404,188	389,769	389,769	443,285	458,100	472,100

The table above shows transfer of funds to local government for the provision of primary health care and emergency medical services. Both these services are in the process of being provincialised. Transfers are only planned for the Category A and C municipalities over the MTEF period. This is due to the start of the planned provincialisation of other municipalities during 2007/08.

Over the seven year period, these transfers shows an increase from R408 million in 2004/05 to R472 million in 2010/11 financial year and translates to an average of 16 percent over the seven year period.

6. PROGRAMME DESCRIPTION

PROGRAMME 1: ADMINISTRATION

Programme description

To provide political and strategic direction and leadership to the department, leadership and support for the policy framework, guidelines in the implementation of priority programmes, develop policies and legislation on health care provision and ensure the implementation of all goals according to according to norms and standards.

Programme objectives

- Provide political and strategic direction and leadership;
- Develop and implement policy and legislative framework for health care;
- Ensure an enabling environment for quality service delivery;
- Promote co-operative governance;
- Provide a conducive work environment for staff;
- Operate smarter and invest in health technology, communication and management information systems;
- Ensure equity and efficiency in distribution and use of resources; and
- Monitor and evaluate the performance of the department.

Policies and priorities

Strategic Cluster

- Equip managers to implement the departmental service transformation plan through integrated strategic planning and budgeting;
- Establish an inspectorate according to the Health Act to monitor the quality of care in clinical institutions;
- Strengthen and support inter-governmental relations aligned to the Global City Region strategy;
- Develop, strengthen and coordinate international health initiatives; and
- Develop and maintain systems to ensure appropriate institutionalization and implementation of monitoring and evaluation practice.

Finance

- Integration from systems; and
- Budget allocations according to national norms.

HR

- Employment equity;
- Recruitment and retention;
- Strengthening of district management teams; and
- Performance management.

ICT

- Data quality improvement;
- Networking facilities; and
- Implementation of ICD10 coding.

TABLE 9: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
1. Office of the MEC	3,462	3,591	4,625	3,600	4,000	4,000	4,200	4,410	4,630
2. Management	258,523	235,514	306,236	301,067	331,035	331,035	525,000	450,000	475,000
3. Special function	2,102	891							
Total Payments and Estimates: Administration	264,087	239,996	310,861	304,667	335,035	335,035	529,200	454,410	479,630

The budget for this programme grows from R264 million in 2004/05 to R480 million in 2010/11 financial year or 81 percentage on average of a seven year period. There is a significant increase from the 2007/08 to the 2008/09 due to the increased allocation under management sub-programme, which is responsible for implementing the new Health Information System and Smartcard. Sub-programme 2 sees an increase of R194 million or 58 percent in its allocation from 2007/08 to 2008/09 financial year.

TABLE 10: SUMMARY OF ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	247,606	225,666	274,845	288,475	316,973	316,973	503,540	423,750	445,970
Compensation of employees	98,296	74,260	102,909	113,005	136,040	136,040	162,000	181,500	193,200
Goods and services	147,179	150,516	171,936	175,470	180,933	180,933	341,540	242,250	252,770
Interest and rent on land									
Financial trans in assets and liabilities	2,131	890							
Transfers and subsidies	980	1,416	539	600	600	600	660	660	660
Provinces and municipalities	312	1,029	82						
Departmental agencies and accounts									
Foreign govts and international orgs		10							
Non-profit institutions	629	377							
Households	39		457	600	600	600	660	660	660
Payments for capital assets	15,501	12,914	35,477	15,592	17,462	17,462	25,000	30,000	33,000
Buildings and other fixed structures			100						
Machinery and equipment	15,389	12,914	35,377	15,592	17,462	17,462	25,000	30,000	33,000
Cultivated assets									
Software and other intangible assets	112								
Land and subsail assets									
Total economic classification: Administration	264,087	239,996	310,861	304,667	335,035	335,035	529,200	454,410	479,630

The main allocation is under goods and services and then compensation of employees. Goods and services grew from R147 million in 2004/05 to R253 million in 2010/11 financial year. This increase shows a healthy growth rate of 72 percent over a seven year period. There is a sizable growth from 2007/08 to 2008/09 financial year of R160.6 million or 89 percent. This increase in the 2008/09 is due to allocation for the implementation of the HIS and Smartcard.

PROGRAMME 2: DISTRICT HEALTH SERVICES**Programme description**

To manage district health services and to render comprehensive primary health care services to the community on the ground.

Programme objectives

- To render primary health care services;
- To manage district health services;
- To deliver a comprehensive primary health care package;
- To render services at district hospitals;
- To render a nutrition programme;
- To render an HIV and AIDS programme; and
- To render community based services.

Policies and priorities

- Improve the health status of the community;
- Implement the service transformation plan;
- Complete provincialisation of district health councils;
- Initiate provincialisation of Tshwane from 2009/10;
- Monitor implementation of the district health plan for each district;
- Support the establishment of Ward Health sub-committees;
- Improve supervision of PHC services through implementation of the clinic supervisory manual
- Establish clinic committees;
- Conduct an annual audit of PHC services, staff and expenditure for service planning;
- Place stronger reliance on referral networks;
- Strengthen mental health services within the district;
- Strengthen the implementation of community based services (Quality Health Care Campaign, CHWP, NGOs); and
- Provide 24-hour PHC services in at least one facility per sub-district.

TABLE 11: SUMMARY OF PAYMENTS AND ESTIMATES: DISTRICT HEALTH SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
1. District Management	448,485	218,288	179,724	197,139	203,416	206,830	223,536	286,914	344,410
2. Community Health Clinics	361,662	585,806	546,152	785,821	733,282	733,282	826,285	921,467	1,014,302
3. Community Health Centres	277,443	375,448	400,526	523,157	500,563	481,777	599,264	665,970	745,000
4. Community Based Services	132,655	143,842	291,183	295,089	361,745	377,117	469,660	586,154	655,626
5. HIV/AIDS	288,252	367,958	429,128	577,014	577,014	577,014	694,771	887,620	992,281
6. Nutrition	26,035	28,342	26,981	31,000	33,600	33,600	35,300	37,100	39,000
7. Coroner Services			66,290	83,749	92,428	92,428	77,472	81,584	92,421
8. District Hospitals	386,731	433,011	539,501	700,508	706,337	706,337	740,990	836,000	882,000
9. Special Functions	1,084	188							
Total Payments and Estimates: District Health Services	1,922,347	2,152,883	2,479,485	3,193,477	3,208,385	3,208,385	3,667,278	4,302,809	4,765,040

The budget grows from R1.9 billion in 2004/05 to an estimated high of R4.8 billion in 2010/11. This growth shows a rate of 148 percent over a seven year period. The main allocation is made under the community health

clinics and followed by district hospital sub-programme. The overall allocation to this programme increased by R459 million (14.3 per cent) from 2007/08 to 2008/09 in line with the goal of the service transformation plan to shift the bulk of health care from central and regional hospitals to district hospitals. The targeted utilisation in the service transformation plan is 2.8 visits per capita per annum by 2014.

District management sub-programme manages the provision of primary health care in Gauteng. Primary health care also includes community health clinics, community health centres and community-based services.

The allocation to sub-programme HIV and AIDS include funding from the conditional grant (R541 million in 2008/09), as well as an allocation from the equitable share for the Multi-Sectoral Aids Unit (MSAU).

R100 million is included in the allocation to sub-programme community based services for home-based care services in terms of the Expanded Public Works Programme.

Coroner Services provide forensic pathology services to Gauteng. This service was provincialised from the South African Police Service (SAPS) from 1 April 2006 and is fully funded by a conditional grant of R77.2 million from the National Department of Health.

TABLE 12: SUMMARY OF ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	1,459,614	1,645,588	2,095,115	2,709,308	2,755,256	2,761,238	3,145,086	3,722,915	4,137,889
Compensation of employees	860,684	909,063	1,076,993	1,449,398	1,486,024	1,490,934	1,797,830	2,186,934	2,432,405
Goods and services	598,206	736,337	1,018,122	1,259,910	1,269,232	1,270,304	1,347,256	1,535,981	1,705,484
Financial trans in assets and liabilities	724	188							
Transfers and subsidies	443,687	483,929	346,310	411,321	387,485	382,504	470,638	509,600	554,583
Provinces and municipalities	223,406	242,782	168,191	194,345	157,054	157,054	175,000	186,000	200,000
Departmental agencies and accounts									
Universities and technikons		65,743							
Non-profit institutions	217,720	173,465	176,256	202,170	218,595	219,456	285,861	317,300	347,983
Households	2,561	1,939	1,863	14,806	11,836	5,994	9,777	6,300	6,600
Payments for capital assets	19,046	23,366	38,060	72,848	65,644	64,643	51,554	70,294	72,568
Buildings and other fixed structures			920	11,693	7,693	7,693			
Machinery and equipment	19,046	23,366	37,140	61,155	57,951	56,950	51,554	70,294	72,568
Cultivated assets									
Land and subsail assets									
Total economic classification: District Health Services	1,922,347	2,152,883	2,479,485	3,193,477	3,208,385	3,208,385	3,667,278	4,302,809	4,765,040

Under economic classification, the significant proportion of payments is budgeted for under compensation of employees, goods and services and transfers to non-profit institutions. Compensation of employees grow from R860 million in 2004/05 to R2.4 billion in 2010/11. This growth translates to 183 percent over a seven year period. Goods and services grows from R598 million in 2004/05 to R1.7 billion in 2010/11, showing a growth rate of 185 percent over the same period.

The table shows transfers to municipalities growing from R157 million in the 2007/08 fiscal year to R200 million in 2010/11 financial year. The growth in these transfers is due to the planned provincialisation of primary health care services. The allocations for transfers to non-profit institutions is estimated to rise from R202 million in 2007/08 to R348 million in 2010/11.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

DISTRICT HEALTH SERVICES

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets			
				2008/09	2009/10	2010/11	
Ensure access to the package of primary care services available in each sub-district through the DHS	Access to the package of primary care services in each sub-district	Percentage of sub-districts offering the full package of primary care services	80	85	90	95	
Ensure 24 hour access to PHC in designated sub-districts	Extended hours of service	Percentage of sub-districts with access to extended hours of service	85	90	100	100	
Ensure availability of EDL medicines at hospitals and regional pharmacies	Availability of medicines on Essential Drug List (EDL)	Percentage of essential drugs out of stock at PHC facilities	< 2	< 2	< 2	<2	
Strengthen hospital and facility management	Strengthen hospital and facility management	Percentage of district hospitals with appointed CEO	80	80	80	80	
		Percentage of district hospitals with appointed nurse manager	80	80	80	80	
		Percentage of district hospitals with appointed superintendent	80	80	80	80	
		Percentage of district hospitals with appointed administration manager	80	80	80	80	
		Percentage of CHCs with appointed facility managers	70	80	90	90	
Reduce waiting times in PHC facilities	Shorter waiting times for patients	Percentage of CHCs with reduced waiting times	60	70	80	80	
Improve hospital efficiency	Improved hospital efficiency	Average length of stay (ALOS) in district hospitals	3	3	3	3	
		Bed Occupancy Rate (BOR) in district hospitals	72	75	78	80	
		Caesarean Section Rate for district hospitals	12.5	12.5	12.5	12.5	
Increased access to PHC services	Community health workers trained	Number of fully-trained community health workers (cumulative)	3 500	4 000 ©* (1000 new)	4 500 ©* (1000 new)	5000 ©* (1000 new)	
	Increase Utilisation	Visits per capita of the uninsured population as per the IHPF	1.87	1.98	2.11	2.23	
Ensure functioning of hospital boards	Hospital boards established and maintained	District hospitals with operational Hospital Boards	100	100	100	100	
Capacitate community participation structures	Capacitated community participation structures	Percentage of clinics with operational clinic committees	100	100	100	100	

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
Implement the new Mental Health Care Act	Provide mental health services	Percentage designated hospitals implementing 72 hour assessment facilities	100	100	100	100
Provincialise PHC services in District and Metropolitan Councils	PHC in District and Metropolitan Councils provincialised	Number of District and Metro Councils with provincialised PHC services	3	3	4	4
Implement the expanded programme on Immunisation	Immunisation coverage for children under 1 year	(Full) Immunisation coverage for children under 1 year (%)	90	90	90	90
Increase TB cure rate in new smear positive cases	Increase TB cure rate through implementation of the TB crisis plan	New smear-positive TB cure rate	72	78	80	82
Reduce new HIV infections through prevention interventions	Availability of condoms	Number of male condoms distributed per month	13 million	14 million	15 million	16 million
		Number of female condoms distributed per month	60 000	65 000	70 000	75 000
Reduce new HIV infections among antenatal care women	HIV zero-prevalence rate among antenatal attendees	Antenatal zero-prevalence rate (%)	Maintain between 27- 33			
Provide HIV and AIDS comprehensive care and treatment including ART in all sub districts	HIV and AIDS comprehensive care and treatment including ART implemented in all hospitals, CHCs and sub-districts	Percentage implementation in:	91	100	100	100
		Public hospitals	92	95	98	100
		CHCs	100	100	100	100
		Districts	73	95	100	100
Complete rollout of PEP in all health facilities	PEP for victims of survivors of sexual assault expanded and completion rate increased	Number of health facilities implementing PEP for victims of survivors of sexual assault	60	60	60	60
Complete rollout of PEP in all health facilities	Improve PEP completion rates	Average completion rate of clients on PEP	45	50	55	60

MULTI-SECTORAL AIDS PROGRAMME

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
Provide awareness and education for HIV prevention in special risk settings	People reached in special risk setting for awareness and education of HIV prevention	Number of people reached in special risk settings for HIV prevention	250 000	300 000	400 000	450 000
Provide Door-to-Door community education for HIV and AIDS mainly in informal settlements by Multi-Sectoral AIDS Unit	Door-to-Door community education for HIV and AIDS by Multi-Sectoral AIDS Unit	Number of people reached on Door-to-Door community education for HIV and AIDS	2 million	2 million	2 million	2 million
Provide access to EAP services for GPG employees	Access to EAP services for GPG employees by GSSC	Percentage GPG employees with access to EAP	80	80	80	80
Provide mobilization of communities through community partners – especially faith-based organisations	Mobilization of communities through community partners – especially faith-based organisations	Number of people reached on education and/or awareness	>500 000	1 million	1 million	1 million
Supply educational material on HIV and AIDS	Supply of educational material on HIV and AIDS	Number of educational material supplied	6 million	6 million	6 million	6.5 million

PROGRAMME 3: EMERGENCY MEDICAL SERVICES**Programme description**

To ensure rapid and effective emergency medical care and transport and efficient, planned patient transport in accordance with provincial norms and standards.

Programme objectives

- Ensure rapid and effective emergency medical care and transport;
- Ensure efficient planned patient transport; and
- Ensure implementation of provincial norms and standards.

Policy objectives

- Implement emergency medical services norms and standards;
- Implement the service transformation plan;
- Ensure the provision of rapid, effective and quality emergency services on a 24-hour basis;
- Improve access to ambulance services for obstetric emergencies in maternity and obstetrics units and planned patient transport for hospitals;
- Improve the quality and efficiency of EMS;
- Provincialisation of emergency medical services including the development of a new organisational structure and system;
- Position public emergency medical services as the preferred service provider for the 2010 soccer world cup; and
- Monitor compliance with norms and standards.

TABLE 13: SUMMARY OF PAYMENTS AND ESTIMATES: EMERGENCY MEDICAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
1. Emergency transport	278,126	329,449	293,183	476,341	424,505	424,505	518,000	550,000	527,600
2. Planned patient transport	169		2,635	26,000	26,000	26,000	63,000	81,000	90,000
3. Special Functions	55	2							
Total Payments and Estimates: Emergency Medical Services	278,350	329,451	295,818	502,341	450,505	450,505	581,000	631,000	617,600

Programme 3 has two main sub-programmes that provide funding for the implementation of the emergency medical services in line with the national norms and standards, furthermore to provide services in respect of planned patient transportation services. There is an increase of R131 million, or 29 per cent from 2007/08, mainly to implement a new model of service delivery, increase preparedness for the 2010 FIFA World Cup and ensure the overall provision of effective, rapid and quality emergency medical services.

Additional earmarked funding has been made available over the 2008 MTEF to make conditions assessment and prepare a plan for the upgrade of the EMS fleet, for training of staff and upgrade of facilities.

TABLE 14: SUMMARY OF ECONOMIC CLASSIFICATION: EMERGENCY MEDICAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	72,629	66051	68582	213463	153000	153000	274715	323900	330500
Compensation of employees	5,135	5,137	11,199	27,000	65,000	65,000	170,000	199,300	214,700
Goods and services	67,439	60,914	57,383	186,463	88,000	88,000	104,715	124,600	115,800
Interest and rent on land									
Financial trans in assets and liabilities	55								
Transfers and subsidies	187,526	211,732	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Provinces and municipalities	187,470	211,656	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Departmental agencies and accounts									
Universities and technikons									
Non-profit institutions	38								
Households	18	76							
Payments for capital assets	18,195	51,668	6,939	46,790	64,790	64,790	38,000	35,000	15,000
Buildings and other fixed structures					18,000	18,000			
Machinery and equipment	18,181	51,668	6,939	46,790	46,790	46,790	38,000	35,000	15,000
Software and other intangible assets	14								
Land and subsoil assets									
Total economic classification: Emergency Medical Services	278,350	329,451	295,818	502,341	450,505	450,505	581,000	631,000	617,600

The overall budget grows from R278 million in 2004/05 to R618 million in 2010/11 financial year, representing a growth rate of 122 percent over a seven year period. The bulk of payments by economic classification is allocated under the transfers and subsidies to municipalities, for which there is an increase in allocation of R35.6 million in 2008/09, or 15.3 percent to ensure the expansion of EMS at districts councils. Allocation for compensation of employees' increases by 79.6 percent or R105 million in anticipation of the implementation of the new service delivery model.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

EMERGENCY MEDICAL SERVICES

Measurable Objectives	Description of outputs	Performance Measures	2007/2008 Estimates	Performance Measures		
				2008/2009	2009/2010	2010/11
Provincialise Emergency Medical Services (EMS)	Provincialised EMS	Number of districts with provincialised EMS	2	4	6	6
Improve access to emergency medical services	Priority one patient (critically ill or injured patients) responded to within 20 minutes	Percentage of all Priority 1 patients responded to within 20 minutes	75	75	85	95
Implement planned patient transport	Planned Patient Transport for EMS in hospitals	Percentage of hospitals using Planned Patient Transport under EMS	50	100	100	100
Provide training of staff in call centres, triage and call centre management	Staff trained in call centres, triage and call centre management	Number of staff trained in call centres, triage and call centre management per annum (Previously 'per district', but from 2006/07 staff will be centralised)	18	18	20	20
Conduct public awareness campaign on EMS services	Public awareness campaign on EMS services	Types of public awareness campaigns conducted	1	3	3	3
Ensure quality assurance for emergency medical services	Accredited Ambulance Services	Percentage of existing Ambulance Services inspected	100	100	100	100
		Percentage of existing Ambulance Services accredited (Previously 'inspected and accredited')	100	100	100	100
Expand dedicated obstetric ambulance service in all districts	Expansion of dedicated obstetric ambulance services in all districts	Number of dedicated obstetric ambulance services Before 2008/09: Number of districts with a dedicated obstetric ambulance service**	5	12 (all 6 districts)	12 (all 6 districts)	12 (all 6 districts)
Increase the number of ambulance personnel with life support training	Increased number of ambulance personnel with life support training	Number of locally based staff receiving training in life support at intermediate level	24	72	72	0***
		Number of locally based staff receiving training in life support at advanced level	24	24	24	24

*According to Emergency Medical Services norms and standards staff complement should be Basic Life Support (73 per cent), Intermediate Life Support (18 per cent), and Advanced Life Support (9 per cent)

¹ In some districts staff complements provides joint fire and EMS services

#New indicator, information not available

** Target achieved. Indicator needed to be adapted to reflect growth and roll-out.

*** This decrease in the target is due to the anticipated stoppage of Ambulance Emergency Assistant Courses in 2010 by HPCSA

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES**Programme description**

To render Level Two hospital services provided by specialists.

Programme objectives

- To render general and specialized hospital services;
- To provide chronic mental health and tuberculosis in-patient care on an agency basis for the department;
- To render hospital services provided by general specialists; and
- To render oral health care services and provide a platform for the training of health workers.

Policy objectives

- Implement the service transformation plan;
- Implement national policies on conditional grants and revitalisation of hospital services;
- Implement the National Health Act.

TABLE 15: SUMMARY OF PAYMENTS AND ESTIMATES: PROVINCIAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
1. General Hospitals	1,867,510	2,062,442	2,285,128	2,292,559	2,341,520	2,357,249	2,386,564	2,725,000	2,938,889
2. Tuberculosis Hospitals							160,020	211,000	276,300
3. Psychiatric/ Medical Hospitals	392,260	413,159	427,806	434,628	473,436	457,707	481,436	538,000	584,000
4. Other Specialised Hospitals	36,779	34,233	83,430	126,331	165,249	165,249	27,980	31,000	34,400
5. Dental Training Hospitals	119,302	135,934	144,174	155,050	165,866	165,866	178,450	204,000	222,000
6. Special Function	141	57							
Total Payments and Estimates: Provincial Hospital Services	2,415,992	2,645,825	2,940,538	3,008,568	3,146,071	3,146,071	3,234,450	3,709,000	4,055,589

The programme budget grows from R2.4 billion in 2004/05 to a R4.1 billion in 2010/11 financial year. This budget is estimated to grow at a growth rate of 70.8 percent over a seven year period. The main portion of the budget is allocated under the general hospitals sub-programme with a budget of 73 percent in 2008/09 and 73 percent in 2010/11. There are four TB hospitals in Gauteng (Tshepong, Dr. Charles Hurwitz, East Rand and Sizwe hospitals) and allocation has been made from the 2008/09 and over the MTEF period. The main objective of this TB hospital is to render specialised services in relation to the treatment of tuberculosis, i.e MDR and XDR tuberculosis. The decrease in the budget for other specialised hospitals over the 2008 MTEF is due to the function shift of TB related services to TB hospitals.

TABLE 16: SUMMARY OF ECONOMIC CLASSIFICATION: PROVINCIAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Current payments	2,208,707	2,396,111	2,723,013	2,760,789	2,874,502	2,879,502	2,989,400	3,433,750	3,776,079
Compensation of employees	1,533,251	1,628,684	1,815,781	1,940,689	2,022,105	1,997,658	2,131,908	2,359,000	2,607,389

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Goods and services	670,110	767,703	907,232	820,100	852,397	881,844	857,492	1,074,750	1,168,690
Financial trans in assets and liabilities	5,346	276	-						
Transfers and subsidies	149,584	151,605	153,801	128,900	156,340	156,340	165,000	181,250	181,510
Provinces and municipalities	5,010	4,797	1,368						
Foreign govts and international orgs									
Non-profit institutions	140,586	142,223	139,642	125,000	152,000	152,000	160,000	176,000	176,000
Households	3,988	4,585	12,791	3,900	4,340	4,340	5,000	5,250	5,510
Payments for capital assets	57,701	98,109	63,724	118,879	115,229	110,229	80,050	94,000	98,000
Buildings and other fixed structures									
Machinery and equipment	57,701	98,109	63,724	118,879	115,229	110,229	80,050	94,000	98,000
Cultivated assets									
Land and subsoil assets									
Total economic classification: Provincial Hospital Services	2,415,992	2,645,825	2,940,538	3,008,568	3,146,071	3,146,071	3,234,450	3,709,000	4,055,589

The budget mainly appears under compensation of employees and goods and services, with compensation of employees growing from R1.5 billion in 2004/05 to R2.6 billion in 2010/11 and translate to 73 percent increase over seven years. Goods and services, on the other hand grows from R670 million in the 2004/05 to R1.2 billion in the 2010/11 (79 percent) over seven years. The budget for goods and services is mainly used to render oral health care and provide for the training of health workers. Provision is further made for chronic mental and tuberculosis in-patient care.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROVINCIAL HOSPITAL SERVICES

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/2010	2010/11
Improve hospital efficiency	Improved hospital efficiency	Percentage Caesarean Section Rate for regional hospitals	18	18	18	18
		Average length of stay in regional hospitals (ALOS)	4.3	4.3	4.8	4.8
		Bed Occupancy Rate (BOR) in regional hospitals	76	80	82.5	85
Strengthen and capacitate hospital management	Strengthened hospital management	Percentage regional hospitals with: Appointed CEO				
		Appointed superintendent	90	90	90	90
		Appointed nursing manager	90	90	90	90
		Appointed administration manager	90	90	90	90

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/2010	2010/11
Ensure functioning of hospital boards	Hospital boards established and maintained	Percentage of regional hospitals with operational hospital boards	100	100	100	100
Reduce the waiting list for specialised oral treatment	Reduced backlog in identified treatment modalities for oral health	Percentage reduction of waiting lists for specialised oral treatment	45	50	55	60

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme description

To provide a highly specialised health care service, a platform for the training of health workers, research and serve as specialist referral centres for regional hospitals and neighbouring provinces.

Programme objectives

- Provision of highly specialised health care services;
- Provision of a platform for the training of health workers; and
- Serve as specialist referral centres for regional hospitals and neighbouring provinces.

Policy objectives

- Implement the National Health Act;
- Implement the service transformation plan;
- Implement national policies on conditional grants and revitalisation of hospital services;
- Service level agreement with universities; and
- Modernisation of tertiary services.

TABLE 17: SUMMARY OF PAYMENTS AND ESTIMATES: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
1. Central hospitals	2,994,621	3,656,053	3,802,607	3,516,165	3,689,268	3,863,321	3,769,300	4,220,791	4,691,553
2. Special Functions	324	18							
3. Personal Transfer Payments	12,579								
Total: Central Hospital Services	3,007,524	3,656,071	3,802,607	3,516,165	3,689,268	3,863,321	3,769,300	4,220,791	4,691,553

The budget for this programme grows from R3 billion in 2004/05 to R4.7 billion in 2010/11 financial year; this represents a 56 percent over a seven year period. This allocation is mainly for four central hospitals (Chris Hani Baragwanath, Johannesburg, Pretoria Academic and Dr George Mukhari). The funding of these hospitals is largely sourced from the national tertiary services as well as the health professions training conditional grants. These central hospitals serve as referral centres for regional hospitals and other neighbouring provinces.

TABLE 18: SUMMARY OF ECONOMIC CLASSIFICATION: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Current payments	2,934,649	3,197,183	3,631,604	3,387,175	3,532,878	3,703,781	3,675,383	4,124,191	4,574,885
Compensation of employees	1,747,849	1,815,434	2,042,314	2,037,171	2,132,792	2,162,029	2,263,297	2,490,208	2,827,832
Goods and services	1,186,476	1,381,731	1,589,290	1,350,004	1,400,086	1,541,752	1,412,086	1,633,983	1,747,053
Interest and rent on land									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Financial trans in assets and liabilities	324	18							
Transfers and subsidies	14,573	13,007	9,496	6,000	6,000	9,150	6,300	6,600	6,600
Provinces and municipalities	5,901	6,432	1,706						
Departmental agencies and accounts									
Non-profit institutions									
Households	8,672	6,575	7,790	6,000	6,000	9,150	6,300	6,600	6,600
Payments for capital assets	58,302	445,881	161,507	122,990	150,390	150,390	87,617	90,000	110,068
Buildings and other fixed structures									
Machinery and equipment	58,313	445,881	161,507	122,990	150,390	150,390	87,617	90,000	110,068
Software and other intangible assets	-11								
Land and subsoil assets									
Total economic classification: Central Hospital Services	3,007,524	3,656,071	3,802,607	3,516,165	3,689,268	3,863,321	3,769,300	4,220,791	4,691,553

Allocation in this programme is mainly made under compensation of employees, goods and services and a small allocation for machinery and equipment. Compensation of employees grows by 64.7 percent from the 2004/05 financial year to 2010/11 financial year. Goods and services, on the other hand grows by 47 percent from 2004/05 financial year to 2010/11. Growth in goods and services is mainly for the provision of training for health workers and for the optimal expansion and rendering of medical services based on a referral system.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

CENTRAL HOSPITAL SERVICES

Measurable Objectives	Description of outputs	Performance Measures	2007/08	Performance Targets		
			Estimates	2008/09	2009/2010	2010/11
Improve hospital efficiency	Improved hospital efficiency	Caesarean Section Rate for central hospitals	33	33	33	33
		Average length of stay (ALOS) for central hospitals	5.5	5.7	5.8	5.8
		Bed Occupancy Rate (BOR) for central hospitals	75	75	75	75
Strengthen and capacitate hospital management	Strengthened hospital management	Percentage of central hospitals with: Appointed CEO	90	90	90	90
		Appointed Directors	90	90	90	90
		Appointed nursing manager	90	90	90	90
Ensure functioning of hospital boards	Hospital boards established and maintained	Percentage of central hospitals with operational hospital boards	100	100	100	100

PROGRAMME 6: HEALTH SCIENCES AND TRAINING**Programme description**

To provide education, training and development for all personnel within the Department of Health.

Programme objectives

- Train nursing and ambulance personnel;
- Provide education, training and development for all other personnel within the department;
- Grant bursaries and promoting research and development of health systems.

Policy objectives

- Implement the national human resource framework; and
- Implement the national legislation on human resource education and training.

TABLE 19: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH TRAINING AND SCIENCES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
1. Nurse Training Colleges	157,433	173,945	224,035	264,250	282,444	281,344	367,300	435,000	466,000
2. EMS Training Colleges	3,324	3,910	5,867	23,800	26,534	26,534	30,900	35,960	38,000
3. Bursaries	10,399	10,700	13,426	13,000	13,000	14,080	23,000	24,500	26,000
4. Other Training	17,275	32,263	28,817	37,770	36,576	36,596	38,300	43,000	46,000
5. Special Functions	140		4						
6. Personal Transfer Payments	470								
Total Payments and Estimates: Health Sciences and Training	189,041	220,818	272,149	338,820	358,554	358,554	459,500	538,460	576,000

The programme's budget grows from R189 million in 2004/05 to R576 million in 2010/11 financial year, growing at a healthy average of 206 percent over a seven year period. The budget grows at a slow rate over the 2008 MTEF. Under this programme, the department will increase the provision for awarding bursaries for Assistant Pharmacists, Pharmacists and Doctors. The Assistant Pharmacists are trained over a period of 12 months and will be employed immediately after training.

The nursing training colleges provide training to student nurses. There are currently 4 colleges, and R18 million has been set aside for the re-opening of Bona Lesedi and Coronation Nursing Colleges in 2008/09. It is expected that the additional funding will enable the colleges to enrol more than 200 student nurses. The increased allocation over the MTEF is in line with departmental policy and priorities to increase the number of nurses over the MTEF period.

The EMS training college provide training to emergency medical staff. The increase over the MTEF is to ensure preparedness for the department to offer emergency medical services before, during and after the 2010 FIFA World Cup.

The allocation made available under other training sub-programme is for awarding bursaries to internal staff as well as private citizens to get further medical related qualifications. The allocation for Other Training provides for internal training and development of staff.

TABLE 20: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH TRAINING AND SCIENCES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		2008/09
Current payments	176,806	208,451	256,408	323,950	341,828	338,813	436,345	515,855	552,975
Compensation of employees	150,923	184,996	228,006	277,750	291,550	291,550	370,519	440,755	466,975
Goods and services	25,883	23,455	28,398	46,200	50,278	47,263	65,826	75,100	86,000
Financial trans in assets and liabilities			4						
Transfers and subsidies	9,640	10,099	12,000	7,720	7,626	10,641	13,155	13,605	14,025
Provinces and municipalities	487	588	181						
Departmental agencies and accounts									
Universities and technikons	597	630	641	720	676	676	755	795	795
Public corps and private enterprises									
Households	8,556	8,881	11,178	7,000	6,950	9,965	12,400	12,810	13,230
Payments for capital assets	2,595	2,268	3,741	7,150	9,100	9,100	10,000	9,000	9,000
Buildings and other fixed structures									
Machinery and equipment	2,590	2,268	3,741	7,150	9,100	9,100	10,000	9,000	9,000
Cultivated assets									
Software and other intangible assets	5								
Land and subsoil assets									
Total economic classification: Health Sciences and Training	189,041	220,818	272,149	338,820	358,554	358,554	459,500	538,460	576,000

The bulk of payments by economic classification appear under compensation of employees and goods and services. Both items reflect a healthy but slow growth over the seven year period from 2004/05 to 2010/11 financial year. Compensation of employees increases from R151 million in 2004/05 to R467 million in 2010/11 financial year, and translates to 209 percent whilst goods and services, on the other hand grows from R25.9 million in 2004/05 to R86 million in 2010/11 financial year, or by 232 percent. There is a marginal increase in transfers and subsidies to universities and technikons over the MTEF.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

HEALTH TRAINING AND SCIENCES

Measurable Objectives	Description of Outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
Train ambulance personnel in life support skills	Increased number of emergency care staff with life support training.	Number of emergency care staff receiving Basic Life Support Level training	12	12	12	12
		Number of emergency care staff receiving Intermediate Life Support Level training	24	72	72	0 ¹
		Number of emergency care staff receiving Advanced Life Support Level training	24	24	24	24
Train health professionals in Comprehensive HIV and AIDS including ARV	Health professionals trained in Comprehensive HIV and AIDS including ARV	Number of Health Professionals trained in Comprehensive HIV and AIDS including ARV	1 200	1 200	1 200	1 200
Increase the number of nursing graduates	Nursing Graduates	Number of new nursing entrants (intake of nurse students) ²	1 368	1 520	1 520	1 520
		Number of nursing students all years	5 006	5331	5737	5 904
		Number of all nursing graduates ³	1 750	1 801	1 928	2 701
Placement of medical and allied professionals	Placement of medical and allied professionals	Number of Medical Community Service Placements	202	45	200	200
		Number of Allied Community Service Placements	331	320	320	320
Increase medical practitioners	Medical interns	Number of medical interns placed ⁴	400	700	700	700
Increase medical specialists	Medical registrars	Number of medical registrars ⁵	1 222	1 000	1 000	1 000
Train Senior/middle and frontline managers trained	Senior/middle and frontline managers trained	Percentage of managers trained per year (Target based on an estimated baseline of 5974 managers)	64	12.5	12.5	12.5
	Employee Wellness training programme	Number of senior/middle and frontline managers trained per annum	100	100	100	100
Expansion of learnership/internship programme	Implementation of learnership/internship programme	Number of people trained on learnership /internship (cumulative since 2005)	7 398	5460	Target not released	Target not released ⁶
	Bursaries granted	Number of beneficiaries of GDOH Bursary Fund	1 964	2 287	2 687	2 887

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme description

To render support services, non-clinical services as may be applicable for research, laundry and food supply services and efficient and effective support services to hospitals and clinics.

Programme objectives

- To render support services required by the department to fulfil its aims;
- To render non-clinical services as may be applicable for research, laundry and food supply services; and
- Capital augmentation.

Policies and priorities

- Implement the supply chain management policy and preferential procurement policy framework, including BBBEE Framework; and

These targets are subject to availability appropriate resources (e.g. HR, financial resources, infrastructure, etc)

From 2008 this includes nurses who graduate from the bridging course, enrolled nurses & auxiliary nurses. These nurses are NOT placed in community service from 2008, therefore targets are less

The number of medical interns allocated per Province is decided by NDoH

This indicator and target refers to the total number of medical registrars enrolled at Universities in Gauteng. The GDOH does not have control over this target; control vests with the Universities, HEQC (Higher Education Qualifications Authority) and HPCSA (Health Professions Council of South Africa)

Target set by Premier

- Develop, implement and monitor supply chain management guidelines;
- Improve sustainability and maintenance of the Linen Asset Register according to norms and standards at all hospitals;
- Ensure full implementation of linen banks at all hospitals and maintenance of the Linen Asset Register;
- Ensure availability and maintenance of the prompt delivery of medicines;
- Expansion of cook freeze food supplies to hospitals and community health centres according to SLA;
- Ensure successful implementation of the new computerized MEDSAS system; and
- Implement effective cost recovery solutions between MSD and institutions.

TABLE 21: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
1. Laundries	51,184	70,804	80,409	92,980	93,710	93,710	100,500	103,600	108,600
2. Food Supply Services	6,693	15,987	15,283	23,000	20,670	20,045	21,900	23,000	24,100
3. Medical Trading Account			10,111	7,001	7,001	7,001	1	1	1
4. Forensic Pathology Services		14,027							
Total Payment and Estimates: Health Care Support Services	57,877	100,818	105,803	122,981	121,381	120,756	122,401	126,601	132,701

The allocation to this programme is mainly for rendering laundry and food supply services as shown in the table above; however, laundries take the major share of the budget over the seven year period. The budget for both sub-programmes grows slightly over the 2008 MTEF. The decrease in the budget for food supply services from the 2007/08 to the 2008/09 is due to the completed establishment of the pre-pack unit at the medical supplies depot.

The budget under the laundries sub-programme is allocated to the respective provincial laundries to provide linen and laundry services to health institutions. Food supply services prepare and provide a number of health institutions with food packs for patients.

TABLE 22: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Current payments	57,000	95,988	105,292	119,540	119,380	118,755	119,176	124,866	130,951
Compensation of employees	55,586	65,859	64,572	69,500	71,960	71,960	78,600	80,100	84,100
Goods and services	1,414	30,129	40,720	50,040	47,420	46,795	40,576	44,766	46,851
Interest and rent on land									
Financial trans in assets and liabilities									
Transfers and subsidies	322	675	242	190	215	215	225	235	250
Provinces and municipalities	161	238	54						

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Departmental agencies and accounts									
Non-profit institutions									
Households	161	437	188	190	215	215	225	235	250
Payments for capital assets	555	4,155	269	3,251	1,786	1,786	3,000	1,500	1,500
Buildings and other fixed structures									
Machinery and equipment	555	4,155	269	3,251	1,786	1,786	3,000	1,500	1,500
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health Care Support Services	57,877	100,818	105,803	122,981	121,381	120,756	122,401	126,601	132,701

The budget under this programme, per economic classification is allocated mainly under compensation of employees and goods and services. Compensation of employees grows from R55.6 million in 2004/05 to R84 million in 2010/11, while goods and services grows from R1 million in 2004/05 to R46.9 million in 2010/11 financial year.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

HEALTH CARE SUPPORT SERVICES

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
Implementation of the BBBEE strategy	Implementation of BBBEE framework	Percentage of total procurement budget spent on BBBEE	65	70	80	80
Ensure efficient supply of pharmaceutical and surgical sundries	Ensure efficient supply of pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	96	98	98	98
Implement supply chain management policy	Procurement of goods and services expenditure via tenders and contracts.	Percentage procurement of goods and services expenditure via tenders and contracts	45	55	65	65
Implement Drug Supply Management system at the Medical Supply Depot	Automated order management systems at all hospitals	Percentage of hospitals with order management system implemented	60	90	100	100
Commission pre-packed unit at the Medical Supplies Depot	Implementation of the pre-packed unit at the Medical Supplies Depot	Percentage of bulk medication pre-packed	60	90	100	100
Expand Cookfreeze food supplies to hospitals and clinics	Expansion of Cookfreeze food supplies to hospitals and clinics	Number of hospitals and clinics supplied food by Cookfreeze with Service Level Agreements	14	14	16	16

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT**Programme description**

To plan, provide and equip new facilities/assets, and to upgrade, rehabilitate and maintain hospitals and clinics

Programme objectives

- To provide for new health facilities, upgrading and maintenance of the existing facilities;
- To provide community health centres, clinics, community, provincial, specialised and academic hospitals;
- Upgrade community health centres, clinics, community, provincial, specialised and academic hospitals; and
- Maintain community health centres, clinics, community, specialised and academic hospitals.

Policies and priorities

- Implement National Treasury and Department of Health policies on infrastructure grants;
- Implement hospital revitalisation programme through conditional grants;
- Implement service transformation plan;
- Continue to expand and improve health infrastructure;
- Provide and improve health facilities in twenty priority townships;
- Establish partnerships, including public private partnerships, with emphasis on investigating PPP models;
- Improve access to health services for people with disabilities;
- Licensing of private facilities;
- Readiness for 2010;
- Strengthen security services in all facilities;
- Ensure legal compliance regarding Health Care Waste management; and
- Establishment of occupational health and safety in GDoH in terms of legislation.

TABLE 23: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH FACILITIES MANAGEMENT

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
1. Community Health Facilities	23,381	66,080	64,819	189,546	189,546	189,546	153,287	267,568	228,877
2. Emergency Medical Rescue Services	178	13	188				491	505	505
3. District Hospital Services	44,778	121,847	211,883	260,215	261,045	261,045	379,987	620,230	701,272
4. Provincial Hospital Services	130,334	179,840	256,449	321,877	363,970	363,970	345,157	411,899	457,801
5. Central Hospital Services	132,128	212,839	283,409	227,770	234,014	234,014	444,763	187,457	148,105
6. Other Facilities	105,649	61,465	114,608	92,855	114,856	114,856	229,937	188,266	231,206
Total Payments and Estimates: Health Facilities Management	436,448	642,084	931,356	1,092,263	1,163,431	1,163,431	1,553,622	1,675,925	1,767,766

The budget for this programme grows from R436 million in 2004/05 to R1.8 billion in 2010/11 financial year. Funding for this programme increases by R390 million, or 33.5 percent over the 2007/08 financial year due to the increase in the allocation for the hospital revitalisation grant by 26.7 per cent, or R151.2 million from the adjusted 2007/08 budget as well as an increased allocation for maintenance of facilities.

Apart from allocations to individual institutions for day to day maintenance, the major budget is spent by the Department of Public Transport Roads and Works (DPTRW) for major facilities upgrade or major maintenance on behalf of the department. The GDoH reimburses DPTRW based on claims and supporting documents. The Sub Programme 6: Other facilities fund the operational costs of directorates responsible for capital and maintenance

functions within the department.

Included in the sub-programme other facilities is the allocation for the Programme Management Office (PMO) The PMO is required to set the standard for project management and drive the implementation of all projects undertaken throughout the department to meet the strategic goals of the department.

TABLE 24: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH FACILITIES MANAGEMENT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Current payments	240,335	311,186	320,163	383,869	391,119	390,733	443,800	525,667	659,085
Compensation of employees	1,364	5,233	5,469	7,209	7,809	7,937	13,767	8,584	9,184
Goods and services	238,971	305,953	314,694	376,660	383,310	382,796	430,033	517,083	649,901
Interest and rent on land									
Transfers and subsidies	10	18	4			20			
Provinces and municipalities		7	4						
Foreign govts and international orgs									
Non-profit institutions									
Households	10	11				20			
Payments for capital assets	196,103	330,880	611,189	708,394	772,312	772,678	1,109,822	1,150,258	1,108,681
Buildings and other fixed structures	189,197	329,793	609,832	708,394	772,162	772,311	894,973	1,150,158	990,231
Machinery and equipment	6,906	1,087	1,357		150	367	214,849	100	118,450
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health Facilities Management	436,448	642,084	931,356	1,092,263	1,163,431	1,163,431	1,553,622	1,675,925	1,767,766

In line with the objectives of the programme, the bulk of payments fall under buildings and other fixed structures. A bigger share of the allocation for buildings and other fixed structures is a component of the hospital revitalisation grant that has been revised upwards over the 2008 MTEF in order to assist the department to plan, maintain equip and modernise the hospital facilities.

HEALTH FACILITIES MANAGEMENT

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
Revitalise hospitals in the province	Construction of Chris Hanu Baragwanath Hospital A&E, OPD, etc.	Percentage complete	70	90	100	
	Construction of new Mamelodi Hospital	Percentage complete	90	100		
	Construction of new Zola Hospital	Percentage complete	40	65	80	100
	Construction of new Daveyton Hospital	Percentage complete	25	25	25	25
	Upgrading of Germiston Hospital	Percentage complete	40	65	80	100
	Construction of new Diepsloot Hospital	Percentage complete				25
	Construction of new Lilian Ngoyi District Hospital	Percentage complete	28	28	28	40
	Construction of new Ntshongweni Regional Hospital	Percentage complete	40	55	70	90
Build new primary health care facilities in all districts	Construction of new Mohlakeng Community Health Centre (CHC)	Percentage complete	20	55	100	
	Construction of new Doornkop Clinic	Percentage complete	20	100		
	Construction of new Diepsloot Clinic	Percentage complete	30	100		
	Construction of new Cosmo City Clinic	Percentage complete	100			
	Extend Lilian Ngoyi Rehabilitation area	Percentage complete	100			
	Construction of new Baikhutsong CHC	Percentage complete	35	70	100	
	Extend Lilian Ngoyi Rehabilitation area	Percentage complete	100			
	Extend Stanza Bopape CHC	Percentage complete	55	100		
	New Soshanguve Ward 27 Block P Clinic	Percentage complete	20	100		
	Extend Ward 40 Extend Nellmapius Clinic	Percentage complete	30	100		
	Extend KT Matubatse Clinic	Percentage complete	100			
	Extend Ward 48 Olievenhout Clinic	Percentage complete	100			
	Extension of Atteridgeville into a CDC	Percentage complete	0	35	80	100
	Construction of new Bristlecone CHC	Percentage complete	90	100		
	Extend Rethabiseng Clinic	Percentage complete	100			

Measurable Objectives	Description of outputs	Performance Measures	2007/08 Estimates	Performance Targets		
				2008/09	2009/10	2010/11
	Extension of Refilwe Clinic into CDC	Percentage complete	0	40	100	
	Extend East Rand Regional Pharmacy	Percentage complete	100			
	Replace Katlehong North Clinic	Percentage complete	10	100		
	Upgrading J Dumane CHC	Percentage complete	100			
	Extension Esangweni CHC	Percentage complete	100			
	Extension Kwa-Thema CHC	Percentage complete	100			
	New Tsakane Clinic	Percentage complete	100			
	New Munsieville CDC	Percentage complete	5	60	100	
	Ratanda CHC	Percentage complete	5	40	68	100
	Extend Midvaal CHC	Percentage complete	100			
	Upgrade regional pharmacy	Percentage complete	100			
	Construction of new Eersterus CHC	Percentage complete	90	100		
	Construction of new Eldorado Park CHC	Percentage complete	20	20	20	40
	Construction of new Johan Deo Clinic	Percentage complete	100			
	Construction of new Mandela Sisulu Clinic	Percentage complete	100			
Build new hospital in Gauteng	Construction of Soshanguve Hospital	Percentage complete				20
	Construction of Lenasia South Hospital	Percentage complete				30
Refurbish and upgrade Health Facilities in the province	Construction of Pretoria Academic Oncology unit	Percentage complete			60	100
	Upgrading of Dr. Yusuff Dadoo Hospital	Percentage complete				100
	Upgrading of Helen Joseph Hospital	Percentage complete				100
	Upgrading of Dr George Mukhari Hospital	Percentage complete				100
	Upgrading of Weskoppies Hospital	Percentage complete				100
	Upgrading of Tembisa Hospital	Percentage complete				100
	Upgrading of East Rand TB Hospital	Percentage complete				100
	Upgrading of Leratong Hospital	Percentage complete	100			
	Upgrading of Sebokeng TB Hospital	Percentage complete	100			
	Upgrading of Coronation Hospital	Percentage complete	100			
	Upgrading of Tshwane District Hospital	Percentage complete	60	90	100	
Provide budget for maintenance of health facilities	Planned prevention maintenance budget	Percentage of budget allocated to maintenance	2.5	2.5	2.5	2.5

Internal Charges

The internal charges concept is used where services are rendered between institutions across programmes. This is to avoid expenditure being duplicated in the books of the department. Internal charges are used for the provision of laundry and food supply services prepared in programme 6 to other health institutions.

7. OTHER PROGRAMME INFORMATION

7.1 Personnel numbers and costs

TABLE 25: SUMMARY OF DEPARTMENTAL PERSONNEL NUMBERS AND COSTS

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		2008/09
Personnel numbers (head count)	42,475	44,919	45,680	45,239	48,246	48,246	54,379	62,328	63,565
Personnel cost (R thousands)	4,453,088	4,688,666	5,347,243	5,921,722	6,213,280	6,223,108	6,987,921	7,946,381	8,835,785
Human resources component									
Personnel numbers (head count)	308	350	422	469	527	527	650	750	850
Personnel cost (R thousands)	44,531	46,887	53,472	59,217	62,127	62,419	68,850	78,240	85,281
Head count as % of total for province	1%	1%	1%	1%	1%	1%	1%	1%	1%
Personnel cost as % of total for province	1%	1%	1%	1%	1%	1%	1%	1%	1%
Finance component									
Personnel numbers (head count)	764	804	920	980	1,043	1,043	1,143	1,257	1,365
Personnel cost (R thousands)	80,098	93,773	106,945	118,434	124,254	124,838	137,701	156,480	170,562
Head count as % of total for province	2%	2%	2%	2%	2%	2%	2%	2%	2%
Personnel cost as % of total for province	2%	2%	2%	2%	2%	2%	2%	2%	2%
Full time workers									
Personnel numbers (head count)	40,825	41,760	43,903	43,565	46,557	46,557	52,476	60,147	61,250
Personnel cost (R thousands)	4,280,102	4,358,928	5,139,230	5,702,618	5,995,274	6,023,529	6,561,908	7,456,917	8,293,442
Head count as % of total for province	96%	93%	96%	96%	96%	96%	97%	96%	96%
Personnel cost as % of total for province	96%	93%	96%	96%	96%	97%	94%	94%	94%

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08		2008/09	2009/10	2010/11	
Part-time workers									
Personnel numbers (head count)	1,511	3,025	1,776	1,674	1,689	1,689	1,903	2,181	2,315
Personnel cost (R thousands)	158,414	315,751	207,896	219,104	217,444	218,518	235,000	270,000	299,000
Head count as % of total for province	4%	7%	4%	4%	4%	4%	4%	3%	4%
Personnel cost as % of total for province	4%	7%	4%	4%	3%	4%	3%	3%	3%
Contract workers									
Personnel numbers (head count)	599	795	1,199	1,187	1,295	1,295	1,554	1,865	1,925
Personnel cost (R thousands)	62,799	82,982	140,353	155,432	166,733	167,543	191,013	219,464	243,443
Head count as % of total for province									
Personnel cost as % of total for province	1%	2%	3%	3%	3%	3%	3%	3%	3%

TABLE 26: PERSONNEL NUMBERS AND COSTS 1: GAUTENG: HEALTH

Personnel numbers	As at 31 March 2004	As at 31 March 2005	As at 31 March 2006	As at 31 March 2007	As at 31 March 2008	As at 31 March 2009	As at 31 March 2010	As at 31 March 2011
1. Administration	408	882	541	586	709	747	792	790
2. District Health Services	8,352	10,592	10,919	9,679	12,849	14,257	16,426	16,590
3. Emergency Medical Services	36	28	75	414	273	330	429	428
4. Provincial Health Services	14,871	13,623	13,677	15,144	15,145	16,945	19,857	20,198
5. Central Hospital Services	15,366	13,931	13,676	14,499	14,228	16,898	19,522	20,260
6. Health Training and Sciences	2,252	2,393	2,501	3,798	3,831	3,887	3,891	3,885
7. Health Support Services	959	1,018	1,054	1,093	1,184	1,283	1,379	1,382
8. Health Facilities Management	9	8	17	26	27	32	32	32
Total personnel numbers: Health	42,253	42,475	44,919	45,239	48,246	54,379	62,328	63,565
Total personnel cost (R thousand)	4,219,065	4,453,088	4,688,666	5,347,243	6,213,280	6,987,921	7,946,381	8,835,785
Unit cost (R thousand)	100	105	104	118	129	129	127	139

7.2 Training

TABLE 27: EXPENDITURE ON TRAINING: GAUTENG: DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08		2008/09	2009/10	2010/11	
1. Administration	1,156	1,127	6,122	4,050	4,050	4,050	4,250	4,250	4,250
2. District Health Services	1,460	4,054	6,864	4,050	4,050	4,050	4,250	4,250	4,250
3. Emergency Medical Services	13	6	14	40	40	40	45	45	45

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
4. Provincial Health Services	412	1,045	684	3,400	3,400	3,400	3,500	3,500	3,500
5. Central Hospital Services	755	867	498	900	900	900	940	940	940
6. Health Training and Sciences	2,234	23,222	28,821	37,770	36,576	36,596	38,300	43,000	46,000
7. Health Support Services		50	23						
8. Health Facilities Management		10							
Total expenditure on training: (Health)	6,030	30,381	43,026	50,210	49,016	49,036	51,285	55,985	58,985

TABLE 29: INFORMATION ON TRAINING: GAUTENG: DEPARTMENT OF HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Number of staff		42,475	42,475	45,239	48,246	48,246	54,379	62,328	63,565
Number of personnel trained of which		22,524	20,428			25,932	31,082	32,118	30,338
Male		5,264	4,559	519	519	519	550	583	583
Female		17,260	15,896	2,290	2,290	2,290	2,428	2,573	2,573
Number of training opportunities of which									
Tertiary		7,081	3,379	5,251	5,251	5,251	8,727	7,626	5,446
Workshops		13,818	11,630	11,904	11,904	11,904	12,618	13,375	13,375
Seminars			950	950	950	950	1,400	2,200	2,600
Other ABET				340	340	340	340	340	340
Number of bursaries offered	308	378	378	545	545	545	645	785	785
Number of interns appointed		2,395	2,395	3,346	3,346	3,346	3,546	3,759	3,759
Number of learnerships appointed		1,085	3,697	579	579	579	620	669	669
Number of days spent on training				208	208	208	208	208	208

8. CROSS CUTTING ISSUES

OUTCOMES AND OUTPUTS WHICH SPECIFICALLY TARGET WOMEN AND CHILDREN:

Outcome	Output	Indicator	Gender issue	Programme	Sub programme
Reduce the Impact of HIV and AIDS	Reduced new HIV infections among women and youth	Antenatal zero-prevalence rate	HIV and AIDS pandemic	Prog 2	HIV and AIDS
	Female condom distribution	Number of female condoms distributed			
	Prevention of mother to child transmission (PMTCT)	Percentage hospitals, large community health centres and clinics with maternity services implementing the programme			
	Implementation of comprehensive HIV and AIDS treatment and care programme	Percentage implementation of the programme in Hospitals, CHCs and clinics with antenatal care services			
Improve child health	Feeding programmes in schools and crèches	Number of pre-schoolers fed	Poverty Alleviation	Prog 2	Nutrition
Improve women's health	Caring for survivors of violence	Number of women seen at existing medico-legal centres	Domestic violence and rape	Prog 2, 4 and 5	Disease Control
	Post Exposure Prophylaxis (PEP) implemented in all facilities	The number of health facilities implementing PEP for sexual assault			
	Cervical cancer screening	Number of women screened	Reproductive health	Prog 2	District management, community health centres and clinics and community based services
	Breast cancer screening	Number of women reached during breast cancer month			
	Reduced teenage pregnancy rate	Percentage reduction in teenage pregnancy	Youth health	Prog 2	
Healthy lifestyles	Youth-friendly services	Number of youth-friendly services	Reproductive health	Prog 2	As above
Quality of care	Access for people with disabilities at all facilities	Percentage of hospitals and clinics with access for the disabled		Prog 8	
		Percentage hospitals and clinics with a programme on assistive devices		Prog 2,4,5	

*Budget for outputs is not provided separately but included as part of relevant programmes or sub-programmes. The process of costing each output has commenced.

OUTCOMES OF THE THREE LARGEST SUB-PROGRAMMES AND THEIR IMPLICATIONS FOR GENDER EQUALITY

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
Women's health	MOU services	Number of deliveries	Reproductive health	Prog 2, 4, 5	District management, community health centres and clinics and community based services (DCCC) General hospitals All central hospitals
	Antenatal services	Number of antenatal visits			DCCC
	Cervical and breast cancer screening programme	As above	Women's Health	Prog 2, 4, 5	DCCC
	Contraception services	Number of women benefiting from contraceptive services	Reproductive health	Prog 2	DCCC
	PEP programme	As above	Domestic violence and rape	Prog 2, 4, 5	DCCC General hospitals
	STI prevention and treatment programme		STI prevalence	Prog 2, 4, 5	
	Health education and promotion programme	Number of women benefiting from the programme	Women's empowerment	Prog 2	DCCC
	Advocate for provision of Female condoms to women	Number of female condoms distributed	Prevention of vulnerability of women to unprotected sex and HIV and AIDS	Prog 2, 4, 5	District management, community health centres and clinics and community-based services (DCCC)
Incorporate gender analysis into public health sector and policies and programmes	Strategic and business plans and directorates budgets	Integrating gender analysis into strategic business planning, budgets and information management systems		General hospitals All central hospitals	
Obstetrics and Gynaecology services		Number of outpatients visits and admissions		Prog 4, 5	All central hospitals
		Number of Deliveries			General hospitals

*Budget for outputs is not provided separately but included as part of relevant programmes or sub-programmes. The process of costing each output has commenced.

OUTCOMES AND OUTPUTS WHICH WILL BENEFIT WOMEN / PROMOTE GENDER EQUALITY

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme	
Gender equality and mainstreaming	Improved gender representation	Percentage women (including women with disabilities) in middle and senior management	Recruitment and selection of women in Management positions to achieve representation	Prog 1	Management	
	Increased number of people with disabilities	Percentage / number of people with disability recruited		Prog 1		
	Gender mainstreaming		Implementation of the Employment Equity Act	Retention of women in decision making positions		Prog 1
			Percentage institutions implementing gender policy guidelines	Policy guidelines for gender mainstreaming		Prog 1

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
	Economic support of women in Business	Percentage of women granted tenders particularly on CAPEX Projects Percentage of procurement budget spent on women-owned BEE companies	Economic empowerment of women through BBBEE	Prog 8	
		Percentage of institutions Implementing Prevention of Sexual Harassment in the workplace policy	Establishing opportunities for consumers of our services to address gender-related causes	Prog 1	Management
	Departmental Gender Steering Committee	Functional Gender Steering Committee	Strategic support, monitoring and evaluation of gender mainstreaming	Prog 1	
	Monitoring and evaluation mechanisms established	Number of gender mainstreaming quarterly reports submitted at provincial and national level	Monitoring and evaluation of gender mainstreaming	Prog 1	
	Celebration of Women's Month (Provincial and Regional Women's Dialogue)	Number of women who participated in regional and Provincial Women's Dialogue	Awareness-raising on healthy living for women and health programmes available	Prog 1	
	Celebration of 16 Days of No Violence Against Women and Children (Gender Summit)	Number of people reached on 16 Days of No Violence Against Women and Children	Management, prevention and awareness raising of violence and abuse women and children	Prog 1	

*Budget for outputs is not provided separately but included as part of relevant programmes or sub-programmes. The process of costing each output has commenced.

OUTCOMES AND OUTPUTS WHICH WILL BENEFIT WOMEN EMPLOYEES WITHIN THE DEPARTMENT OF HEALTH

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
Human Resource Development	Bursaries granted	Number of female beneficiaries	Financial assistance to ensure development of women	Prog 6	
	Mentoring and coaching programmes for women in supervisory and management positions	Availability of plan focusing on newly-appointed senior managers, particularly women and blacks	Provision of support (mentoring or coaching) to women in senior management positions	Prog 1	Management
	Hosting of "Bring a Girl Child to Work" Campaign	Number of Girl and Boy Children hosted	Supporting the development of youth particularly girl children	Prog 6	
	Training of staff on gender awareness, gender analysis and gender planning.	Number of new staff attending orientation programmes on gender mainstreaming	Sustaining capacity for addressing gender issues	Prog 6	
	Learnership and Internship Programmes for young women	Number of women admitted for learnerships and internship (Including women with disabilities)	Learnership opportunities for young women particularly women with disabilities and disadvantaged background	Prog 6	
	Network sessions with women in management in the Private Sector	Number of women attending networking sessions	Capacity building for Senior Women Managers	Prog 1	Management
Quality of care	Service excellence awards	Number of women receiving service excellence awards	Recognition and acknowledgement of contribution made by women in health care delivery	Prog 1	Management

*Budget for outputs is not provided separately but included as part of relevant programmes or sub-programmes. The process of costing each output has commenced.

NUMBER OF WOMEN AND MEN EMPLOYED AT DIFFERENT LEVELS IN THE DEPARTMENT OF HEALTH (AS AT JULY 2007)

Level	Total	Women	% Women	Black	% Black	Black Women	% Black Women
Superintendent-General	1	1	100.0%	1	100.0%	1	100.0%
Deputy Director General	3	1	33.3%	3	100.0%	1	33.3%
Chief Director	102	20	19.6%	52	51.0%	12	11.8%
- Management	18	6	33.3%	17	94.4%	5	27.8%
- Professionals	84	14	16.7%	35	41.7%	7	8.3%
Director	247	73	29.6%	132	53.4%	38	15.4%
- Management	60	23	38.3%	43	71.7%	17	28.3%
- Professionals	186	50	26.9%	89	47.8%	21	11.3%
Deputy Director	1880	823	43.8%	1 161	61.8%	471	25.1%
- Management	140	50	35.7%	113	80.7%	39	27.9%
- Professionals	1740	773	44.4%	1 048	60.2%	432	24.8%
Assistant Director	2 242	1 424	63.5%	1 540	68.7%	987	44.0%
- Management	282	155	55.0%	229	81.2%	121	42.9%
- Professionals	1960	1 269	64.7%	1 311	66.9%	866	44.2%
Sub Total Management	4 475	2 342	52.3%	2 889	64.6%	1 510	33.7%
Non-Management	41 827	33 101	79.1%	38 385	91.8%	30 503	72.9%
Admin Internship	243	166	68.3%	229	94.2%	157	64.6%
Total	46 545	35 609	76.5%	41 503	89.2%	32 170	69.1%

(Footnotes)

1 Due to intention by HPCSA to stop AEA training 2010

2 These targets are subject to availability appropriate resources (e.g. HR, financial resources, infrastructure, etc)

3 From 2008 this includes nurses who graduate from the bridging course, enrolled nurses & auxiliary nurses. These nurses are NOT placed in community service from 2008, therefore targets are less

4 The number of medical interns allocated per Province is decided by NDoH

5 This indicator and target refers to the total number of medical registrars enrolled at Universities in Gauteng. The GDoH does not have control over this target; control vests with the Universities, HEQC (Higher Education Qualifications Authority) and HPCSA (Health Professions Council of South Africa)

6 Target set by Premier

Annexure to Budget Statement 2

TABLE 30: SPECIFICATION OF RECEIPTS: HEALTH

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Tax receipts									
Casino taxes									
Horse racing taxes									
Liquor licences									
Motor vehicles licences									
Sale of goods and services other than capital assets	200,105	223,746	232,768	208,501	222,496	222,496	341,609	377,527	413,991
Sale of goods and services produced by department	199,301	222,856	231,600	207,796	221,406	221,406	340,441	376,359	412,823
Sales by market establishments	91								
Administrative fees		117	205	54	41	41	205	205	205
Other sales of which	199,210	222,739	231,395	207,742	221,365	221,365	340,236	376,154	412,618
Health patient fees	180,645	204,642	210,313	193,458	201,793	201,793	318,368	354,286	390,750
Other Revenue	18,565	18,097	21,082	14,284	19,572	19,572	21,868	21,868	21,868
Sales of scrap, waste arms and other used current goods (excluding capital assets)	804	890	1,168	705	1,090	1,090	1,168	1,168	1,168
Fines, penalties and forfeits	2	5	14	1	3	3	14	14	14
Interest, dividends and rent on land	2,283	5,209	1,418	5,890	1,500	1,500	1,418	1,418	1,418
Interest	2,283	5,209	1,418	5,890	1,500	1,500	1,418	1,418	1,418
Dividends									
Rent on land									
Transfers received from: Other governmental units	45,309	743	668		3	3			
Universities and technikons									
Public corporations and private enterprises	45,309	743	668		3	3			
Households and non-profit institutions									
Sales of capital assets	100	6,699	72	53	40	40	72	72	72
Land and subsoil assets					1	1			
Other capital assets	100	6,699	72	53	39	39	72	72	72
Financial transactions in assets and liabilities	16,630	18,242	29,931	7,071	8,550	8,550	29,931	29,931	29,931
Total: departmental receipts	264,429	254,644	264,871	221,516	232,592	232,592	373,044	408,962	445,426

TABLE 31: SUMMARY OF ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Current payments	247,606	225,666	274,845	288,475	316,973	316,973	503,540	423,750	445,970
Compensation of employees	98,296	74,260	102,909	113,005	136,040	136,040	162,000	181,500	193,200
Salaries and wages	85,562	64,990	90,715	98,752	116,028	116,028	142,100	158,600	168,900
Social Contributions	12,734	9,270	12,194	14,253	20,012	20,012	19,900	22,900	24,300
Goods and services of which	147,179	150,516	171,936	175,470	180,933	180,933	341,540	242,250	252,770
Consultants, Specialised services	57,702	51,252	95,000	55,941	56,404	56,404	54,000	60,900	63,900
Maintenance, repair & running costs	7,312	8,297	6,600	9,060	9,060	9,060	9,500	10,000	10,500
Medical Services	4,414	50	11,000	5,267	5,267	5,267	5,794	6,000	6,000
Medical supplies	3,568	7,051	2,200	7,690	7,690	7,690	1,000	1,050	1,100
Medicine	4,215	1,050	1,100	1,141	1,141	1,141			
Other Goods & services	69,968	82,816	56,036	96,371	101,371	101,371	271,246	164,300	171,270
Interest									
Financial transactions in assets and liabilities	2,131	890							
Transfers and subsidies	980	1,416	539	600	600	600	660	660	660
Provinces and municipalities	312	1,029	82						
Provinces									
Municipalities	312	1,029	82						
Municipalities	312	1,029	82						
Municipalities agencies and funds									
Foreign governments and international organisations		10							
Non-profit institutions	629	377							
Households	39		457	600	600	600	660	660	660
Social benefit									
Other transfers to households	39		457	600	600	600	660	660	660
Payments for capital assets	15,501	12,914	35,477	15,592	17,462	17,462	25,000	30,000	33,000
Buildings and other fixed structures			100						
Buildings			100						
Other fixed structures									
Machinery and equipment	15,389	12,914	35,377	15,592	17,462	17,462	25,000	30,000	33,000
Transport equipment									
Other machinery and equipment	15,389	12,914	35,377	15,592	17,462	17,462	25,000	30,000	33,000
Cultivated assets									
Software and other intangible assets	112								
Land and subsoil assets									
Total economic classification: Administration	264,087	239,996	310,861	304,667	335,035	335,035	529,200	454,410	479,630

TABLE 32: SUMMARY OF ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08		2008/09	2009/10	2010/11	
Current payments	1,459,614	1,645,588	2,095,115	2,709,308	2,755,256	2,761,238	3,145,086	3,722,915	4,137,889
Compensation of employees	860,684	909,063	1,076,993	1,449,398	1,486,024	1,490,934	1,797,830	2,186,934	2,432,405
Salaries and wages	734,097	783,244	975,773	1,300,024	1,327,493	1,332,403	1,565,207	1,913,800	2,114,000
Social Contributions	126,587	125,819	101,220	149,374	158,531	158,531	232,623	273,134	318,405
Goods and services of which	598,206	736,337	1,018,122	1,259,910	1,269,232	1,270,304	1,347,256	1,535,981	1,705,484
Consultants, Specialised services	18,463	18,000	21,000	23,852	23,852	23,852	25,500	26,800	28,200
Maintenance, repair & running costs	10,676	14,000	14,800	18,573	18,595	18,595	19,000	21,000	22,100
Medical Services	123,126	84,000	90,300	111,343	113,343	113,343	116,000	135,000	142,000
Medical supplies	38,638	69,000	75,000	91,401	93,401	93,401	95,500	113,500	134,000
Medicine	262,316	361,401	556,457	666,662	671,662	671,662	742,120	813,647	902,984
Other Goods and Services	144,987	189,936	260,565	348,079	348,379	349,451	349,136	426,034	476,200
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities	724	188							
Unauthorised expenditure									
Transfers and subsidies	443,687	483,929	346,310	411,321	387,485	382,504	470,638	509,600	554,583
Provinces and municipalities	223,406	242,782	168,191	194,345	157,054	157,054	175,000	186,000	200,000
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities	223,406	242,782	168,191	194,345	157,054	157,054	175,000	186,000	200,000
Municipalities	223,406	242,782	168,191	194,345	157,054	157,054	175,000	186,000	200,000
Municipalities agencies and funds									
Social security funds									
Universities and technikons		65,743							
Public corporations and private enterprises									
Non-profit institutions	217,720	173,465	176,256	202,170	218,595	219,456	285,861	317,300	347,983
Households	2,561	1,939	1,863	14,806	11,836	5,994	9,777	6,300	6,600
Social benefit									
Other transfers to households	2,561	1,939	1,863	14,806	11,836	5,994	9,777	6,300	6,600
Payments for capital assets	19,046	23,366	38,060	72,848	65,644	64,643	51,554	70,294	72,568
Buildings and other fixed structures			920	11,693	7,693	7,693			
Buildings			920	11,693	7,693	7,693			
Other fixed structures									
Machinery and equipment	19,046	23,366	37,140	61,155	57,951	56,950	51,554	70,294	72,568

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Transport equipment	274								
Other machinery and equipment	18,772	23,366	37,140	61,155	57,951	56,950	51,554	70,294	72,568
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: District Health Services	1,922,347	2,152,883	2,479,485	3,193,477	3,208,385	3,208,385	3,667,278	4,302,809	4,765,040

TABLE 33: SUMMARY OF ECONOMIC CLASSIFICATION: EMERGENCY MEDICAL SERVICES

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	72,629	66,051	68,582	213,463	153,000	153,000	274,715	323,900	330,500
Compensation of employees	5,135	5,137	11,199	27,000	65,000	65,000	170,000	199,300	214,700
Salaries and wages	4,460	4,511	8,399	23,900	52,400	56,550	148,200	173,530	186,860
Social Contributions	675	626	2,800	3,100	12,600	8,450	21,800	25,770	27,840
Goods and services of which	67,439	60,914	57,383	186,463	88,000	88,000	104,715	124,600	115,800
Consultants, Specialised services		100	30	36	36	36	37	39	41
Maintenance; repair & running costs	15,394	15,000	35,167	77,527	69,064	69,064	81,000	85,000	89,500
Medical Services	1,867	10,000	4,800	6,000	6,000	6,000	6,300	6,700	7,000
Medical supplies	2,475	2,700	3,224	5,459	5,459	5,459	6,000	6,400	6,600
Medicine	992	3,400	1,060	1,368	1,368	1,368	1,400	2,000	2,000
Other Goods and Services	46,711	29,714	13,102	96,073	6,073	6,073	9,978	24,461	10,659
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities	55								
Unauthorised expenditure									
Transfers and subsidies	187,526	211,732	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Provinces and municipalities	187,470	211,656	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities	187,470	211,656	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Municipalities	187,470	211,656	220,297	242,088	232,715	232,715	268,285	272,100	272,100
Municipalities agencies and funds									
Non-profit institutions	38								

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Households	18	76							
Social benefit									
Other transfers to households	18	76							
Payments for capital assets	18,209	51,668	6,939	46,790	64,790	64,790	38,000	35,000	15,000
Buildings and other fixed structures					18,000	18,000			
Buildings					18,000	18,000			
Other fixed structures									
Machinery and equipment	18,195	51,668	6,939	46,790	46,790	46,790	38,000	35,000	15,000
Transport equipment			6,000	45,149	45,149	45,149	33,000	30,000	10,000
Other machinery and equipment	18,181	51,668	939	1,641	1,641	1,641	5,000	5,000	5,000
Cultivated assets									
Software and other intangible assets	14								
Land and subsoil assets									
Total economic classification:	278,364	329,451	295,818	502,341	450,505	450,505	581,000	631,000	617,600
Emergency medical Services									

TABLE 34: SUMMARY OF ECONOMIC CLASSIFICATION: PROVINCIAL HOSPITAL SERVICES

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	2,208,707	2,396,111	2,723,013	2,760,789	2,874,502	2,879,502	2,989,400	3,433,750	3,776,079
Compensation of employees	1,533,251	1,628,684	1,815,781	1,940,689	2,022,105	1,997,658	2,131,908	2,359,000	2,607,389
Salaries and wages	1,312,574	1,410,859	1,652,693	1,760,000	1,821,062	1,735,553	1,854,500	2,052,300	2,270,500
Social Contributions	220,677	217,825	163,088	180,689	201,043	262,105	277,408	306,700	336,889
Goods and services	670,110	767,703	907,232	820,100	852,397	881,844	857,492	1,074,750	1,168,690
of which									
Consultants, Specialised services	14,474	15,000	16,500	17,000	17,000	17,000	17,000	32,000	20,000
Maintenance, repair & running costs	22,462	22,000	25,100	27,100	27,100	27,100	27,400	33,900	34,500
Medical Services	180,016	191,356	260,087	260,000	265,000	269,447	265,800	308,500	328,500
Medical supplies	93,429	115,000	115,500	118,000	123,000	128,000	123,075	143,300	156,300
Medicine	172,572	192,000	296,500	197,000	217,000	227,000	217,656	314,450	364,390
Other Goods and Services	187,157	232,347	193,545	201,000	203,297	213,297	206,561	242,600	265,000
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities	5,346	276	-						
Unauthorised expenditure									
Transfers and subsidies	149,584	151,605	153,801	128,900	156,340	156,340	165,000	181,250	181,510

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
	2004/05	2005/06	2006/07				2007/08			2008/09
Provinces and municipalities	5,010	4,797	1,368							
Provinces										
Provincial Revenue Funds										
Provincial agencies and funds										
Municipalities	5,010	4,797	1,368							
Municipalities	5,010	4,797	1,368							
Municipalities agencies and funds										
Non-profit institutions	140,586	142,223	139,642	125,000	152,000	152,000	160,000	176,000	176,000	
Households	3,988	4,585	12,791	3,900	4,340	4,340	5,000	5,250	5,510	
Social benefit										
Other transfers to households	3,988	4,585	12,791	3,900	4,340	4,340	5,000	5,250	5,510	
Payments for capital assets	57,701	98,109	63,724	118,879	115,229	110,229	80,050	94,000	98,000	
Buildings and other fixed structures										
Buildings										
Other fixed structures										
Machinery and equipment	57,701	98,109	63,724	118,879	115,229	110,229	80,050	94,000	98,000	
Transport equipment										
Other machinery and equipment	57,701	98,109	63,724	118,879	115,229	110,229	80,050	94,000	98,000	
Cultivated assets										
Software and other intangible assets										
Land and subsoil assets										
Total economic classification: Provincial Hospital Services	2,415,992	2,645,825	2,940,538	3,008,568	3,146,071	3,146,071	3,234,450	3,709,000	4,055,589	

TABLE 35: SUMMARY OF ECONOMIC CLASSIFICATION: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Current payments	2,934,649	3,197,183	3,631,604	3,387,175	3,532,878	3,703,781	3,675,383	4,124,191	4,574,885
Compensation of employees	1,747,849	1,815,434	2,042,314	2,037,171	2,132,792	2,162,029	2,263,297	2,490,208	2,827,832
Salaries and wages	1,502,546	1,583,644	1,829,022	1,818,171	1,889,887	1,903,000	1,990,000	2,189,298	2,489,000
Social Contributions	245,303	231,790	213,292	219,000	242,905	259,029	273,297	300,910	338,832
Goods and services of which	1,186,476	1,381,731	1,589,290	1,350,004	1,400,086	1,541,752	1,412,086	1,633,983	1,747,053
Consultants, Specialised services	6,797	688	7,000	8,000	8,000	8,000	8,000	8,900	9,400
Maintenance, repair & running costs	39,125	50,000	52,500	55,000	55,000	55,000	55,000	82,000	86,500
Medical Services	370,746	378,153	367,885	310,000	317,500	317,500	317,500	390,000	411,000
Medical supplies	212,491	234,764	299,053	260,420	267,920	267,920	267,920	301,866	337,000
Medicine	326,781	371,719	566,000	426,584	456,666	456,666	468,666	518,635	550,037
Other Goods and Services	230,536	346,407	296,852	290,000	295,000	295,000	295,000	332,582	353,116
Interest and rent on land									
Interest									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
	2004/05	2005/06	2006/07				2007/08			2008/09
Rent on land										
Financial transactions in assets and liabilities	324	18								
Unauthorised expenditure										
Transfers and subsidies	14,573	13,007	9,496	6,000	6,000	9,150	6,300	6,600	6,600	
Provinces and municipalities	5,901	6,432	1,706							
Provinces										
Provincial Revenue Funds										
Provincial agencies and funds										
Municipalities	5,901	6,432	1,706							
Municipalities	5,901	6,432	1,706							
Households	8,672	6,575	7,790	6,000	6,000	9,150	6,300	6,600	6,600	
Social benefit										
Other transfers to households	8,672	6,575	7,790	6,000	6,000	9,150	6,300	6,600	6,600	
Payments for capital assets	58,291	445,881	161,507	122,990	150,390	150,390	87,617	90,000	110,068	
Buildings and other fixed structures										
Buildings										
Other fixed structures										
Machinery and equipment	58,302	445,881	161,507	122,990	150,390	150,390	87,617	90,000	110,068	
Transport equipment										
Other machinery and equipment	58,313	445,881	161,507	122,990	150,390	150,390	87,617	90,000	110,068	
Cultivated assets										
Software and other intangible assets	11									
Land and subsoil assets										
Total economic classification: Central Hospital Services	3,007,513	3,656,071	3,802,607	3,516,165	3,689,268	3,863,321	3,769,300	4,220,791	4,691,553	

TABLE 36: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH SCIENCES AND TRAINING

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
	2004/05	2005/06	2006/07				2007/08			2008/09
Current payments	176,806	208,451	256,408	323,950	341,828	338,813	436,345	515,855	552,975	
Compensation of employees	150,923	184,996	228,006	277,750	291,550	291,550	370,519	440,755	466,975	
Salaries and wages	124,975	158,036	202,787	248,750	260,000	250,000	315,000	379,000	406,000	
Social Contributions	25,948	26,960	25,219	29,000	31,550	41,550	55,519	61,755	60,975	
Goods and services of which	25,883	23,455	28,398	46,200	50,278	47,263	65,826	75,100	86,000	
Consultants, Specialised services	5,236	1,196	1,257	1,400	1,400	1,400	1,470	1,600	1,700	
Maintenance, repair & running costs	3,195	1,932	2,000	2,500	2,600	2,600	2,800	3,000	3,300	
Medical Services	21									
Medical supplies	46									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Medicine									
Other Goods and Services	17,385	20,327	25,141	42,300	46,278	43,263	61,556	70,500	81,000
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities			4						
Unauthorised expenditure									
Transfers and subsidies	9,640	10,099	12,000	7,720	7,626	10,641	13,155	13,605	14,025
Provinces and municipalities	487	588	181						
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities	487	588	181						
Municipalities	487	588	181						
Municipalities agencies and funds									
Departmental agencies and accounts									
Social security funds									
Provide list of entities receiving transfers									
Universities and technikons	597	630	641	720	676	676	755	795	795
Public corporations and private enterprises									
Public corporations									
Subsidies on production other transfers									
Private enterprises									
Subsidies on production other transfers									
Foreign governments and international organisations									
Non-profit institutions									
Households	8,556	8,881	11,178	7,000	6,950	9,965	12,400	12,810	13,230
Social benefit									
Other transfers to households	8,556	8,881	11,178	7,000	6,950	9,965	12,400	12,810	13,230
Payments for capital assets	2,600	2,268	3,741	7,150	9,100	9,100	10,000	9,000	9,000
Buildings and other fixed structures									
Buildings									
Other fixed structures									
Machinery and equipment	2,595	2,268	3,741	7,150	9,100	9,100	10,000	9,000	9,000
Transport equipment									
Other machinery and equipment	2,590	2,268	3,741	7,150	9,100	9,100	10,000	9,000	9,000
Cultivated assets									
Software and other intangible assets	5								
Land and subsoil assets									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Total economic classification: Health Sciences and Training	189,046	220,818	272,149	338,820	358,554	358,554	459,500	538,460	576,000

TABLE 37: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH CARE SUPPORT SERVICES

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07	2007/08			2008/09	2009/10	2010/11
Current payments	57,000	95,988	105,292	119,540	119,380	118,755	119,176	124,866	130,951
Compensation of employees	55,586	65,859	64,572	69,500	71,960	71,960	78,600	80,100	84,100
Salaries and wages	46,898	56,659	56,279	60,000	62,000	61,200	68,000	68,000	71,500
Social Contributions	8,688	9,200	8,293	9,500	9,960	10,760	10,600	12,100	12,600
Goods and services of which	1,414	30,129	40,720	50,040	47,420	46,795	40,576	44,766	46,851
Consultants, Specialised services	900	750	800	840	840	840	880	925	970
Maintenance, repair & running costs	37	167	176	200	200	200	1,500	1,570	1,640
Medical Services	68								
Medical supplies	46	8,000	8,400	9,000	7,000	7,000			
Medicine									
Other Goods and Services	363	21,212	31,344	40,000	39,380	39,380	38,196	42,271	44,241
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies	322	675	242	190	215	215	225	235	250
Provinces and municipalities	161	238	54						
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities	161	238	54						
Municipalities	161	238	54						
Municipalities agencies and funds									
Non-profit institutions									
Households	161	437	188	190	215	215	225	235	250
Social benefit									
Other transfers to households	161	437	188	190	215	215	225	235	250
Payments for capital assets	555	4,155	269	3,251	1,786	1,786	3,000	1,500	1,500
Buildings and other fixed structures									
Buildings									
Other fixed structures									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Machinery and equipment	555	4,155	269	3,251	1,786	1,786	3,000	1,500	1,500
Transport equipment									
Other machinery and equipment	555	4,155	269	3,251	1,786	1,786	3,000	1,500	1,500
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health Care Support Services	57,877	100,818	105,803	122,981	121,381	120,756	122,401	126,601	132,701

TABLE 38: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH FACILITIES MANAGEMENT

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Current payments	240,335	311,186	320,163	383,869	391,119	390,733	443,800	525,667	659,085
Compensation of employees	1,364	5,233	5,469	7,209	7,809	7,937	13,767	8,584	9,184
Salaries and wages	1,257	4,610	4,902	6,409	7,009	7,137	12,777	7,864	8,300
Social Contributions	107	623	567	800	800	800	990	720	884
Goods and services of which	238,971	305,953	314,694	376,660	383,310	382,796	430,033	517,083	649,901
Consultants, Specialised services					4,700	4,700	84,600	91,305	84,000
Maintenance, repair & running costs	237,764	305,953	295,656	376,660	377,640	377,126	336,290	425,078	565,121
Medical Services									
Medical supplies	20								
Medicine	187								
Other Goods and Services	1,000		19,038		970	970	9,143	700	780
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies	10	18	4			20			
Provinces and municipalities		7	4						
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities		7	4						
Municipalities		7	4						
Municipalities agencies and funds									
Non-profit institutions									
Households	10	11				20			
Social benefit									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Other transfers to households	10	11				20			
Payments for capital assets	196,103	330,880	611,189	708,394	772,312	772,678	1,109,822	1,150,258	1,108,681
Buildings and other fixed structures	189,197	329,793	609,832	708,394	772,162	772,311	894,973	1,150,158	990,231
Buildings	189,197	329,793	609,832	708,394	772,162	772,311	894,973	1,150,158	990,231
Other fixed structures									
Machinery and equipment	6,906	1,087	1,357		150	367	214,849	100	118,450
Transport equipment							214,649		118,200
Other machinery and equipment	6,906	1,087	1,357		150	367	200	100	250
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health Facilities Management	436,448	642,084	931,356	1,092,263	1,163,431	1,163,431	1,553,622	1,675,925	1,767,766

TABLE 39: SUMMARY OF ECONOMIC CLASSIFICATION: SPECIAL FUNCTIONS

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Current payments	3,620	13,509	3,125			625			
Compensation of employees									
Salaries and wages									
Social Contributions									
Goods and services of which									
Consultants, Specialised services									
Maintenance, repair & running costs									
Medical Services									
Medical supplies									
Medicine									
Other Goods and Services									
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities	3,620	13,509	3,125			625			
Unauthorised expenditure									
Transfers and subsidies									
Provinces and municipalities									
Provinces									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities									
Municipalities									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Municipalities agencies and funds									
Departmental agencies and accounts									
Social security funds									
Provide list of entities receiving transfers									
Universities and technikons									
Public corporations and private enterprises									
Public corporations									
Subsidies on production other transfers									
Private enterprises									
Subsidies on production other transfers									
Foreign governments and international organisations									
Non-profit institutions									
Households									
Social benefit									
Other transfers to households									
Payments for capital assets									
Buildings and other fixed structures									
Buildings									
Other fixed structures									
Machinery and equipment									
Transport equipment									
Other machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Special Functions	3,620	13,509	3,125			625			

TABLE 40: SUMMARY OF ECONOMIC CLASSIFICATION: INTERNAL CHARGES

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Current payments		-27,272	-26,764	-27,000	-27,000	-27,000	-27,500	-28,000	-28,000
Compensation of employees									
Salaries and wages									
Social Contributions									
Goods and services of which		-27,272	-26,764	-27,000	-27,000	-27,000	-27,500	-28,000	-28,000
Consultants, Specialised services									
Maintenance, repair & running costs									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Medical Services									
Medical supplies									
Medicine									
Other Goods and Services		-27,272	-26,500	-27,000	-27,000	-27,000	-27,500	-28,000	-28,000
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies									
Provinces and municipalities									
Provinces									
Payments for capital assets									
Buildings and other fixed structures									
Buildings									
Other fixed structures									
Machinery and equipment									
Transport equipment									
Other machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Internal Charges		-27,272	-26,764	-27,000	-27,000	-27,000	-27,500	-28,000	-28,000

TABLE 41: TRANSFERS TO LOCAL GOVERNMENT BY TYPE, CATEGORY AND MUNICIPALITY: HEALTH

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08	2008/09	2009/10
Primary Health Care									
Category A	172,067	145,940	113,750	162,100	157,054	157,054	175,000	186,000	200,000
City of Johannesburg									
Metro	69,728	43,300	45,250	67,800	67,800	67,800	72,262	76,967	83,630
Ekurhuleni Metro	76,896	78,875	11,800	66,000	66,000	66,000	76,778	82,009	88,279
City of Tshwane									
Metro	25,443	23,765	56,700	28,300	23,254	23,254	25,960	27,024	28,091
Category C	48,209	93,409	53,614						
West Rand District Council	16,890	40,553	21,180						
Sedibeng District Council	29,047	48,327	31,274						
Metsweding District Council	2,272	4,529	1,160						
Emergency Medical Services									

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2004/05	2005/06	2006/07				2007/08		
Category A	140,242	158,951	165,373	182,037	182,037	182,037	201,876	212,200	212,200
City of Johannesburg Metro	47,750	56,467	58,741	64,633	64,633	64,633	71,737	75,400	75,400
Ekurhuleni Metro	65,593	72,635	75,563	83,202	83,202	83,202	92,236	97,000	97,000
City of Tshwane Metro	26,899	29,849	31,069	34,202	34,202	34,202	37,903	39,800	39,800
Category C	47,055	52,447	54,626	60,051	50,678	50,678	66,409	59,900	59,900
West Rand District Council	18,277	20,843	21,718	23,890	23,890	23,890	26,443	27,800	27,800
Sedibeng District Council	21,169	23,407	24,356	26,788	26,788	26,788	29,647	21,200	21,200
Metsweding District Council	7,609	8,197	8,552	9,373			10,319	10,900	10,900
Total departmental transfers									
Category A	312,309	304,891	279,123	344,137	339,091	339,091	376,876	398,200	412,200
City of Johannesburg Metro	117,478	99,767	103,991	132,433	132,433	132,433	143,999	152,367	159,030
Ekurhuleni Metro	142,489	151,510	87,363	149,202	149,202	149,202	169,014	179,009	185,279
City of Tshwane Metro	52,342	53,614	87,769	62,502	57,456	57,456	63,863	66,824	67,891
Category C	95,264	145,856	108,240	60,051	50,678	50,678	66,409	59,900	59,900
West Rand District Council	35,167	61,396	42,898	23,890	23,890	23,890	26,443	27,800	27,800
Sedibeng District Council	50,216	71,734	55,630	26,788	26,788	26,788	29,647	21,200	21,200
Metsweding District Council	9,881	12,726	9,712	9,373			10,319	10,900	10,900

