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GOVERNMENT SPENDING REVIEWS CONFERENCE

Topic: HPV Vaccination Programme for Girls Aged 9
Years and Older in Gauteng Province 2018/19 Financial
Year

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Introduction

- Human Papilloma Virus (HPV) Vaccination Programme is a South African government programme aimed at vaccinating girls aged 9 years and older, to prevent cervical cancer. HPV not only causes cervical cancer: it can also lead to vaginal warts and contribute to penile, anal, vaginal or throat cancer
- The purpose of this report is to review Gauteng Department of Health (GDoH) expenditure and performance data associated with the roll-out of the HPV programme in the province.
 - The target of 90% coverage for both 1st and 2nd dosages was not achieved for the 2018/19 financial year
 - The HPV vaccines accounted for 76.6% of the total expenditure for HPV programme in GDoH
 - The report shows that expenditure/ stipend payments for Data Capturers(DC) and Professional Nurses(PN) are not the same across all districts showing significant differences i.e. R10 000 difference in some cases for the same category of professionals doing the same job. The cost thereof accounting for 21.9% of the total expenditure under HPV programme
- The recommendation in the report is that a comprehensive costing and projections based on the number of girls eligible for the HPV vaccine be carried out prior to the implementation of the programme as a key part of the planning process

Findings: Institutional analysis

- The National Department of Health (NDoH) and National Department of Basic Education (NDBE) are joint custodians of the National Integrated School Health Policy (ISHP) which was revised in 2015 to include the HPV vaccination of girls aged 9 and older. To alleviate the impact of cervical cancer on health and socio-economic development, prevention and control is part of a broad-based Sexual and Reproductive Health (SRH) programme implemented by the NDoH
- key policy and regulations related to the implementation of the programme
 - The Constitution of South Africa (Act No.108 of 1996)
 - The South African Schools Act (Act No. 84 of 1999)
 - The Children's Act (Act No.38 of 2005) as amended
 - The National Health Act (Act No. 63 of 2003)
 - The Mental Health Care Act (Act No. 17 of 2002)

Findings: Programme delivery and performance

- The provincial 5-year plan for the roll-out of the ISHP in Gauteng is already in place. The plan was approved by the GDoH Head of Department (HOD) and NDoH
- The Gauteng HPV programme manager, along with the delegated team leaders per district, are responsible for the annual roll-out plan. The first step is to identify the human resources required for the administration of the vaccines, the procurement of vaccines and consumables, by way of supply chain management
- The HPV team then schedules training of the identified health professionals/retired nurses for a period of no more than 3 days
- Next step is to schedule school visits for the administration of the vaccines, both of the 1st dosage and the 2nd dosage. This is done so other learners who might have been missed during the first visit are covered
- The health professionals carry out the administration of the vaccines and monitor if there are any side effects. The HPV teams are also tasked with ensuring that the statistics are captured in the standardized format and administration of 2nd dosage is carried out six months after the 1st dosage

Findings: Programme delivery and performance

2019 HPV 1st Round School Coverage per District

Health districts	Total number of 2019 Grade 4 girls	Number of catch up HPV 1 st doses given during Round 1 in Feb-Mar 2019 (given to 2018 girl cohorts)	Number of new Grade 4 girls immunised with HPV 1 st doses during Round 1 in Feb-Mar 2019	Total number of all HPV 1 st doses given during Round 1 in Feb-Mar 2019	HPV 1 st dose coverage in Feb-March 2019
Ekurhuleni	25 100	1 492	16 487	17 979	71.6%
Johannesburg	29 159	1 004	19 818	20 822	72.3%
Tshwane	22 057	1 066	15 135	16 201	73.5%
Sedibeng	8 431	21	5 479	5 490	65.1%
West Rand	5 669	153	4 977	5 130	90.5%
Totals	90 416	3 736	61 896	65 622	72.6%

(Source: HPV Registers, weekly summary sheets and Monitoring Tool)

- The Gauteng HPV teams managed to cover 72.6% of girls aged 9 years and older during the 1st round of dosages, of which 6% were catch up dosage from 2018 campaign. The target of 90% coverage was not met in the 2018/19 FY

Findings: Programme delivery and performance

2019 HPV 2nd Round School Coverage per District

Health districts	Total number of 2018 Grade 4 girls	Total number of HPV 2 nd doses given during Round 2 in Aug-Sept 2018	Number of HPV 2 nd catch up doses given during Round 1 in Feb-Mar 2019 (given to Aug-Sept 2017/18 cohorts)	Total number of all HPV 2 nd doses given during 2018 Aug-Sept and all HPV 2 nd catch up doses given during Feb-Mar 2019	Updated 2018 HPV 2 nd dose coverage (incl. HPV 2 nd catch up doses given during Feb-Mar 2019)
Ekurhuleni	21 654	11 059	6 246	17 305	79.9%
Johannesburg	30 689	14 934	3 971	18 905	61.6%
Tshwane	24 912	12 809	3 592	16 401	65.8%
Sedibeng	7 123	3 985	15	4 030	56.6%
West Rand	6 825	4 230	295	4 525	66.3%
Totals	91 203	47 017	14 149	61 166	67.0%

(Source: HPV Registers and weekly summary sheets)

- The Gauteng HPV teams managed to cover 67% of girls aged 9 years and older in the 2nd round of dosages, this is significantly lower than 1st dose coverage and well below the target

Findings: Expenditure Analysis

- The HPV vaccine/medication constituted about 76.6% of the total expenditure in 2018/19, followed by 21.9% spent on the compensation of employees, transport and communication expenditure accounted for 0.6% and 0.1% respectively
- The two major cost drivers account for 98.5% of the total expenditure incurred under the HPV vaccination programme
- The total allocated budget was exceeded and still it was not enough to cater for all the grade 4 girls
- According to BAS total expenditure incurred in the 2018/19 financial year amounts to R22 220 394, with the expenditure on medication alone being R17 021 976. Additional HPV vaccines were procured as the demand was higher than the budgeted quantity

Findings: Savings, Trade-offs and Constraints

- There is potential for saving if the salaries/ Stipends for Data Capturers and Professional Nurses are standardized, this will create a considerable saving from current expenditure on CoE which accounts for the 2nd biggest share of the budget
 - A variation of 40% in expenditure/ stipend per PN when comparing across districts is unusual and thus presenting a potential significant saving under CoE
- The savings from CoE can contribute towards marketing and promotion/ awareness campaign for the HPV vaccine programme
- Expenditure incurred by GDoH in the 2016/17 and 2017/18 is insignificant when compared to the expenditure incurred in 2018/19, which makes it difficult to apply historical data as a starting point in budgeting for the HPV programme

Conclusions and recommendations

- Recruit human resources to administer the vaccines from the nursing colleges, to work together with staff members from the local clinics to minimize the costs associated with the delivery of the HPV programme
- The salary/stipend for both PNs and DCs should be the same across all districts. This standardization would minimize the cost of human resources for the programme.
- Part of the planning should include the estimated number of girls eligible for the vaccine, to assist in the procurement of HPV vaccines and other consumables
 - Improve the HPV Data Monitoring tool so it captures the quantity of consumables used per girl for the 2021/22 FY, this will allow us to get better granular data and will be instrumental in the planning phase (Costing of the HPV programme)
 - Develop a costing model for the 2021/22 HPV vaccine programme
 - The resource allocation element needs some work to project the number of girls eligible for the vaccine and the number of consumables required to execute the programme in each district
- There is a need to increase the budget for GDoH as it is clear from the quantity of vaccines procured and the total number of grade 4 girls that there is a considerable gap

Conclusions and recommendations

Solution room 1: LTSM

- How do you plan for the provision of LTSM?
 - To meet universal coverage targets
 - For top ups
 - To address increases in learner numbers
 - Delivering timeously
- Do you have a retention policy in place?
 - What does your retention policy say about the preservation and upkeep of LTSM?
 - What is the estimated retention rate?
- What innovative solutions can be put in place to curb LTSM expenditure?
- Which procurement method is better (i.e. transversal contract, decentralised procurement? Centralised procurement), and why?
- What is the progress on e-learning? E.g. digital textbooks
- How well is your province performing regarding the “1 textbook per learner, per subject” goal?
- What M&E mechanisms are in place? (Including reporting and site visits)
 - Frequency of M&E?
 - Systems and processes that enable reliable reporting of actual service delivery
- What are some of the challenges confronting the programme?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?

Solution room 2: Key Cost Drivers of Foreign Missions

- What is the role of SA's foreign missions?
- What has happened since the last spending review in 2014?
- How does SA's expenditure on foreign missions compare to everyone else?
 - What are the key cost drivers?
 - What are some of the challenges in curbing expenditure?
 - What role can NT play here?
 - How/where can we find savings?
- What were the key findings?
- What mechanisms can be put in place to assess and determine if the current missions add value?
 - What M&E mechanisms are in place? (Including reporting and site visits)
 - Frequency of M&E?
 - Systems and processes that enable reliable reporting of actual service delivery
- How can you action your findings/recommendations?

Solution room 3: Clothing and Textile Competitiveness Programme

- What led to the introduction of the Clothing and Textile Competitiveness Programme?
- What are the expenditure telling you?
- Is there value for money?
- What are some of the challenges confronting the programme?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Solution room 4: HPV Immunisation Programme

- How are other provinces rolling out the HPV Immunisation programme?
- How is the dual function/ partnership between DoH and DoE working out?
- How is the programme performing? Are targets successfully met annually?
- Decision processes on which school/s to target?
- What M&E mechanisms are in place? (Including reporting and site visits)
 - Frequency of M&E?
 - Systems and processes that enable reliable reporting of actual service delivery
- What are some of the challenges confronting the programme?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Solution room 5: Agriculture

- What are the different types of farmer support programmes?
 - Types of financial/non-financial support provided to farmers?
- How is efficiency and effectiveness of these programmes measured?
- What M&E mechanisms are in place? (Including reporting and site visits)
 - Frequency of M&E?
 - Systems and processes that enable reliable reporting of actual service delivery
- What are some of the challenges confronting the programme?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Solution room 6: Commuted overtime

- Briefly detail the National Policy on Commuted Overtime for Medical Officers
- What led to the need to regulate the overtime system?
- What are the policy gaps?
- What are the differences in overtime spending across provinces by level of care?
- What are the linkages of overtime to workload?
- What are the trade-offs between capacity obtained through overtime and additional appointments?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Solution room 7: Cost drivers in Malaria Programme

- What is the relationship between financial and non-financial performance?
- Which is better: outsourcing or insourcing the whole programme?
- What M&E mechanisms are in place? (Including reporting and site visits)
 - Frequency of M&E?
 - Systems and processes that enable reliable reporting of actual service delivery
- What are some of the challenges confronting the programme?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Solution room 8: ICT in Basic Education

- Why is Information Communications Technology (ICT) seen as an essential learning and teaching aid in basic education?
- How much are provincial governments spending on ICT?
 - What are the reasons for large variations across provinces?
 - What are some of the variances in procurement processes across provinces?
 - Are we getting value for money for what we spend on ICT?
 - How can this be resolved/addressed?
- What can provinces do better to help understand what Provincial Education Departments (PEDs) are getting for their ICT spending?
- What will the implications of these large disparities in ICT spending on educational outcomes over the long-term?
- What suggestions can you propose that may help improve programme delivery?
- Where can we find potential savings?
- How can you action your findings/recommendations?

Topic: xxxxxxxx

Thank you

Heading

Sub-heading



Sub heading 2



