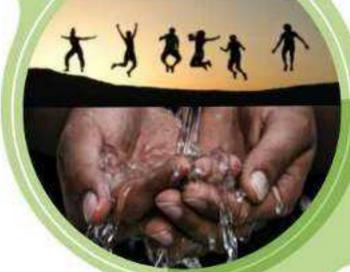


ANNUAL PERFORMANCE PLAN 2022/23









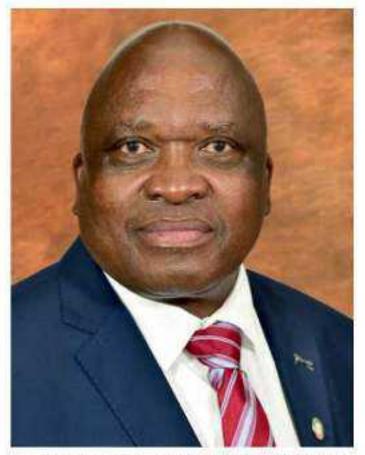
ANNUAL PERFORMANCE PLAN 2022/23



TABLE OF CONTENTS

Fore	eword by the Minister of Health	2
	ement by the Director-General	3
	aial Sign Off	4
	TA: OUR MANDATE	5
1.	Constitutional Mandate	6
2.	Legislative and Policy Mandates (National Health Act, and Other Legislation)	6
	2.1. Legislation falling under the Department of Health's Portfolio	6
	2.2. Other legislation applicable to the Department	8
3.	Health Sector Policies and Strategies over the five-year planning period	9
	3.1. National Health Insurance Bill	9
	3.2. National Development Plan: Vision 2030	10
	3.3. Sustainable Development Goals	11
	3.4. Medium Term Strategic Framework 2019-2024	12
PAR	T B: OUR STRATEGIC FOCUS	15
4.	Vision	16
5.	Mission	16
6.	Values	16
7.	Situational Analysis	16
	7.1. External Environmental Analysis	16
	7.2. Internal Environmental Analysis	45
	7.3. Personnel	46
	7.4. Expenditure trends and estimates	47
	7.5. Expenditure trends and budgets of the National DoH	49
MERALO	7.6. Transfers and subsidies expenditure trends and estimates	51
PAR	T C: MEASURING OUR PERFORMANCE	52
	8.1. Programme 1: Administration	53
	8.2. Programme 2: National Health Insurance	58
	8.3. Programme 3: Communicable and non-communicable diseases	62
	8.4. Programme 4: Primary Health Care	71
	8.5. Programme 5: Hospital Systems	76
	8.6. Programme 6: Health System Governance and Human Resources	80
9.		86
10	Public Entities	88
44	10.1. Compensation Commissioner for Occupational Diseases in Mines and Works	88
	. Infrastructure Projects	91
	D: Technical Indicator Description (TIDS) for Annual Performance Plan	95 96
	ogramme 1: Administration ogramme 2: National Health Insurance	98
	50 00 00 00 00 00 00 00 00 00 00 00 00 0	100
	ogramme 3: Communicable and non-communicable diseases ogramme 4: Primary Health Care	108
	ogramme 5: Hospital Systems	110
	ogramme 6: Health System Governance and Human Resources for Health	112
	exure A: Conditional Grants	115
1.	Direct Grants	116
2.	Indirect Grants	119
1-07000	exure B: Standardized Indicators and Target for 2022/23 FY for the Sector	121
	andardized Indicators and Target for 2022/23 FY for the Sector	122

FOREWORD BY THE MINISTER OF HEALTH



It has been two years since the first Covid-19 case was confirmed in South Africa, and just over a year since we administered the first dose of life-saving Covid-19 vaccine. Covid-19 has been a major disruptive force of social and economic arrangements, infecting more than 450 million people and accounting to death of 6,01 million people globally.

The global community has had to scrap for measures to prevent its infection spread. Vaccines have become the only reliable source of protection against the pandemic, and the means to save life, in addition to the non-pharmaceutical measures.

The advent of Covid-19 exposed the weaknesses of the health systems - the inequities and inaccessibility, showing that the majority of the people globally are not safe from these kinds of pandemics. Evidently, Covid-19 has negatively impacted on the implementation of essential health programmes such TB, HIV/AIDS, Non communicable diseases, including healthy lifestyle programmes.

Accordingly, our health care workers demonstrated resilience and patriotism, they stood in the frontline to protect and save lives of those infected. Life was lost but the tide has significantly been arrested through vaccination, and the return to normalcy is possible.

The financial year 2022/23 envisages a return to the mainstream health provision programmes. This would include the integration of the vaccination against Covid-19 into routine care at Primary Health Care facilities, specifically within the chronic stream of the Integrated Clinical Services Management model of service delivery.

The integration will decrease the duplicity of services and the need for additional management structures and health human resource that has occurred as an emergency response to the pandemic. It would mean screening and testing of Covid-19 shall be done simultaneously with the HIV/Aids and Tubercolosis.

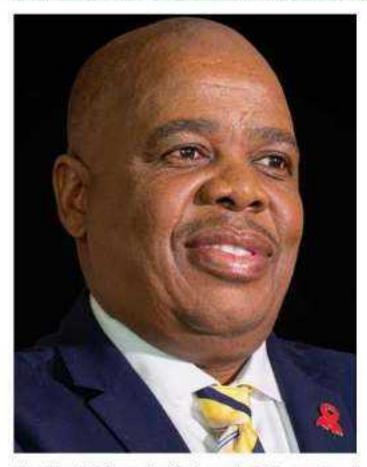
The Department will continue with the implementation of child Expanded Programme on Immunisation and the Human Papillomavirus (HPV) vaccine, which is a school health services programme, targeted at young girls, which offers a further integration opportunity to ensure improved uptake of the Covid-19 vaccine.

In this financial year the National Health Insurance (NHI) Bill will receive significant attention, as it is in the Parliament process and will hopefully be passed into an Act. The NHI remains our key health reform agenda in response to the inequities in the system.

The focus will further fall on the improvement of our health system infrastructure - meaning the refurbishment, upgrading and building of new hospitals, health centres, clinics and new units for specialised services like oncology, which has improved in the recent years through publicprivate partnership.

DR MJ PHAAHLA Minister of Health, MP

STATEMENT BY THE DIRECTOR-GENERAL



The Covid-19 pandemic impacted all aspects of the South African health system and forced us to critically review the readiness of our health systems response. The pandemic illustrated our best on areas of excellence, conversely, it provided a natural inflection point for us to address our points of vulnerability and re-evaluate the way we interact and integrate the various functions within the health sector.

The Covid-19 response underlined the futility of working in silos and the leadership of the National Department of Health was able to forge reliable partnerships to collectively stand against the pandemic. These partnerships, which included collaboration between public and private sectors, is a platform that can be leveraged to combat broader health challenges.

During the past 2 years there have been significant challenges related to access to health care as a result of the Covid19 pandemic, some of these:

- Decline in routine services, thus decline in related outcomes
- Case finding detection in TB
- EPI numbers declined
- Decline in wellness campaigns e.g. HIV

- testing; diabetes and hypertension screening, due to lock down regulations
- Decline in reproductive services and increase in teenage pregnancies due to lockdown

Within the above context, the National Department of Health re-prioritized efforts to focus on the containment and reduction of the impact of Covid-19. The service delivery resources were pooled to support pandemic response, and this resulted in stagnating the routine service delivery efforts. As a result, the Annual Performance Plan for 22/23 Financial Year is grounded on the following principles:

- Preventing further decline in routine services
- Mitigating the effects of the Covid-19 pandemic
- Continuing to increase the Covid-19 Vaccination population coverage
- Improving access to quality health services
- Strengthening efforts towards reaching outcomes to achieve Universal Health Coverage for all South Africans

To achieve the Universal Health Coverage for all, the health care system must be transformed through identified strategies toward the implementation of National Health Insurance. The planned National Health Insurance provides the opportunity for transforming the health system to achieve an accessible, high quality and patient centric health system.

The strategic outcomes for the National Department of Health published in the Strategic Plan 22020/21- 2024/25, aligned to the National Development Plan, the Medium-Term Strategic Framework of Government remain relevant and coincide with the targets set by the department in its 5-year Strategic Plan.

The National Department of Health is poised to expand on the lessons learnt from the impact of the Covid19 pandemic and build momentum through a stronger more resilient health system service delivery platform.

36

DR SSS BUTHELEZI DIRECTOR GENERAL

OFFICIAL SIGN OFF

Ilt is hereby certified that this Annual Performance Plan:

- Was developed by the management of the National Department of Health under the guidance of Dr MJ Phaahla
- Takes into account all the relevant policies, legislation and other mandates for which the National Department of Health is responsible
- Accurately reflects outputs which the National Department of Health will endeavor to achieve over the MTEF period 2022/23-2024/25

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Director-General	

PART A: OUR MANDATE

PARTA: OUR MANDATE

1. Constitutional Mandate

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South

Africa, 1996, places obligations on the state to progressively realise socio-economic rights, including access to (affordable and quality) health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

- Everyone has the right to have access to:
 - (a) Health care services, including reproductive health care;
 - (b) Sufficient food and water; and
 - (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to basic nutrition, shelter, basic health care services and social services.

Legislative and Policy Mandates (National Health Act, and Other Legislation)

The Department of Health derives its mandate from the National Health Act (2003), which requires that the department provides a framework for a structured and uniform health system for South Africa. The act sets out the responsibilities of the three levels of government in the provision of health services. The department contributes directly to the realisation of priority 2 (education, skills and health) of government's 2019-2024 medium-term strategic framework, and the vision articulated in chapter 10 of the National Development Plan.

2.1. Legislation falling under the Department of Health's Portfolio

National Health Act, 2003 (Act No. 61 of 2003)
Provides a framework for a structured health
system within the Republic, taking into account
the obligations imposed by the Constitution and
other laws on the national, provincial and local
governments with regard to health services. The
objectives of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;

- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

Academic Health Centres Act, 86 of 1993 Provides for the establishment, management, and operation of academic health centres.

Allied Health Professions Act, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Dental Technicians Act, 1979 (Act No.19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, in particular those emitting radiation.

Health Professions Act, 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) - Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

Mental Health Care 2002 (Act No. 17 of 2002)
Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

National Health Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act, 2005 (Act No. 33 of 2005)

Provides for the regulation of the nursing profession.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Pharmacy Act, 1974 (Act No. 53 of 1974)
Provides for the regulation of the pharmacy
profession, including community service by
pharmacists.

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research. Sterilisation Act, 1998 (Act No. 44 of 1998) Provides a legal framework for sterilisations, including for persons with mental health challenges.

Tobacco Products Control Amendment Act, 1999 (Act No 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

2.2. Other legislation applicable to the Department

Basic Conditions of Employment Act, 1997 (Act No.75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

Broad-based Black Economic Empowerment Act, 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

Child Justice Act, 2008 (Act No. 75 of 2008)
Provides for criminal capacity assessment of
children between the ages of 10 to under 14
years.

Children's Act, 2005 (Act No. 38 of 2005)

The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death

resulting from such injuries or disease.

Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007), Provides for the management of Victims of Crime.

Criminal Procedure Act, 1977 (Act No.51 of 1977), Sections 77, 78, 79, 212 4(a) and 212 8(a) - Provides for forensic psychiatric evaluations and establishing the cause of non-natural deaths.

Division of Revenue Act, (Act No 7 of 2003)
Provides for the manner in which revenue generated may be disbursed.

Employment Equity Act, 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

National Roads Traffic Act, 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

Occupational Health and Safety Act, 1993 (Act No.85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Promotion of Access to Information Act, 2000 (Act No.2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act, 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it. Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000) - Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Public Finance Management Act, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

Skills Development Act, 1998 (Act No 97of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

State Information Technology Act, 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Health Sector Policies and Strategies over the five-year planning period

3.1. National Health Insurance Bill

South Africa has a complex institutional system of health care which is duplicative and inequitable. After a long period of research across the globe and after extensive consultation a White Paper on reform of the health sector was published and a Bill presented to Parliament to give the White Paper effect.

The passage of the Bill through Parliament will lead to a total overhaul of the country's health system financing mechanisms. The principles of the reform are aimed at realising Universal Health Coverage.

The reformed health system must ensure the right to health for all, entrench equity, achieve social solidarity, and introduce efficiency and effectiveness in the delivery of services. The existing structural inefficiencies of a duplicative public system and parallel private system must be removed.

The system must ensure that providers of health care are accountable for the quality of the health services rendered and the institutional mechanics of the health system must improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

Universal Health Coverage targets more people with a wider range of services while preventing financial hardship because of ill health. An equitable system that utilises all available resources for everyone that needs them will work towards improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability.

The NHI is designed to pool resources and to provide for a single purchaser model that will systematically improve equitable access to healthcare. The Bill provides for a phased implementation of NHI which will ensure integrated health financing and strategic purchasing to meet need rather than to respond to provider demand.

The Fund that is provided for in the Bill will purchase benefits for the entire population from public and private providers to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable and quality health services without any financial burden at the point of care.

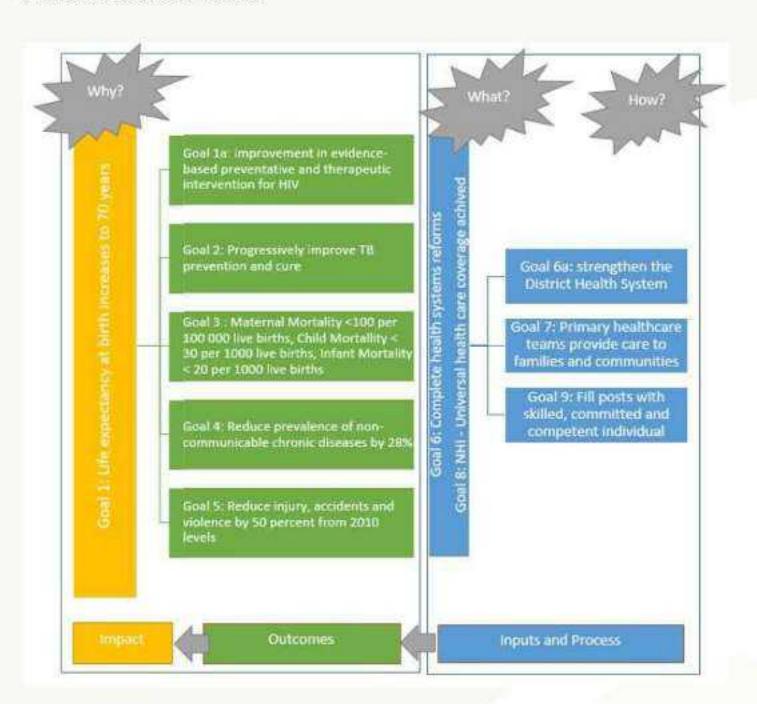
An external evaluation of the first phase of National Health Insurance was published in July 2019. Phase 2 of the NHI Programme commenced during 2017, with official gazetting of the National Health Insurance as the Policy of South Africa. The National Department of Health drafted and published the National Health Insurance Bill for public comments on 21 June 2018.

During August 2019, the National Department of Health sent the National Health Insurance Bill to Parliament. The Portfolio Committee on Health completed consultation engagements in all provinces just prior to the lockdown caused by COVID-19. Parliament also received written inputs and requests for oral presentations, which were subsequently heard through a virtual platform and which have been concluded in February 2022.

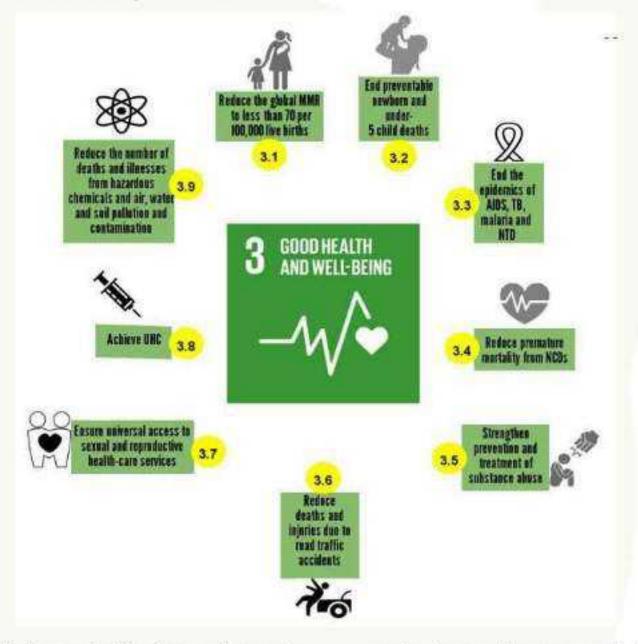
3.2. National Development Plan: Vision 2030

The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework.

The **overarching goal** that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The next 4 goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Last 4 goals are tracking the health system that essentially measure inputs and processes to derive outcomes



3.3. Sustainable Development Goals



Goal 3. Ensure healthy lives and promote well-being for all at all ages

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis,

water-borne diseases and other communicable diseases

- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

- 3,7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

According to the latest SDG 2021 report¹
"The COVID-19 pandemic threatens to reverse the progress that has been made over decades towards reducing poverty and improving socioeconomic outcomes in sub-Saharan Africa."

Reviewing the 2021 SDG dashboard for levels and trends, the results show a "moderate increase" in terms of achieving the SDG3 development goals for the country. According to the UHC Index of service coverage (score, 2017,WHO) South Africa scored 0.69 (ranking 17th out of 20 countries). This indicator is measured using 1. A service coverage index indicator 3.8.1, which measure essential health services and 2. An indicator of financial protection, measuring the proportion of the population with catastrophic health spending. This is an indication of either access to health care but at a high cost or no access to health care. The SDGs is voicing concern to all countries to strengthen SDG target 3.d, that is to strengthen their capacity for early warning, risk reduction, and management of national and global health risks. Medium Term Strategic Framework 2019-2024

3.4. Medium Term Strategic Framework 2019-2024

The plan comprehensively responds to the priorities identified by the 6th administration of the democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (survive); promoting wellness, and preventing and managing illness (thrive); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (thrive), in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health.

⁷⁰²¹ Sustainable diverlopment report. Cambridge 2021

2021 Sustainable development report, Cambridge 2021

Over the next 5 years, the National Department of Health's response is structured to deliver the MTSF 2019-2024 impacts, and the NDP Implementation Plan 2019-2024 goals. They are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below:

Table 1: Alignment of key strategies

	by a viviue and Thrive		and of the	unoten		
MTSF 2019 2024 Impacts	expectancy of South Africans improved to 66.6 years by 2024, and 70 years by years by	Universal Health Coverage for all South Africans	progressively achieved and	protected from the catastrophic	financial impact of seeking health care by 2030 through the implementation	of NHI Policy
Healt	Goal 1: Increase Life Expectancy Improve Health and Prevent Disease	Goal 2: Achieve UHC by Implementing NHI	Goal 3: Quailty Improvement in	Care		
h sec	049 934G	•	•	•	• 1	
Health sector's strategy 2019-2024	Improve health outcomes by responding to the quadruple burden of disease of South Africa Inter sectoral collaboration to address social determinants of health	Progressively achieve Universal Health Coverage through NHI	Improve quality and safety of care	Provide leadership and enhance governance in the health sector for improved quality of care	Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health	Improve equily, training and enhance management of Human Resources for Health
Presidential Health Summit Compact Pillars	Моля	Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes.	Pillar 5. Improve the quality, safety and quantity of health services provided with a focus on to primary health care.	Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels	Pillar 8. Engage and empower the community to ensure adequate and appropriate community-based care	Pillar 1: Augment Human Resources for Health Operational Plan

MTSF 2019 2024 Impacts	Healt	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
		 Improving availability to medical products, and equipment 	Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery Pillar 6: Improve the efficiency of public sector financial management systems and processes
		Robust and effective health information systems to automate business processes and improve evidence-based decision making	Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments
	Goal 4: Build Health Infrastructure for effective service delivery	Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities.	Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities

PART B: OUR STRATEGIC FOCUS

PART B: OUR STRATEGIC FOCUS

4. VISION

Along and healthy life for all South Africans

5. MISSION

To improve the health status through the prevention of illness, disease, promotion of healthy lifestyles, and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

6. VALUES

The Department subscribes to the Batho Pele principles and values.

- "Consultation: Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice regarding the services offered;
- Service Standards: Citizens should be told what level and quality of public service they will receive so that they are aware of what to expect;
- Access: All citizens have equal access to the services to which they are entitled;
- Courtesy: Citizens should be treated with courtesy and consideration;
- Information: Citizens should be given full, accurate information about the public services to which they are entitled;
- Openness and transparency: Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge;

- Redress: If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic, positive response; and
- Value for money: Public services should be provided economically and efficiently in order to give citizens the best value for money;

7. SITUATIONAL ANALYSIS

7.1. EXTERNAL ENVIRONMENTAL ANALYSIS

7.1.1. DEMOGRAPHY

StatsSA³ estimates the current population in 2021 at 60.1 million (up by 604 281) from 2020 estimates. By 11 March 2020 COVID-19 was reported a Global pandemic by the World Health Organization (WHO).

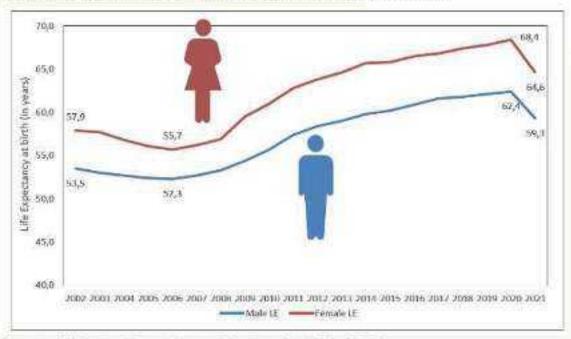
In March 2020 the first COVID-19 related death in South Africa was reported with a rise in COVID-19 related and unrelated deaths. Since then, there is an estimated increase of deaths by 175 000 from the 2020 estimates due to the virus.

Life expectancy at birth (which reflects the overall mortality level of a population) for 2021 is estimated at 59.3 years for males and 64.6 years for female which reflects a drop of 3.8 and 3.1 years respectively and an overall drop of 3.5 years, see Figure 1 below.

Crude death rates (CDR) have increased from 8.7 deaths per 1000 people in 2020 to 11.6 deaths per 1000 people in 2021, due to the 3 waves of COVID-19 from 2020/21. The overall CDR is up by 2.9 deaths per 100 000 people.

Service Charter, Government of South Africa, 2013 'Mid Year Population Estimates, 2021, StatuSA 2021

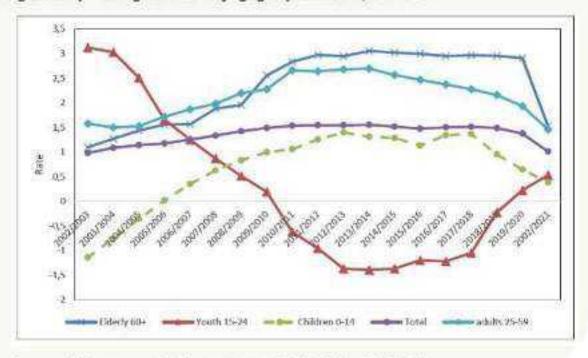
Figure 1: Life expectancy trends for South Africa over time, 2002 - 2021



Source: Mid-year Population estimates, StatsSA, 2021

Figure 2 shows the rate of growth in various age categories. The impact of COVID-19 in various age categories can be noticed. In all age groups there is a decline in the rate of growth from 2020-2021, except in the youth 15-24 population.

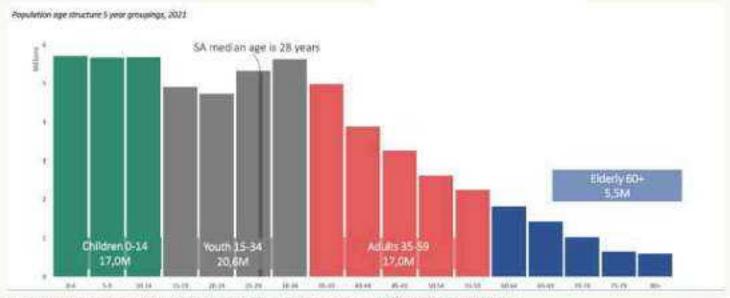
Figure 2: Population growth rates by age groups over time, 2002-2021



Source: Mid-year population estimates 2021, StatsSA, 2021

Despite the distressing social and economic impact of COVID-19, the population pyramid of the country is reflective of a youthful population with a significant prominence in the 25-39 aged groups. Children and youth account for 38 million people in SA, with the median age at 28 years. This result also indicates the necessity for the country to produce more job opportunities for the increasing youthful population.

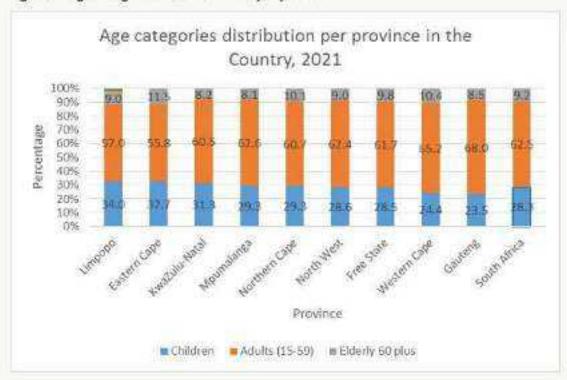
Figure 3: South Africa demography in various age categories



Source: Mid-year population estimates, 2021, presentation StatsSA, 2021

Within provinces there is significant differences in the age categories residing in various provinces. For example, Limpopo (LP) provinces has the highest proportion of children under 15 with Gauteng (GP) province the highest proportion of youth and adults at 68%, see Figure 4:

Figure 4: Age categories in South Africa per province



Source: Mid-year population estimates, 2021, presentation StatsSA, 2021

Approximately 28.3% of the population is age younger than 15 years (with 34.0% residing in LP and 32.7% in Eastern Cape (EC) with approximately 9.2% of the population 60 years and older. The proportion of 60 years and above is increasing over time and as such the policies and priorities of governments should take this into account with 11.5% of this population group residing in the EC and 10.4% in the Western Cape (WC).

The current fertility rate in the country is at 2.31 children per women for 2021. In 2008 the total fertility rate peaked at 2.66 children per women on average but has been declining since then.

WC is the province with the highest provincial life expectancy - for females at 70.3 and males at 64.9 respectively. Free Stet (FS) has the lowest provincial life expectancy, for females at 61.4 and males at 64.9 years respectively.

Over the period from March 2020 to current, there has been considerable variability in the COVID-19 related mortality rates, affected by behavioural factors, population age and structure of the population in the province.

Migration patterns

Due to COVID-19 travel restrictions, there is a reduction in international migration patterns. Amongst provinces in the country, between 2016 -2021 WC and GP province have received the highest influx of population.

GP still has the highest population in the country at 26.3% or 15.8 million, followed by KwaZulu Natal (KZN) at 19.1%, with FS at 4.9% and Northern Cape (NC) at 2.2% the provinces with the least population.

7.1.2. Social Determinants of Health for South Africa

Person-centeredness requires adoption of the perspectives of individuals, families and communities, to respond to their needs in a holistic manner, by providing them with services required to improve their health status.

Empirical evidence shows that socio economic status is a key determinant of health status in South Africa. Furthermore, social protection and employment; knowledge and education; housing and infrastructure all contribute to inequality. This affects the ability of vulnerable population groups to improve their health due to their social conditions.

7.1.2.1. Socio-economic status of the Country

The current official unemployment rate is 32.6% in the first quarter of 2021. This number remained almost unchanged at 15,0 million. ⁴The unemployment rate for youth (15-34 years) is 46.3% and 9.3% among university graduates for the same quarter.

According to the survey, most industries (manufacturing; electricity, gas and water supply; construction industry; wholesale and retail trade; repair of motor vehicles, hotels and restaurants; transport, storage and communication industry; financial, insurance, real estate and business services) shows an annual decrease from March 2020 - 2021 in employees, except for the mining industry and community, social and personal services industry.

According to the business impact survey of COVID-19 pandemic in South Africa⁵, most industries suffered above 80% turnover below the normal range during the 3rd survey that was conducted from 1-31 May 2020.

According to the survey, 80.2% of the respondents indicated that 0-20% of their workforce had been made redundant; whilst 94.8% of the employee workforce from these respondents were off sick or in self-isolation due to the coronavirus.

Counterly Labour Force Survey (OLFS), StateSA, 2021 "Burnism repact curvey of the COVID-19 pandomic in South Africa, StateSA, 2020

Table 2 Employee working status during pandemic, 1-31 May 2020

Status of workforce	0-20%	21-40%	41-60%	61-80%	81-100%
On vacation leave	75,1%	7,3%	4,3%	6,3%	6,9%
Off sick or in self-isolation due to coronavirus with statutory or company pay	94,8%	1,3%	1,2%	0,6%	2,1%
Made redundant	80,2%	5,8%	4,0%	3;8%	8.2%
Working as normal	32,9%	12,6%	9,6%	12,8%	32,0%
Other	74,5%	5,8%	5,1%	3,3%	11,4%

Persons with Disabilities: StatsSA⁶ published findings using Census 2011 data to profile persons with disabilities in the country. The national disability prevalence is 7.5%, with less than 1 % of employees with disabilities employed in the workforce. FS and NC provinces presented highest proportion of persons with disabilities, 11% and GP and WC the lowest percentage of persons with disabilities (5%). Amongst disability prevalence by sex, females have a higher prevalence at 8.3% compared to males at 6.5%. Amongst population groups, there are also differences across the four population groups, with Indian/Asian community, reported 12.3% mild disability in seeing compared to 10.3% of whites, with the latter group reporting more hearing and walking disabilities. Furthermore, the data showed that the proportion of persons with disabilities increases with age - more than half of persons aged 85+ reported having disability. Unfortunately, people with disability are most often stigmatized which can lead to inadequate access to appropriate health services. According to the WHO report on Disability and health' people with disability are "three times more likely to be denied health care".

Data from the General Household Survey 2019 indicate that 41,8% of households are headed by females aged 15 years and above, with the EC with the highest with 50% of households headed by females). GP has the lowest percentage of female headed households at 33,9%, see Figure 5.

Figure 5: Households headed by females aged 15 years and above, 2019



Source: General Household Survey 2019, StatsSA 2020

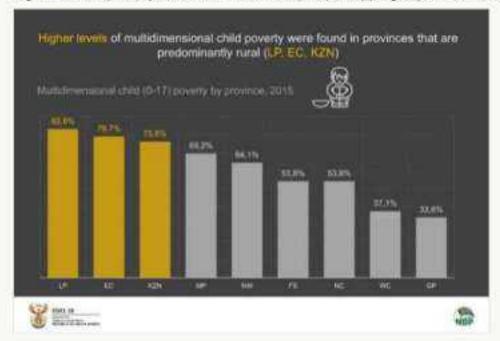
^{*}Coresis 2011 Profile of persons with dead littles in South Africa, StateSA, 2014

[&]quot;Disability and Hoolin, WHO, 24 Nov 2021, https://www.who.inthiows.norm?act shorts/dotal/disability.and hoolin, accessed 10 Aprenty 2022.

The high unemployment rate contributes to deprivation and ill health. The number of households reliant on social grants is increasing, from 31% in 2018 to 44,3% of the households receiving one or more grants with more than 7 out of 10 (77%) learners attending schools benefitting from school feeding schemes in 2018.

According to the latest report released by Statistics SA⁹, "more than 6 out of 10 (62,1%) children aged 0-17 years are multi-dimensionally poor (households deprived of at least 3 out of 7 dimensions of poverty)* mostly in predominantly rural provinces (LP, EC and KZN).

Figure 6: Child poverty in South Africa: A Multiple Overlapping Deprivation Analysis



Source: Child poverty in South Africa: A Multiple Overlapping Deprivation Analysis, StatsSA, 2020

South Africa has adopted person-centeredness and a Life course approach for the delivery of social services to address social determinants of health.

These are:

- a. "Implement a comprehensive approach to early life by developing and expanding existing child survival programmes"
- b. "Promote healthy diet and physical activity, particularly in the school setting".
- c. "Collaborate across sectors to ensure that the design of other sectoral priorities take impact on health into account".

^{*}General Hospital Survey, 2016, State SA, 2019.

^{*}Child preventy in South Africa: A Multiple: Overlapping Deprivation Analysis: Stats SA 2000

[&]quot;NDP Implementation Plan 2019 2024 for Outcome 2 "Along and healthy life for all South Africans"

⁽Fleath, Hossing, Notation, Protection, Education, Information, Water and Sociation

^{*}Mortality and causes of death in Scult-Africa: Findings from death notification for 2018. StateSA

7.1.3. EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE

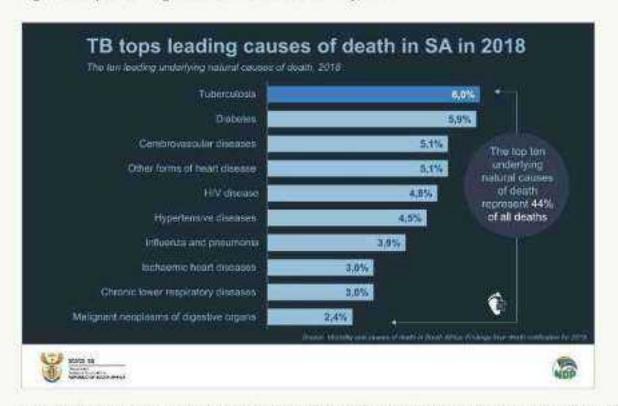
Mortality and Morbidity

According to the latest mortality and causes of death in South Africa report" the highest number of deaths in 2018 occurred among the 65-69 year olds (8.4%) - excluding COVID-19 deaths not recorded in this report. TB remains the leading cause of death for 3 years since 2016 – 2018, albeit a 0.5% drop in the proportion of death.

However, the proportion of deaths due to diabetes mellitus increased consistently over the three years and is now at 5.9%. Diabetes falls into group II which is categorized as non-communicable diseases (with cancer, heart disease and asthma).

These diseases are now the leading causes of diseases and deaths in the country and indicate a shift in epidemiology priorities for the country, Figure 7 below.

Figure 7: Top 10 leading causes of death in the country, 2018

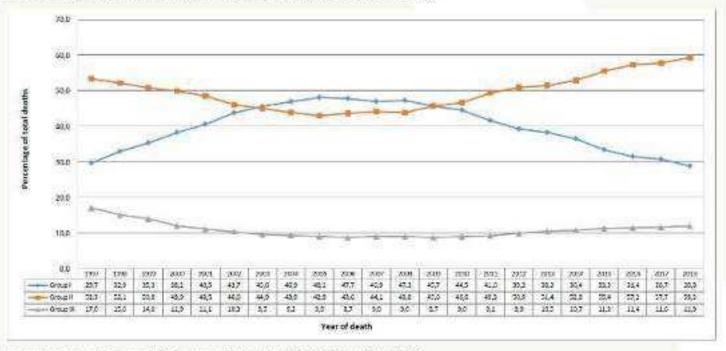


Source: Mortality and causes of death in South Africa: Findings from death notification 2018, StatsSA, 2021

For province of death occurrence, GP has the highest proportion of deaths at 20% followed by KZN and EC at 18.7% and 14.8% respectively, following a similar pattern as in 2017. KZN (13,5%) and WC (13,0%) had the highest proportion of deaths due to non-natural causes.

Non-natural causes of death are defined as deaths caused by external causes, e.g., accidents, homicide and suicide The age group 15-19 had the highest percentage of non-natural causes at 49.2% followed by the age group 10-14 at 44.2%.

Figure 8: Percentage of deaths due to communicable diseases (Group I – blue); non-communicable diseases (Group II – Orange) and injuries (Group III – grey) by year of death, 1997 - 2018



Source: Mortality and Causes of death, 2018, StatsSA, 2021

Excess deaths* from natural causes. A recent report form SAMRC indicated that since 3 May 2020, there were 238,949 excess cumulative deaths and since 3 January 2021, 154,081 cumulative excess deaths in all ages, see table below:

*As pre MRCs definition: Excess deaths per week are calculated "as the number of all-cause deaths in a week, less the number that might be assumed to have occurred had there not been the epidemic".

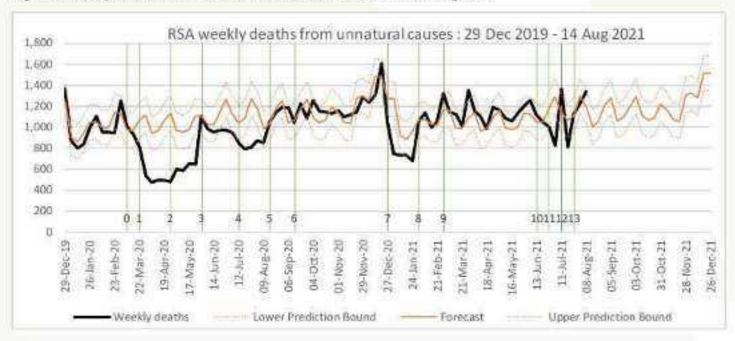
GP, KZN and EC have been the provinces with the highest numbers of excess deaths as recorded by week 32 (14 Aug 2021). A clear trend in the relationship of banning alcohol and an extension of the curfew can be noticed as show in the figure depicting non-natural causes of death.

Table 3: Excess Deaths from natural causes (all ages) until 14 Aug 2021

Week	Date	Weekly excess deaths from natural causes (all ages)	Cumulative excess since 3 May 2020 (all ages)	Cumulative excess since 3 January 2021 (all ages)
23	6-Jun-21 - 12-Jun-21	3,288	175,699	90,830
24	13-Jun-21 - 19-Jun-21	2,938	178,637	93,769
25	20-Jun-21 - 26-Jun-21	4,849	183,486	98,618
26	27-Jun-21 – 3-Jul-21	6,570	190,056	105,187
27	4-Jul-21 - 10-Jul-21	8,158	198,214	113,345
28	11-Jul-21 - 17-Jul-21	10,223	208,437	123,568
29	18-Jul-21 - 24-Jul-21	10,007	218,443	133,575
30	25-Jul-21 - 31-Jul-21	8,740	227,183	142,315
31	1-Aug-21 - 7-Aug-21	6,361	233,544	148,676
32	8-Aug-21 - 14-Aug-21	5,405	238,949	154,081

[&]quot;Report on worstly doubt in South Africa, Burdon of Discisor Rescurch MHLSAMNC, 17 Aug 2021.

Figure 9 Weekly deaths from non-natural causes from Dec 2019 to Aug 2021



Source: Report on weekly deaths in South Africa; Burden of Disease Research Unit, SAMRC, 17 Aug 2021

The vertical green lines present the weekly recording of non-natural deaths that occurred, which were directly linked whether alcohol restrictions were implemented or not. Lifting the alcohol ban resulted in a rise in reported non-natural deaths at each vertical line as indicated.

Maternal, Infant and Child Mortality

Maternal mortality in South Africa for the FY of 2019-20 were performing well at 88.3 deaths per 100 000 live births 13, however, the latest data for 20/21 FY indicates a significant increase of maternal mortality in facility rate across all provinces with significant inequalities among provinces, ranging between 178.8 per 100 000 in FS and 80.6 and 83.9 per 100 000 in NC and WC (Table 4 below).

The increase in maternal mortality since 2019/20 is not clear, however, this need to be investigated considering the COVID-19 epidemic and consequential effect on service delivery. Hypertension, HIV and post-partum haemorrhage account for majority of the maternal deaths. The SDG 3 requires South Africa to reduce maternal mortality to below 70 per 100 000 live births by 2030.

This will require improvements in the timeliness, coverage and quality of antenatal care, management of high-risk pregnancies, and re-configuring the referral system to meet the needs of the patients. Monitoring and training programmes like the National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD), as well as the Essential Steps in Managing Obstetric Emergencies (ESMOE) are all important interventions towards reducing maternal mortality.

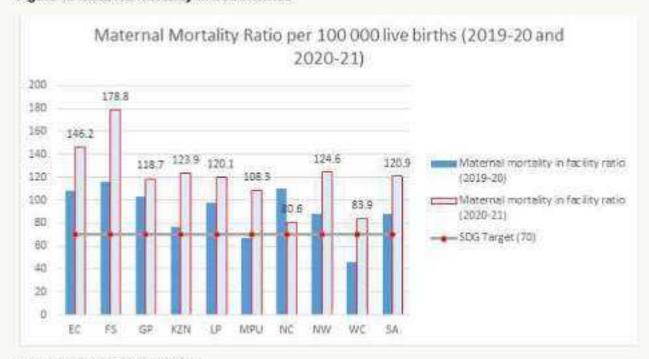
^{13&}lt;sub>OHIB Delia, 2029</sub>

Table 4 Maternal Mortality in South Africa

Indicators	EC-	FS	GP	KZN	LP	MP	NC	NW	WC:	5A
Maternal mortality in facility ratio (2019-20)	108.2	116.2	102.9	76.9	97,8	67.1	109.9	88	46.4	88.3
Maternal mortality in facility ratio (2020-21)	146.2	178.8	118.7	123.9	120.1	108.3	80.6	124.6	83.9	120.9

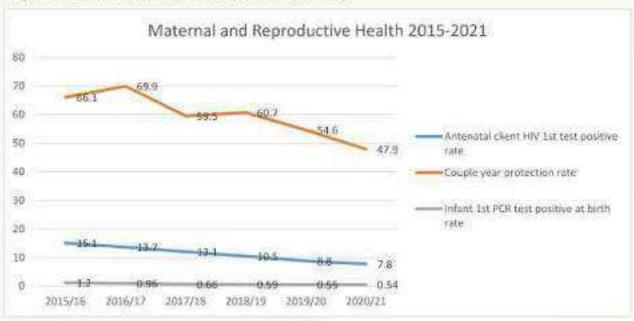
Source: District Health Information System, 2021

Figure 10 Maternal Mortality in South Africa



Source: DHIS Data, 2021

Figure 11 Maternal and Reproductive Health 2015-2021



Trends in South Africa reproductive health shows improvement in outcomes related to the management of HIV and Antenatal and infant PCR test positive rate. Since 2015/16 Antenatal client HIV 1st test positive rate of decreased from 15.1% to 10.5 for 2018/19 to 7.8 in 2020/21.

Neonatal mortality (child deaths within the first 28 days) in South Africa stands at 12.6 per 1 000 live births (up from 11.9 for 2020), and account for about half of infant mortality, and one third of child (under 5 years) mortality. According to StatsSA latest data the leading cause of death in neonates were respiratory and cardiovascular disorders specific to the early neonatal period (the first 7 days of life), accounting for just over 1/3rd (30.1%%) of deaths, followed by deaths caused by other disorders originating in the perinatal period; infections and disorders related to length of gestation and foetal growth (30%) (South Africa has achieved the SDG target of less than 12 per 1 000, but for a middle income country should aim to reach target of not more than 7 per 1000 by 2030.

This translates to a two third reduction by 2030. This achievement will secure SDG and NDP targets for Infant and child mortality that stand at <20 per 1 000 live births (among infants), and <30 per 1 000 live births (among children).



Figure 12 Neonatal Mortality Rate (NMR)

Source: DHIS Data, 2020/21.

Child under 5 mortality Rate: According to StatsSA Mortality and Causes of death report¹⁵ the three leading underlying causes of death for those aged 1 – 4 years was influenza and pneumonia (9,1%) followed by Intestinal infectious diseases (8,9%) and Malnutrition (5,1%). Minimizing exposure to poverty and improving nutritional status of children is critical because these factors lower cognitive performance. The first one thousand days in a child's life defines their life-long potential. By the age of 5, almost 90% of a child's brain is developed.

[&]quot;Mortality and Courses of death, 2018, StateSA 2021

[&]quot;Mortality and Causes of death, 2018, 2021

^{*}Early childhood devisiopment in South Alrica 2016, StateSA, 2018.

These are the formative years where factors such as adequate healthcare, good nutrition, good quality childcare and nurturing, a clean and safe environment, early learning and stimulation will, to a large extent, influence his/her future.**

The health system's efforts are confined to immunization to ensuring infants are protected against vaccine preventable diseases and improving case management of diarrhoea, pneumonia, and severe acute malnutrition in hospitals. The most recent comparable data for 2019 – 2020 and 2020-2021 financial years (April to March) is presented in the table below.

There is a significant decline in fully immunized for the country at 79.6% for 2021 compared to 83.6% for 2019 FY. Measles 2rd dose coverage also declined slightly during 20201. It stood at 76.4% compared to 79.6% for 2019. There is improvement in severe malnutrition under 5 years fatality rate which dropped from 17.7 to 14.4% for 2020/21, however, FS (25%), and KZN (18.7%) showed an increase in Severe Acute Malnutrition (SAM) cases with NC (19.1%) showing an improvement since 2019, albeit also significantly higher than the average (14.4) for the country.

The PMTCT programme began 15 years ago. During 2015, the national policy introduced lifelong triple antiretroviral therapy (ART) for all HIV positive pregnant and lactating women (PMTCT Option B+), and three-monthly HIV testing of HIV-negative pregnant and lactating women. In 2016, the "Last Mile Plan" was launched focusing on the delivery systems for elimination of mother-to-child transmission of HIV (EMTCT). The policy changes yield positive results, reducing early (6 weeks postpartum) in the MTCT rate (% HIV-exposed infants who acquire HIV infection from their mothers) from 3.5% in 2010 to 1.1% in 2015-2016.

Table 5 Diarrhoea, Pneumonia and Severe malnutrition deaths for under 5s (2019-20 FY and 2020-2021FY)

Indicator	Туре	ZA:	EC	FS	GP	KZN	LP	MP	NW	NC	wc
Immunisation under 1 year coverage 2019/2020	%	83.6	76	77.2	86.9	91.2	73.6	96.4	62.5	89.5	84.8
Immunisation under 1 year coverage (2020/21)	%	79.6	69.3	75.8	85	86.4	60.6	91.5	72	79.9	85
Measles 2 ¹⁸ dose coverage (2019/20)	%	79.6	73.4	73.3	79.9	82.6	79	94	67.1	89.6	80
Measles 2 nd dose coverage (2020/21)	%	76.4	66.5	73.3	77.8	80.6	76.3	84.2	64.9	83.5	80.4
Child under 5 years diarrhoea case fatality rate (2019/20)	%	1.8	2.8	0.94	1.7	1.7	2.8	2.1	2.8	1.5	0.24
Child under 5 years diarrhoea case fatality rate (2020/21)	%	2.5	4	2.7	2.7	2,6	3.8	2.5	2.7	2.3	0.18
Child under 5 years Pneumonia case fatality < 5 years rate (2019/20)	96	1.6	3.4	1.8	1.8	2	2.7	2,3	1.2	1.7	0.22
Child under 5 years Pneumonia case fatality < 5 years rate (2020/21)	%	2.1	3.3	3.1	2.3	2.3	4.2	5.3	3.2	2,1	0,23
Severe acute malnutrition death under 5 years rate (2019/20)	%	17.5	18.7	23.9	10.3	15.8	19.2	18.3	35.2	25.9	2.5
Severe acute mainutrition death under 5 years rate (2020/21)	%	14.4	13.2	25	9.2	18.7	12.8	13.9	27.1	19.1	2.9

Source: District Health Information System, 2021

Data from the Committee on Morbidity and Mortality in Children (CoMMiC) report estimates that 45% of the under-5 deaths occur outside of health facilities. Strengthening not only antenatal care; managing complications during delivery and preventing infections but also focusing on post-natal care, will be crucial in avoiding premature deaths in infants. First antenatal care visit by 20 weeks coverage varies between provinces, with a country average of 80% of pregnant women presenting for a 1st visit in a public facility for antenatal care. EC (64%) and KZN (74%) have the lowest percentage of antenatal 1st visit coverage.

Communicable Diseases

The NDP has called for us to achieve a "generation free of HIV AIDS", while the SDG 3 has set the target to "end the epidemic of AIDS, Tuberculosis, and malaria" by 2030.

It is estimated that in 2021 13,4% of the total population is living with HIV. The total number of persons living with HIV (PLHIV) in South Africa increased from an estimated 3.2 million in 2000 to 8 million by 2021 (Thembisa model, 2020). Almost a fourth of South African women in their reproductive ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15 – 24 has remained stable over time. Number of AIDS-related deaths declined consistently since 2009 from 202 573 to 79 625 in 2020. The HIV prevention interventions have resulted in a steady decline of HIV incidence. The rapid scale up of Antiretroviral Treatment (ART) services can also be attributed to significant increase in the number of people receiving ART between 2011 and 2020. South Africa aims to continue to scale up ART by another 700 000 thousand by March 2022, to ensure that 90% of those who know their status, receive lifelong ART.

Table 6: HIV mortality, incidence estimates and the number of people living with HIV, 2009-2020

Year ¹⁸	Number of Births	Number of deaths	Number of AIOS related deaths	Percentage of AIDS deaths
2011	1 191 786	561 287	158 309	28,2
2012	1 184 121	542 479	141 111	26,0
2013	1 179 890	535 947	133 785	25,0
2014	1 177 790	521 842	113 260	21,7
2015	1 184 554	524 567	112 060	21,4
2016	1 186 863	519 084	98 366	18,9
2017	1 185 832	517 909	93.063	18,0
2018	1 182 200	517 533	83 065	16,1
2019	1 178 178	517 618	79 744	15,4
2020	1 174 320	515 804	79 625	15,4

Source: Mid-Year Population estimates, StatsSA, 2020

The 90-90-90 strategy aims to reduce pre-mature mortality and onward transmission. The country is driving interventions to ensure that by 2020, 90% of all people with HIV know their status, 90% of those who know their status and are HIV positive are put on treatment and 90% of those on antiretroviral are virally suppressed and by 2024/25 the targets are 95% for each cascade.

[&]quot;Closing the gape to eliminate mother to child transmission of HV (MTCT) in South Africa, Gogs, et al., 2018

[&]quot;Reducing recorded deaths in South Africa: Progress and challenges, S Afr Med J 2018.

[&]quot;Date is for a 12-month period from July of the previous year to June of that year

Figure 13: 90-90-90 HIV Treatment cascades for Total Population, Children under 15 years, Adult Males and Adult Females



Source: HIV treatment cascade tool, June 2021

As of June 2021, South Africa is at 93-76-89 in terms of performance against the 90-90-90 targets across its total population using data available in the Public and Private sector. South Africa has the world's largest antiretroviral treatment (ART) programme, with 5.4 million people from both the public and private sectors currently accessing ART treatment in June 2021. Data available from the private sector suggest that a total of 314 533 clients receive ART through private medical aid schemes in South Africa. For Adult Females and Adult Males this number is 200 674 and 109 445 respectively.

Results for each of the sub-populations vary. With Adult Females being at 95-81-90, Adult Males at 92-68-90, and Children (<15) at 80-56-65. There are gaps across the cascade for adults and children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in this sub-population.

COVID-19 impact on HIV and AIDS response

HIV and AIDS programmes are globally disrupted by changes in the external environment, posing both threats and opportunities to their future relevance. COVID-19 lockdowns and other restrictions have caused major disruption on HIV testing, and in many countries led to steep drops in diagnoses and referrals to HIV treatment. As COVID-19 continues to spread globally, its detrimental effects on HIV and AIDS efforts worldwide have already been seen and felt, including disruptions of essential health services, such as testing, treatment, and prevention programs.

Tuberculosis (TB) incidence rate has decreased from 834 per 100 000 in 2015 to 554 per 100 000 in 2020. This translates to a change in incidence rate of -44%. The TB notifications have also been on a decline from the peak in 2009 when a total of 406 082 people were reported to have TB to 208 000 in 2020.

This is largely attributable to the improvement in Antiretroviral Treatment coverage and treatment for latent TB infection (TPT) for people living with HIV who do not have active TB disease. A downward trend in the TB mortality rate has been noted from 46 per 100 000 in 2015 to 42 per 100 000 in 2020, a change in mortality rate of -4.9%. However, the mortality rates remain high among PLHIV with 36 000 people dying of TB disease compared to 25 000 in HIV negative population.

The national TB Prevalence survey estimated the prevalence of all TB in 2018 to be 737 per 100 000 which translates to an incidence of 390 000. The TB notifications in 2018 were 235 652, which means 154 348 people who have TB disease in the communities were not diagnosed and started on treatment. In 2020, 208 000 people were notified with TB, against an estimated incidence of 328 000 meaning that 120 000 people with TB were missed.

The population groups who are missed are youth in the age group 15 - 24 years and the elderly ≥ 65 years²¹. The prevalence was found to be higher in men than women, about 57.8% of people found to have TB were asymptomatic and 28.8% were HIV positive. The TB treatment coverage (notified/ estimated incidence) in 2020 remained the same as in 2019 58% (CI 43-83)1. To reduce morbidity, mortality, and ongoing transmission of TB in the communities the health sector needs to find and treat everyone with TB disease.

South Africa committed to ending the TB epidemic by adopting the Global End TB strategy in 2014 and the Sustainable Development goals for 2030 in 2015. The End TB Strategy aims to reduce the number of deaths caused by TB by 75% by 2025, and 90% by 2030, when compared against 2015 baselines.

This translates to a target of not more than 8 510 TB deaths by 2025, and 3 404 by 2030. The UN General Assembly held its first high-level meeting on TB on 26 September 2018. The political declaration from this meeting reaffirmed commitments to the SDGs and the End TB Strategy. New global targets and commitments to action were established.

[&]quot;Global luberrudoeicroport 2021. Gerevez, World Health Organization; 2021.

The Brit National TII Presidence Survey Report-South Africa 2016, NDOH; 2020

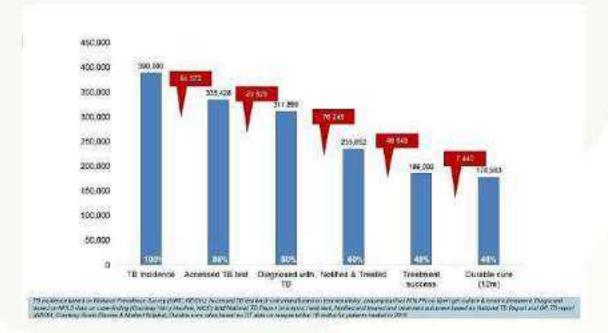
TB targets for South Africa are as follows:

Table 7: TB targets 2018-2022

Indicators		Cummulative				
	2018	2019	2020	2021	2022	Total
Childhood TB diagnosis and treatment	15 900	18 300	20 700	21 100	21 100	97 100
MDR-TB diagnosis and treatment	9 600	10 100	11 100	12 100	11 100	54 000
Preventative Therapy (PT) for under-five			111701111111111111111111111111111111111	- The same	ra en cemación	
Child Contacts	15 400	23 900	31 000	35 000	38 500	143 800
Preventative Therapy (PT) in contacts						
more than 5 years of age	11 793	39 867	85 485	116 347	138 379	391 870
Preventative Therapy (PT) in PLHIV	392 089	459 797	506 359	437 928	344 891	2 141 064
TB diagnosis and treatment	213 600	221 600	215 400	194 900	178 300	1 023 800
Total Preventative Therapy (PT)	419 300	523 600	622 800	589 300	521 800	2 676 800

To ensure that South Africa achieves its targets the 90-90-90 targets were adopted for 2022/23. These targets aim to reach at least 90% of the population with TB screening and testing services, link at least 90% of people diagnosed with TB to treatment services and successfully treat at least 90% of those started on treatment. This will require implementation of active case finding strategies by scaling up TB screening and testing services to reach all communities. Strategies to link all people diagnosed with TB treatment and retain them in care will need to be strengthened to attain the target for successful treatment completion (Treatment success rate). These strategies will require investment in community health workers to increase coverage and use of digital health solution to ensure treatment adherence. The focus will be on addressing the gaps in the TB Care Cascade shown in the diagram below and improving the quality of TB services.

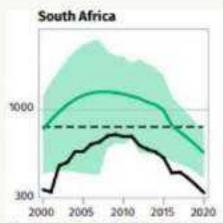
Figure 14: National TB Care Cascade



31

South Africa is one of the six high burden countries that are estimated to have reached the 2020 End TB Strategy target of 20% reduction in the TB incidence. The reduction in the TB incidence is estimated at 34% in 2020. However, there is still a high notification gap that needs to be addressed. This is not the case with TB mortality, the reduction has been 9% against a target of 35%.

Figure 15: Country progress against the 2020 Milestone for TB Incidence



Green line: TB incidence rates Shaded area: Confidence intervals Black line: TB Notification rates Dashed line: 2020 Milestone

The country is lagging behind on the UN High-Level Meeting (UNHLM) targets and unlikely to meet the cumulative five-year targets set in 2018.

Table8: Country progress against the UNHLM targets

INDICATOR	TARGETS 2019	ACHIEVED 2019	TARGETS 2020	ACHIEVED 2020
Childhood TB diagnosis and treatment	18 300	16 461	20 700	13 679
MDR-TB diagnosis and treatment	10 100	8 743	11 100	6 138
Preventive therapy for under 5 years	23 900	22 689	31 000	15 392
Preventive therapy (PT) in contacts more than 5 yrs of age	39 867	Data not collected	85 485	No data collected
Preventive therapy in PLHIV	459 797	509 762	506 359	356 872
TB Diagnosis and treatment	221 600	222 350	216 400	208 032
Total Preventive therapy	523 600	532 451	622 800	600 113

The emergence of COVID-19 in 2020 has negatively affected the response to the TB epidemic in the country. Fewer people were screened and tested for TB and there was a high loss to follow up for people diagnosed with TB and those already on treatment. We still need to assess the impact of COVID-19 on TB deaths when treatment outcome data is available, but the assumption is that the TB related deaths have increased.

^{*}Global haberculosis report 2021. Gerarva: World Health Organization; 2021

Health facilities conduct routine TB symptom screening but the yield on people with symptoms and diagnosis with TB is very low at 2% and 8.5% on average respectively. This is mainly due to poor sensitivity of the symptom screening tool and requires other tools such as x-rays and routine testing of high-risk groups to find people with TB disease but do not have symptoms.

In 2019, none of the provinces met the treatment success rate target of 85%, GP and KZN reported treatment success rates above 80%. Five provinces namely NC, WC, EC, Mpumalanga (MP) and North West (NW) reported the highest loss to follow up rates and none have attained the target of less than 5%. LP has the highest death rate in the country at 12.4% (1.7% higher than in 2018), followed by FS at 11.2% (1.3% higher than in 2018). The lowest death rate was reported in the WC where it has averaged at 3.8% over the three years. The national averages for the three indicators are well below the set targets and the 2018 performance, provincial deep dive sessions are planned to conduct root cause analyses and revise the TB catch up plans for 2022/23. The total number of deaths due to TB out of the TB patients started on treatment has shown a slight reduction from 16 133 in 2017 to 15 920 in 2019. The provincial breakdown is shown in Figure 16 below.

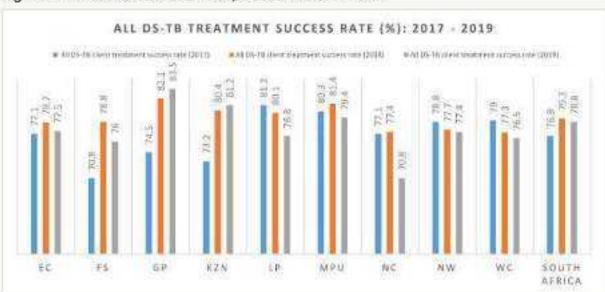


Figure 16. TB Treatment Success rate, Trends from 2017 – 2019

Source: District Health Information System (DHIS 2)



Figure 17: TB Loss to follow up rate, Trends from 2017 - 2019

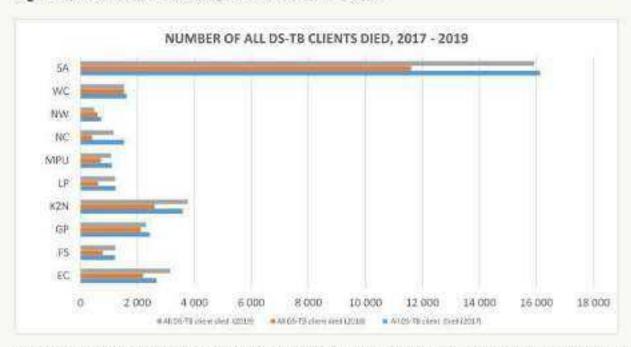
Source: District Health Information System (DHIS 2)

Figure 18: TB Death rate, Trends from 2017 - 2019



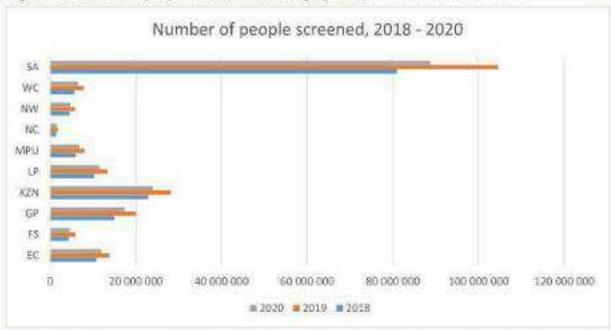
Source: District Health Information System (DHIS 2)

Figure 19: Number of TB Deaths, Trends from 2017 - 2019



Source: ETR.Net (2017) and District Health Information System (DHIS 2) for 2018 and 2019

Figure 20: Number of people screened for TB symptoms, Trends from 2018 - 2020



Malaria incidence was significantly reduced from 11.1 in 2000/2001 to 0.85 per 1000 population at risk for the 2019/2020. There are 3 malaria endemic provinces in South Africa which are: MP, LP and KZN. South Africa is aiming for malaria elimination (zero malaria transmission) by 2023, with the key strategies of surveillance (all malaria cases reported within 24 hours), educating the population living in malaria endemic areas, implementation of key vector suppression strategies, and providing universal access to diagnosis and treatment in endemic and non-endemic areas, requiring scaling up. The COVID-19 pandemic peaked during the low malaria transmission period; hence the COVID-19 effect on malaria transmission did not manifest. Moreover, the risk adjusted lockdown with associated land border closures saw fewer to no persons entering the country, impacting negatively on local malaria transmission.

Non-Communicable Diseases

The probability of **premature mortality**, between the ages of 30 and 70, due to selected NCDs (considered to be preventable) including cardiovascular disease, cancer, diabetes and chronic respiratory diseases is 34% for males and 24% for females²⁵. According to WHO, 80% of the priority NCDs are avoidable as they are due to preventable risk factors including use of tobacco, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution. Diabetes is increasing in proportion as the underlying cause of death, which increased from 5.5% in 2016 to 5.9% in 2018. According to StatsSA, NCDs contribute 59.3% of all deaths²⁴.

Deaths due to non-communicable diseases rise dramatically at older ages for both sexes due to the increasing incidence of neoplasms, cardiovascular diseases and ischaemic heart diseases. Numerous studies recently showed a correlation exists between experiencing severe Coronavirus (SARS-CoV-2) illness and even death when having one or more comorbidities like Diabetes, obesity, hypertension, cardiovascular diseases, cancer and renal failure. This trend reveals gaps in health systems when delivering services for the prevention, management and control of NCDs as well as reducing the high impact of the social and commercial determinants of health.

* Q1 Jun Folh Mar 2019

[&]quot;Dumington RC, Brackstow D, Laubscher R, Nomeun N (2019). Repid mortality surveillance report 2017. Capa Town: South Missen Medical Planautric Council 15594-978.1 528595-39.2

[&]quot;Mortafily and Causes of Death in South Albas 2016, Statistics South Africa, 2021

Over the period 1997 – 2017, the percentage of deaths due to non-communicable diseases show significant increase in comparison to communicable diseases and injury and trauma. However recent data show rapidly increasing co and multi-morbidities especially between NCDs and HIV and AIDS and TB which contribute to morbidity and disability.

Most recently, SADHS 2016, revealed that 46% of women and 44% of men aged 15 years and older have hypertension (Table 9). Since 1998 the prevalence of hypertension has nearly doubled, from 25% to 46% among women and from 23% to 44% among men. 22% percent of women and 15% of men report that they are taking medication to lower their blood pressure.

According to the SADHS 2016, 13% of women and 8% of men are diabetic (HbA1c level of 6.5 or above) (Table 9). Diabetes type 2 prevalence increases with age with people over 45 at an increased risk. This is a major public health concern with the significant rise in aging population projected in South Africa. Research on the prevention and control of NCDs is being undertaken by various national and global agencies and experts hope that findings will enhance the country's response to the prevention, management and control of NCDs.

Table 9 Non-Communicable Diseases (Hypertension and Diabetes)

Indicator		ZA	EC	FS	GP	KZN	LP	MPU	NW	NC	we
Women age 15+ with hypertension	%	46	50	54	42	48	34	46	40	53	52
Men age 15+ with hypertension	%	44	47	48	40	48	29	46	37	52	59
Women age 15+ with diabetes ²⁷	%	13	18	1.4	9	17	15	12	9	12	12
Men age 15+ with diabetes**	%	8	10	8	7	9	10	7	4	7	13

Source: South African Demographic and Health Survey (SADHS) 2016, 2019

Table 9 provides a provincial breakdown of the prevalence of hypertension and diabetes. FS, NC and WC have the highest prevalence of hypertension in females aged 15 years and older, whilst WC and NC had the highest prevalence of hypertension amongst males of the same age group. The prevalence of diabetes in women was highest in EC and KZN, with WC reporting the highest prevalence of diabetes amongst men.

Overall, the leading cancers in South African men and women remain largely unchanged across a 5-year period from 2013 - 2017. In 2017, 81607 new cases of cancer were registered with the National Cancer Registry. The WHO country profile of 2020 showed that cancers cause 23% of all non-communicable diseases (NCD) premature deaths (2016 data). The most common female cancers sites were breast, cervix, colorectal, uterine and lung. Breast cancer is the leading cancer among women for all the race groups, except in black women where cervical cancer is the leading cancer. According to CANSA, the risk of breast cancer increases with age, however, many women under the age of 40 gets diagnosed with breast cancer. Top male cancers were prostate, colorectal, lung, Non-Hodgkin Lymphoma and melanoma. Prostate cancer remains the cancer with the highest incidence in South Africa amongst men of all races.

[&]quot;Integrating oversial health with other real-communicable discusses, State, RMJ, 2019

[&]quot;South African Donesgraphic and Health Survey in South Africa.

[&]quot;(% with adjusted HbA1s" and equals 5%)

[&]quot;(% with indicated HbA1c> and equals 5%)

25,000 22,648 20,000 14,739 14.097 15,000 9,815 10,000 8,239 7,242 5,000

■ 2012 ■ 2018 ■ 2040

Figure 21: Estimated past and future trends in total cases per year (breast and lung):

Source: WHO Country Cancer profile, 2020

Breast cancer

There is a strong correlation between mental disorders and communicable diseases like HIV and AIDS. TB and non-communicable diseases like diabetes and cancer with the comorbidity negatively influencing health-seeking behaviour, delaying diagnosis and treatment which lead to poor prognosis.". Most mental disorders have their origins in childhood and adolescence with "approximately 50% of mental disorders begin before the age of 14 years"30. The most prevalent mental disorders are anxiety disorders, substance abuse disorders and mood disorders. The Mental Health Care Act, Act No 17 of 2002 provides a framework for the delivery of mental health services in the country. This legislation among others prescribes integration of mental health into the general health services environment at all levels, promotes community based mental health and prescribe procedures to be followed in the provision of care, treatment and rehabilitation of various categories of mental health care users. Mental wellbeing also requires that multidimensional interventions be implemented with other sectors to address the socio-economic determinants of mental disorders.

Lung cancer

The review of the status of mental health care in South Africa conducted by the South African Human Rights Commission came up with a number of findings and made recommendations that the health sector as well as other relevant sectors need to implement to address the identified gaps. COVID-19 pandemic has brought about other challenges on the mental health of people. Diverse neuropsychiatric and cognitive complications following COVID-19 infection have been found to affect a large proportion of individuals previously suffering from COVID-1935.32. COVID-19 has also been associated with high levels of stress, anxiety and depression. The pandemic may lead to an increase in the incidence and prevalence of psychiatric and cognitive problems.

Prince M. Patel V. Sparra S. Mac N. Maratin J. Phillips MR et al. No health without mental health. Lancet 2007; 370:859-877.

[&]quot;WHO. Mental health: the base tacts. http://www.who.inthrental_healthen/_1.26.2010. RelType: Internet Communication
"Kurner S, Veldhain Asnel Matherta T (2021). Neuropsychiable and copylitive languages of CCVID-19. Frontiers in Psychology

[&]quot;Boyers JP, Chesney F, Oliver D, Polisk TA, McGure P, Fusia Poli P, et al (1929). Psychiatric and securepsychiatric presentations accordance with source communical electrons a systematic notion and metaunidyiis with comparison to the COVID-15 pandomic. Lancat Psychiatry 7, 611-627

During 21/22 financial year there were significant interruptions to the mental health programme as a result of the COVID-19 containment measures. Despite these interruptions, several activities were implemented to strengthen mental health services including:

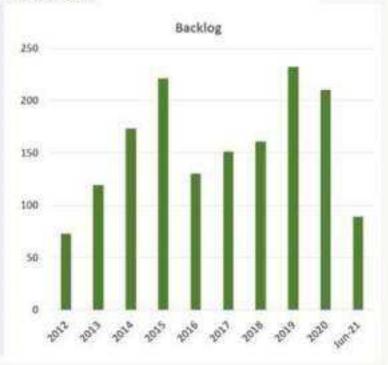
- Mental Health Review Boards were established in all provinces;
- Members of the Ministerial Advisory Committee on Mental Health were appointed. The Committee is established in terms of Section 71 of the Mental Health Care Act, 2002;
- Inter-sectoral Committee on Mental Health (composed of government departments and civil society organizations as directed by the SA Human Rights Commission) was established to ensure an intersectoral and collaborative approach in addressing the social determinants of mental health;
- Policy guidelines on mental health during the COVID-19 pandemic is currently being implemented by all nine provinces;
- Strengthening integration of mental health into Primary Health Care through training and skills development to ensure that all health providers can detect, support and refer people with mental disorders;
- Conducting training of medical doctors and professional nurses working in designated psychiatric
 units attached to district and regional hospitals as well as in facilities that are listed to conduct 72hours assessment of involuntary mental health care users in terms of the Mental Health Care Act,
 2002 to improve their skills in clinical management of mental disorders;
- Implementation of the Health Sector Drug Master Plan;
- Providing funding and support to the South African Federation for Mental Health to run a mental health information and support desk;
- A study to develop an investment case for mental health was concluded and a report produced. The
 investment case contains key recommendations and interventions that should be implemented to
 improve quality of and access to mental health in the 15 years to come;
- Deployment of specialist mental health care practitioners to provide personal mental health services at primary health care clinics utilizing the National Health Insurance mental health conditional Grant to further strengthen mental health services delivery at primary care for improved access; and
- Strengthening of mental health infrastructure; amongst others.

Forensic Mental Health

Forensic mental health is a critical service rendered by the Department of Health. It contributes significantly to the criminal justice system. According to the data collated by the department, there has been significant strides in the reduction of the backlog of State patients waiting for hospital admission in detention centers. This has been reduced to 89 by June 2021 from 232 in 2018/19 and 210 in 2019/20 as shown in the graph below.

Figure 22: Backlog for forensic psychiatric evaluations

	Backlog	
2012	73	
2013	119	
2014	173	
2015	221	
2016	130	
2017	151	
2018	161	
2019	232	
2020	210	
Jun-21	89	



The backlog for forensic psychiatric evaluations (mental observations) remain high, which has increased from 1583 in January to 1658 in June 2021. The most affected provinces were EC, GP and KZN. To improve the efficiencies of this service and reduce the backlogs, intersectoral interventions collaboration with stakeholder departments such as Correctional Services, Social Development, Justice and Constitutional Development, Legal Aid South Africa, NPA and SAPS remain critical. Other initiatives include expanding the service delivery platform for this service, improving infrastructure and human resource capacity as well as strengthening mental health prevention and promotion strategies.

COVID-19 Epidemic

In early December 2019, a virus emerged in the city of Wuhan, Hubei Province in China that displayed a severe acute respiratory syndrome similar to SARS and MERS. The virus was classified as SARS-COV-2 and spread more rapidly that other SARS viruses. Due to the epidemiology and pathogenicity of the SARS-COV-2 on 30° January 2020, the WHO declared the outbreak a global emergency.

The first COVID-19 case in South Africa was confirmed on 5" March 2020, and quickly spread to all nine provinces. At first all the cases were imported from persons who contracted the virus abroad however, sustained community transmission was established. On 15" March 2020, the President of South Africa declared the COVID-19 outbreak a 'national disaster' announcing a "lockdown" in the country as a containment measure for the disease. This extraordinary intervention to curb the spread of the disease which included non-pharmaceutical interventions such as travel restrictions, social distancing, large scale testing and tracing.

As of 14 February 2022, the total confirmed cases of COVID-19 cases are 3,642,925. This increase represents a 6.9% positivity rate.

The National Department of Health (NDoH) are currently audited, as such, there may be a backlog of COVID-19 mortality cases reported. The total fatalities to date are 97,250.

The majority of new cases currently are from GP (44%), followed by WC (16%). Kwa-Zulu Natal accounted for 13%; MP accounted for 10%; NW accounted for 6%; FS and LP each accounted for 4% respectively; EC accounted for 3%; and NC accounted for 1% of the current new cases. The cumulative number of cases by province are shown in the table below:

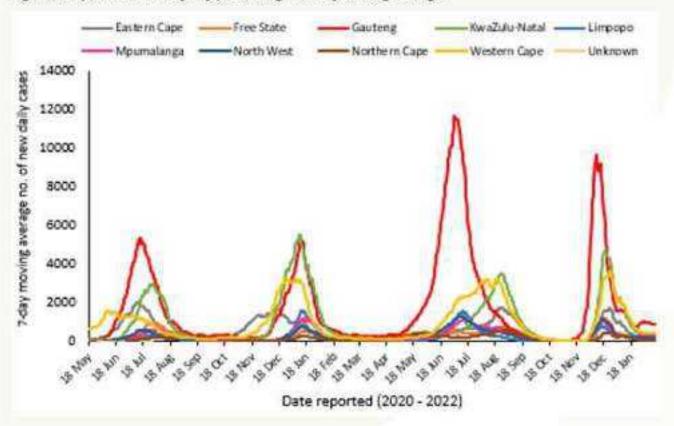
Table 10: Cumulative number of cases by province to date:

Province	Updated total cases on 13 Feb 2022	New cases on 14 Feb 2022	Total cases for 14 Feb 2022	Percentage total
EC	342,238	38	342,276	9.4
FS	198,957	46	199,003	5.5
GP	1,180,635	482	1,181,117	32.4
KZN	647,518	138	647,656	17.8
LP	153,490	39	153,529	4.2
MP	188,736	106	188,842	5.2
NW	188,555	65	188,620	5.2
NC	107,768	10	107,778	3.0
wc	633,914	170	634,084	17.4
Total	3,641,811	1;094	3,642,905	100.0

Source: NICD, Surveillance report 13 February 2022

The epidemic curve by day (indicating the 7-day moving average); reveals a downward trend in the 7-day average of the proportion of positive new tested cases. At the time of this report, it was 6.9 % which is the lowest in the past 7 days from 8.2% the previous day. As of 14 February 2022, there were 47 new COVID-19 admissions in hospital reported.

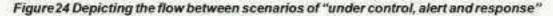
Figure 23: Epidemic curve by day (indicating the 7 day moving average

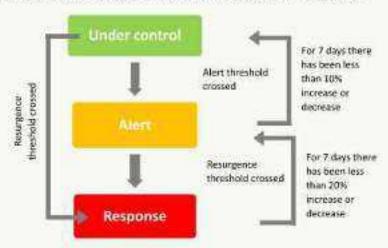


A National vaccine roll-out campaign commenced mid May 2021, comprising of either a Pfizer manufactured vaccine, which consists of 2 doses apart or a Janssen one dose vaccine. Prior to the roll-out, healthcare workers had the option to enrol in the 3b Sisonke clinical trial which commenced in February 2021, where just below 500 000 healthcare workers participated in and were vaccinated using the Janssen (J&J) vaccine. As of 13 February 2022, the total number of individuals that have received a Johnson & Johnson Vaccine (J&J) or Pfizer 1st dose as registered on the Electronic Vaccination Data System (EVDS) is 30,559,431. GP has the largest number of vaccines administered at close to 9 million with WC following with close to 5 million administered. More individual females in all population groups are vaccinated, which account for 56.55% compared to 43.45% individual males. The 60+ population is currently the highest proportion of individuals vaccinated at 67.51%, with lower coverages among 50-59; 35-49 and 18-34.

Resurgence Plan for COVID-19

According to the Department's Resurgence Plan⁵⁴ A COVID-19 resurgence is defined as an increase in incidence after a period of lower transmission." The plan is a "practical guide" to mitigate and plan for a possible resurgence of the pandemic applicable at all levels of health care. The plan details several key resurgence indicators to monitor the adequate action of either "under control, an alert or response" action, based on the data monitored as noted in the figure below.





The plan further details action items applicable to each phase (under control; alert and response phase) for governance, leadership and coordination of intervention areas, with detailed 'toolkits' for each intervention area to follow, including procedures for medical supplies; Port and Environmental Health and Human Resources for Health.

7.1.4. QUALITY OF CARE, HEALTH SYSTEM IMPROVEMENT AND UNIVERSAL HEALTH COVERAGE

The Lancet Global and South African commissions have argued that high coverage (or access to care) is necessary but not sufficient to shift morbidity and mortality patterns. Better health outcomes and impact can only be achieved by ensuring that a high proportion of people receive care (coverage) that is effective (delivered at high quality).

^{*}Source: http://anfi-reporting-salipra.org.cg/, SAHPRA, 2021, accessed, 10 Aug 2021

[&]quot;Remargarium Plant v 6.0, MDoH, 2000

[&]quot;High quality health systems in the Suntamable Development Goals are lime for a revolution, Knak, MC et al, 2018.

^{*}Obstrict Houlin Planning and Monitoring Framework, National Department of Health, Aug 2017

An effective health system is measured by its ability to provide reliable clinical care, and one that complies with norms and standards adopted by the system. Improving coverage and quality of care will require a system-wide action.

A quality health system is one that offers reliable clinical care; that is compliant with the norms and standards set out the by the Office of Health Standards Compliance (OHSC); and one that is positively perceived by the patients:

Over the MTSF period, the health sector will ensure "Quality Improvement in the Provision of Care" by providing integrated patient centred and respectful care that is well co-ordinated (across levels of care) and of high quality throughout the life course to build confidence in the public health system thereby ensuring public health facilities are the provider of choice under NHI".

The Department of Health aims to develop and implement a quality improvement programme, that harmonises all the quality improvement initiatives in the health sector. Over the MTEF, an integrated National Quality Improvement and clinical governance framework will be developed and implemented nationally.

7.1.4.1. Quality of Care from Patients' Perspective

The Department has implemented various tools to monitor patient experience of care. One of the systems is to track the resolution of patient safety incidents and patient complaints. The National Guideline for Patient Safety Incident (PSI) Reporting and Learning and the National Guideline for the Management of Complaints, Compliments and Suggestions (CCS) with the accompanying web-based information system (https://www.idealhealthfacility.org.za) was rolled out to provinces in November and December 2017.

The implementation date for both Guidelines was 1 April 2018. Every complaint and patient safety incident should be captured on a form on the web-based information system. The data captured on the form is used to auto-generate registers and statistical data on the indicators and categories for PSI and CCS.

Table 11 Country and Provincial data on complaints logged for 2020/2021 *

Indicator/category	South Africa	2	FS	8	KZN	٥	MP	WW	NG C	WC
% Compliance rate	63%	82%	28%	89%	64%	0%	92%	58%	54%	83%
# Complaints received	16138	1465	800	3183	4761	43	1260	1261	85	3280
% Complaints resolved	93%	91%	85%	93%	96%	98%	89%	95%	86%	94%
% of Complaints resolved within 25 working days	95%	96%	92%	95%	96%	100%	95%	96%	89%	94%
Patient care	33%	35%	32%	34%	28%	30%	27%	28%	27%	44%
Staff attitude	29%	24%	32%	30%	24%	23%	32%	33%	52%	32%
Waiting times	21%	18%	19%	16%	24%	19%	27%	26%	12%	20%
Access to Information	12%	8%	15%	16%	10%	12%	7%	12%	11%	15%
Other	11%	16%	9%	11%	12%	21%	16%	8%	20%	8%
Safe and secure environment	6%	7%	7%	6%	6%	5%	7%	7%	5%	5%
Physical access	4%	4%	3%	7%	3%	2%	4%	3%	4%	3%
Availability of medicines	4%	2%	4%	3%	3%	0%	3%	3%	2%	6%
Hygiene and cleanliness	3%	4%	6%	2%	3%	7%	4%	6%	1%	2%
Waiting list	3%	2%	4%	4%	3%	2%	3%	2%	1%	3%

The Compliance Report generated from the web-based information system (where facilities capture the complaints lodged at the facility) is used as a proxy to measure progress made with implementation of the National guideline for Complaints. A health facility is viewed as compliant if they have captured a complaint or a Null Report for the specific month on the web-based information system. Even though the web-based information has been implemented since April 2018, the compliance rate for reporting remains low in some provinces (Table 11). Quarterly Complaints reports are submitted to Provincial Quality Assurance managers and a National annual report is submitted to Provincial Heads of Departments, through the office of the Director-General for Health. The reports should be used to inform quality improvement plans at provincial, district, sub-district levels to address the issues that contributes to the high percentage of some types of complaints categories.

The results indicated that for the country the categories perceived "patient care"; "staff attitude" and "waiting times"; received the most complaints logged during the 2020-2021, similar to the two previous financial years.

7.1.4.2. Clinical Quality

Modifiable factors contributing to mortality: According to the Lancet Commission report "the National Committee of Confidential Enquiry on Maternal Deaths (NCCEMD) has reported that about 60% of all maternal deaths had factors that were potentially modifiable.

^{to}The South African Lancor National Commission, 2017

The modifiable factors are either due to delay in seeking care, inter-facility transport, or due to poor quality of clinical care.

Clinical governance and clinical forums all play a vital role in ensuring quality from a clinical perspective. Part of the next 5-year initiatives to improve quality is to strengthen clinical governance through creation of a learning and collaborative culture (that empowers clinicians and administrative staff across levels of care to improve quality of care collaboratively). Quality of care is one of the categories the government is working to address to reduce medico-legal claims. As noted by National Treasury³⁸ "medico-legal contingent liabilities reached R99.2 billion in 2018/2019, while medico-legal claim payments reached R2 billion. These payments are affecting the budgets of public facilities and, in turn, the delivery of services." Government aims to stabilize and possibly reduce medico-legal claims through a series of interventions, including addressing quality of care, improving administration of medical records and investigating potential fraud in law firms specializing in this area.

7.1.4.3. Quality of the Health System

Ideal Clinics In addition to the Ideal Clinic Realisation and Maintenance Programme, the Ideal Hospital Framework, is a tool that has been recently institutionalised and introduced to all Provincial Departments of Health, to ensure quality services is being rendered by hospitals.



Figure 25 - Ideal Clinics

Source: Ideal Clinic Software Information System, 2019/2020

Figure 25 and Table 12 indicate the Ideal Clinic status since 2015. At the end of 2020, 55% (1906/3472) of facilities in the country were ideal, with some provinces improving rapidly over the 5 years. Example, GP has improved from 24% of ideal clinics in 2015/16 to 91% ideal clinics in 2019/20. Most provinces are improving or remaining constant with their ideal status; however, LP and NC have shown significant declines in status over the past two years.

^{*}Budget Roview, National Transury, 2006

Table 12 Ideal Clinic status as of 2015 to 2020

Province	% IC 2015/16	% IC 2016/17	% IC 2017/18	% IC 2018/19	% IC 2019/20
EC	1,8%	18.0%	20.3%	32.2%	32.5%
FS	9.9%	35.1%	51,4%	75.7%	68.9%
GP	24.2%	58.4%	79.1%	89.7%	91.0%
KZN	23.2%	47.4%	63.1%	75.9%	74.0%
LP	5.6%	10.6%	25.2%	34.3%	28.9%
MP	6.6%	22.9%	30.2%	46.2%	51.0%
NC	1.9%	41.4%	54.9%	56.8%	34.6%
NW	2.3%	29.9%	39.3%	45,8%	56.2%
wc-	0.0%	15.6%	54.8%	68.8%	77.2%
South Africa	9.3%	29.9%	43.4%	55.3%	54.9%

Infrastructure. One of the NDP Implementation goals are to build health infrastructure for effective service delivery. The department will develop a 10-year national health infrastructure plan to improve health facility planning to ensure construction of appropriate health facilities on a need and sustainable basis. During the past financial year maintenance was completed in 225 facilities, 17 clinics and CHCs constructed or revitalised and 2 hospitals were constructed or revitalised.

The department is working with National Treasury to develop strategies to accelerate the delivery of infrastructure in the health sector for the implementation of national health insurance. Although the details of these proposals are still being finalised, they are likely to draw on the budget facility for infrastructure and the Infrastructure Fund to complement existing budgets for health infrastructure, such as the two conditional grants for this purpose.

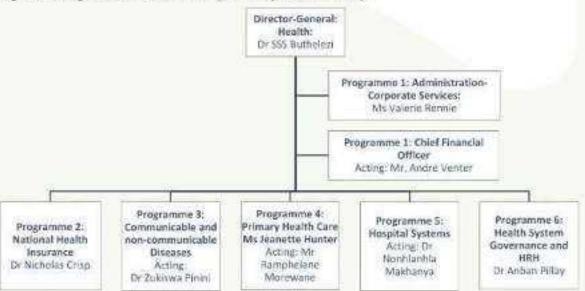
The direct health facility revitalisation grant is the largest source of funds for public health infrastructure with an allocation of R19.9 billion over the MTEF period, and is transferred to provincial departments of health through the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme. This subprogramme also houses the health facility revitalisation component of the national health insurance indirect grant, which is allocated R4.6 billion over the MTEF period and includes allocations for planning and building the LP Central Hospital in Polokwane, which is planned to be completed in 2025/26.

Human Resources for Health: To address the disparity in human resources of health a Ministerial Task Team was established, which drafted and published the HRH strategy 2030.

7.2. Internal Environmental Analysis

The budget programme structure shown below, depicts the transitional organisational structure of the National Department of Health. The Department's organisational structure, which was endorsed by DPSA in 2012, is currently under review. A new organisational structure will be determined during 2022/23 financial year, and implemented once approved by DPSA. Thereafter, the budget Programme structure of the Department will also be reviewed, based on the approved organisational structure. This process will also ensure that the NHI office is provisioned within the National Department of Health while, the NHI Bill is being publicly consulted by Parliament.

Figure 26: Organisational structure (currently under review)



7.3. Personnel

Table 13: Personnel numbers and cost by salary level and programme

Personnel numbers and cost by salary level and programme

Programmes

- 1. Administration
- 2, National Health Insurance
- 3. Communicable and Non-communicable Diseases:
- 4. Primary Health Care
- 5. Hospital Systems
- 6. Health System Governance and Human Resources

	estima	r of posts ated for ach 2022			No	mber and	cost ^e o	f perso	swiel post	s filled,	plann	ed far on	funded	estab	lishment			Average growth rate (%)	Average: Salary level/ Yotal (%)
	Number of funded posts	Number of posts additional to the		Actual.		Revis	ed estir	nate			Media	atr-term e	spendi	ure es	timate				
	pons	establish- ment			20/21	21	021/22	Si.		022/25			023/24			024/25		0.00370	1/22 - 4/25
Health			Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit		
Solary level	1 484	60	1.484	005400	0.6	1 410	Owner Design	0.6	4 Firegra	787.3	605t	Contractor.	760.1	0.6	11/2/2009	794.3	cost 0.7	-6.1%	100.0%
1-6	568	72	568	174.5	0.3	558	181.7	0.3	646	140.0	0.3	440	110001	0.3	434	100	0.1	-8.1%	37.9%
7-10	631	-	631	453.45E	0.7	580		0.7	509	362.3	0.7	2009	344.2	0.7	3332	360.3	0.7	5.3%	41.9%
11-12	172	- 1	171		1.0	160	20090	16	140	139.3	1.0	137	88500	10	137		1.0	5.0%	11.6%
13-15	112		112	141.7	1.1	310	267.1	1.3	103	140.0	1.4	102	161.3	14	102	167.6	1.4	-2.5%	3.4%
Other	- 2	- 2	2	5.6	2.8	- 2	5.7	2.8	- 2	5.7	2.9	2	5.8	2.9	2	6.1	3.0	-	0.2%
Programm e	1 484	80	1 484	927.3	0.6	1410	898.8	0.6	1 198	787.3	0.7	1173	760.1	0.5	1 167	794.3	0.7	-6.1%	100.0%
Programme 1	483	3	433	245.9	0.5	476	250.1	0.5	462	245.7	0.5	454	244.9	0.5	458	255:2	0.5	-1.3%	37.6%
Programme 2	.66	6.5	66	42.1	0.6	69	46.2	0.7	67	45.2	0.2	57	45.0	9.7	67	47.1	0.7	-1.0%	5.5%
Programme 3	235		233	131.9	0.6	248	351.2	0.6	222	135.7	0.6	224	195.6	0.6	224	161.8	n.e	-5.3%	18.6%
Programme 4	370	72	370	296.2	0.8	269	219.1	0.8	274	227.6	8.0	245	201.5	0.8	245	211.4	0.9	-3,1%	20.9%
Programme 5	48	1.0	48	23.5	0.5	61	30.9	0.5	53	27,7	0.5	-54	27.7	0.5	54	28.9	0.5	4.0%	4.5%
Programme 6	284	- 12	284	187.7	0.7	287	201.3	0.7	120	N2.3	0.9	119	205.0	0.9	119	109.8	0.9	-25,4%	13.0%

7.4. Expenditure trends and budgets of the National DoH

7.4.1. Expenditure overview

Over the medium term, the department's most urgent focus will be on reducing morbidity and mortality resulting from the COVID-19 pandemic, including rolling out government's vaccination strategy and responding to future waves of infection. Ongoing focus areas include implementing national health insurance, preventing and treating communicable and noncommunicable diseases, investing in health infrastructure, supporting tertiary health care services in provinces, and developing the health workforce.

An estimated 86.7%% (R166.6 billion) of the department's budget over the MTEF period will be transferred to provinces through conditional grants. This includes additional allocations amounting to R758.7 million in 2022/23 to fund conditions of service improvements to employees who are funded by these grants. Total expenditure is set to decrease at an average annual rate of 1.7 %, from R65.4 billion in 2021/22 to R62.2 billion in 2024/25. This is the result of one-off allocations for the COVID-19 response in 2021/22 and baseline reductions effected over the 2021 MTEF period.

The mental health services and oncology services components of the district health programmes grant in the Communicable and Non-communicable Diseases programme have shifted to the National Health Insurance grant. This results in a R299.4 million increase to the baseline over the medium term in the National Health Insurance programme.

The R9.8 billion reduction to the baseline over the medium term in the Communicable and Non-communicable Diseases programme is linked to an increase of R10.9 billion in the Primary Health Care programme. This results from the shift of the new district health component (which funds community outreach services, malaria, human

papillomavirus and COVID-19 vaccine administration) of the district health programmes grant.

7.4.2. Responding to the COVID-19 pandemic

South Africa has experienced four waves of COVID-19 infections, placing significant pressure on the country's health system and its budgets. To protect South Africans against the virus, the department aims to have vaccinated 70 % of the adult population by March 2023.

An amount of R10.1 billion was allocated for the vaccine rollout in 2020/21 and 2021/22, and R4 billion is allocated for this purpose in 2022/23, of which R2.1 billion is earmarked in the Communicable and Non-communicable Diseases programme for purchasing additional vaccines.

A further R1 billion is provisionally allocated for purchasing vaccines and can be allocated during the year. The remaining R1.9 billion, of which R1 billion is an additional allocation, is allocated to the district health component of the district health programmes grant in the Primary Health Care programme to support the administration of vaccines in provinces.

Additional allocations to provinces through the provincial equitable share to continue the COVID-19 response and for goods and services are shown in chapter 6 of the 2022 Budget Review.

7.4.3. Phased implementation of National Health Insurance

Activities related to national health insurance are allocated R8.8 billion over the MTEF period, R6.5 billion of which goes through the National Health Insurance indirect grant. This includes: R4.4 billion to the health facility revitalisation component, which funds infrastructure projects in the Hospital Systems programme to improve the public health system's readiness for national health insurance; R1.9 billion to the non-personal services component in the National Health Insurance programme to fund initiatives to strengthen the health system, such as the

dispensing and distribution of chronic medicines, the improvement of patient information systems, and the electronic management of medicine stocks; and R277.2 million to the personal services component in the National Health Insurance programme to establish proof of concept contracting units for primary care, through which it will contract primary health care providers through capitation arrangements.

An amount of R2.1 billion is allocated to provincial health departments through the direct National Health Insurance grant for contracting primary health care doctors, and mental health and oncology service providers.

A further R174.2 million is earmarked for capacitating the department's National Health Insurance unit and building its health technology assessment, which involves economic evaluations of health interventions to inform policy making and priority-setting capacity to ensure that the department is ready to implement national health insurance.

7.4.4. Preventing and treating Communicable and Non-communicable Diseases

The district health programmes grant (previously called the HIV, TB, malaria and community outreach grant) is the main vehicle for funding disease-specific programmes in the sector. It previously had 8 components, but to give provinces greater flexibility in using funds, these have been merged into 2: the comprehensive HIV and AIDS component, with an allocation of R73.1 billion over the MTEF period; and the district health component, with an allocation of R10.9 billion over the MTEF period. The comprehensive HIV and AIDS component in the Communicable and Non-communicable Diseases programme funds government's antiretroviral treatment programme, which aims to reach 6.7 million people by 2024/25, as well as HIV-prevention and tuberculosis (TB) prevention and treatment services.

The district health component in the Primary Health Care programme funds community outreach services, malaria interventions and human papillomavirus vaccinations. In 2022/23, it will also fund provincial costs for the rollout of COVID-19 vaccines. In total, the grant is allocated R84 billion over the medium term.

7.4.5. Investing in health infrastructure

Over the MTEF period, R21.3 billion will be transferred to provincial departments of health through the health facility revitalisation grant and R4.4 billion is managed by the department on behalf of provinces through the health facility revitalisation component of the National Health Insurance indirect grant.

These grants are aimed at accelerating the construction, maintenance, upgrading and rehabilitation of new and existing health system infrastructure, as well as providing medical equipment required to render health services.

Over the medium term, the department aims to construct or revitalise 92 health facilities through the indirect grant and conduct major maintenance work or refurbishment on a further 200 facilities. This spending is in the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme.

7.4.6. Supporting tertiary health care services

Tertiary health care services are highly specialised referral services provided at central and tertiary hospitals. However, due to their specialised nature, there are only 31 of these hospitals in the country and most of them are in urban areas.

This unequal distribution results in patients often being referred from one province to another, which requires strong national coordination and cross-subsidisation to compensate provinces for providing tertiary services to patients from elsewhere. These services are subsidised through the national tertiary services grant, which is allocated R14.3 billion in 2022/23, R14 billion in 2023/24 and R14.7 billion in 2024/25 in the Hospital Systems programme. To improve equity and reduce the need for interprovincial referrals, a portion of the grant is ringfenced for strengthening tertiary services in provinces in which they are underdeveloped.

7.4.7. Developing the health workforce

To ensure that all eligible students can complete their training through medical internships and subsequently community service, additional allocations of R1.1 billion in 2022/23, R1.2 billion in 2023/24 and R942 million are made to the statutory human resources component of the human resources and training grant, setting its total allocations to R7.8 billion over the medium term. To provide further development and training for existing health workers, the training component of the grant is allocated R8.5 billion over the same period. This spending is within the Human Resources for Health subprogramme in the Health System Governance and Human Resources programme.

7.5. Expenditure trends and estimates

Table 14: Expenditure trends and estimates by programme and economic classification

Expenditure trends and estimates by programme and economic classification

Programmes

- 1. Administration
- 2. National Health Insurance
- 3. Communicable and Non-communicable Diseases
- 4. Primary Health Care
- 5. Hospital Systems
- 6. Health System Governance and Human Resources

Programme	Auc	lited outcor	пе	Adjusted appropriation	Average growth rate (%)	Average: Expen- diture/ Total (%)	Medium	term expe	nditure	Average growth rate (%)	Average: Expen- diture/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19	-2021/22	2022/23	2023/24	2024/25	2021/22	- 2024/25
Programme 1	551.2	542.4	551.0	828.7	14.6%	1.1%	781.7	812,4	852.1	0.9%	1.3%
Programme 2	1 192.3	1 840.0	1 021.9	1 032 1	-4.7%	2.3%	1527.4	1 538.1	1 612.9	16.0%	2.3%
Programme 3	20 688.3	22 713.5	28 348.4	35 750.6	20.0%	48.7%	26 913.1	24 629.2	25 733.0	-10.4%	44,7%
Programme 4	199.4	216.9	315.0	250.1	7.9%	0.4%	5 150.2	3 165.9	3 308.5	136.5%	4.7%
Programme 5	19 189.9	20 413.7	21 188 5	21 114.1	3.2%	37.1%	22 639.1	22.951.6	23 150.8	3.1%	35.6%
Programme 6	4 773.5	5.046.2	6 691.8	6.433,1	10.5%	10.4%	7,519.4	7 523.2	7 500.3	5,2%	11.5%
Total	46 594,6	50 772.8	58 116.6	65 408.8	12.0%	100.0%	64 531.0	60 620.5	62 157.6	-1.7%	100.0%
Change to 2021				2 865.5			2 875.5	1 234.0	942.0		
Budget estimate				1.001001							

Economic classification

Current payments	2 582.0	2 114.8	2 966.5	9 977.5	56.9%	8.0%	4 772.2	2 727.9	2 803.3	-34.5%	8.0%
Compensation of employees	793,2	830.9	927.3	898.8	4.3%	1.6%	787.3	760,1	794.3	-4.0%	1.3%
Goods and services ¹ of which:	1 788.8	1 283.8	2 039.2	9 078.7	71.9%	6.4%	3 984 9	1 967.8	2 009.0	-39.5%	6.7%
Consultants: Business and advisory services	289.3	345.2	400.6	218.8	-8.9%	0.6%	300.1	300.7	277.4	8.2%	0,4%
Contractors	509.8	357.8	556.5	490.8	-1.3%	0.9%	590 1	594.0	631.5	8.8%	0.9%
Inventory: Medical supplies	74.1	34.8	39.9	98.8	10.1%	0.1%	107.1	115.7	118.2	6.1%	0.2%
Inventory: Medicine	44.0	0.0	477.8	7.329.7	450.1%	3.6%	2 120.5	37.7	39.4	-82.5%	3.8%
Operating leases	121.6	204.2	111.3	151.0	7.5%	0.2%	127.2	130.1	139.9	-2.5%	0.2%
Travel and subsistence	79.8	3.5	100.0	150.9	23.7%	0.2%	133.9	148.3	151.3	0.1%	0.2%
Transfers and subsidies ¹	43 247.0	47 863.5	54 319.0	54 474.2	8.0%	90.5%	58 329.8	56 232.3	58 312.0	2.3%	90.0%
Provinces and municipalities	41 364.1	45 863.4	52 112.5	52 462 2	8.2%	86.8%	56 251.5	54 183.4	56 170.8	2.3%	86.7%
Departmental agencies and accounts	1719.6	1 830.3	2 033.8	1 829.0	2.1%	3.4%	1 889.2	1 859.2	1 942.9	2.0%	3.0%
Non-profit institutions	161.2	167.3	170.6	183.0	4.3%	0.3%	189.0	189.8	198.3	2.7%	0.3%
Households	2.2	2.5	2.1		-100.0%	0.0%	2		-	0.0%	0.0%
Payments for capital assets	765.6	794.5	831.1	957.0	7.7%	1.5%	1 429.0	1 660.2	1 042.3	2.9%	2.0%
Buildings and other fixed structures	591.0	592.0	740.1	838.7	12,4%	1.3%	1 083.5	1 325.5	692.5	-6.2%	1.6%
Machinery and equipment	174.6	202.5	91.0	118.4	-12.2%	0.3%	345.5	334.7	349.8	43.5%	0.5%
Total	46 594.6	50 772.8	58 116.6	65 408.8	12.0%	100.0%	64 531.0	60 620.5	62 157.6	-1.7%	100.0%

Tables with expenditive trends, annual budget, adjusted appropriation and audited autcome are available at www.treasury.go v.za and www.vulekamali.gov.za.

7.6. Transfers and subsidies expenditure trends and estimates

Table 15: Vote transfers and subsidies trends and estimates

		united servers		Adjusted	Average growth rate [N]	Assettant Septem- ditornal Total CSI	Meth	er-corn aspenditus autrenta		Average growth total	Francisco (Francisco) Tietas (No.
Lineard	mayor	2013/26	3636/11	26/20/10	100,00	200 May 200 Ma	2002/25	2022/34	3024/25	2021/32	(0.00) 2 hours
Households		201100		- 1110		10				111701	111111111111111111111111111111111111111
Social herselfts											
Derey	2249	2494	199		-100.0%					-	
Emphasia social becertilis	6.346	1 454	1979	24	100.0%	- 1			-	- 1	-
Non-graff Helitation	7750	12000									
Corner	200.055	167 289	109 574	183.000	425	0.2%	165 000	185.566	150 305	476	6.29
No-gas covered approaches safetime	25.27%	26529	47 194	Ja pox	145	0.0%	16,679	48.966	30.00	58%	0.09
Non-post remarkal organizations: bless de	94.756	01.176	36.502	20.375	145	0.29	18.147	64530	\$1.52m	25%	11.2%
Non-pose remercial organisations, Southlity	20239	27.356	2150	24 (2)	8.10		10 000	25 181	26,713	200	11.43
Non-power way of dependence HV and AES	4774	49-667	36.759	65 353	255	0.1%	67.529	67.788	7015	26%	0.25
South African Renal Registra	376	100	403	40	6.19	3.5	100	461	482	2.8%	11.00
born African foreston for Mental Hollan	399	40	419	470	9.4%		466	190	1,100,140		10
Printed by A. S. St. St. St. St. St. St. St. St. St.			268		849	- 3			902	2,79	- 3
Section the section of the street to the street	611	929		1660		1 15	1.082	14%	1349	2.6%	
Sayti Malan Meshat Kesanih Casast	700	365	402	11111	100.00	- 3	2242			0.02	
Batter of Council Agreem Servicing	104	980	- 3	3386	149	29	1396	7.84	140	24%	- 9
Households											
CAlbert transfers to homorholds			93			28			(de	- 3	
Carety			198		- 1	- 14			-	- 1	-
Employee would be writte		17	200		- 3			-	- 5	- 7	
Departmental agreedes and acceptes											
Departmental agencies (here business extRes)											
Caywei	4755788	1,000 214	1309.760	1.827 363	2.2%	2.76	3 A87 780	1,007,454	1941.900	3,6%	3.00
riculty and Welfare Technical and an artisting	£481	3942	919	3336	978		2330	1110	2887	1.7%	-
Aphoria	1 - 100	74.007	140550	200,000	100		Section 1	Contract of	V 25 44 24		
Switchfold Automost Count	27.330	JA Des	14.106	28 401	29.19	1	19,580	20.254	21.847	559	200
Switz Alfrech Mindfort Research Council	101 101	MEXIC	850043	851.100	10.5%	11%	779543	797 587	MAT ART	0.7%	1,000
Reamfrest salarases Sevila	E070	90.400	801.053	040 007	19,6%	1.2%	272361	721.691	TOTALL:	149	3,3%
COin of Points treededs Comphessis	129 674	130.474	117 500	151.800	3.4%	10.0%	157.589	tic/pi	159/300	129	0.00
Caland for Medical Schools	2.000	2307	4.503	9,283	2.1%	11.00	k201	411	6,831	3.4%	777
South difficult health Modests Rypubsing Authority	125-186	101.274	196572	(45.28)	5.16	11,19%	1,19,065	150 953	150 438	2.9%	11.2%
Province, and reast cycline.											
Previous remove funds											
Carent	35 305 896	39 367 330	40 797 265	44,007,000	0.19	81.4%	41 473 300	47 063 SHs	48 500 520	3.0%	84.25
Historial health treatment grays		285,258	245 1.12	260 677		0.49	888,747	28+475	110.545	36.7%	4.15
PLOTED TREASURE LABORATOR STATE		201.096			-	0.59	3.40	-	-	22	
HIV, TO, easie is unabconveniently conspecting time.			218,781	636.338		0.2%	-		- 1	180.0%	.0.3%
Human pipillimeanun ecces cangreent.	0050545	1.0001.00				2.6652			1	000	
Human papillamonous section giberts	350 000	12 XM	2000,000,00	7,000	-DECTOR	0.1%	1.00		71	100000	2.80
HIV, TB, year is any consumerty comment grant TIV		10:003:276	20 377 564	22.063.776		21.1%	0.00	100		-(180.0H	0.0%
and A16 cooperate 16', To make a addominantly sprouth grant. Make a strategist cooperate:	-	30 425	116214	184381	- 4	0.2%	-	-	#	180.6%	-
HV, The water is and community outmany grant		1.500 000	1.536.647	1460105	- 2	326	1.67	- 2	-	-100.0%	4.09
Community extresid remove pompagent			1.4.90.12024								
HY, IA, train is and community subsecting and. full recursion compresses	- 1	A01 30E	507.766	586.075	12	0.79		-	- 1	-100.0m	0.2%
HTC TIL PROFILE AND CONTROL BY SQUARED GOVERN	19101100	1		143.401	40.7%	30.0%	5.00		-	1280.0%	0.4%
Metal feld frence conscret				27111		200				Tall.	-
HEV, I'D, married and community community grant, changing services compared	- 2	- 3		(2+111	- 13	S. E. Paris	500		3	280,0%	SLIP
107, 15, make a and community outmost grant. COME-by companions		- 5	2412.137	4 Set one	- 5	23%	1.5		-	100.0%	117%
Debrit feelth programmes grow (District health) component	5	18	2	32		12	4 644 547	291245)	2062 258	28	ARM
House of tentians on taxes greet	12 400 201	201005300	58.00.6358	33747796	145	18679	18 806 899	DESCRIPTION.	36,000,000	6.01	28.3%
Phenon i resources, and trapping group	ALCOHOLD !		4.00mm2	4.297 682		4.2%	3.440.005	5 470 003	5 886 917	2.7%	525
Health professory thereing and development grant	2.194 926	0.090.003	110000	11.00	-000.0%	2.9%	3.77		100	9994	-
District hours anapperation grant Compatibilities HIV and ACS companies	10711124					14%	34.634531	13 914 004	15 046 45E		52 Jh
Could	9.097.201	9 896 213	9311262	9 933 386	2.05	22.0%	8 779 106	7.133.660	7.161.101	44%	13.2%
Honly halling owns horsen span:	0.097 223	0.046.275	9 (01 242	3 540 388	24%	8176	8.779346	7100.000	2341381	Ath	81.2%
Departmental agencies and accounts	April 1990 b	11111111111		1000000	7.7.7.7	7640					
Sected respecting faceds											
Carrier	5 604	4000	4,918	1407	-27.25	- 54	1946	6798	1000	8.75	-
22 S (S) (S) (S) (S) (S) (S) (S) (S) (S) (5500	4.858	400	109	-25.9%	3.4	1346	1795	1.60%	80.294	-
Compensation Commissioner for Occupantistal											

PART C: MEASURING OUR PERFORMANCE

PART C: MEASURING OUR PERFORMANCE

8. Institutional Programme Performance Information

8.1. Programme 1: Administration

Purpose:

Provide strategic leadership, management and support services to the department.

Outcomes:

Outputs, performance indicators and targets

			250	Control Page 2019		Bistimuted			2	MYEF Targets			
Outcome	Output	Output	ł	Audited Performanca	ence.	Parformance			Quarterly Targets	Beggets			
		110000000011	2018/15	2018/15 2019/20 2020/21	2020/21	2021/22	2022/23	8	а	a	8	2023/24	2024/2028
Financial Management strengthened in the health sector	Audit outcome of National DoH	Phrancial Audit outcome Audit outcome Unqualified Unqualified unqualified Wanagement of National DoH of National DoH audit audit audit audit opinion opinion for 2019/20 n the health PY received sector.	Unqualified audit opinion	Unqualified audit opinion	unqualified audit opinion for 2019/20 PY received	Unqualified Unqualified audit opinion audit for 2020/21 opinion for FV received 2021/22 FY received	Unqualified audit opinion for 2021/22 PY received	Not Applicable	Not Applicable	Unqualified Audit Opinion from Auditor General of SA (2022/22)	Nor Applicable	Unqualified sucit apiklan for 2022/23 FY received	Inqualified Unqualified such such such such such such such such

		AUGA AUGS	Legislation to manage medico-legal claims in South Africa promulgated and implemented	Case Management system continuously implemented (rellout) in all 8 perticipaling provinces
	1000	we leave	Legislation to Legislation to manage manage medico-legal medico-legal dalms in claims in South Africa South Africa promulgated promulgated and implemented	8 Provincial Case Case DoH Management Management recording system system rew Medico- continuously continuously Legal cases in implemented implemented the Case (nobout) in all (reliout) in all Management 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
ĺ		8	Drafted Bill to be processed through Cabiner structures	8 Provincial DoH recording rew Medico- Legal cases in the Case Management System
MTEF Targets	spath	ð	Drafted Bill consulted with identified stakeholders	GP DoH EC DoH 8 Providence of the providence of
TMT	Quarterly Targets	25	Consulted Bill consulted with Indentified stakeholders	GP DDH recording historical data (Medico- Legal Cases) in the Case Management System
		ð	Bill to be crafted in Antan Law Reform Commission Recommendations	2 (MPU and LP) of 4 (MPU), LP, GP and EC) Provincial Dost, recording their historical data (Medico-Legal Cases) in the Case Management System
	Annual Target	2022/23	Legislation to manage medico-legisl claims in South Africa developed	Case Management system implemented (reliout) in the remaining four of eight (4/8) participating provinces, excluding
Estimated	Performance	2027/22	A polity, and lings a lings a lings a lings a lings a gazette to manage medico-legal claims in South Africe	Case Wenagement System used to manage new medica legal claims in 7 provinces
	ance	2020/21	A policy and fegal framework developed to manage medicolegal column in South Africa (also inferred to as Latgaton Strategy) drafted	Case Management system developed and implemented in 3 provinces
THE PROPERTY.	AGUSTOS PERIORISMOS	2019/20	Not Applicable	Not Applicable
-	2	2018/19	Not Applicable	Nat Applicable
1	Output		A policy and legal framework to manage medico-legal claims in South Africa developed	A secure case management system developed and lenglemented to streamline case management in 8 Provinces
	Output		A policy and legal framework to manage medicineligal claims in South Africa	A secure case management system developed and implemented
	Outcome		Management of Medico- legal cases in the health system strengtheried	Management of Medico- legal cases in the health system strengthened

		Contract of	10.0		10000	Estimated			M	MTEF Targets			
Outcome	Output	Output	2	Audited Performance	ance	Performance	Annual Target		Questerly Targets	nagara.		Sec. Con.	
			2018/15	2019/20	2020/23	2021/22	1022/23	ð	ð	a	8	Z0Z9/20	2024/2025
Premature Health mortality due Promoto to NCOs messag reduced to actively 26% (10% market reduction) through media	Health Promotion messages actively marketed through social media	Number of Health promotion messages broadcasted on Social Media to supplement other channels of	Not Applicable	Not Applicable	213 (4 per wrek) health promotion messages broadcasted on social media	Monosith promotion messages broadcasted on social media	100 health promotion messages on NDOH social media placed	25 Fealth promotion metsagos on social media placed	25 health promotion messages on social media placed	25 health promotion messages on social media placed	25 health promotion messages on social media placed	Social media platforms with NDOH presence increased (YouTube)	Social media platforms with NDoH preserce increased (TIKTOK)
Staff Mos equitably imp distributed to n and have min right skills and attitude	Monttoring the Percenta implementation Women, to reach the level app minimum targets at NDSH according the equiting the equiting targets.	Percentage of Not Women, at SMS Applicable level appointed at NDSH accordingly to the equity targets	Not Applicable	Not Applicable	63.4% Women at SNS level appointed at NDoH accordingly to the equity farigets	50% of Women at SMS level, appointed accordingly to the equity targets	SON of Wumen at SWS level appointed at NDoH accordingly to the equity targets	10% Women appointed at \$W\$ Invel	30% Women appointed at \$WS level	appointed at appointed at SWS level SMS level	SOM Women appointed at SMS (evril	Minimum Equity targets achieved	Minimum Equity targets achieved

			-	And Development	SCHOOL STATE	Estimated			2	MTEF Targets			8
Outcome	Output	Output	1)	Audited Performance		Performance	Annual Target		Quertarly Targets	higets		Sales	Service of the servic
		X.	2018/19	02/6102	12/0202	2021/202		8	8	8	3	3023/24	2024/2025
Staff ecultably distributed and have right skills and actitude	Monitoring the Percentage of Not implementation Youth App to reach the appointed at minimum targets Abord Accordingly to the equity targets	Percentage of Youth appointed at NDoH accordingly to the equity targets	Not Applicable	Not Applicable	19.4 Syrouth 30% Youth appointed at NDo+ NDo+ NDo+ accordingly accordingly to the equity to the equity targets targets	30% Youth appointed at NDoH accordingly to the equity targets	30% Youth appointed at NDoH accordingly to the equity	5% Youth appointed	10% Youth appointed	20% Youth appointed	30% Youth appointed	Minimum Equity targets achieved	Minimum Equity targets achieved
Staff ecutably distributed and have right skills and attitude	Monitoring the Percentage of Implementation People with to reach the disabilities minimum targets appointed at NDOH accordingly to the equity targets	Hercentage of People with disabilities appointed at NDoH eccondingly to the equity targets	Not Applicable	Nat Applicable	0.39 % People with Disabilities appointed at NDoH accordingly to the equity tragets	and the state of t	7% of People with disabilities appointed at NDOH accordingly to the equity targets	7% of People 7% of People 1.7% People with with disabilities disabilities appointed at appointed at NDOH secondingly accordingly to equity the equity the equity the equity.	3.4% People with disabilities appointed	3.4% People 5.1% People 7% People with with with with disbuilties disabilities appointed appointed appointed	7% People with disabilities appointed	Minimum Equity targets actieved	Minimum Equity Targets achieved

Budget Allocations

Nahanganan	A	didad outcome		Adjuncted Oppropriation	Astronyo growth (40e (50)	Alterage: Expan- ditercy/ Payal (NA)	Media	ot-serv expensive		Arcrego graeck rate (N)	Arenge Espor dikers, tess IN
Residen:	1016/39	2816/29	2636/33	2079/22	2014/15	2921/22	2022/27	2013/24	M24/23	2023/22	2024/25
Minty	28.0	19.1	37.2.1	46.7	17.2%	8.6%	4639	420	39.0	15.4%	5.60
Management	1.0	4.5	7.2	11.0	6.7%	AVE	10.2	30.2	2200	1.4%	1.29
Corporade Senance	205.9	279.9	128.8	428.4	18.5%	52.55	589.7	427.2	4361	146	57.0
Property Management	286.8	928/2	232.0	198.4	22,0%	72.79	385.7	199.9	589.4	-2.290	25.41
Flearistic Africa agromated	97.4	100.4	47.9	187.9	22,8%	127%	374.7	129.2	286.5	446	26,29
Total	185.2	347.4	453.0	888.7	14.6%	100.0%	781.7	622.4	857.6	0.86	110.05
Change to 2071				124			785.62	545-85	(32.0)		
Dalgel HSMale -											
Esonamic classification											
Current proyecosts	566.0	889.8	846.7	817.2	MXN	66.66	766.0	890.2	#8K.R	3.1%	98.25
Consystemation of irrestances	717.9	298.1	295.9	252.0	1.8%	35.8%	245.7	294.8	255.7	0.7%	35.0
George and annitosa	206.7	296.0	208.7	562.0	42.4%	59.7%	309.7	535.0	386.7	1.2%	6786
(Falick		****									
Audit syste Februar	17.2	18.6	26.4	9.6	46.0%	4000	32.0	1.03	35.6	7.8%	6.61
Contract years	390.0	11.0	VA.0	59.9	18.4%	5.45	57.0	52.6	10.0	-	269
Consultantic Susinoso end advisory services	K4.	2754	38.7	23.0	43.4%	4.29	42.0	43.5	49.0	5.8%	3.39
Coverance control	1087	92.2	88.1	167.6	20.4%	281%	222.0	126.6	136.0	-2.66	35.00
Popritypayment	32.7	38.7	38.2	31.9	28,6%	3.50	77.4	38.2	58.8	42%	3.79
Drawland admittence	27.9	2.4	6.8	8.22	22,5%	3.89	47.6	57.0	39.4	2.5%	4.29
Transfers and reduition	7.8	1.3	4.8	2.5	-1.0%	0.45	2.5	14	4.7	1.7%	3.35
Disperting etal agencies and accounts	2.1	2.6	8.7	23	4.2%	0.3%	2.5	2.5	2.77	1.7%	0.21
Baselatt	8.6	2.4	1.7	- 12	100.0%	676	100	1,000	77.0		
Programmes for consisted constrain	2.4	1.4	2.4	58.0	60.6%	2.611	25.2	2.7	59.1	-20.2%	1.53
Missilven and equipment	24	6.8	2.6	MC	60.6%	2.2%	182	8.7	28.0	50.7%	1.59
fotal	351.7	342.4	257.07	828.7	14.5%	100.4%	781.7	622.4	852.1	0.6%	233.05
Programme of take programme	3.2%	1.76	0.8%	2.3%		71	1.7%	2.2%	2,439	- 10	-
espenditure in rete espenditure	200771	19610						110075			
Betieft of transfers and subsidies											
Herodyskie			T	T							
Seciel hought											
Diegra	4.0	4.0	1.2		-000.00	0.00	100	- 2	-		
Chry loves and all Branchis	8.5	0,0	1.5		-180.0N	0.1%					- 1
Departmental agencies and accounts						565					
Department agencies (san-business entitles)											
Conset	2.1	2.6	6.7	2.5	6.7%	6.2%	2.5	24	2.7	1.7%	0.25
Holith, and Molfore Grator Education and Trianing . Authority	2.1	3.9	42	2.5	2.7%	0.58	230	33	2,2	1.76	0.26

Personnel Information

W-11- 20 2	Of the second section with a second	which is a facility of the second second second	Charles of Secretary Reserve	And became they and
LEGGLE JE /	ALEXTRATICETE POR DISTANCE	ectannel numbers	ana cost ov	TRIGITY RESOUR
Company of the Compan	Charles and Control of the Control o	ROOMS OF THE PERSON AND ADDRESS OF THE PERSO		Commence of the Control of the Contr

	Bunder of East 22 Month				Aureber	marcoof of p	ctivered or	into SPenie	Person for in	hades	on/Anne	ni .						Anerage	Arennye Seleta
	Munder of Juntos posts	Australia of prints and the con-		Acces		Prince	Votest					noin in the	product.	colonies				754 754	Arvety Sees Day
		autobioni total		,	226/22		NO.1/37	07000		2007/29	22703		2021/24	27722		200.00	1517	2803207-2	XXX4/25
Administration			Methor	Ge	Check	Paretter.	CAR	Links	Number	Cert	1905	Mander	Cost	dow'r road	Beetle	Cas	det.		
Survey devel	40)	- 4	46.0	245.9	8.8	476	1,015	18.0	442	2017	2,1	Abi	244.9	28	478	2012	866	1.00	190.0%
3-4	29		394	610	5.90	450	44.2	36.0	264	60.6	2.8	318	67.6	24	166	67.6	631	0.7%	54.4%
THE	4.99		133	78.8	3.6	3,589	95.6	18.0	3463	77.3	26	1.00 ·	764	0.6	AN	30.1	156	-0.2%	27.5%
11-17	52	1	30	At-1	0.00	1.80	661	1.0	48	45.0	- 48	100	417	3.0	46.	45.0	14	12.7%	309
19-19	30	1	- 38	46.1	44	- 16	86.0	1.4	188	4/2	2.1	380	425	1.0	16	11.7	200	0.0%	726
Otto	- 3	400	1.7	2.0	7.8	- 2	3.7	2.80	- 1	12	24	1	3.6	38	27	- 61	3.0	-	0.25

8.2. Programme 2: National Health Insurance

Programme purpose

Achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.

Sub-programmes

- Programme Management provides leadership to the programme to improve access to quality health care services by developing and implementing universal health coverage policies and health financing reform.
- Affordable Medicine is responsible for developing systems to ensure access to essential
 pharmaceutical commodities. This is achieved through the selection of essential medicines, the
 development of standard treatment guidelines, the administration of health tenders, and the licensing
 of people and premises that deliver pharmaceutical services and related policies.
- Health Financing and National Health Insurance develops and implements policies, legislation and frameworks to achieve universal health coverage by designing and implementing national health insurance. This sub-programme commissions research on health financing, develops policy for the medical schemes industry, provides technical oversight of the Council for Medical Schemes, and manages the national health insurance indirect grant.

	anse fanse	2000/0000	NHI Branch In NDOH Durchashig PHC benefits in proof-of- concept GUPS by 2024/25	6.5million registered patients				
	2000	to leave	Net 841 serving at the National Assembly	o million registered partents				
		8	Portfolio Committee Committee and and NCOP NCOP public hearings public hearings on the NHI Bill on the NHI Bill in Parlament in Parlament attended attended	5,5million registered patients				
MTEF Targets	y Tanget	8	Portfolio Committee Committee and and NCOP Dublic hearings public hearings on the NHI Bill in Parlament in Parlament attended attended	5.4millon registered patlents				
	Quarterly Target	8	Portfolio Committee and NCDP public hearings on the NHI Bill in Parlament attended	5.1 million 5.3 million registered registered patients patients				
		a	Portfolio Committee and NCOP gublic hearings on the NH: Bill in Parliament attended	5.1 million registered pattents				
	Annual Target	82/2202	Portfolio Committee and NCOP public hearings on the NH Bill in Parliament attended	SSmillon registered parlents				
Entimeted	Parformance	27/1202	Portfolio Committee and NCOP public headings on the NHI BRI in Parliament attended	4.8million registered partents				
1 -20		12/0202	Portobo Committee public hearings on the NHI BIII in Parliament attended	4.3 million registered patients				
STORAGE.	Dammar I	02/6102	Applicable	Smillion registered patients				
Statement	Authorized Personnalized	2018/19	Not Applicable	2.5million registered patients				
	Output Indicator		NHI Fund purchasing health services by 2024/25	Number of patients registered ron the central chronic medication dispensing and distribution (CCMOD) programme				
	Output		NHI Fund purchasing Health Services by 2024/25	Expand the Numba access to pation chronic register medication for on the stable central patients chronic dispen- dispe				
	Outcome		Package of services available to the population is expanded on the basis of cost- effectiveness and equity	Package of services available to the population is expanded on the basis of cost- effectiveness and equity				

			At affine of the Atlanta	The second second	17.00	Estimated				MTEF Targets			
Outcome	Output	Cutput Indicator				Parformance	Annual Target		Questo	Quarterly Target			S. C. C.
			2018/19	2018/20	2020/21	2021/23	1027/23	8	8	8	*	wa /compa	40409403
Package of services available to the population is expanded on the basis of cost- effectiveness and equity	Number of human responds available to support the NHI implementati on increased	Percentage of funded posts in the NH organogram filled	Nat Applicable	Nor Applicable	Not Applicable	Not Applicable	70% of funded Orgenogram posts in the for Neil NHI confirmed organogram filled	Organogram for Nati confirmed	Advertisements 50% of funded 70% of funded for funded posts in the posts in the published NHI NHI Organogram organogram filled filled filled	posts in the NHI organogram filled	70% of funded posts in the NHI organogram Miled	90% of funded 90% of funded posts in the posts in the NH NH Organogram organogram filled filled	90% of funded posts in the NHI organogram filled
Resources are realth available to facilities frontille stock frontille providers, availability national to manage it surveilla according to centre their local	Resources are Health available to facilities managers and reporting frontine stock with floutibility at availability at to manage it surveillance according to centre their local	Total number of number of health facilities reporting stock availability at national surveillance centre	80 60 10	0 650	3.788 (33.10 Clinics/O+C/ CDC, 379 Hospitals, 99 Other medicine storage stos)	3830 Health facilities	3850 Health facilities	3835 Health facilities	3840 Health facilities	3845 Health facilities	3850 Health Secilities	S860 Health facilities	3870 Health facilities

Budget Allocations

Subprogramers	Age	Sted custome		Adjusted oppropriates	Angraye grawth retr (%)	Arentages Elegen- Elegen/ Josef (N)	Media	nami expendita	w.	Alexage graphs rate (10)	Aurage Expen- ature Foto (Ni
Hastler	2010/15	2019/20	2029/25	M31/22	2015/25	2021/22	2022/25	2023/24	3004/25	2021/22 - 2	25/400
Programme Memogramme	4.2	4.8	0.3	60	17.5%	8.8%	2.7	24	5.0	15,8%	0.86
Alfondular Mindover	26/2		37.6	318	122,0%	3.9%	360	16.1	47.9	-2.65	3.79
Herith Fearcing and National Health Insurance 1	13514	3.800 #	595.2	1763	-4.3%	85.64	14667	3.429.3	2.560.0	320%	56.05
Taist	1.197.3	18420	4.020.5	2452.1	4.7%	200,0%	15024	1.535.1	24125	20.0%	160.09
Change to 2021	(02///25			2508.40		2010000	364	88.4	Time.	1700000	-0.000
Budget economic				912				100	07.6	-	
Economic classification:											
Concert autoriests	2 205.3	569.6	793,7	757.0	02.69	85.7%	275.3	788.6	398.7	448	35.00
Congression of weekspace	85,2	420	42.4	163	6.8%	2.56	45.2	45.6	48.1	2.69	329
Good and universit	20162	3867	728.6	116.8	12.4%	58.33	736.0	362.6	290 E	4.6%	52.85
of added											
Advertising	6.3	0.9	0.0	16.7	336	6.5%	id of	197	204	10.966	6.50
Migar poets	41	25	32	14.0	33.00	2.79	10.7	3018	13.2	2.8%	0.89
Consumon abovest and polycopy remore.	28.4	1,28.9	1969	12.0	616	7.7%	400	48.7	30.2	4.90	349
Contractor	463.8	224.2	519.2	441.9	3.1%	15.4%	347.5	154.3	353:3	-250%	32.33
Agency and augment/outlinemed services	pase			100.1	1857%	A7%	12.4	78.2	762	424	6.69
Typed and substitute	21.0	0.2	3.2	28.4	25.69	3.7%	10.9	263	30.6	4.6%	Lei
Transfers and subsidies	0.0	1286.2	345.2	266.7	3636.55	33.6%	885.5	466.7	216.9	31.7%	61.65
Previous and municipatives .	3.8	1,355,0	245.2	266.7		32.6%	891.7	654.7	730.5	30.7%	42.65
ROUGHOUN	18	0.4	90		-1503W		1.5	17.57	11.57	100	
Payments for capital assets	215.0	26.2	25.5	26.8	-20.4%	4.7%	34.4	Still	59.2	29.4%	2.49
Machinery and experience	1257	.82	15.6	264	-25/69	4281	36.4	Stil	872	29.6%	349
Xauri	1.552.3	2,640.0	0.150.1	1492.1	4.7%	385.0N	1527.4	1.885.2	2812.5	26.0%	200,60
Proportion of total programme expenditure to vota expenditure	269	16%	Lan	1496	-		249	2.5%	2.0%	100	-
STATE OF THE PARTY											
Getrife of incostino engisularides Househalds			- 1		-				_	_	
Social benefits	224	0.2	0.0	-	-100.6%		- 1	-	- 5		
Current	68	02	66				_			- 3	
Erphyer social linerfits Premises and municipalities	- 27	02	900		-38689			-	- 5	-	
Presinces											
Previous recessor funds			12.00	240.00				1,000,00	76000		
Calvert		1 255.0	245.1	266.7	-	44.8%	4857	650.7	716.9	48.7%	41.60
Norunal SeaAh representative?	-	269.5	245.5	286		13,3%	895.7	4847	710.9	86.7%	43.45
Plante strategist inpercipitation grant.		105.7	2-03	27.72		27.0%	100		13.700	565	

^{1.} The decrease in 2020/21 was due to the shift of the conditional grant allocations for medical interns and community services doctors from this subprogramme to the Health System Governance and Human Resources programme. The increase from 2022/23 is due to the shift of mental health and oncology conditional grant allocations from the Communicable and Non-communicable Diseases programme to this subprogramme.

Personnel Information

Table 18.9 National Health Insurance personnel numbers and cost by solary level*

-	Florence of pasts 22 Mars				103.050	and suff of p	10000	ner Stad	stement for or	jane e								Average	Accept
	Assessed of Sainteed skeets	Norther of picks additional to the		Adail			destrone	200	ii de			udin non a	perditure.	ntinute				100	Street/ Turket (%)
		PRINTED		- 5	604/23		2011/09			200/20			2021/24			262A/29		Jacque-1	974/25
retrieved receive	incore		Marker	Coor	Unit car	Auctor	Cost	CHE	Mundur	East	Little	Namber	Cost	CMB	Number	cost	LAME.	1747	
Solvey level	44		44	45.1	0.6	60	46.7	4.7	43	45.2	0.7	67	46.0	0.7	40	40.2	0.5	(5.8%)	30000
178	32	71	211	4.5	93	37	5.5	4.5	125	2.4	0.21	12	32	6.5	187	3.5	6.5	434	25.7%
P-16	34	-	30	140	0.8	367	13.3	RX.	- 00	163	11.5	1.86	131	485	3.6	25.8	0.5	426	40.7%
11-12	13		(23	22.3	0.2	1580	12.9	100	12	12.0	1.00	122	120	1.0	12	42.5	287	2.66	26.31
19-10		- 1		00.1	13	- 4	11.1	-34		42.5	14		12.0	1.4		71.1	137		2000

Consideration provided by the dispositive and may not received in the extra AFS of government processed designations and the second contract of the contract o

[&]amp; Band orthon.

8.3. Programme 3: Communicable and noncommunicable diseases

Programme purpose

Develop and support the implementation of national policies, guidelines, norms and standards, and the achievement of targets for the national response needed to decrease morbidity and mortality associated with communicable and non-communicable diseases. Develop strategies and implement programmes that reduce maternal and child mortality.

Subprogrammes

- Programme Management is responsible for ensuring that efforts by all stakeholders are harnessed to support the overall purpose of the programme. This includes ensuring that the efforts and resources of provincial departments of health, development partners, donors, academic and research organisations, and non-governmental and civil society organisations all contribute in a coherent and integrated way.
- HIV, AIDS and STIs is responsible for policy formulation, coordination and the monitoring and evaluation of HIV and sexually transmitted disease services. This entails ensuring the implementation of the health sector components of the 2017-2022 national strategic plan on HIV, TB and STIs. Other important functions of this subprogramme are the management and oversight of the comprehensive HIV and AIDS component of the district health programmes grant implemented by provinces, and the coordination and direction of donor funding for HIV and AIDS. This includes the United States President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis and Malaria: and the United States Centres for Disease Control and Prevention.
- Tuberculosis Management develops national policies and guidelines, sets norms and standards for TB services, and monitors their implementation in line with the vision of eliminating infections, mortality, stigma and discrimination from TB, HIV and AIDS, as outlined in the 2017-2022 national strategic plan on HIV, TB and STIs.

- Women's Maternal and Reproductive Health develops and monitors policies and guidelines, sets norms and standards for maternal and women's health services and monitors the implementation of these services.
- Child, Youth and School Health is responsible for policy formulation, coordination and the monitoring and evaluation of child, youth and school health services. This subprogramme is also responsible for the management and oversight of the human papillomavirus vaccination programme, and coordinates stakeholders outside of the health sector to play key roles in promoting improved health and nutrition for children and young people.
- Communicable Diseases develops policies and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination.
- Non-communicable Diseases establishes policy, legislation and guidelines, and assists provinces in implementing and monitoring services for chronic non-communicable diseases, disability, eye care, oral health, mental health and substance abuse.
- Health Promotion and Nutrition formulates and monitors policies, guidelines, and norms and standards for health promotion and nutrition. Focusing on South Africa's quadruple burden of disease (TB, HIV and AIDS; maternal and child mortality; noncommunicable diseases; and violence), this subprogramme implements the health promotion strategy of reducing risk factors for disease and promotes an integrated approach to working towards an optimal nutritional status for all South Africans.

	3000/9000	cocal coca	380	40 Facilities providing ment's health services	2500 PHC facilities with youth zones		E-markette.	2024/2025	78.5 B	0158
	3033/34	and ferror	078	20 Facilities A providing ment's Phosith services P	1903 PHC facilities 2000 PHC facilities 2400 PHC facilities 2500 PHC facilities with youth somes with youth zones with youth zones.		The state of the s	2023/24	7606	10980
		ē	200 facilities, offering HIV Self Screening	Men's Health Services pilothid in 10 facilities	2000 PHC facilities with youth tones	2		8	%58	12393
MTEF Targets	Quarterly Targets	Э	150 tacities offering MV Self Screening	Phase rolout of Men's Health Services protect in 5 facilities	1900 PHC facilities with youth rones	MIEF Targets	Quarterly Targets	8	派	12999
	Quarte	8	too facilities offering HIV Self Screening	Conduct operational research for nsar's health services in high volume sites	1800 PHC Sacilities with youth zones		Quarte	a	N.ES	13617
		ð	SO facilities offering HIV Self Someoning	Develop Mier's health services guidelines	1700 PHC facilities with youth zones			8	3 ²	144335
	Performance Annual Target	2022/23	200 facilities offering HIV Self Scheding	Men's health services pristed in 10 facilities	2000 PHC facilities with youth zones		Performance Annual Target	2022/23	8578	19621
Estimated	Performance	20/1202	Not Applicable	Not applicable	1600 PHC facilities with youth zones	Estimated	Performance	2027/202	80%	5285
	mance	2020/21	Applicable	Net Appfcable	Not Not 652 PHC Applicable Applicable facilities with youth agres		шансв	2020/21	New	New Indicator
100	Audited Periormance	2018/16 2019/20	Applicable Applicable Applicable	Not Net Applicable Applicable Applicable	Not Applicable		Audited Performance	02/6102 61/8102	New	New indicator
100	onw.	2018/19	Not Applicable	Not Applicable	Not Applicable		Aud	2018/19	malcator.	ndcator ndcator
	Output Indicator		Number of facilities offering HIV Soff Screening	Men's health services piched in 10 facilities	Number of PHC Not Sections with App youth zones		Output		Drug- susceptible (DS) - Th Treatment Success Rate	Number of drug New susceptible Indo (DS)-TB Deaths
	Output		Facilities Offering HIV Self Screening (HIVSS)	Wen's health services priored	PHC facinges with youth somes		Output		Improved drug- susceptible (DS) - 18 treatment adherence	Reduce the number of drug susceptible (DS)-78 deaths
	Outcome		90:90:90 facilities faces for HIV offering HIV AIDS achieved Self Screenin by 2020 and (HIVSS) 95:95 faces by 2024/25	90,90,90 Men's his rangers for HIV services AIDs achieved priored by 2020 and 95,95 tangers by 2024/26	HIV incidence among youth reduced		Outcome		Significant progress made towards ending 18 by 2035 through improving prevention and treatment strategies	Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies strategies

						Estimated				MIEF Targets	in the second		
Outcome Output	Output	Output	And	Audited Periormance	mance	Performance	Performance Annual Target		Quarter	Quarterly Tangets		100	A PROPERTY
			2018/13	2019/20	12/0203 02/6102 61/8102	2021/22	2072/23	8	8	6	콩	17/07/07	5707/5707
Progressive Fred and Tr Improvement people with in the total life TB disease expectancy of South Africans	Progressive Fried and Treat Number of improvement people with people star in the total life TB disease on TB expectancy of treatment south Africans	3	New Undicator	New Indicator	New Indicator	000 061	221.900	53.975	26 20 20 20 20 20 20 20 20 20 20 20 20 20	57.0 55	56 975	223 654	220 837
Maternal, Child, Intent and record(a) mortalities refusciel	System for ennual audit of cold chain capacity developed and introduced	Report produced on Cold chain capacity in all depots, sub- depots and 50% of public sector hospitals	Now	Now Indicator	Mew	New indicator	Report on Cold Chain capacity in all depots, sub- depots and 50% of public sector hospitab approved by Director General	Cold chain audit tool developed and disseminated to all provinces		Platform for Training Report on Cold coldection of Cold workshops Chain capacity in chain audit data conducted in time all depots sub-developed provinces on cold depots and 50% of chain audit public sector foreign and 50% of chain audit prospitals approved by Director General	Training Report on Cold Report producted in time all deports sub-capacity in on Cold chair conducted in time all deports, sub-capacity at a provinces on cold deports and 50% of deports, sub-chain audit public sector deports, hosp to public sector deports, hosp to public sector deports, hosp to public sector deports, hosp approved by facilities director General	Report produced on Cold chain capacity at all if depots, sub-depots, hospitals and 30% of PMC facilities	Report produced on Cold chain capacity at all depets, sub-depots, hespitals and 75% of PHC facilities.

		2024/2023	Not Applicable	Tree Shighs and the sease of th						
	1999	2073/12	Not Applicable	mostrings						
is.		90	36 episodes broadcast or 10 radio stations	Quarterly review meeting focusing on performance against key CTSH tangets held with provincial CYSH managers						
MTEF Targets	Quarterly Targets	8	24 episodes broadcast on 10 radio stations	Quarterly review meeting focusing on performance against key (TSH targets held with provincial CYSH managers						
	Quarter	20	9 episodes 18 episodes broadcast on 10 broadcast on 10 radio stations radio stations	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers						
		10		Quarterly review mineting focusing on performance against key CYSH targets held with provincial CYSH managers.						
	Performance Amoual Target	2022/23	36 optodes broadcasted on 10 rado stabons	Four quartenty Country						
Estimated	Performance	2021/22	Not Applicable	New Indicator Four- focus perf targo prov prov man						
SCHOOL ST	rmance	12/0202 02/6102 61/8102	Second season of Side by Side radio shows broadcasted	non none none none none none none none						
S. (100)	Audited Performance	02/6102	Indicator	New Indicator						
	Aud	2018/19	indicator indicator	New Indicator						
2000	Output	77.00.00	Number of spisodes broadcast during therd season of Side- by-Side radio shows	Regular Number of quarterly review of review of review actived by the second and performance provincial against key Child, Youth CYSM targets and School hele with Health (CYSM provincial CYSM targets and School hele with targets.						
	Output		Side-by-Side Mumbs campaign episod radio shours broads which during promote all season components by-Sid of child health shows and nutrition	Regular quarterly review of progress in achieving key national and provincial CHAL, Youth and School Health (CYSH) Engons.						
	Outcome		Meternal, Child, selant and secondari metralities, reduced	Matemal, Child, intern and secretal mortalities, reduced						

	Sept. Paper	constitution of	Contribute review meetings	Continue envolvment of clinicians for training on 58H					
	per/secus	har leaves	Continue review in	L					
		8	Quarterly review meeting focusing on performance against key WMRH targets held with provincel WMRH managers	100 chricans who completed one of the 50H module online.					
MTEF Sargets	Quarterly Targets	а		100 cintoare who 100 chricans who Continue completed one encollment of the 504 module cinicians for poline. training on 5 traini					
	Quarter	70	Ouanterly review meeting focusing on performance against key Windows targets need with provincial Windows managers	100 clinicans who tompeted one of the SRH module online.					
		10	Duarterly review meeting focusing on performance against Rey WAWHY targets held with provincial WAWHY managers	Who completed one of the SRH modure online.					
	Performance Annual Target	2022/23	Four quarterly review moethigs focusing on performance against key WMRH targets held with provincial within managers	400 clinicians who completed one of the SRH module online.					
Estimated	Performance	2037/22	New Indicator	New indicator					
	mance	2020/21	New Indicator	Mew					
	Audited Performance	2019/20 2020/21	Indicator	Mow					
	Aud	2018/19	New Indicator	New					
	Output		Number of quarterly review meetings forcusing on performance against key WMSH targoth held with provincial WMSH managers	Number of clinicians who enrolled in Sith modules focusing on maternals reproductive health modules					
	Output		Regular Number of quarterly review of progress in meetings achieving key focusing o trational and performan provincial against key wommn WMBH tarmaternal and held with responductive provincial (WMBH tarmaternal and provincial reproductive provincial Number of MMBH tarmaternal and held with responductive provincial (WMBH)	Regular monitoring of Secural and Reproductive Health (SBH) curriculum modules errollment and completion rate through the knowledge hudo					
	Outcome		Maternal, Child, Infant and neonatal mostables reduced	Maternal, Child, Infant and neonalal mortalities reduced					

		-		100		Estimated				MTEF Targets	*		
Outcome	Dutput	Output Indicator	Aud	Audited Performance	mance	Performance	Performance Annual Target		Quarter	Quarterly Targets		The state of the	The state of the s
			2018/19	12/0202 02/6102 61/8102	2020/21	2021/23	2022/23	큠	70	8	8	eg (contr	COUCA) COUCA
Mortality and Presportion Mortality due adults 50 to Covid-19 years and reduced older vaccinate against C	Proportion of adults 50 years and older reconsted against Cond- 15	Montality and Proportion of Propertion of New Mortality due adults 50 adults 30 years Indicator to Covid-19 years and and older reduced otder vaccinated yearchated against Covid- against Covid-19 (at least one	Indicator	Mew New Indicator Indicator	New Indicator	65% of adults 75% of years and years older vaccinated against govid- (at let the 19 (at least one dose) dose)	75% of adults 50 years and older vaccinated against Coyld-19 (at least one doxe)	75% of adults 50 67.5% of adults 70% of adult veors and older 50 years and years and older vecchalted automated against Covid-19 against Covid	70% of adults S0 years and older successive against Covid-19 (if least one door)		496	Not Approache	Not Applicable
Morbidity and Morbidity due to Coard-19 reduced	Monticity and Proportion of Proportion	Morbidity and Proportion of Proportion of Morbidity due adults 35 - 49 adults 35 - 49 count 159 years reduced vectinated against Covid-against Covid-against Covid-19 (at least one done)	New	New Indicator	New hedicator	52% of abults 65% of adults 35 - 49 years vaccinated against Covid- against Covid-19 (at least one dose) dose)	65% of adults 35 -49 years vaccinized against Cond-19 (at least one dose)	56% of adults 35 - 49 years waccristed against Cond-19 (at least one dose)	60% of adults 35 -49 years vectorated against Covid-19 (at least one dose)	65% of adults 35 56% of adults 35 62.5% of adults 35 62.5% of adults 35 65% of adults 35 45 years -45 years vaccinated vacc	65% of adults 35 56% of adults 35 60% of adults 35 62.5% of adults 35 65% of adults 35 Mot Appticable -45 years -49 years -49 years -49 years -49 years vaccinated vaccinated vaccinated vaccinated against vaccinated against Covid-19 against Covid-19 (or least one (at least one (at least one dose)) one dose) dose) dose)	Not-Applicable	Not Applicable

		5707/1-707	Net Applicable	10% of school Stok of school steending children SAC) in (SAC) in charcopeniasis schools sendemic districts receive districts receive districts received schools sendemic districts received preventive preventive preventive preventive preventive preventive preventive preventive preventive
	Tangara and a	#7 (spin)	Not Applicable	attending children (\$4C) in children schildren schildrensis endemic districts rective schildrenmastis provention deemotherapy
100		8	60% of years people (12 - 34 years) vaccinated against covic-19 (at least one dose)	MDA implementation plan approved
MTEF Targets	Quarterly Targets	6	- 17 C C C C C C C C C C C C C C C C C C	Preparatory phase Schistosomiass of the molementation implementation plan approved plan approved
	Quarter	8	60% of young 37,5% of young 65% of young 52,5% of young poople (12 - 34 people	Schstosomiads MDA implementation plan deafted
		8	37,5% of young people (12 - 34 years) wecknaked against Cond-19 (at least one dose)	Schistosomiass stakeholders' engagement
	Performance Annual Target	2022/23	60% of years poople (12 - 34 years) vaccinated against Covid-19 (at feast one dose)	Schistosomiash Mass Deug mylemeniation San in place
Estimated	Performance	24/1202	30% of young people (12 - 34 years) securated against Coold 19 (at least one dotel	Not Applicates
	mance	12/0202	New Indicator	Applicable
Ē	Audited Performance.	2018/19 2019/20	Indicator Indicator Indicator	Applicable Applicable Applicable
Į.	AVG	2018/19	New Indicator	Applicable
	Output	No. of the last of		0 % >
	Output		Mortality and Proportion of Proportion of Mortality due young people young people to Cond-19 (12 to 34 (12 - 34 years) reduced years) vaccinated against Cond-against Cond-against Cond-19 (at least on 19	School School Mass attending drug chug chug chug chug chug chidren (SAC) administratio in schoolandaria chug cheropherapersend according to schoolandaria cheropherapersend according to schoolandaria cheropherapersend cheropherape
	Outcome		Mortality and Mortality due to Covid-19 reduced	Maternal, Chick Infant and necreated mortalities reduced

	-				Estimated				MITEF Targets	(gg)		
No. of Concession,	Output	Audite	Audited Performance	rance	Porformance	Performance Annual Target		Quarter	Quarterly Targets		(10000000000000000000000000000000000000	Aller Annual
		2018/19 2019/20 2020/21	02/6102	12/0202	2021/22	2022/23	8	8	8	8	2072/24	5707/5707
Mortality due districts sub- Mortality due districts so to maloria reporting zero su reduced malaria cases in	Morbidity due districts sub-districts to malaria reporting zero with an reduced malaria-cases incidence <1 per 1000 malaria cases malaria-cases	Not Not Application Applicable Applicable	Applicable	Not Applicable	Not Applicable	2 tergeted sub- districts reporting zero recal malaria cases	Quarterly review of the implementation of the tool chartool programme and the NSP 2019-23	Coasterly review Quarterly review Quarterly review of the implementation implementation (implementation of the foci of the foc	Coasterly review Quarterly review Quarterly review 2 sub-districts of the implementation implementation (implementation of malaria cases of the foci o	2 sub districts reporting Zero malaria cases	Montoring 8 sub-detricting temperature implements to the NSP 2019 Foot clearing 2023 and the FOCI programme chartog	Monitoring 8 sub-detricts inglementing the the NSP 2019- Foci clearing 1023 and the FOCI programme sogramme sogramme.
41 a 20 a 2	Provinces Number of progress prountial reports on the progress measurementation reports on the of provincial plans on the Of provincial NSP for NCDS plans on the NSP for NCDS	Nat Not Draft N Applicatio Applicatio NCDs General	Applicable 7	Draft NSP for NCDs developed	Draft NSP for NSP for NCDs NCDs developed and developed published	The second secon	9 provinces implementation 9 Provinces progress reports of NSP ter NCDs develop on the workstropped implementation with relevant place of provincial National pains on the NSP Programs and 9 for NCDS Programs and 9	9 Provinces develop implementation plans		4 provinces report 5 provinces report Monitor on the progress on progress on implementation on implementation of implementation of longwing review provincial plans provincial plans and response on the MSP for on the NSP for	Mostor Implementation of 9 plans with Congress review and response	Monitor Implementation of implementation of 9 plans with 9 plans with ongoing review and and response response

	Second second	5707/5707	150 new State Darberts admitted into designated psychiatric hospitals	National Mental Health Policy Framework and Strategic Plan implementation monitored; and quarterly reports produced
	N CONTRACTOR	4015/44	125 new State pacents admitted into designated psychatric hospitals	Provincial reports National Mental on the implementation Framework and on the National Strategic Plan Mental Health implementation Policy Framework monitored, and simil Strategic Plan quantity reports produced
34		ð	100 new State patients admitted into designated posphiatric hospitals	National Mental Provincial report Health Policy on the Framework Labbed Implementation at the NHSC Tech on the National and NHSC for Mental Health approval Policy Framework and Strategic Pla
WIEF Targots	Quarterly Targets	8	80 new state patients admitted into designated patientatric hospitals	Final draft developed
	Quarte	ð	Stitue State petients admitted into designated psychiatric hospitals	Hest draft developed
		ð	20 new State patrents admitted into designance psychiatric hospitals	Stakeholder consultation
	Performance Annual Target	2022/23	100 how State pottents admitted into designated psychiatric hospitals	A Nazional Mental Health Policy Framework tabled of NHC
Estimated	Performance	2021/22	75 new State 75 new State authorits activitied admitted into the cognisted designated designated psychiatric psychiatric hospitals hospitals	Not applicable
	mance	2020/21	75 new State patients admitted into designated psychiatric hospitels	Not applicable
	Audited Performance	2018/19 2019/20	applicable applicable	Applicable
1	Audi	2018/15	Not applicable	appikable appikable
	Dutput Indicator		Munither of new Not State patients appli admitted into designated postfiater.	A National A National Not
	Output		New State patients admitted into designated poychiatric hospitak	A National Mental Health Pelicy Francework and Stretegic Plan
	Outcome		Premature mortality due to ACDs reduced to 26% (10% reduction)	Premature inortality due to MCDs reduced to 26% (10% reduction)

į	10.00	Sau a	Budded Derformance	W.Zwine	Estimated				MTEF Targets	(a)		
Outpet	Output	The state of the s	will be well	and the second	Performance	Performance Annual Target		Quarter	Quarterly Targets		Service Services	
		2018/19	02/6102	12/0202 02/6102 61/8102	2033/22	2022/23	5	8	6	ð	chicaje ch	4024/4045
Guelly and Hospitals Safety of Care obtain 75% Improved and above on the food service policy assessment tool	Number of trospitals complant with the food service policy	Applicable	Applicable Applicable Applicable	Applicable	98 hospitals Additions obtain 75% and hospitals above on the (including food service Terriery policy (25% and 15% and	and hospitals (including I am functioning I are (including 7 Tertary Tertary Hospitals) obtain 15% and above tool 75% and above on the food on the food service policy assessment	25 hospitals 50 hospit (including 1 obtain (in Tertary 1 sterfary Hospitals) obtain hospitals PSM and allowe cumulative on the food obtain 75 service policy above on accessment tool their service policy above on accessment tool their service policy above on accessment tool abort service policy assessment tool assessment to assessment tool assessment to assessment tool assessment tool assessment	So hoopitals 75 obtain (including hospitals a tertiony including hospitals bospitals Tertiony Tertiony 2 dotain 75% and obtain 75% and obtain 75 above on the above on the policy review as policy assessment tool	75 hospitals including 5 Tertiery Hospitals cumulative) obtain 75% and above on the food service policy assessment tool	hospitals hospitals (including 7 fertiery Hospitals Certiery Hospitals Certiery Hospitals Certiery Hospitals Certiery Hospitals Obtain 75% and above on the food above on the		296 hospitals 349 hospitals obtain 75% and allowe on the food above on the food above on the food service policy service policy assessment tool assessment tool
Updated Strategy for the prevention and control of obesity in SA developed and published	Updated Strategy for the provention and coetrol of obesity in SA developed and published	Applicable	Not Applicable	Not Applicable	Not Applicable Updated Strategy of proventto control of obsetty in develope published	Updated Strategy for the provention and control of obesity in SA developed and published	Develop that strategy and consult with strategy date	Collate inputs from statesholders and finalise the straingy	Collate inputs Present strategy from to Tech NHC and stakeholders and NHC for approval finalise the strategy	Layout and design Implementation of the strategy of the strategy completed, and monitored, and strategy published quarterly reports produced	Implementation of the strategy monitored, and quarterly reports produced	implementation of the strategy montroid, and quarterly reports produced

Communicable and Non-communicable Diseases expenditure trends and estimates by subprogramme and economic classification

		Alleg automa		Adjusted organization	Average growth rote (N/	Expen- ditays/ Total (%)	Nedle	ndertr aspenditu	v.	Ancreps proasts rotz (N/	Espera Espera disare, Total
E estiva	3019/16	2015/20	3970/23	2021/22	3038/29 3		2022/29	3023/24	3634/25	3621/22 2	
Programme Moragement	53	3,5	3.2	5.5	2.5%	7.00	5.7	4.9	59	2.8%	
MV. AGS dee STo!	70 305 5	22 374.9	27 528.9	20 265-3	31.09	35.5%	24316.2	24 379.1	25 476 9	3.76	30,8
Albertalist Minispreset	27.6	194	14.2	263	930	0.7%	27.0	76.0	2804	40.0%	0.0
Bramen's Material and Stavodura's Houlds	26.3	13.4	3.9	479	678	0.04	26.9	474	10.0	3.26	8.0
Chia: Yearth and School Health	26.6	181.0	28.0	30.6	60.19	5.4%	28.3	28.0	26.6	-52.00	4.0
Солотуческие Фуранси	15.6	51.2	758.0	7,003	676.6%	7.6%	2157.3	50.1	287	40.7%	8.5
Recipionary sobie District	29.3	39.4	35.9	85.3	48.2%	928	23.0	38.6	83.2	2.26	8.8
Heath Properties and Number	174	28.9	24.8	160	28.6%	0.29	303	No.	33.8	4.26	4.0
Rotal	20.688.3	217133	20:240.4	35.756.6	20.6%	180.0W	M-910.t	24 529.2	25 733.0	-20,4%	18000
Change to 2001 Biologi militario			4,500,000	33963			(878613)	(3.132.4)	(trasere)		OALA
tomore straffiction										- "	
Europh payments	387.6	370.9	943.0	1782.7	171.8%	A.EV	2112.7	401	162.1	-50 FM	20.01
Continuous of employees	122.7	179.4	122.9	151.1	7.2%	3.5%	186.7	125.6	193.7	-2.16	0.57
Doedh and written'	384.8	292.5	447.6	76266	206.6%	8.8%	3,467,8	3473	MG?	65.8%	5.0
of which:		11100	227.2	1,000	2011				11/2/12	1100	177
Consultants: Butterin and operacy renoves	97.2	94.2	115.5	267	-38,5%	0.06	Atta	20.0	48.4	1726	6.2
			100		17.7	-14			0588	200	
Agency and support instrument services.	3.5	2.5	2.7	25.9	86,456		26,8	314	2012	476	0.0
Inventory Medicar supples	240	94.7	46.0	560.7	20.176	0.7%	286.9	115.5	(180)	6.76	0.4
Amentory: Micalische	723	100	462.0	7325.7		2.24	2 120.5	27.7	384	42.5%	0.4
Named array supplications of	227	7.6	45.7	467	10.29	2.04	49.0	57.9	Mile	639	9,5
Describing payments	30.2	5.0	12.0	313	3.9%	0.0%	53.1	540	33.2	28.7%	8.2
Transfers and subsidies	20 800 7	27 382.2	27.198.6	279643	11.3%	43.29	26 342.9	24 048.4	25 226.9	-146	90.0
Provinces and managed tran	20121.7	22 295.2	27.199.1	272924	41.5%	90.5%	74 1.14,5	22354.5	25,000.5	-2.66	83.2
Departmental agreeses and sycolohis	17.1	683	18.7	280	39.2%	Act.	29.4	10.7	ži ž	626	4.2
Fer-styfe suttation:	157.7	257,3	379.0	383.8	4.2%	0.6%	249.0	180.0	3963	2.75	8,2
Melanthelit	0.8	0.7	8.9	-	200,0%	-			- 1	-	
Polyments for copital assets	0.3	9.8	34.8	3.0	182,5%	- 3	47.6	1.6	3,8	-204%	
Madeing and equipment	/6.2	0.8	18.8	-37	252.5%		27.0	1.1	1.7	-20,604	
Rocel	20 639 2	22.717.5	202064	367564	20.6%	188.9%	N40.1	24 629/2	25 733.0	-20.6%	190,01
Proportion of Solar programme expenditure to vote organishme	SEAN	44.76	48.00	9479	0.5	-	42.7%	00 AW	49,4%	-	
Social Innesflor Cornect Innutories (social beniefits	34	07 07	A.8 5.5	-	-300.0% -300.0%				2	- 1	
Departmental agencies and secounts											
Departmental agencies (non-beumess entities)			11.473		W-07771		The same		1907		
Groent	12.1	19.1	18.5	28.9	19:1%	0.09	19.4	10.7	59.1	-0.2%	4.0
SOUCH AS NOT MARKING MESS SOVIEW	373	1.81	38.2	28.5	2528	9.5%	200	70.2	21.1	-5.306	0.0
Poeschukto											
Ottor temples to beusekalde			20.00								
Olfrer transfers to bouseholds Cornect			9.2		-	-		- 4	- 12	54	
Oliver transfers he households Current Engatyric codes benefits	100	-	82 83	- 8	-		-		1.0	- 51	
Odiner transpieri ta housekalde Corrent Engalarie serbei beneifiti Man-poofil nistitutionis		2000	ž.	1,000	The colo			/Augusti	16 16	74	
Other transport to brusefields Cornect Englayers social boughts File-people resturions Englayers				1858	4.00		289.0		256.7	27%	8,21
Other transper to brusefields Cornect Uniplayies social bonsfills Bengalopie social bonsfills Bengalopie social bonsfills Cornect Bengalopiessocial applications (disper	361.2 25.3	187.3 N.0	2.2 278.6 27.7	283.8 28.6	6.4%	8.8% 8.2%	189.0 (8.7	105.0	50.5	246	8.70
Other transport to branchishs Cornect Englayers cacked boughts Englayers cacked boughts Englayers cacked boughts Englayers Eng	36.2 25.7 64.5	747.3 14.0 58.4	22 278.6 27.7 29.5	28.5 62.1	64% 64%	8.8% 8.2% 8.2%	269.0 (8.7 (8.7	185.8 250 56.6	50.5 62.5	2.46	8.7 8.7 8.2
Other transport to be a beautistic Cornect Constance cocked benefits Rear profit exist unions Connect Rear profit exist unions New profit exist union profit content New profit exist union profit content New profit exist union profit content New profit exist union	341.2 21.3 64.5 21.3	247.8 24.0 50.4 23.3	278.6 27.6 27.6 27.5 27.5	193.8 (5.7 62.9 (4.1)	6.0% 6.0%	8.8% 8.2% 8.2% 8.2%	289.0 (0.3 (0.3 (0.3 (0.1	185.8 180 64.6 25.2	90.5 92.5 Ja. 1	2.66 2.66 2.66	8.7 8.2 8.2
Other transpers to branchish Cornect Englassic cocker boostful Ren-polyr institutions Cornect Ren-polyr institutions Ren-polyr institutio	363 553 643 233 87	547.8 54.0 52.4 21.8 48.7	22 274.4 27.7 28.5 29.6 59.8	283.8 623.9 523.9 523.9 62.6	6 478 6 495 6 95 9,678	8.8% 8.2% 8.2%	289.8 28.9 58.3 28.1 97.3	155.6 55.5 55.5 55.5	90.8 97.5 36.8 70.8	2.66 2.66 2.66 2.66	8.7 8.7 8.2 8.3
Other transper to brushelds Carreet Displayer cocket bonifts Bon-profit exclusions Carreet Non-profit exclusions Parties Non-profit exclusions Other profit exclusions Non-profit exclusions Non-prof	253 253 943 213 987 24	987.8 52.0 52.4 21.8 48.7 53.4	2.2 274.4 27.2 28.5 23.6 58.8 8.6	282.8 28.6 62.0 24.3 65.6 0.4	6.4% 6.4% 5.6% 5.6%	8.8% 8.7% 8.3% 2.2% 9.2%	289.0 90.0 90.0 90.1 97.3 -0.5	255.8 250 646 35.7 47.8 63	90.5 92.5 36.6 20.6 03.5	2.66 2.66 2.66 2.66 2.66	8.7 8.2 8.2 8.2 8.2
Other transpers to broadhalds Correct Corporation cocker benefits Rear people excitations Correct Rear people excitations Correct Rear people excitations Rear people excitations Rear people excitations Rear people excitation Rear people	25.5 94.9 22.5 22.5 99.7 2.4 4.4	287.8 52.0 62.0 23.3 42.7 52.4 53.4	2.2 274.4 27.5 28.5 23.4 58.8 8.8 6.6	201.0 65.0 65.0 64.0 65.6 64.6 65.6	6.4% 6.9% 5.6% 6.5% 6.6%	8.8% 8.2% 8.2% 8.2%	2840 200 663 281 873 -0.5 -0.5	255.8 250 64.6 25.7 47.9 63 63	50.5 92.5 26.6 2016 03 016	2,46 2,56 3,66 2,66 2,56 2,56 3,76	8.7 8.2 8.3 8.7
Other transper to broadfalls Cornect Englance cocket boughts Rose poofer institutions Cornect Non-poofer institutions Cornect Non-pooler institutions Cornect Non-pooler institutions Non-pooler institutions Non-pooler institution in the Section of the Non-pooler institution in	25.3 94.9 25.9 25.9 25.9 27.9 24.0 24.0 25.0	987.8 24.9 99.8 24.9 49.7 45.6 9.4 9.5	22 274.6 27.7 28.5 23.6 53.6 64 64	200.0 62.0 62.0 62.0 62.0 63.0 64.0 64.0 64.0 64.0 62.0	6 cm 6 cm 6 cm 5 cm 6 cm 6 cm	8.8% 6.2% 6.3% 6.2% 6.2%	289.0 90.0 90.0 90.1 97.3 -0.5	200.0 50.0 50.0 50.0 60.0 60.0 60.0 60.0	90.5 92.5 36.6 20.6 03.5	2.66 2.66 2.66 2.66 2.66	8.7 8.1 8.2 8.7 8.7
Other transper to branchele Cornect Englance cocket broughts Man-profe sustantions Cornect Man-profe sustantions Cornect Man-processor at organizations based of Man-processor at organization based of Man-pr	252 252 253 253 253 254 24 25 25 26	267.3 26.0 50.4 26.3 60.7 0.4 9.9 0.6	22 2984 27.5 39.5 39.6 59.8 64 64	25.5 62.5 62.5 62.5 62.5 62.6 62.6 62.6	6 cm 6 pc 9 cm 6 cm 6 cm 6 cm 5 cm	8.0% 8.2% 8.2% 8.2% 8.2%	269.0 66.3 69.1 87.3 .0.5 .0.5 .0.4 1.1	195.9 195.0 64.6 65.6 63.6 63.6 11.1	90.5 92.5 36.6 70.8 0.5 61.5 1.3	2.46 2.46 2.46 2.46 2.56 2.76 2.66	8.7 8.1 8.2 8.7 8.7
Other transport to be administrative Connect Engalance cocked benefitio Rear professor business Exercise Note operational adjoint contents. Lifetime Note operational adjoint contents. Limit for Note of Appears for the Appears South Adjoint for the Appears South Adjoint Address Exercise for the Mind South Appears for the Exercise for the Mind South Adjoint Adjoint Exercise for the Mind South Adjoint Adjoint Exercise for the Mind South Adjoint Adjoint South for the Mind South Adjoint So	25.3 94.9 25.9 25.9 25.9 27.9 24.0 24.0 25.0	987.8 24.9 99.8 24.9 49.7 45.6 9.4 9.5	22 274.6 27.7 28.5 23.6 53.6 64 64	200.0 62.0 62.0 62.0 62.0 63.0 64.0 64.0 64.0 64.0 62.0	6 cm 6 cm 6 cm 5 cm 6 cm 6 cm	8.8% 6.2% 6.3% 6.2% 6.2%	2840 200 663 281 873 -0.5 -0.5	200.0 50.0 50.0 50.0 60.0 60.0 60.0 60.0	50.5 92.5 26.6 2016 03 016	2,46 2,56 3,66 2,66 2,56 2,56 3,76	8.7 8.1 8.2 8.7 8.7
Other transper to brushelds Carreet Displayer cocket bookfills Book profit excitations Carreet Non-profit excitations Carreet Non-profit excitations Carreet Non-profit excitations Carreet Non-profit excitations And profit excitations And profit excitations And profit excitations South African finite excitation Sou	252 252 253 253 253 254 24 25 25 26	267.3 26.0 50.4 26.3 60.7 0.4 9.9 0.6	22 2984 27.5 39.5 39.6 59.8 64 64	25.5 62.5 62.5 62.5 62.5 62.6 62.6 62.6	6 cm 6 pc 9 cm 6 cm 6 cm 6 cm 5 cm	8.0% 8.2% 8.2% 8.2% 8.2%	269.0 66.3 69.1 87.3 .0.5 .0.5 .0.4 1.1	195.9 195.0 64.6 65.6 63.6 63.6 11.1	90.5 92.5 36.6 70.8 0.5 61.5 1.3	2.46 2.46 2.46 2.46 2.56 2.76 2.66	8.7
Other transport to branchishs Correct Corporative cocket benefits Ren-pople excitations Correct Ren-pople excitations Ren-populations benefits Ren-populations and organizations banefits Ren-populations of organizations banefits Ren-populations and organizations banefits Ren-populations and organizations banefits Ren-populations and organizations banefits Ren-populations and organizations banefits South African Habitage organizations South African Habitage Council for the Bland South African Habitage Exception Council Ren-population of populations Ren-population of markets Ren-population Ren-populatio	252 252 253 253 253 254 24 25 25 26	267.3 26.0 50.4 26.3 60.7 0.4 9.9 0.6	22 2984 27.5 39.5 39.6 59.8 64 64	25.5 62.5 62.5 62.5 62.5 62.6 62.6 62.6	6 cm 6 pc 9 cm 6 cm 6 cm 6 cm 5 cm	8.0% 8.2% 8.2% 8.2% 8.2%	269.0 66.3 69.1 87.3 .0.5 .0.5 .0.4 1.1	195.9 195.0 64.6 65.6 63.6 63.6 11.1	90.5 92.5 36.6 70.8 0.5 61.5 1.3	2.46 2.46 2.46 2.46 2.56 2.76 2.66	8.7 8.7 8.2 8.7 8.7
Other transper to broadfalls Cornect Cornect Corporative cocket boreigns Rose-popile restrictions Cornect Rose-populations Rose-populations belong the Rose-populations belong to the Rose-population of the R	381.3 51.5 54.5 52.5 52.5 52.5 54 52.5 53.5 53.5 53.5 53.5	267.3 54.0 54.4 26.3 45.7 0.4 9.9 56 1.0	22 294.5 27.1 29.5 20.6 50.6 6.6 6.6	2008 623 624 624 624 624 624 625 627 627 627 627 627 627 627 627 627 627	6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm	0.8% 0.2% 0.2% 0.2% 0.2%	260 263 263 261 273 263 263 264 111 12	125.9 25.0 26.0 26.0 26.0 26.0 26.0 26.0 26.0 26	90.1 62.5 26.1 2018 0.3 0.4 1.1	2.65 2.56 2.68 2.68 2.39 2.79 2.65 2.65	8.7 8.7 8.2 8.7 8.2
Other transper to be anticle Cornect Cornect Corporary cocket boughts Non-pople restrictions Cornect Non-pople restrictions Cornect Non-populations of organizations based for Non-populations of organization South African Non-populations of Montes means South African Non-populations or Montes means South African Non-populations or Non-population South African Non-populations South African Non-populations Non-populations Non-populations Provinces	381.3 51.5 64.5 52.5 69.7 5.4 64 62 5.5 65 65	265.0 54.0 54.4 26.8 40.7 0.4 0.4 0.2 0.6 11.0	22 2948 27,1 29,5 29,8 44 44 44 45 45 45 45 45 45 45 45 45 45	25.5 62.5 62.5 62.5 62.6 63.6 63.7 63.7 63.7 63.7 63.7 63.7 63	6 cm 6 pc 9 cm 6 cm 6 cm 6 cm 5 cm	8.8% 6.2% 6.2% 6.2% 9.2%	269.3 50.3 50.3 50.3 57.3 6.5 6.5 1.1 1.2 1.3	135.9 290 64.6 85.7 63 63 11 12	90.1 62.5 26.1 20.3 0.3 0.3 0.3 1.1 1.1	2.65 2.65 2.65 2.65 2.75 2.75 2.65 2.65	6,7 6,7 6,7 6,7 6,7
Other temples in households Cornect Englapic social books Englapic social social Englapic Social	381.3 51.5 54.5 52.5 52.5 52.5 54 52.5 53.5 53.5 53.5 53.5	267.3 54.0 54.4 26.3 45.7 0.4 9.9 56 1.0	22 294.5 27.1 29.5 20.6 50.6 6.6 6.6	2008 623 624 624 624 624 624 625 627 627 627 627 627 627 627 627 627 627	6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm	0.8% 0.2% 0.2% 0.2% 0.2%	260 263 263 261 273 263 263 264 111 12	125.9 25.0 26.0 26.0 26.0 26.0 26.0 26.0 26.0 26	90.1 62.5 26.1 2018 0.3 0.4 1.1	2.65 2.56 2.68 2.68 2.39 2.79 2.65 2.65	8.7 8.7 8.2 8.7 8.2
Other templors to beautically Cornect Englasy cockel deceptor Englasy	25.7 64.5 22.5 82.7 2.4 4.4 4.5 2.5 2.6 3.5 3.5	287.3 50.0 50.0 50.0 21.3 40.7 50.4 50.0 50.0 11.0 11.096.3	22 2948 27,1 29,5 29,8 44 44 44 45 45 45 45 45 45 45 45 45 45	25.5 62.5 62.5 62.5 62.6 63.6 63.7 63.7 63.7 63.7 63.7 63.7 63	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	0.85 0.25 0.25 0.26 0.26 0.26 0.26 0.26	269.3 50.3 50.3 50.3 57.3 6.5 6.5 1.1 1.2 1.3	135.8 250 666 657 63 63 13 13	90.1 62.5 26.1 20.3 0.3 0.3 0.3 1.1 1.1	2.65 2.65 2.65 2.65 2.75 2.75 2.65 2.65	8.7 6.7 6.7 6.7 6.7
Other templors to beautisals Cornect Cornect Corporat Cor	381.3 51.5 64.5 52.5 69.7 5.4 64 62 5.5 65 65	2653 567 567 568 457 56 56 70 70 70 70 70 70 70 70 70 70 70 70 70	22 2948 27,1 29,5 20,6 50,6 64 64 65 7,144,1 2024	27 1523	6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm 6 cm	6.8% 6.2% 6.2% 6.2% 6.4% 6.4%	2893 263 263 263 263 263 264 111 132	135.9 290 64.6 85.7 63 63 11 12	90.1 62.5 36.1 20.3 0.3 0.3 0.4 1.1 1.1	2.66 2.66 2.66 2.68 2.28 2.75 2.66 2.66 3.66 3.66 3.66	8.7 8.7 8.7 8.7 8.2 8.2
Disease templors in insulationals Cornect Englages codes benefits Reseased Englages codes benefits Reseased Englages codes benefits Reseased Englages codes benefits Reseased Englages Eng	20.7 64.5 72.9 87 7.4 44 43 35 36 35 36	287.3 50.0 50.0 50.0 21.3 40.7 50.4 50.0 50.0 11.0 11.096.3	22 2948 27,1 29,5 29,8 44 44 44 45 45 45 45 45 45 45 45 45 45	25.5 62.5 62.5 62.5 62.6 63.6 63.7 63.7 63.7 63.7 63.7 63.7 63	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	0.85 0.25 0.25 0.26 0.26 0.26 0.26 0.26	2893 863 863 863 863 863 863 864 111 121 123	135.9 250 646 263 613 61 113 123 123 123 123 123 123 123 123 12	90.9 62.5 36.1 70.8 0.3 0.5 0.1 1.1	2.65 2.65 2.65 2.65 2.75 2.75 2.65 2.65	8.7 8.7 8.7 8.7 8.2 8.2
Other temples to beautisals Cornect Displayie social books Displayie social	20.7 64.5 72.9 87 7.4 44 43 35 36 35 36	2653 567 567 568 457 56 56 70 70 70 70 70 70 70 70 70 70 70 70 70	22 2948 27,1 29,5 20,6 20,6 24 24 25 27,14 27,14 27,14 27,14 27,14	27 1523	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	6.8% 6.2% 6.2% 6.2% 6.4% 6.4%	2893 863 863 863 863 863 863 864 111 121 123	135.9 250 646 263 613 61 113 123 123 123 123 123 123 123 123 12	90.1 62.5 36.1 20.3 0.3 0.3 0.4 1.1 1.1	2.66 2.66 2.66 2.68 2.28 2.75 2.66 2.66 3.66 3.66 3.66	8.7 8.7 8.7 8.7 8.7 8.2 8.2
Other temples in beautisals Cornect Englayer social booking Englayer social booking Englayer social booking Englayer Englayer social booking Englayer	203 64.5 64.5 64.5 64.7 64.7 64.9 65.9 66.9 66.9 66.9 66.9 66.9 66.9 66	267.3 54.0 54.4 54.3 62.7 54. 52.9 52.9 53.0 53.0 53.0 53.0 53.0 53.0 53.0 53.0	22 294 27,1 293 294 44 45 45 47 49 294 294 294 294 294 294 294	27 252 9 27 262 3	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	8.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.4% 6.4%	2893 863 863 863 863 863 863 864 111 121 123	135.9 250 646 263 613 61 113 123 123 123 123 123 123 123 123 12	90.1 62.5 36.1 20.3 0.3 0.3 0.4 1.1 1.1	2.65 2.65 2.65 2.65 2.75 2.75 2.65 2.65 2.65 2.65 2.65 2.65 2.65 2.6	8.2 6.7 6.2 6.2 6.2 6.2 6.2 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2.3 2
Other temples to beautisals Cornect Displayio cocker bookful Book profit institutions Cornect Book profit institutions Cornect Book profit institutions Cornect Book profit institutions Book profit institutions Book processed organisations (and of the processed organisations) (and of ARS) South African finite example organis, reful and ARS) South African finite example for the Book South African finite example profit in the Book South African finite example profit in the Book South African for the Book South African finite example profit in the Book South African for the Book South African finite example profit in the Book South African fini	203 64.5 64.5 64.5 64.7 64.7 64.9 65.9 66.9 66.9 66.9 66.9 66.9 66.9 66	987.8 54.0 64.1 54.8 65.7 54 52.9 56 710 14.296.2	22 294 27,1 29,5 19,6 59,5 4,6 4,6 4,6 2,6 2,6 2,6 2,6 2,6 2,6 2,6 2,6 2,6 2	20 152.5 20 152.5 20 152.5 21 152.5 22 152.5	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	8.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4%	2893 863 863 863 863 863 863 864 111 121 123	135.9 250 646 263 613 61 113 123 123 123 123 123 123 123 123 12	90.1 62.5 36.1 20.3 0.3 0.3 0.4 1.1 1.1	2,46 2,56 2,68 2,28 2,28 2,78 2,69 2,69 2,69 3,69 400,58	8.7 8.7 8.7 8.7 8.7 8.2 8.2
Other temples to beauticule Correct Res-specificantal approximations band of the temple correct organizations band of the temple correct organization band of temple correct organizations or the correct organization band of temple correct organization or the correct organization organization organization organization of temple correct organization org	20.7 20.3 20.4 20.4 20.7 20.4 20.7 20.6 20.7 20.7 20.7 20.7 20.7 20.7 20.7 20.7	267.3 56.6 56.4 26.3 40.7 0.4 9.9 0.6 11.0 41.096.2 45.72 15.961.2 93.8	22 2948 27,1 29,5 20,6 50,7 64 64 65 	29 752 3 27 761 3 27 761 3 27 761 3 27 761 3 27 761 3	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	6.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.2% 6.2%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	80.1 62.5 26.1 20.2 0.3 0.3 0.4 1.3 1.3 25.005.5	2,4% 2,5% 2,6% 2,6% 2,2% 2,7% 2,6% 2,6% 3,6% 400,0% 400,0%	8.2 8.3 8.2 8.2 8.2 8.2 8.2 2.0 8.2 2.2
Other temples in households Cornet Englayer code/ bond/Es Bon-point visituations Cornet Non-point visituations Cornet Non-point visituations Cornet Non-point visituations Non-point visituat	20.3 64.5 22.3 89.7 24 24 25 26 35 36 36	267.3 54.0 54.4 54.3 62.7 54. 52.9 52.9 53.0 53.0 53.0 53.0 53.0 53.0 53.0 53.0	22 294 27,1 293 294 44 45 45 47 49 294 294 294 294 294 294 294	27 252 9 27 262 3	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	8.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.4% 6.4%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	80.1 62.5 26.1 20.2 0.3 0.3 0.4 1.3 1.3 25.005.5	2.65 2.65 2.65 2.65 2.75 2.75 2.65 2.65 2.65 2.65 2.65 2.65 2.65 2.6	8.2 8.1 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2
Other templors in households Cornect Englapic cocker benefits Bene profit institutions Cornect Bene profit institutions Cornect Bene profit institutions Cornect Benefit institutions Benefit	25.3 64.5 62.3 68.7 7.4 68.7 68.7 68.7 68.7 68.7 68.7 68.7 68.7	287.8 54.0 54.4 54.8 62.7 54.0 52.0 52.0 53.0 52.0 52.0 52.0 52.0 52.0 52.0 52.0 52	22 2948 29.7 29.8 59.8 54.6 65.6 65.7 2024 20	27 152.5 27 152.5	6 495 6 95 6 95 6 495 6 495 6 495 6 495 11.0%	8.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.2% 6.2% 6.2% 6.2%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	25 005.5	2,46 2,56 2,68 2,28 2,28 2,78 2,68 2,68 3,68 3,60 3,60 3,60 3,60 3,60 3,60 3,60 3,60	8.2 8.7 8.7 8.7 8.2 8.2 8.2 8.2 8.2 8.2 8.3
Other templors to beautisable Cornel Displayer cockel deception Bore profit institutions Cornel Bore profit institutions Cornel Bore profit institutions Cornel Bore profit institutions Bore Alfred Profit Improve Boret Alfred Profit Inspired Boret Alfr	20.7 20.3 20.4 20.4 20.7 20.4 20.7 20.6 20.7 20.7 20.7 20.7 20.7 20.7 20.7 20.7	267.3 56.6 56.4 26.3 40.7 0.4 9.9 0.6 11.0 41.096.2 45.72 15.961.2 93.8	22 2948 27,1 29,5 20,6 50,7 64 64 65 	29 752 3 27 761 3 27 761 3 27 761 3 27 761 3 27 761 3	6-00 6-05 6-05 6-05 6-05 6-00 8-00 5-00 14-05	6.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.2% 6.2%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	80.1 62.5 26.1 20.2 0.3 0.3 0.4 1.3 1.3 25.005.5	2,4% 2,5% 2,6% 2,6% 2,2% 2,7% 2,6% 2,6% 3,6% 400,0% 400,0%	8.2 8.7 8.7 8.7 8.2 8.2 8.2 8.2 8.2 8.2 8.3
Other temples is beautistic Cornet Co	25.3 64.5 62.3 68.7 7.4 68.7 68.7 68.7 68.7 68.7 68.7 68.7 68.7	287.8 54.0 54.4 54.8 62.7 54.0 52.0 52.0 53.0 52.0 52.0 52.0 52.0 52.0 52.0 52.0 52	22 2948 29.7 29.8 59.8 54.6 65.6 65.7 2024 20	29.52.9 29.52.9 29.52.9 29.52.9 20.00 27.66.9 26.60 26	6 495 6 95 6 95 6 495 6 495 6 495 6 495 11.0%	6.8% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.5% 6.5% 6.5%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	25 005.5	2,4% 2,5% 2,4% 2,4% 2,5% 2,7% 2,5% 2,6% 3,7% 2,6% 4,00,0% 400,0% 400,0% 400,0%	822 62 62 62 62 62 62 62 62 62 63 64 64 64 64 64 64 64 64 64 64 64 64 64
Other temples in boundaries Cornet Displayer code/ boulful Bourpoint institutions Cornet Bourpoint institutions Cornet Bourpoint institutions Cornet Bourpoint institutions Cornet Bourpoint institutions Bourpoint institutions Bourpoint institutions Bourpoint institutions Bourpoint institutions Bourpoint institutions in Monte model Bourpoint institutions Bourpoint institutions Bourpoint Bour	25.3 64.5 62.3 68.7 7.4 68.7 68.7 68.7 68.7 68.7 68.7 68.7 68.7	287.8 54.0 54.4 54.8 62.7 54.0 52.0 52.0 53.0 52.0 52.0 52.0 52.0 52.0 52.0 52.0 52	22 294 27,1 29,5 20,6 20,6 24,6 24,6 27,	27 152.5 27 152.5	6 495 6 95 6 95 6 495 6 495 6 495 6 495 11.0%	8.8% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.2% 6.2% 6.2% 6.2%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	25 005.5	2,46 2,56 2,68 2,28 2,28 2,78 2,68 2,68 3,68 3,60 3,60 3,60 3,60 3,60 3,60 3,60 3,60	822 62 62 62 62 62 62 62 62 62 63 64 64 64 64 64 64 64 64 64 64 64 64 64
Other temples to beautiside Cornet Displayio cocker bookful Res-popili excitations Cornet Res-popili excitations Cornet Res-popili excitations Cornet Res-populities to be a populities to be a first Res-populities to be a populities to be a first Res-populities and organisations to be a first Res-populities and organisations to a first Res-populities feet organisation to the ord AUS South Alyson fratilisation to the approved South Alyson fratilisation fration from the title South Alyson fratilisation fration for the title South Alyson fratilisation frame for the title Residence for an analyson fration Residence for an analyson fration Residence for a populities Residence application of control organisation Residence application of control of the analyson fration there application of control of the analyson fration there application of control of the analyson fration there are also organisation of control organisation Rey, Tit, residence or display organisation Levennessia community substanting grant Control of the analysis of control organisation Rey, Tit, residence or displayed Rey, Tit, control organisation Rey, Tit, control organisa	25.3 64.5 62.3 68.7 7.4 68.7 68.7 68.7 68.7 68.7 68.7 68.7 68.7	287.8 54.0 54.4 54.8 62.7 54.0 52.0 52.0 53.0 52.0 52.0 52.0 52.0 52.0 52.0 52.0 52	22 294 27,1 29,5 20,6 20,6 24,6 24,6 27,	29.52.9 29.52.9 29.52.9 29.52.9 20.00 27.66.9 26.60 26	6 495 6 95 6 95 6 495 6 495 6 495 6 495 11.0%	6.8% 6.2% 6.2% 6.2% 6.4% 6.4% 6.4% 6.5% 6.5% 6.5%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	25 005.5	2,4% 2,5% 2,4% 2,4% 2,5% 2,7% 2,5% 2,6% 3,7% 2,6% 4,00,0% 400,0% 400,0% 400,0%	8.7 8.7 8.7 8.7 8.7 8.2 8.2 8.2 8.3 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7
Other transport to beautisable Correct Man-parameterial angle correct 1, (c) per Man-parameterial per Man-parameter	101.2 51.3 64.8 51.3 68.7 5.4 6.2 5.6 5.6 5.9 70.01.7	287.8 54.0 54.4 54.3 64.7 54.6 52.0 52.0 52.0 52.0 52.0 52.0 52.0 52.0	22 278.8 27.1 29.5 20.6 50.7 6.6 6.6 6.6 6.6 7.7 7.7 7.7 7.7 7.7 7	201823 201823 201823 201823 201823 201823 201823 201823 201823 201823 201823 201823 201823 201823 201823	6 495 6 95 6 95 6 495 6 495 6 495 6 495 11.0%	84.5% 6.2% 6.2% 6.2% 6.2% 6.4% 6.4% 6.2% 6.2% 6.2% 6.2%	1893 50.9 50.9 50.3 50.3 50.8 1.1 1.2 1.3	135.9 250 64.6 64.7 63 63 63 11 12	25 008.5	2,4% 2,5% 2,6% 2,5% 2,5% 2,5% 2,6% 2,6% 2,6% 2,6% 2,6% 2,6% 2,6% 2,6	8.2 6.7 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2

The docrease in 2022/23 is mainly due to the shift of the district health component of the district health programmes grant from this subprogramme to the Primary Health Care programme.
 The large increases in the Communicable Diseases subprogramme in 2021/22 and 2022/23 are for viscoine purchases.

Personnel Information

Table 18.11 Communicable and Non-communicable Diseases personnel numbers and cost by salary level*

	Number of parts 23 Mars				Norder	und conf of a	ersented po	anti (Mary)	grammer for an	farance en	altino							Average grant	Anerage. July
	Normber of funding poets	Mumber of goots suitablesof to the		Activity			d rollmate			******	- 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ntres				(Ni	Total (M)
		establica-			004/01		NOVET			ANNAVES			2003/24			espess		A023/39	343409
Donmaria bir	and from communicate	Victor III	Aurelian	One	SAME .	Service	Cont	Link	Burning	Com	Louis	Number	Cont	Cres	Number	Ont	CHAT		
Sofery free!	200	CALLES OF THE	223	495.9	2.6	349	tata	0.5	488	235.7	4.6	204	121.6	.44	234	141.0	46	-3.3%	209.0%
\$10 m	27	-	37	62	8.2	39	44	0.2	- 16	2.8	321	- 25	2.0	0.2	37	#.0	23	438	16.76
P-10	216		300	46.5	84	3,73	63	- 9.9	130	181	4.6	245	162	44	735	40.9	24	448.	79.7%
11-11	52	-	33	41.7	2.0	59	45.5	28	48	55.6	.48	40	40.3	100	48	47.1	0.57	14399	22.1%
11-16	201		- 20	295	64		363	1.0	28	-74.0	4.0	38	28.5	to:	46	33.7	11	2.2%	11.00

I color his been provided by the absorbant and his not recently records with after positivent account an

^{2.} Person without

8.4. Programme 4: Primary Health Care

Programme purpose

Develop and oversee the implementation of legislation, policies, systems, and norms and standards for a uniform, well-functioning district health system, including for emergency, environmental and port health services.

Subprogrammes

- Programme Management supports and provides leadership for the development and implementation
 of legislation, policies, systems and norms and standards for a uniform district health system, and
 emergency, environmental and port health systems.
- District Health Services promotes, coordinates and institutionalises the district health system, integrates programme implementation using the primary health care approach by improving the quality of care, and coordinates the traditional medicine programme. This subprogramme is responsible for managing the district health component of the district health programmes grant.
- Environmental and Port Health Services coordinates the delivery of environmental health services, including the monitoring and delivery of municipal health services; and ensures compliance with international health regulations by coordinating and implementing port health services at all South Africa's points of entry.
- Emergency Medical Services and Trauma is responsible for improving the governance, management
 and functioning of emergency medical services in South Africa by formulating policies, guidelines,
 norms and standards; strengthening the capacity and skills of emergency medical services
 personnel; identifying needs and service gaps; and providing oversight to provinces.

Outcoms	Output	Output	Audited Performance	rformance		Estimated	MTEF Targets						
		Indeptor				Performance.	Annusi Target	Annual Target Quarterly Targets	g.			2023/24	2024/2025
			2018/19	2018/20	2020/21	2011/120	2022/23	18	20	8	8		
Resources are available to managers and frontiline providers, with fourthile manage it according to their local needs.	Evaluation Evaluation report on the available to review of the available to review of the available feath System System Roley Policy Framework and framework strategy for for 2014-2022-2026 available available	Evaluation report on the review of the District Health System Policy framework for 2014 2019 available	Indicator	New Indicator	New	New indicator	Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	Draft review framework on the review of District Health System Policy framework and strategy for 2014-2019	Consultation seesimms with 9 Provincial DNS & Provincial DNS & Prof. Management on the DHS strategy review methodology and gran	Conduct the evaluation of the the Implementation of the proficy of DHS proficy framework and proficy and strategy for 2014 19 at 28 Districts	reedback sessions on the evaluation of the implementation of the DHS polity framework and polity and strategy for 2014-19 hold in all 18 districts (reports	CHS District Health System Folicy framework and strategy for 2022-2026 developed and approved	DHS District Health System Policy framework and strategy for 2022-7026 implemented
Resources are available to managers and frankline providers, with flexibility to manage it according to their local needs.	District Health Audit report Management available on Offices (DHMO) DHMO Guidelines Guidelines, Hested in Districts		New	New Indicator	New Indicator	New Indicator	District Health Management Offices (DHMO) Guidelines Tested in 18 Districts	Consultations Guidelin conducted organogi regarding the tested in methodology to Districts be used for the testing of District Health Management Offices (DerMO) Suidelines	Guidelines on the organograms tested in 10 Districts	Guidelines on the organograms tested in 8 Districts	Autit report completed	Audit report fielings used to update DHMO Guidelines	DHMO Guidelines Implemented by Provincial Departments of Health

Outcome	Output	Output	Audited Performance	riormance		Estimated	MTEF Tangers						
		nontanol				A LINGUINGUE	Annual Target	Annual Target Quarterly Turgets	£			2023/24	2024/2022
			5018/19	2019/20	12/0202	2031/22	2014123	8	400	80	3		
Consonantly participation promoted to ensure health system maponthemen, and effective management of their health needs.	PHC Facilities with Ward Based Primary Health Care Outreach Teems	Number of Net PHC Facilities Applicable with Ward Washed Primary Health Care Dutreach Teams	Applicable	Applicable	2385	0521	2700	0001	DOS:	0000	2700	7500	3000
Community promoted to ensure health system responsiveness and effective management of their health needs	Clients tost to follow up for TB and HIV Treatment traced by CHWs	Number of Nat Clerts iost to Applicable follow for T8 and HIV treatment traced by CHMS	Notice the	Applicable	308097	350000	350000	100000	200000	300000	350000	40000	1,50000
Environmental Ports of entinesation survices strengthened complete with a majority of regulations plants. West sanitation, waste management and food sarvices	Parts of entry sarvices recomplises with international health regulations per year	Yumber of process of compliant with international health regulations based on safe.	Nat Applicable	Applicatio	9 ports of ontry soff. compliance with international health regulations	18 ports of entry compliant with international health regulations hased on salt-assersments	25 ports of with international health regulations based on self-assessments.	7 Part of Entry compliant with HIR based on self assessments	14 Port of Entry complant with IVR based on self assessments	JOSEPH STATE OF THE STATE OF TH	20 Poet of Entry 25 Poet of Entry 30 poets of compliant with antry compliant with assessments international assessments health regulations between the compliants assessments assessments.		30 ports of 35 ports of anny compliant with with international international health organisations regulations regulations assessments assessments

Оптсото	Output	Output Indicator	Audited Performance	urmance		Estimated Performance	MTEF Targets	The state of the s					
			2018/10	06/9106	Should	2035 252	2022/23	Annual larget Quarterly largets 2022/23	9 8	0.0	04	20/1702	C202/b257
Environmental Districts and Health metropolition strongthened municipalitie by contributing compliant wi to unproved National quality of Environment water, Health Norm sanitation, and Standard woste management.	Districts and Number of metropolitan Metropolitan municipalities and District compilant with Municipaliti National assessed Environmental for Health Norms complance and Standards, to National Environment Health Morms and Standards.	Number of Meropolitan and District Municipalities assessed for complance to National Environmental Health Norms and Standards	Environmental Districts and Number of 30 22 Health metropolition Metropolition Metropolition Metropolition Strengthened municipalities and District and District and District Sy controllulus compliant with Municipalities Municipalities Municipalities Dy controllulus compliant with Municipalities Municipalities Municipalities on matery of Environmental for for for Matery and Standards, to Material Lo National In National In National In National In National Invisormmental Environmental Environmental Environmental Invisormental Invi		Not Applicable	ohton t fres coed ance to ental	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health forms and Standards	Planning 6 Metropolitor Development of and District Implementation Municipalities Plan. Communication compliance to to provinces. National and Provinces Manager's, Health Young Workshop on Standards	6 Metropolitan 16 and District Auricipolities and District assessed for Municipalities compliance to assessed for National compliance to Environmental National Health Norms and Environmental Standards Health Norms and Standards	16 Metropoltan and District Municipalities assessed for complance to National d Environmental Health Norms and Standards	25 Metropolitan 26 and District Mile Municipalities and assessed for Mile Compliance (u. assumental and Standards Engandards Standards and Standards and	26 Metropolitan and District Municipalities assissed for complance to National Environmental Health Norms and Standords	S2 Metropolitan and District Municipalities compliant with the National Environmental Health Norms and Standards Sand Standards Assessment Assessments Assessments
Quality and Safety of Care Improved	assessed for compliance with Emergency Medical Services Regulations	Number of provinces assessed for complement with Medical Services Regulations	Applicable	Net Applicable	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces 9 Provinces assessed for assessed for compliance compliance with with Emergency Medical Services Medical Regulations Services Regulations	9 Provinces assessed for compliance with Errangency Medical Services Regulations	2 Provinces assessed for compliance with Emergency Medical Services. Regulations	3 Prounces assessed for compliance with Emergency Medical Services Regulations	2 Provinces assessed for complemor with Emergency Medical Services Regulations	2 Provinces 9 Provinces essential complete evith complete vith complete vith complete vith complete vither com	9 Provinces essessed for complance with Emergenc Medical Services Regulations	9 Provinces assessed for complance with Emergency Medical Services Regulations

Table 18.12 Primary Health Care expenditure trends and estimates by subprogramme and economic classification

Management		Stand purcound		Asjected	Accessor growth oute the	Aurrope Expo- (Kurs/ trea/	Mediu	r-leyer raprosolitate	N	Annega growth rate (St)	Anerege Espan Short/ Total
X edilor	2008/19	2015/20	2620/21	2021/22	2010/15		2012/23	2023/24	2024/25	2021/22	
Engineering Abroagument	47	4.6	4.0	2.2	186	1.68	2.8	4.5	4.6	134	0,2%
Abdult must known	150	16.7	160	28.0	62%	548	6909.2	23304	2002.2	60.00	31.25
Environmenter oner Form Wester Sinsson	101	147.9	200.6	20408	828	80.656	207.0	ANZ	2004	4.8%	7.75
Everyous Medical Services and Trauma	55	4.5	6.5	1.0	3.28	3175	8.4	6.6	84	2.29	0.59
Total	209.4	206.0	216.0	250.1	7.8%	200.0%	11903	3165.9	2 204 3	126.5%	100.0%
Dismarite 2021	- AVE	21808	214.0	100000	2.8%	100100	19967	2400.0	30055	-110.40	100.00
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				278			* 1000.0	2400	30030	2.200	
Bulget intivates							- /		-		
Economic constituents				2200							
Control programme	196.1	275.0	334.0	243.7	2.7%	09.1%	293.0	232.7	262.6	4.6%	6.8%
Congression of engages	276.6	160.0	2962	1160	7.94	90.0%	2216	201.9	2014	1.2%	2.24
Coops produce season	21.9	20.8	0.93	287	9.5%	278	31.1	30.4	22.2	1.6%	2.0%
of setrots				- 130							
Communication	3.0	10.0	3.2	2.9	0.2%	tren	LN	19	2.9	6.7%	0.19
Contractors	28	6.3	0.2	0.0	13%	0.29	0.0	38.0	2.0	£2%	0.04
Pleat services for hiding government mater transport)	100	26/4	1939	13.9	72.3%	4,6%	127	23.8	14.1	8.76	6.54
Avvertory: Clothing material and accessivities	0.2	2.2	2.6	2.7	305,5%	(Activ	0.0	4.6	2.7	8.0%	0.1%
Transford subsidence	97	301	3.8	62	3.6%	1.68	8.2	8.7	43	14.00	0.25
times and facilities	16		0,2	6.4	20.76	0.3%	1.5	24	1.5	2,5%	- 33
Transfers and suitablies	0.4	6.4	6.0	14	-300 eW	0.1%	4.895.6	2331.5	1062.6	-	FL69
Pow/sits one nursipolities	0.90	- X	334	- 1	100	333.00	4 635.6	2.933.1	3,052,5		31.69
Hessenakis	24	4.4	0,0	1.0	2005	916		- TO 100	1000	100	100
Poyments for capital assets	0.6	0.6	6.2	2.4	56.1%	0.4%	2.5	4.9	2.0	-5,320	0.1%
Machinen und equipment	06	8.4	0.2	2.8	25.1%	0.4%	2.5	1.9	2.6	-5.3%	0.18
Potel	190 4	206.9	215.0	250,1	7.0%	nou en	1950.7	8 145.9	2.808.5	116.5%	100.0%
Proportion of total programmer	0.0%	649	6.5%	0.4%	3.5		2.0%	9.2%	6.8%	-	
agenifore to retr equilibrie					-						
Betaly of transfers and publisher											
PotorNoids									- 1		
Social benefits			907			15500					
Corrent	0.6	0.0	0.0		200,0%	618	-	-	11+	-	
Implane receiterefts	26	9.4	\$10	- 3	-300.0%	0.1%	-	- 3			
Provinces and revelopables	-	0.000									
Avocitors											
Frounciel revenue punts				- 22		-			W. C. C.		
Gurrent	-				1.0		4 888.0	33913	2002.6		81,6%
444	-		- 3				4.992.6	2,441.5	7,062.6	-	81.65
Didner health programming grant. Control bruth component			- 35				10000	Carrier.	2000	1	10.00

^{1.} The increase in 2022/21 is due to the shift of the district health component of the district health programmes grant to this subgrogramme from the Communicable and Non-communicable Discuss programme.

Personnel Information

Table 18.13 Primary Health Care personnel numbers and cost by salary level!

	Number of posts		>00000000000000000000000000000000000000		Namber	united of	manner ju	ors Effect	pleased for o	Jentes es	add charac	ef.						Average gravett	Astrope
	Number of Junior Austr	Number of some adultional to the obtains		Actual			ž estiniale		9=33=	Colors.		ndicio de vez es	periodicine i	нимен			1	(NO.	Yorki Yorki (NJ
		4000			100/21	- 6	3303/00			2002/20			2003/24			200/20		0000/00-0	10,000
Arimory Health Co	er.		Number	Core	(Anti-	Aureler	Cost	SAME.	Shreker	Gest	Line	Assetter	Cest	Unit cost	Aurthor	Cent	Linit		
Service Invest	106	N	5.50	199.2	64	209	JIN4	8.8	201	217.0	0,0	249	200.0	9.0	245	217.4	0.6	-tim	205.85
214	. 40	32	- 44	36.2	84	- 10	16.2	2.4	- 70	30.7	9.4	- 01	27.6	20.0	- 10	29.9	0.6	3.0%	21.65
5-10	.138-	N/EE	218	700.4	0.9	172	256.6	8.9	325	200.9	3.9	190	2002	8.9	200	2852	4.0	-2.4%	61,91
11-17	20	-	30	12.7	4.1	.10	200	AT	100	29.4	1.1	380	18.8	101	34	865	10	45%	425
10:16	16	- 4	- 36	22.5	2.4	- 10	36.8	2.4	10	14.7	1.5	4.	12.3	1.0	- 2	47.9	100	2.29	3,29

8.5. Programme 5: Hospital Systems

Programme purpose

Develop national policies and plans for all levels of hospital services to strengthen the referral system and facilitate the improvement of hospitals. Ensure that the planning, coordination, delivery and oversight of health infrastructure meet the country's health needs.

Subprogrammes

- Programme Management supports and provides leadership for the development of national policy on hospital services, including the management of health facility infrastructure and hospital systems.
- Health Facilities Infrastructure Management coordinates and funds health care infrastructure to
 enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health
 technology and hospital management, and improve the quality of care. This subprogramme is also
 responsible for the direct health facility revitalisation grant and the health facility revitalisation
 component of the national health insurance indirect grant.
- Hospital Systems focuses on the modernised and reconfigured provision of tertiary hospital services, identifies tertiary and regional hospitals to serve as centres of excellence for disseminating quality improvements, and is responsible for the management of the national tertiary services grant.

	September 1		Monitoring implemented on the approved Regulstions.	42 facilities constructed of revitalised (according to UMMPs desensed)	90 Hospitals S0 Hospitals constructed or constructed or revitalised revitalised (according to (according to PMPs assessed) (PMPs assessed)
	suppose.		Regulations relating to the designation/ classification of hospitals published for implementation	45 facilities constructed or revitalised (according to UAMPs assessed)	
		ŝ	Regulations tabled at the meeting of the National Health Council (MHC) for approval.	25 facilities constructed or restrained (according to UAMRP) assessed)	2 Hospitals 19 Hospitals constructed or evitalised revisalised (according to (according to PMPs assessed) (PMPs assessed)
MTEE Targets.	y Targets	3	Regulations tabled at the meeting of the Tachnical Committee of the National Health Council	10 facilities constructed or revitatived (according to UAMIPS assessed)	2 Hospitals constructed or revitalised (according to IPMPs assessed)
	Quarterly Targets	co.	Regulations Regulation presented to tabled at a Management meeting of Committee of the Technical National Committee of the National Health.	S facilities constructed or re-original (according to UAMPS assessed)	0 Hospitals constructed or revitalised (according to PMPs assessed)
		õ	Regulations presented and discussed with the National Hospital Coordinating Committee (NHCC) for comments and	O facilities constructed or revitalised (according to Unlare) assessed)	21 Hospitals O Hospitals O Hospitals constructed or constructed or restalised revitalised resistance (according to (according to PMPs assessed) IPMPs assessed)
	Annual Target	2022/23	Regulations relating to desting to destination / classification of Hospitals reviewed and published for comment.	40 facilities constructed or revitables (ascording to UAMAPs assessed)	21 Hospitals constructed or restitatived (according to IPMPs assessed)
Estimated	Parformance	2021/202	Matapolicable	SS PHC 40 PHC facilities facilities constructed or constructed restalled (according to UAMPs assessed) uaMPs	21 Hospitals constructed or restrained (opcording to PMPs assessed)
		2020721	Not Applicable	SS PHC facilities constructed or revitabled (according to UAMPs assessed)	25 Hospitals constructed or revitalised (according to IPMPs assessed)
A reflered Designment		3019/20	Not Applicable	Not Applicable	Nor Applicable
		2018/10	Not Applicable	Not Applicable	Not Applicable
iii	Output		Regulations relating to the designation/ classification of hospitals reviewed and published for comment.	Number of UAMPS assessed for the PHC facileties to be constructed or revisables or revisables	Number of PMPs scorced for the Hospitals to be constructed or resitalised
	Dotport		Draft Regulations relating to designation designation freschen of hospitals revewed.	To assess the User Asset Management Plans (UAMPS) for the PHC facilities	To assess the Infrastructure Programme Management Pears (PMPs) of the Health Provincial Departments
	Duttomic		Parkages of services available to the population is expended on the basis of cost- affectiveness and equity	Financing and Delivery of Infrastructure projects improved	Firewing and Delivery of infrastructure projects improved

		1000	1000	September 10 March 10	1000	Estimated				MTEE Targets			
Delicome	Output	Output Indicator			No.	Performance	Annual Target		Quarterly Targets	(Talgets		Section.	and Parket
			2018/19	2010/50	2020/21	22/1202	1603/2002	8	ä	ð	3		Autor (Cont.)
Francing and Delivery of infrastructure projects improved	To assess the Maintenance flans for the Public Health Sacilities. (Clinica, Hospitalis, Hospitalis, Hospitalis, Colloges, EMS base stations) to be stations to be maintained and/or repaired and/or returbished.	Number of Maintenance Plans Issuessed for the public health Facilities (Clerks, Hospitals, nursing conogns, EMS base stations) to be maintained, repaired and/or repaired	Applicable	Not Applicable	150 public health Facilities (Cleics, Hospitch, nursing colleges, EMS base stations) maintained, repaired and/or redurbished according to the Maintenance the		and the state of t		Tablet Facilities Squatic health 10 public health 15 public health 159 public health Facilities Clinics, Clin	15 public health 92 sublic hear Facilities (Clinci). (Clinci). Hospitals, Hospitals, Hospitals, Colleges, EMS base trations, musing colleges, EMS stations, maintained, maintained, repaired and/organizations of repaired and/organizations according to the Maintenance Maintenance Plans assessed	15 public health 92 public health Facilities (Clinics, Clinics, Hospitals, Ho	6 4 50 x 50 65 65 65 65 65 65 65 65 65 65 65 65 65	200 public health facilities (Clinics, Hospitals, Hospitals, colleges, EMS buse scattons) maintained, ripaired and/or richtwised according to the Maintenance Plans assessed

Hospital Systems expenditure trends and estimetes by subprogramme and economic classification

Sikgrapiomise		offeed ex-traorer		Adjoint assessment	Average growth sate (N)	Auerope: Espen- dicare/ Total	Mydia	ricer cycuPur	Si	Aurrage provide rate (NI	American Especial SELECT/ TAXAS
Letter	2018/19	2015/20	2039/21	2021/22	2018/09		2022/22	7673/24	2024/25	2021/22	2624/25
Angrarese Management	1.0	1.5	1.0	54	10.64	130 YOU TO THE	3.8	28	42	41.7%	
Neobil Facilities Infraresistant Management	47207	7218.0	21022	7.292.6	2.000	24.2%	8326.6	1994.7	0.482.4	4.29	36.05
Meaning Sorterns	12 400 2	10:153-6	14 576 4	EF-200-3	2.66	45.1%	20,005.7	(6/394.)	14484.1	3.2%	57.1%
Tetal	19 109 9	20 415.7	21 386.5	21 104 3	3.2%	200,000	22 625.0	22.751.0	25 150.8	3.2%	100.05
Charge to 2021	0.6000	2001112000	-0.000	4238-21	- 0000	100000	199.2	732329	(\$29, 2)	- 177	-7.0
Rusquet occlerate				10000			3200	CHREST .	Marin		
Former's complexive											
Darwint payments	105.7	1753	26.2	41.7	-7.6%	0.3%	229.3	225.5	175,0	27.7%	9.85
Compression of employees	71.7	33.7	29.5	31.5	310,004	9.19	327	277	20.5	2.2%	0.05
Goods and services	802	346.9	554	458	:3676	0.00	199.8	195.9	199.1	31.2%	0.09
afeak2											
Most seeds	0.0	2.0		2.8	36.0%		6.1	400	4.6	25.7%	
Econotients, Business and solvinery services	H14	987.2	40.0	21.5	38.1%	0.7%	1106.0	120.8	AKI	25.6%	0.4%
Serbooked	117	0.0	0.5	4.0	AT MY	-	2.5	26	7.4	25.76	
Area services (including gave ratios) transports	2.6	0.7	0.7	10	34.5%		27	2.94	2.5	344%	
Consumette signifes	0.1	31.7	8.1	27.0	470.9%	60336	47.2	eral	32,0	25.7%	0.25
Traveland substances	2.9	0.7	1.4	5.0	25.90		13.8	13.7	30.8	20.6%	
Tennespers and aviolables	19 457.9	12 532.3	20.528.4	80103	3.0%	85.8%	21 (85.4	21.193.6	22 604.9	3,0%	20.0%
Provinces and managed free	38 407.9	19733338	29,328.4	20 143.0	2.09	35.8%	21,085.6	27.143.8	22 (24.8	20%	25.0%
Wastington .		er.	- +1			2.4		-	65	-	-
Asymants for capital six ets	dist.	798.0	783.5	665.0	12.2%	3.7%	1.194.2	1394.1	562.8	2.7%	5.3%
Buildings over kitter from structures	- 591.0	\$83,0	740.1	1017	12.4%	1.05	1 (63.5	1.728.5	407.1	42%	2.49
Mikiting and epidenier	35.6	116.7	43.5	49.3	11.25	0.19	2907	258.8	220.4	20.7%	229
Facult	23 369 5	20 415.7	22 388.8	20 128 2	4.7%	200.0%	22 636.1	22 915 6	26 150.8	3.2%	230.0N
Properties of retail programme	45.29	46.2%	36,6%	32.3%	196		15.25	12.8%	37.2%	- 1	-
rependiture to vote expenditure					- 1				_		
Debah of Introdes and tahtafes											
Movements											
Social keen(No											
Corrent		0.1	+		- 1	-	-	-			-
ferencere carrenteroletts	8	67	-			-	(37)	- **		- +	
Annonios aret municipalitics											
Provinces											
Ensisted revenue Junes.											
Givent	12 400.7	TF 165.5	34483.2	13 797.8	3.4%	65000	14386.1	64 023.9	14 653.4	2.2%	85.37
Melianet contiony security grant	32 400.7	10 165.3	346032	13 707.8	2.69	60,06	J43851	24 00930	14 633.6	2.2%	59.2%
Capital	6,007.2	63463	6383	F495.2	20%	20.7%	6729.5	2.118.9	7361.2	6.6%	- 20.00
Heater protety meuto/leasters grave	60077	6 846.3	4305.8	8441.3	3.0%	90,7%	637965	7 1216 66	V 867.2	44%	82.88

Personnel Information

Table 18.15 Hospital Systems personnel numbers and cost by salary level

	Marcher of proce 31 March				Mander	evel mint of me	equation	en/Med	placement flor see	pented co	telefafence	×						Average prooffs	Average
	Aveiler of Sarated protes	Marsher of parts officers in the		Antoni		Zrobe	/ retirects		**********			efice to a	matters	ocknote.				(N)	Total (Ni
		creation			10,000		821/0			100/25			HEN/W			2024/25		2007/27-2	1084/35
Respirat factories		- 77	Number	DHI	tion .	Minder	CHI	600 600	Appeller :	COST	ANN THE	Number	DMI	SAN .	Note:	Cher	CHE		
Soley and	- 40		- 40	21.5	201	61	40.0	68	23	27.7	0.0	24	20.7	61	34	28.3	2.7	4.00	150.00
116	45	-	15	.15	0.21	106	4/6	0.1	26	3.9	Ar.	- 41	3.5	6.8	61	1.69	6.3	-3.29	26.48
7-10	:24	+	.34:	11.6	0.5	30	48.7	66	28	28.6	85	-36	356	68	-30	35.7	0.5	-3.1%	35 09
31-27	24	- 4	4.0	12	DE:	1.3	42	0.0		24	683	4	240	63		24	0.2	142%	7.15
18-16	- 4	4		3.3	10	50	8.9	111	4	56	345		788	333	30	62	547	17.5	400

8.6. Programme 6: Health System Governance and Human Resources

Programme purpose

Develop policies and systems for the planning, managing and training of health sector human resources, and for planning, monitoring, evaluation and research in the sector. Provide oversight to all public entities in the sector and statutory health professional councils in South Africa. Provide forensic laboratory services.

Subprogrammes

- Programme Management supports and provides leadership for health workforce programmes, key
 governance functions such as planning and monitoring, public entity oversight, and forensic
 chemistry laboratories.
- Policy and Planning provides advisory and strategic technical assistance on policy and planning, coordinates the planning system of the health sector, and supports policy analysis and implementation.
- Public Entities Management and Laboratories supports the executive authority's oversight function
 and provides guidance to health entities and statutory councils that fall within the mandate of health
 legislation with regards to planning and budget procedures, performance and financial reporting,
 remuneration, governance and accountability.
- Nursing Services develops and monitors the implementation of a policy framework for the development of required nursing skills and capacity to deliver effective nursing services.
- Health Information, Monitoring and Evaluation develops and maintains a national health information system, commissions and coordinates research, implements disease notification surveillance programmes and monitors and evaluates strategic health programmes.
- Human Resources for Health is responsible for medium- to long-term human resources for health
 policy, planning and management. This entails developing and monitoring the implementation of the
 national human resources for health strategy, facilitating capacity development for the planning of a
 sustainable health workforce, and developing and implementing human resource information
 systems for effective planning and monitoring.

		507/500	(2) CMS and SADTC Board / Council appointed for the new term of office	Bi-annual governance raport produced
			(3) SARC, SARC, SANC, NHLS Board / Council appointed for the new term of office	Bi-annual governance report produced
		5	(1) OHSC Board appointed for the new term of office	Statutory Health Professional Councils and Public Entities governance report
MTEF Targets	Quarterly Targets	.00	(1) SAMHC Board appointed for the new term of office	Not Applicable Statutory Health Profession Councils - Public Eni governan report produced
\$	Quarter	a	Call for cominations published in National newspapers and in the Gazette for the DHSC Board	Statutiony Health Professional Councils and Public Enthes governance report produced
		ð	Call for norminations published in National norwspapers and in the Gazette for the SAMRC Board	Not Applicable Statutory Health Profession Councils a Public Ent governan report produced
	Annual Target	2022/23	Two (2) Boards appointment recommendations made prior expiry of the term of of the (SAMRC and OHSC)	Bi-enrual Sovernance report produced
Estimated	Performance	2027/25	New Indicator	New hidicator.
	Huce	2020/23	Now. Indicator	New
	Audited Performance	02/6102	New Indicator	New Indicator
	Aut	2018/102	New indicator	New Indicator
	Output Indicator		Number of Boards / Councils appointment recommendations made prior expiry of the term of office	Statutory Health, Professional Councils and Public Entities governance report produced
	Detput		Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	Entities governance and performance monitored for compliance with applicable legislation, policies and guidelines
	Outcome		Occility and Safety of Care Improved	Quality and Safety of Care Improved

	2000	county on stock coun	Not Applicable	Not applicable
		Service Service	Not Applicable	Revised set of Health Research Priorities produced
	١	o'c	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Revised set of Health Research Priorities produced
MTEF Targets	Quarterly Targots	8	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Draft Health research priorities produced
×	Quarter	70	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Provincial consultation completed
		10	Support 9 Nursing Colleges in conducting a situational analysis on the development of training	National Department Programmes consultation completed
	Annual Target	2022/23	9 Mursing Colleges Support 9 supported to Nursing develop training Colleges in plans for nurse / conducting mithwife strustonal specialists. the developms of training	Raulsed set of Health Research Priorities produced
Estimated	Porformance	2021/23	New indicator	Rensed set of Health research priorities produced
, and the second	Muce	2020/21	New	National Health Research Procedus identified
	Audited Performance	2019/20	New Indicator	Not Applicable Applicable
	Age	2018/19	New	Mort
	Output Indicator		Number of Nursing New Colleges supported Indicacor to develop training plans for nurse / midwife specialists.	Annually Revised set of Health research priorities produced
	Output		Nursing Colleges supported to develop training plans for nurse./ midwife specialists.	National Health Research Priorities Identified to generate the reguired knowledge for the South Africen health system
	Outcome		Quality and Nursing safety of care Colleges improved supported develop training for nurse midwife specialis	Adaptive National learning and Health decision Research making is Priorities improved identified liftnough use generated of strategic required enformation knowledge and evidence the South African he system

	-	2027/202	Performance Performance e e e e e e e e e e e e e e e e e e	200 PHC 300 PHC Facilities and 150 and 240 Hcspitals Hospitals Implemental Implemental Ingithe National Health Hea
		204.5/20	Performance of dashboards implemented in 9 x. Provincial Head Offices, and 52x District Offices.	
		8	Development of Performance Dashboards finalised and training plan developed	100 PHC Facilities and 80 Hospituss implementing the National Health Quality Improvement Programme
MTEF Targets	Quarterly Targets	63	Orath Performance Dashboards produced; and Data analytics capabilities built	75 PHC Facilities and 60 Hospitals implementing the National Health Quality (improvement
TMI	Quarterl	77	Consultations conducted with relevant stakeholders to determine user requirements for Performance Destboards	SQ PHC Facilities and 40 Hospitals implementing the National Health Quality Improvement Programme
		15	Conceptual framework divveloped on the nequirements for standard Performance Dashboards required for each level of healthcare	25 PHC Facilities and 20 Hospitals (mplementing the National Health Quality Improvement Programme
	Annual Target	2022/23	Performance dashboards for national, provincial and district levels developed	100 PHC Facilities and 80 Hospitals implementing the National Health Quality Improvement Programme
Estimated	Performance	2021/252	Not Applicable	100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement. Programme
	SHCO	2020/23	Mor	16 Quality Learning Centres relentified to cover 80 hospitals and 64 PHC facilities
	Audited Performance	2019/20 2020/21	Not Not Not Applicable Applicable	Not Not 16 Quelle Applicable Learning Centres releasified Cover 80 hospitals and 64 Phacilities facilities
	DINY.	2018/19	Not Applicable	Not Applicable
	Output Indicator		Performance dashboards for national, provincial and district levels developed	Number of health feedbes implementing the National Health Guality Improvement Programme
	Output		Performance Performance dashboards for national, national, provincial and and district levels developed developed	PHC Facilities and Hospitals implementing the National Health Quality improvement Programme
	Очисоте		Adaptive learning and decision making is improved through use of strategic information and evidence and evidence	Duality and Safety of Care Improved

	1000	COCHECOS	2600 PHC Sacilities thet qualify as ideal Clinics	Not applicable	HRIS transitioned to the NDoH HRIS unit
			2250 PHC facilities that qualify as tideal Clinics	Implementa Not ton of the app Reviewed Policy	2
		8	Peer-review updated with 2200 PHC fecilities that qualify as tided Cinics	Second Draft of the Circulor / directive of the reviewed Policy	Capabilities of Roll out of HRIS to HRIS to evaluated and Health reviewed Districts an facilities
MTEF Targets	y Targets	9	Draw scale-up plans and conduct cross district peer reviews of rideal clinic status	Fest Draft circular / directive on the reviewed Policy	Conduct end user training on the HRIS, change management and data quality improvement
IM	Quarterly Targets	70	Combinue and complete baseline status decemination for 3400 Primary Health care facilities	Stakeholder engagement	Complete a concept note for Financial System data exchange.
		170	Baseline Status determination commercing to 3400 Primary Health care facilities	Present review proposals to the National Hoalth Council (NHC) Technical Advisory Committee	Demonstrate the HRH planning module through a use case
	Annual Target	2022/23	2200 PHC facilities that qualify as ideal Clinics	Community service policy review report with recommendations finalised and presented to fech NetC	Utilization and functionality of HRIS for HRH planning extended
Estimated	Parformance	2021/22	2100 PHC facilities qualify as (deal Clinics	Mat Applicable	HR Information System operational and 41% of the HRS transition / institutionalization framework activities activities
	and a	2020/21	1 444 PHC facilities in the districts qualify as ideal Clinics	Not applicable	applicable
THE RESERVED TO THE RESERVED T	Agained Personande	2019/20	2000 PHC facilities qualify as ideal clinics	Not Not Applicable applicable	Not Not Applicable applicable
*	Wall of the second	2018/19	1920 PHC facilities qualify as ideal clinics	Applicable	Not Applicable
	Output Indicator		Number of primary 1920 PHC health care facilities facilities that qualify as qualify as ideal direct clinics	Community service. Nat policy review. App report and recommendations produced.	HR Information System implemented at Mational DoH and Provincial Head Offices
	Output		PHC facilities that quality as ideal Clinics	Community service policy reviewed	Facilitate implementation of the HRH plan 2020/21-2024/25 to address human resources requirements
	Outcome		Quality and Safety of Care Improved	Scaff cquitably distributed and have night skills and attitudes	Staff equitably distributed and have right skills and attitudes

		and the second s
Michael Michael Company and word William	water Planta and an increase of the contractor will not be	mates by subgragramme and economic classification
AFFORD STATE OF GOVERNODES AND HAN	NUM HERDENOES ENGRESSISSISSISSISSISSISSISSISSISSISSISSISSI	MODELL BY SEMOLOGICALINE GUO-ECONOMIC CAREILLEGICAL

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h soften	2018/15	2015/2#	2020/21	8921/02	2014/29	(9)	1021/23	2023/24	2020/25	2021/22	- CN
Programme Schnegeriers	5.7	6.5	3.1	67	7.5%	276	60	5.6	6.2	0.08	635
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Policy and Planning Aubit: Sorbles Management and Laboratories	16627	15567	22363	3,001.0	219	25.5%	2892	1925.0	20165	-01N	0.1% J7.2%
Aurilia Sentres	8.0	8.0	7.4	8.4	268	626	60:	9.5	8.7	1.09	6.1%
Heidrichlandson, Marstoring and Duckerleis	56.3	50.1	49.4	-66.4	6.0%	3.0%	71.0	72.5	29.2	25%	2.0%
(News America for News)	71017	2 5 2 9 8	4 (90.1	43023	15.6%	61.79	5.471.3	8.500.0	5 728.9	265	7006
Total	4775.5	5 940 7	0.003.4	1435.1	30.5%	100.0%	75154	7525.2	7390.5	3.25	100,0%
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Oliver poyrers	271.7	255.0	106.5	114.8	5.2%	5.2%	197.9	199.6	295.2	-11.2%	82%
Comparison of confequent	198.0	164.6	189.3	203.4	2.78	1.76	1,000	10% 6	105.9	101.251	13%
Glods and smiller?	2014	358.5	1904	1004	3879	2,34%	92.6	967	26.4	1-6.3%	1300
of eMds			1000	77.3		4330			UIS I	3833	
Androise Erienal	27	42	2.8	46	3028	1939	24	28	4.0	1809	10.00
Consultangs: Basiness stell astroning surgions	36.9	40.4	56.3	47.07	30.49	2.0%	46.9	46.2	36.9	2.39	0.7%
Controctors	6.6	92.8	303	11.3	25.9%	62%	29.2	9.1	7.0	-1475	63%
Mediatrikos (riciality povernieni motor transforti	3.9	32	0.8	4.6	0.7%	8,2%	3.00	3.4	33	0.01	0.19
Freed and salmotener	9.9	100	25.0	117	1556	6.2%	161	11.6	12.2	-cos	62%
Questing powers	8.0	11	2.5	30	625	626	2.7	4.0	4.7	-0006	64%
Transfers and subsidies	1465.1	4750.3	0.255.2	1,395.2	MAN	24.5%	F.336.4	7305.4	7295.6	628	26.7%
Promises and municipalities	27961	25904	458.1	42962	15.6%	62.0%	2461	5-879.6	5366.5	3.78	72.1%
Course of agencies and eccurries	1.890.0	1000	2193.4	17920	439	21.29	1,667.1	1386	1328.0	2.29	23.6%
Attuoresiat	0.6	0.1	62	11.0000	-160.6H	Asset	10000	range.	5,00000	10000	42.00
Poyrevents for cogdital states	26.7	2.1	28.1	21.1	31.45	EN	61	43	4.5	-26.2%	62%
Meethory and equipment	36.7	2.5	35.7	23.1	1248	6.3%	5.1	81	9.5	29.2%	0.2%
Torwi	4778.5	55467	5 657.4	149.1	10.5%	100,0%	75954	73017	7 500.9	9.2%	100.0%
Proportion of tistal programme:	89.2%	3.5%	11.5%	5.6%		-	11.7%	12.4%	12.18		
equality is sale equality.	A FEBRUARY	1000000	1180.00				7078190	57500	1.00000		
Security of investigation and setablish											
Americally											
Social hersefile				- 11							
Current	0.6	0.8	0.2		200.7%					-	-
finywate solid beselfs	0.0	0.5	62		200.89	- 2	-		- 3	-	-
Departmentol agreeizy and accounts					1200						
Departmental agreein (ran-busines artifici)											
General	1496.1	1,605.3	260.0	1796.1	239	31,3%	10057	1892	1,907.2	2.2%	25.6%
Souré Africas Merical Assessor Grand	624.8	685.1	854.6	651.7	10.71	13.29	779.3	297.6	813.5	0.7%	11.3%
National Health Littletony Service	630.0	767.1	855.0	693.1	7.6%	63.39	772.5	729.7	757.9	3.66	10.0%
Office of Aresta Specificate Comprises	1887	136.5	137.6	ISER	5.7%	2.4%	8923	037	138.6	1.75	6.1%
Country for Mindred Schooms	67	6.8	65	6.7	23%	8.29	62	4.5	6.0	2.4%	0.16
Shark Aprican Health Availerts Regulatory	125.2	169.2	1964	146.3	528	2.76	2906	1526	1884	2.9%	23%
Authority									1,000		
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Other transfers to harseholds											
Current	-	- 41		143	- 4	(4)	-	79		- 04	
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Gener	2704.1	2590.4	4339.9	4.297.7	15.8N	62,6%	5465.3	- 5479.0	5366.5	7.7%	71.1%
more recovered by the organization		-	4.000 8	4.297.7	- 3	37.0%	2 661	5478.0	1308.5	7.7%	71.1%
Annich professions staking and development group	2.766.8	26604		4	300.0%	25.0%			24000	-	+
Departmentor agreespes and occurrents											
Anna Consolity (vinit)											
Current	2.2	4.2	4.5	2.0	27.8%	8.2%	2.5	2.7	3.8	8.28	
Compensation Conversioner for Companional		41	500	1.4	27.6%	8.5%	1.6	3.2	2.8	8.16	1 1
Shance in Meas and Worts											

^{1.} The increase in 2022/23 is due to the shift of the district health component of the district health programmes grant to this subprogramme from the Communicable and Non communicable Diseases programme.

Personnel Information

Mealth System Governance and Human Resources personnel numbers and cost by salary level

	Aureter of John St March				Nonto	and cost alp	onervel p	inter Fileste	Dispess for or	fantor is	odeorie	×						Average growth	Average Solery
	Australia Australia 2005	Manter of pour additional to the		Actual		Acute	dutions					odian torn ce	periodisers	nones				Auto	feed (N)
		WHITE SAME		-	200091		10,000			NUMB	land.		8003/94			29/4/29		results- I	mes/25
Anolds System We	versions and Aware	Assources	Nester	Con	CHE	number	red	OH4 .	Notice	Def	ONE	Auroer .	Cest	coet coet	Marrier	DOLL	EVAN ORSE	1003650	450VA
Safety Angel	200	-	289	147.7	2.7	207	20.03	67	ARC	195.1	0.9	100	1000	4.5	111	109.6	0.0	25.4%	330,014
3-6	1000		743	40.8	2.4	209	843	0.4	(.53	31.5	0.4	-24	25.7	24).	3.87	32.3	40.0	11.0%	49.5%
7-28	24	-	99	66.9	4.9	399	20.6	100	26	267	3.91	47.	20,7	25	30	31,3	400	22.9%	20.69
41-77	23.	-	111	57.3	1.1	22	28.3	2.0	100	17.6	1.0	.01	17.0	2.4	11	28.7	14	24.0%	9.2%
16-16	2.6	-	236	26.5	1.9	200	49.1	1.6	pe :	11.2	2.0	200	32.2	30	146	41.3	241	40.0%	20.7%

The reduction of personners after to this shift of the account observants Welevatories to the Recover Assets Labeledony Science.

9. Key Risks

Out	comes	Risks	Mitigation
1. 2. 3.	Maternal, Child, Infant and neonatal mortalities reduced HIV incidence among youth reduced 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25 Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies Premature mortality from	Inadequate Financial Management (which may lead to Irregular, fruitless/wasteful and unauthorised expenditure and negative Audit Outcomes)	 Implementation of approved Financial policies and procedures Staff training on application and implementation of financial guidelines Implement consequence management on transgressions with financial guidelines Delegations and accountability framework implemented Monitoring of action plans to address audit findings. Enhanced collaboration with stakeholder departments on forensic mental health services
6.	Non-communicable diseases reduced by 10% An equitable budgeting system progressively implemented, and	Fraud and Corruption	NDoH Fraud Prevention policy and Strategy in place. Established Ethics Committee Conduct Fraud and Corruption awareness campaigns.
7.	fragmentation reduced Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Escalating Medico-Legal Fraudulent claims	Development of a Case Management system Collaborate with Special Investigative Unit (SIU) to investigate alleged fraudulent claims
8. 9.	Financial management strengthened in the health sector Management of Medico-	Lack of adequate funding (in order to meet health delivery service needs)	 Continue to engage with National Treasury and other relevant Stakeholders e.g. Donor Funders for additional funds.
	legal cases in the health system strengthened Package of services available to the population is expanded on the basis of cost-effectiveness and	Ineffective Supply Chain Management processes which may have negative effect on service delivery due to procurement delays	Approved Procurement policy and Delegation of duties in place Approved Standard Operating Procedures circulated to all branches Staff training on Supply Chain Management (SCM) processes
	equity Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care Quality and safety of care improved	Shortages of Pharmaceuticals leading to compromised provision of patient care	Contracts with suppliers in place Supplier performance management systems Enforcement of penalty clauses on non-compliance with the delivery terms. Implementation of electronic stock management systems
	Staff equitably distributed and have right skills and attitudes Community participation promoted to ensure health	Delays in finalisation and implementation of the NHI Bill/Act	Seek Legal Opinion to address potential areas of Legal challenges Address matters raised by Portfolio Committee of health and Provincial Legislatures
	system responsiveness and effective management of their health needs	Shortages of Human Resources in Critical positions	 Development of a comprehensive strategy and plan to address human resource requirements, including filling of critical vacant posts

Outcomes	Risks	Mitigation
15. Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services 16. Financing and Delivery of infrastructure projects improved 17. Adaptive learning and		Expansion of Primary Health Care system by strengthening the community Health Workers Programme Consolidate nursing colleges Expand the Nelson Mandela-Fidel Castro Programme to supplement the production of much-needed medical practitioners and other health professionals.
decision making is improved through use of strategic information and evidence	Resurgence of Covid-19 pandemic which may severely affect service delivery across value chain.	Continue to implement Covid-19 guidelines Develop and implement Business Continuity Plans
 Information systems are responsive to local needs to enhance data use and improve quality of care 	Inadequate Health Care Infrastructure (new or revitalisation of Old Hospitals and Clinics).	 Ensure effective Implementation of the 10 year National Health Infrastructure Plan to improve health facility planning in order to ensure construction of appropriate health facilities on a need and sustainable basis.
	Inadequate Health Prevention and Promotion	Training of Community Health Workers (CHWs) for outreach programmes. Health Promotion improved
	Inadequate Information, Communication, Technology (ICT) Infrastructure	Adequate ICT infrastructure made available to public health facilities, through the implementation of Digital Health Strategy 2019-2024 Development of a streamlined, integrated information system for decision-making, as required by the Digital Health strategy 2019-2024
	Limited delivery of planed Healthcare Infrastructure due to non-performance of implementing agents/service providers/contractors.	Improve monitoring and oversight on the compliance/implementation of IDMS and relevant infrastructure legislation, regulation and policies; Utilise the Project Management Information System to monitor the projects. Strengthen enterprise contract management in order to effectively deal with non-performance of implementing agents/service providers/contractors;

10. Public Entities

Name of Public Entity	Mandate	Outputs and Targets for 2022/23
Council for Medical Schemes	The Council for Medical Schemes was established in terms of the Medical Schemes Act (1998), as a regulatory authority responsible for overseeing the medical schemes industry in South Africa. Section 7 of the act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private health care, and advising the Minister of Health on any matter concerning medical schemes.	80% of interim rule amendments processed within 14 working days of receipt of all information per year 90% of annual rule amendments processed before 31 December of each year 80% of broker and broker organisation applications accredited within 30 working days per quarter on receipt of complete information per year 60% of governance interventions implemented per year 17 research projects and support projects published in support of the national health policy per year
	Over the MTEF period, the council will continue to ensure the efficient and effective regulation of the medical scheme industry and support the department in its efforts towards the achievement of universal health coverage through national health insurance. The council aims to work towards this through measures such as developing the guidance framework for low-cost benefit options and Finalising the proposals for the Medical Schemes Amendment Bill, which incorporates relevant aspects of the national health insurance reforms and recommendations from the health market inquiry.	 75% of category 4 complaints adjudicated within 120 calendar days and in accordance with complaints standard operating procedures per year
National Health Laboratory Service	The National Health Laboratory Service was established in terms of the National Health Laboratory Service Act (2000). The service operates 233 laboratories in South Africa and provides pathology services for most of its population; plays a significant role in the diagnosis and monitoring of HIV and TB, which are among the leading causes of death in the country; and is responsible for the surveillance of communicable diseases. The National Institute for Communicable Diseases, housed in the surveillance of communicable diseases programme, will continue to play a pivotal role in government's response to the COVID-19 pandemic in addition to providing surveillance and advice on other communicable diseases such as listeriosis and Ebola.	100% of outbreaks responded to per year within 24 hours after notification 90% of occupational and environmental health laboratory tests conducted within the predefined turnaround time per year 94% of CD4 tests performed within 40 hours 82% of HIV viral load tests performed within 96 hours 90% of cervical smear tests per year performed within 5 weeks 53 of national central laboratories that are accredited by the South African National Accreditation System 92% of laboratories per year achieving proficiency testing scheme performance standards of 80% 660 articles published in peer-reviewed journals per year

Name of Public Entity	Mandate	Outputs and Targets for 2022/23
South African Medical Research Council	The South African Medical Research Council (SAMRC) was established in terms of the South African Medical Research Council Act (1991). The SAMRC is mandated to promote the improvement of health and quality of life through research, development and technology transfers. Research and innovation are primarily conducted through funded research units located within the council (intramural units) and in higher education institutions (extramural units)	 700 accepted and published journal articles, book chapters and books by authors affiliated with and funded by the council per year 180 accepted and published journal articles per year by council grant holders with the acknowledgement of the council 420 accepted and published journal articles where the first and/or last author is affiliated to the council per year 150 research grants awarded by the council per year 30 ongoing innovation and technology projects funded by the council aimed at developing, testing and/or implementing new or improved health solutions per year 140 awards (scholarships, fellowships and grants) by the council for MSc, PhD and postdoctoral candidates, and early career scientists per year 100 awards by the council to women MSc, PhD and postdoctoral candidates, and early career scientists per year 105 awards by the council to black South African citizens and permanent resident MSc, PhD and postdoctoral candidates, and early career scientists classified as African per year 75 awards by the council to MSc, PhD and postdoctoral candidates, and early career scientists from historically disadvantaged institutions per year 80 MSc and PhD students graduated or completed per year
Office of Health Standards Compliance	The Office of Health Standards Compliance was established in terms of the National Health Amendment Act (2013) to promote the safety of users of health services by ensuring that all health facilities in the country comply with prescribed norms and standards. This is achieved mainly by inspecting health facilities for compliance, conducting investigations into user compliance, and initiating enforcement actions in instances of noncompliance by facilities. Accordingly, over the medium term, the office plans to increase the percentage of public sector health establishments inspected for compliance with norms and standards from 10.1 per cent in 2020/21 to 22 per cent in 2024/25, and the percentage of private sector facilities inspected from zero to 20 per cent over the same period.	21% of public sector health establishments inspected for compliance with norms and standards per year 100% of health establishments issued with a certificate of compliance within 15 days from the date of the final inspection report and a recommendation by an inspector per year 100% of health establishments against which enforcement action has been initiated within 10 days from the date of the final inspection report per year

Name of Public Entity	Mandate	Outputs and Targets for 2022/23
South African Health Products Regulatory Authority (SAHPRA)	The South African Health Products Regulatory Authority derives its mandate from the National Health Act (2003) and the Medicines and Related Substances Act (1965). The authority's key focus over the medium term will be on registering medicines and medical devices to support public health needs; licensing medicine and medical device manufacturers and importers; authorising, monitoring and evaluating clinical trials; and managing the safety, quality, efficacy and performance of health products throughout their life cycles. It will also prioritise clearing its backlog of product registration applications it inherited from the Medicines Control Council, which was responsible for this function prior to the authority's establishment.	100% of medicine registrations in the backlog cleared per year 80% of new chemical entities finalised within 490 working days 75% of generic medicines registered within 250 working days 60% of licences related to new good manufacturing practices and good wholesaling practices finalised within 125 working days 80% of human clinical trial applications finalised within 90 working days 70% of medical device establishment licence applications finalised within 90 days
Compensation Commissioner for Occupational Diseases in Mines and Works	The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational Diseases in Mines and Works Act (1973). The act gives the commissioner the mandate to collect levies from controlled mines and works; compensate workers, former workers and the dependants of deceased workers in controlled mines and works who have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.	2021/22 Annual reports and annual financial statements of the Mines and Works Compensation Fund submitted to the Auditor-General per year 8470 of benefit payments made by the commissioner per year 13200 of certifications finalised on the minework compensation system per year 1045 of workers in controlled mines and works paid for loss of earnings while undergoing TB treatment per year

11. Infrastructure Projects

The department is working with National Treasury to develop strategies to accelerate the delivery of infrastructure in the health sector for the implementation of national health insurance. Although the details of these proposals are still being finalised, they are likely to draw on the budget facility for infrastructure and the Infrastructure Fund to complement existing budgets for health infrastructure, such as the two conditional grants for this purpose.

The direct health facility revitalisation grant is the largest source of funds for public health infrastructure is transferred to provincial departments of health through the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme. This subprogramme also houses the health facility revitalisation component of the national health insurance indirect grant, includes allocations for planning and building the Limpopo Central Hospital in Polokwane, which is planned to be completed in 2025/26.

The projects listed below are funded from the health facility revitalisation component of the national health insurance indirect grant. These projects are managed and implemented by National Department of Health.

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Limpopo: Tshilidzeni hospital	Replacement of hospital	17/06/2016	31/03/2031	R 1 911 199	R 37 869	R 15 000
Limpopo: Academic hospital	Construction of new hospital	31/16/2018	31/12/2027	R 3 758 372	R 300 520	R 122 000
Limpopo: Siloam hospital	Construction of new hospital	06/07/2016	30/09/2031	R 1 350 000	R 93 773	R 13 984
Gauteng: Soshanguve hospital	Construction of new hospital	Project On Hold due to land issues	ue to land	R 25 672	R12113	R1447
Eastern Cape: Bambisana hospital (refurbishment)	Revitalisation of hospital	14/4/2015	31/08/2029	R 1 000 000	R 13 789	R 40 718
Eastern Cape: Zithulde hospital	Revitalisation of hospital	26/10/2016	31/08/2027	R 1 000 000	R 35 232	R 53 789
Free State: Dihiabeng hospital revitalisation	Replacement of hospital	26/10/2016	31/08/2027	R 668 358	R 40 600	R 52 538
Eastern Cape: Noiths clinic	Replacement of clinic	21/02/2015	15/03/2019*	R 23 725	R 19 646	R416
Eastern Cape: Nkanga clinic	Replacement of clinic	01/12/2014	13/03/2019*	R 50 000	R 33 349	R 445
Eastern Cape: Lutubeni clinic	Replacement of clinic	16/02/2015	21/03/2019*	R 35 423	R 29 824	R 175
Eastern Cape: Maxwele clinic	Replacement of clinic	29/01/2015	22/03/2019*	R 29 500	R 28 551	R 430

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Eastern Cape: Lotana clinic	Replacement of clinic	12/02/2015	29/11/2019*	R 32 778	R 32 068	R 470
Eastern Cape: Lusikisiki cānic	Replacement of clinic	28/07/2015	29/03/2019*	R 91 559	R 87 663	R 353
Eastern Cape: Gengge clinic	Replacement of clinic	21/02/2015	29/11/2019*	R 25 828	R 24 457	R 215
Eastern Cape: Sakhela clinic	Replacement of clinic	17/04/2015	29/03/2019*	R 36 227	R 35 948	R 240
Free State: Clocolan clinic	Replacement of clinic	16/01/2015	21/04/2025	R 65 735	R 6 454	R 5 536
Free State: Borwa clinic	Replacement of clinic	16/01/2015	21/04/2026	R 65 735	R 3 803	R 400
Free State: Lusaka community health centre	Replacement of community health centre	16/01/2015	21/04/2026	R 244 038	R 7 337	R 14 225
Limpopo: Magwedzha clinic	Replacement of clinic	16/01/2015	31/03/2021	R 61 525	R 47 818	R 5 753
Limpopo, Thengwe clinic	Replacement of clinic	16/01/2015	30/06/2020*	R 59 000	R 29 191	R 14 334
Limpopo: Mulenzhe clinic	Replacement of clinic	16/01/2015	31,03/2020*	R 73 513	R 51 563	R 1 000
Limpopo: Makonde clinic	Replacement of clinic	16/01/2015	29/08/2021	R 60 416	R 48 616	R 2 358
Limpopo: Chebeng community health centre	Replacement of community health centre	16/01/2015	30/06/2023	R 234 379	R 8 709	R 521
Mpumalanga: Msukaligwa community day centre	Replacement of clinic	16/01/2015	25/08/2024	R 161 362	R 19 232	R 10 222
Mpumalanga: Ethandakukhanya community day centre	Replacement of clinic	16/01/2015	28/06/2023	R 190 914	R73712	R 59 858
Mpumalanga: Vukuzakhe dinio	Replacement of clinic	16/01/2015	30/08/2019*	R 50 402	R 48 373	R 2 029
Mpumalanga: Batfour community health centre (24-hour mini-hospital)	Replacement of community health centre	16/01/2015	25/08/2024	R 344 490	R 105 794	R 149 094
Mpurnalanga: Mhazatshe 12 clinic	Replacement of clinic	16/01/2015	30/11/2019*	R 90 569	R 46 913	R 2 228
Gauteng: Chris Hani Baragwanath nursing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 21 434	R1118	R 115
Limpopo: Thehoyandou narsing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 23 854	R 4 622	R 62
Mpumalanga: Middelburg nursing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 36 722	R 21 259	R 662
National health insurance backlog maintenance	Various projects related to rehabilitation and maintenance at various facilities	Ongoing		R 832 079	R 451 056	R 117 023
Health technology for national health insurance facilities	Various	Ongoing		R 144 571	R 105 845	R 38 726

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Non-capital infrastructure projects, including maintenance (national health insurance facilities)	Maintenance, provision of provincial management support units and project management information systems, monitoring of 10-year health infrastructure plan	Ongoing		R 351 828	R 167 040	R 50 217
Limpopo: Hayani hospital	Upgrades and additions	14/11/2018	TBC	R 86 123	R 1762	R4370
Gauteng: Mamelodi hospital	Rehabilitation	14/11/2018	TBC	R 50 000	R 429	R 490
Gauteng: Weskoppies hospital	Additions	14/11/2018	TBC	R 78 071	R 1856	R 3 181
DBSA Backlog Maintenance Programme	Backlog maintenance	01/04/2019	31/03/2024	R 435 230	R 215 405	R 118 459
DBSA Boiler Programme	Boiler Replacement	01/04/2019	31/03/2024	R 239 991	R 175 382	R 20 006
Refurbishment of Komani Psychiatric Hospital	Refurbishment of Komani Psychiatric Hospital	TBC	TBC	R 198 000	*	R 2 000
TOTAL				R 17 343 455	R 2 860 639	R 924 889

PART D:

TECHNICAL INDICATOR

DESCRIPTION (TIDS) FOR

ANNUAL PERFORMANCE

PLAN

Part D.: Technical Indicator Description (TIDS) for Annual Performance Plan

Programme 1: Administration

Programme	Programme 1. Administration											
Dutput Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numeration)	Mothed of Calculation / Assessment (Denominator)	Maans of Wedfscatton	Assumptions	Diaggregation of Beneficiaries (where applicable)	Spartal Transformation (where applicable)	Calculation	Reporting Cycle	Dosined performance	Indicator Responsibility
Audit outcome of National Deh	Audit ogenon from Auditor General for National Department of Health for the 2023/22 financial year	Auditor Genera?s Report confirming audit outcome for 2021/22 FY	Applicable	Not Applicable	Armual Report	Applicable	Nat Applicable	Not-Applicable	Not Approable	Annual	Unqualified audit opinion received	Officer
A policy and legal framework to manage medico-legal claims in South Africa developed	A policy and to rear age to manage medico-legal claims in South Africa developed	Policy and legal framework document to menage medito-legal chains in South Afficia	Not Applicable	Not Applicable	Evidence (Minutes of meeting / Presentations / Documents) of Policy and legal framework presented to Technish Cand NHC	Consultation with and approval from the Department of Health legal forum	Not Applicable	Ali 9 Provinces	Not Aupticable	Quarterly	Legislation to manage medico-legal dains in South Africa developed	DDG. Corporate Services
A secure case management system developed and implemented to streamline case management in 8 Provinces.	A secure case management system developed and implemental to streamline case management of medico-legal cases	System generated repart from the medico- legal case management system reflecting management of new medico legal claims	Applicable	Not Applicable	System generated report from the medico-legal case management system reflecting remanagement of new medico legal claims	A socure case management system will be successfully implemented	Not Applicable	Al Provences	Not Applicable	Quarterry	Case Management syxtem implemented (rollout) in the remaining four of eight (4/8) participating provinces, exchading Western Cape.	DOG: Corporate Services

Programme 1:	Programme 1: Administration											
Output Indicator Title	Definition	Source of Data	Method of Cataladon / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggragation of Baneficiaries (where applicable)	Spurial Transformation (where applicable)	Calculation Type	Reporting Cycle	Destract	Indicator Responsibility
Munibor of Health pressention messages broadcasted on Social Media to supplement other channels of	Health promotion messages treastested on Social Media to supplement other channels, of	Print outs /screenshots/ links from the Departmental Social media	Total number of health promotion messages placed / broadcasted on social media	No Denominator	Print outs / screenshots / links from the Departmental Social media sccounts	Reporting reporting	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	100 health promotion messages on MDOH social media placed	Chef Drector
Percentage of Women, in SMS level appointed at MDoH accordingly to the equity targets	Ensuring achievement of targets set for WPPD	Staff Establishment report from Pensit	Total number of Women employed at SMS level at NDOH	Employees	Persal	All employees are recorded on Persal	Gender, Age and Disability	Not-Applicable	Cursulative (wav to date)	Quarterly	SONs of Women appointed at SMS level at Nibor accordingly to the equity targets	Chief Director: Human Resource Management and Development
Forcentage of Youth appointed at NDoH accordingly to the equity targets	Ensuring acharyement of targets sort for WMPD	Staff Establishment report from Pensi	Total number of Youth employed at NDoH	Al NDoH Employees	Penul	All employees are recorded on Persal	Gender, Age and Deablity	Not-Applicable	Cumulative (year to date)	Quarterity	ages Youth appointed at NiDoil accordingly to the equity targets	Chief Director— Human Resource Management and Davilopment
Percentage of People with disabilities appointed at NOOH accordingly to the equity tangers	Ensuring achievement of targets set for WAYPD	Staff Establishment report from Persal	Total number of people with disabilities employed at NOck	All NDoH Employees	Persol	All employees are recorded on Persal	Gender, Age and Deability	Not-Applicable	Cumulative (year to date)	Quarterly	The of People with disabilities appointed at Nibah secondogity to the equality targets	Chief Director Humain Resource Management and Development

Programme 2: National Health Insurance

Programme 2: N	Programmie 2: National Health Insurance	urance										
Output indicator Title	Definition	Searce of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries Transfo (where sppficable) applica	Otsaggragation Spatial Calculos of Beneficiaries Transformation Type (Where spoisothe)	Calculation	Reporting Cycle Desired perform	Desired	fresponsibility
Number of patients registered on the central chronic medication dispensing and distribution ((CCMD3) programme	Total number of Weekly and Total number of monthly tracker pestents to receive reports from the registers medicines through contracted receives the centralised service medicab chronic medicine providers that through dispensing and track the CCMOD distribution enrolled programme patients on the programme	Weekly and Total number monthly tracker potients reports from the registered to contracted receive chron service medication providers that through the track the CCMDD enrolled programme programme	Total number of No pastents De- registered to receive chronic medication through the CCMDD	No Denominator	Monthly reports from contracted service providers that track patients enrolled into the CCMDD Programme	Not applicable	Not applicable. Not Applicable. All Districts	All Districts	Cumulative (year-to-date)	Quarterly	5.5million	NHI: Technical specialist: Contracting
Percentage of funded posts in the Mill organogram filled	Percentage of Percentage of Numeratic Numeratic Numeratic Number Section 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (Numeration Letters of appointment, start establishment Denominator: ENE 2022 reflecting the funding	Number of posts Number of filled in the NHI funded posts organogram in the NHI organogram organogram	Mumber of funded posts in the NHI organogram	Appointment	Funding will be made available to fill posts; and DPSA will approve organogram	Functing will be Not Applicable Not Applicable Not Applicable Cuarterly made available to fill posts; and DPSA will approve organization.	Not Applicable	Not Applicable	Quarterly	70% of funded DDG: National posts in the Health Insurance and organogram DDG: Corporate Services	DDG: National Health Insurance and DDG: Corporate Services

Programme 2: N	Programme 2: National Health Insurance	irance										
Output Indicator Definition Title	Osintion	Source of Data	Method of Cakulation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spattal Calcu of Beneficiaries Transformation Type (where (where applicable) applicable)	Spattal Transformation (where applicable)	- worder	Reporting Cycle Desired perform	Desired	Indicator Responsibility
MRI Fund purchasing health services by 2024/25	Neti Fund Public hearings on Documents (e.g. Not Applicable purchasing health MHI Bill attended by attendance comprehensive majoret and comprehensive minutes) response to confirming questions so that attendance of MHI fund is public hearings established and able to purchase health services once established	Documents (e.g., attendance megister and manuses) confirming attendance of public hearings	0.00	Mot Applicable		and the second contract and th	Attendance of Not Applicable All Districts the Portfolio Committee public hearings on the Bill in Parlament		Not Applicable: Quarterly	Quarterly	Portfolio Committee and NCOP public hearings on the NHLBIII in Parliament attended	DDG: National Health Insurance
Total number of health facilities reporting stock availability at national surveillance centre	Number of Health facilities reporting stock availability at national surveillance centre.	Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability	Sum of health facilities with no stock outs on essential medicines	No Denominator	Dashboard report from National surveillance confirms number and type of Tacilities reporting stock availability	None	Not Applicable All Districts	All Districts	(year-to-date)	Quarterly	3850 Health facilities	Director: Affordable Medicines

Programme 3: Communicable and non-communicable diseases

Programme 3: Communicable and non-communicable diseases

Output Indicator Title	Definition	Source of Data Method of Calculation Assessment (Numerato	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Disaggragation Spatial Calculos of Beneficiaries Transformation Type (where applicable)	Calculation	Reporting Oycle	Destred	frakkator Responsibility
Number of facilities offering HIVSS	Number of facilities Provincial offering HIV self- report screening indicating Self-screet	Provincial report indicating HIV Self-screening	Number of facilities offering HIVSS	Not Applicable Reports from provinces	Reports from provinces	Adequate stock supply of Self testing lets / Availability of resources	None	Province	Cumulative (Year-to-date)	Quarterly	200 facilities offering HIVSS	Chlef Director: HIV and AIDS & STIs
Men's health services piloted in 10 facilities	Men's health package of services piloted in 10 facilities	Report reflecting men's health services from 10 facilities	Number of facilities reflecting men's health services	Not Applicable	Not applicable	Not Applicable Not applicable Not Applicable None	Mone	Not applicable	Not. Applicable	Quarterly	Men's health services piloted in 10 facilities	Chief Director: HIV and AIDS & STIS
Number of PHC facilities with youth zones	Number of PHC facilities with designated area for youth to offer health services	Reports from PHC facilities confirming the activation of youth tones	Sum of PHC facilities with youth zones	No Denominator	Reports from PHC facilities confirming the activation of youth zones	The youth tone would remain active after the inspection and/or support visit	Youth	All Districts	Ournitative (Year-to- date)	Quarterly	2000 PHC facilities with youth zones	Chief Director: HIN and AUDS & STIs
DS-TB Treatment Success Rate	TB circuts who started drug- susceptible tuberculosis (DS- TB) treatment and who successfully completed treatment as a proportion of all CS-TB clients who started treatment during the same reporting period (treatment cohort)	DHIS 2	Count of All DS-TB clients who successfully completed treatment	Count of All DS-TB clients who started treatment during the same reporting period (Treatment cohort)	Facility TIER Net reports	None	Mot. Applicable	All treating beauth facilities	Cumulative (Year-to- date)	Quarterly	Increase the Treatment success rate from 80% (esthmated basefine) to 85%	Chief Director TB Control and Management

Progrumme 3. Output	Programme 3: Communicable and non-communicable diseases Output Definition Source of Data Method of Management Title	of non-communicable dis Source of Data Method of	nicable disease Method of	Method of	Means of	Assumptions	Disaggregation	Spartial	Calculation	Reporting	Desired	
indicator Title			Calculation / Assessment (Numerator)	Calculation / Assessment (Denominator)	Verffication		of Beneficiaries (where applicable)	of Beneficaries Transformution Type (Where (Where applicable) applicable)	- Appe	epulo Challe	performance	ance
Number of DS- TB Deaths	Total Number of DS-TB clients who died before treatment start and during treatment.	DHIS 2	Count of All DS-TB-cluents who died during TB treatment and prior to TB-treatment initiation.	Not applicable	Facility	None	Not Applicable	All treating health facilities	Cumulative Quarterly (Year-to-date)	Quarterly	Reduction of TB deaths from 14 853 (estimated baseline) to 12 381	SS 53 0 12 12 12 12 12 12 12 12 12 12 12 12 12
Number of people started on 18 treatment	Number of Count of all people DHIS 2 people started who had a on TB treatment diagnosis of D5.TB and DR-TB who were started on treatment	DHS 2	Number of people started on TB treatment	Not applicable	Facility level TIER.Net and EDR.Web reports	Notice	Not Applicable	All treating health facilities	Comulative (Year-end)	Quarterly	Increase the Chief Director number of TB Control are people treated Management for TB to 221500	a see
Number of episodes broadcast during shird season of Side- by-Side radio shows	Number of episodes broadcast during third season of Side-by-Side radio shows to promote child health and	Reports from SABC	No of estisodes Not applicable broadcast for each radio station	Not applicable	SABC SABC	Estimated that dmillion persons can be reached	Not Applicable	Not Applicable	Cumulative Quarterly (Year-to- date)	Quarterly	36 episodes broadcasted on 10 tablo stations	220

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	VI.	Source of Data Menthod of Calculation Assessmen (Neumerate	Mathad of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Benchidaries Transfo (where applicable) applica	Spatial Calcu Transformation Type (where applicable)	Calculation Reporting Type Cycle	Reporting Cycle	Desfred performance	Responsibility
Quarterly re- meetings conducted w provincial Or managers to on performa against key C targets in active ving ke national and provincial Or Youth and Sc Health (CYSH	rew SH focus noce 75H 75H 18d, 19d,	Minutes of feveren meetings	Number of meetings held	Not applicable	Minutes of review meeting	Provincial menagers attend meetings regularly	Not applicable	All Provinces	(Year-end)	Quarterly	Four quarterly Chief Directories Chief Your meetings held and School with provincial Health CYSH managers	Four quarterly Chief Director. review Chief Director. Chief Vouth meetings held and School with provincial Health CYSH managers
Number of Quarterly in quarterly review meetings meetings conducted locusing on provincial is performance managers to qualisst key on perform WMXBH targets against key lect with targets provincial wwith targets	Quarterly review in meetings on doubted with in provincial WiMBH managers to focus on performance against key WMRH targets	Minutes of review meetings	meetings held	Not applicable	Minutes of review meeting	Provincial managers attend meetings regulanly	Not applicable	All Provinces	(Year-end)	Quarterly	Four quarterly Chief Director review Women meetings held Maternal and with provincial Reproductive WMRH health managers	our quarterly Chief Director; eview Women meetings held Maternal and with provincial Reproductive MMRH health managers

Indicator Responsibility	Chief Director: Wornen Maternal and Reproductive health.	Chef Director: Child, Youth and School Health
Desired performance	400 clinidans Chief Director who completed one Maternal and module of SRH Reproductive training health.	75% of adults 50 years and older vaccinated against Covid- 19 (at least one dose)
Reporting Cycle	Оцитену	Quarterly
Calculation Type	(Year-end)	Comulative (Year-to- date)
Spatial Calo, Transformation Type (where applicable)	All Provinces	All Districts
Disaggregation of Beneficiaries (where applicable)	Not applicable	Not Applicable
Assumptions	If support for knowledge hub will be consistent.	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS)
Means of Verification	Knowledge hubs print out	System generated report Electronic Vaccino Data System
Method of Calculation / Assessment (Denominator)	Not applicable	Number of people 50 years and older residing in South Africa (from Stars SA)
Method of Calculation / Assessment (Numerator)	Training certificates issued by knowledge hub	Number of people older than 50 years watchrated against Covid 19 (at least one dose)
Source of Data Method of Calculation Assessmen	Training Certificates issued by knowledge hub	Numerator: Number of Electronic peciple olds Vaccine Data than 50 yeal system (EVDS), vaccinated SeatsSA. 19 (at least population one dose) estimates for 2019 MYPE.
Definition	Sexual and Reproductive Health (SRH) module training is any of the 14 modules of the SRH training corriculum offered through the knowledge hub. it can include that facilitated session or online session	Proportion of adults 50 years and older vaccinated against Covid 19 (at least one dose)
Output Indicator Title	Number of clinicians who enrolled in SRH modules focusing on maternal, neonatal and reproductive health modules	Proportion of Proportion of adults 50 years adults 50 years adults 50 years and older vaccinate vaccinated against Covid 19 least one dose) (at least one dose) dose)

Programme 3	Programme 3: Communicable and non-communicable diseases	пшшоз-ооц р	nicable disease									
Output Indicator Title	Definition	Source of Data Method of Calculation Assessmen (Numerate	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries (where applicable) applicable)	Disaggragation Spatial Calcu of Beneficiaries Transformation Type (where (where applicable) applicable)	Calculation	Reporting Cycle	Destred	indicator Responsibility
Proportion of Proportio achitis 35-49 artuits 35- years vaccinated Covid 15 (against Covid-19 one dose) (at least one dose)	Proportion of actuits 35-49 years vaccunated against Covid 15 (at least 9 one dose)	Numerator: Number of Electronic people 35 Vaccine Data years System (EVDS), vaccinated Denominator: against Co StatsSA. 19 (at least population one dose) estimates for 2020/21 based on 2019 MYPE	Numerator: Number of Number of Electronic people 35 - 49 years residing System (EVDS), vaccinated in South Africa Denominator: against Covid- (from Stats SA) StateSA 19 (at least population one-dose) estimates for 2020/21 based on 2019 MVPE	Number of people 35 - 49 years residing in South Africa (from Stats SA)	System generated report Electronic Vaccine Data System	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS)	Not Applicable	All Districts	Cumulative Quarterly (Year-to	Quarterity	65% of adults 35 - 49 years vaccinated against Covid- 15 (at least one dose)	Chief Director: Child, Youth and School Health
Proportion of young people (12 - 34 years) vaccinated against Covid-1 (at least one dose)	Proportion of Propertion of Young people (12- (12-34-years) 34-years) vaccinated against against Covid-19 Covid 19 (at least (at least one dose) dose)	Numerator: Number of Electronic young peo Vaccine Data (12 - 34 ye System (EVDS), vaccinated Denominator: against Co StatistA. 19 (at least population one dose) estimatos for 2020/21 based on 2019 MMPE.	4 and 4	Number of young people (12 - 34 years) residing in South Africa (from Stats SA)	System generated report Electronic Vaccine Data System	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS).	Not Applicable All Districts	All Districts	Cumulative Quarterly (Year-to- date)	Quarterly	60% of young Chief Directs people (12 - 34 Child, Youth years) and School waccinsted Health against Covid- 19 (at least one dose)	60% of young Chief Director. people (12 - 34 Child, Youth years) and School vaccinated Health against Covid- 19 (at least one dose)

Output Definition Source of Data Method of N	Source of Data Method of	Method of	Method of	Means of	Assumptions	Disaggregation	Spatial	Calculation Reporting	Reporting	Desired	Indicator
		Calculation / Assessment (Numerator)	Calculation / Assessment (Denominator)			of Beneficiaries (where applicable)		Type	Cycle	performance	Responsibility
Development and approval of schistosomiasis MDA implementation plan for the mass drug administration of schistosomiasis preventative chemotherapy in endered displace. The aim is to morbidity and transmission towards the elimination of the disease as public health problem (WHO)	Approved	Not applicable	Not applicable. Not applicable	Approved	Dependent on (1), approval of SAHPRA Section 21 application to receive WHO donated drugs, and approval of the MDA implementati on plen by 30 December 2022	Children	Not applicable	Oumulative Cumulative	Annual	100% of school attending children (SAC) in schstosomiasis endemic districts receive schstosomiasis previentive chemotherapy	Orief Director Communicable Diseases
Sub-districts with an incidence of per 1000 population at risk reporting zero local malaria cases.	DHIS2-MIS	Number of sub districts with an incidence of per 1000 population at risk reporting zero local malaria cases in a malaria season	Number of sub Number of Sub Case districts with an incidence within c1 per 1000 DHIS population at population at risk reporting risk reporting risk malaria cases in a malaria cases in a malaria cases	Case classification within the DHIS2	Provincial Implementatio In of the FOCI Clearing Program within targeted sub- districts as per the NSP 2019- 23	Endemic Sub- district (KZN, MP. LP)	Endernic Sub- district (KZN, MP, LP)	Non- Oumulative	Annually	Targeted sub- districts have fully implemented the foci clearing programme and reported zero local case	Chief Director: Communicable Diseases

Programme 3:	Programme 3: Communicable and non-communicable discuses	d non-commu	nicable disease	W								
Output Indicator Title	Definition	Source of Data Method of Calculation Assessment (Numerate	242	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Disaggregation Spatial Caku of Beneficiaries Transformation Type (where (where applicable) applicable)	Matten	Reporting	Desired	Indicator Responsibility
Number of new State patients admitted into designated psychiatric hospitals	New State patients (patients admitted as of 1 April 2022 to March 31, 2023) into designated psychiatric hospitals.	Reports from designated psychiatric hospicals	Number of Total number of State patients on the patients waiting fist waiting admitted into admissio designated psychiatric poychiatric hospitals hospitals	Total number of State patients waiting for admission into designated psychiatric hospitals	Reports from designated psychiatric hospitals.	Dependent on the availability of beds and human resources	All psychiatric hospitals designated to admit State patients	All designated psychiatric hospitals	Cumulative (Year-to-date)	Quarterly	100 new State patients admitted into designated psychiatric hospitals (cumulative)	Chief Director. Non- Communicable Diseases
Number of provincial progress reports on the implementation of provincial plans on the NSP for NCDS	Number of Provincial progress provincial reports on the progress reports implementation of on the provincial plans on the hyperoxidial plans on the NSP for MCDs of provincial plans on the NSP for MCDs NSP for MCDs NSP for MCDs NSP for MCDs	9 provincial progress reports	Number of provincial progress reports	Not Applicable	Availability of 9 Provincial progress reports on the implementation n of the provincial plans on the NSP for MCDs	Dependent on the approval of the NSP by 31 Mar 2022	Dependent on All Provinces the approval of the NSP by 31 Mar 2022	Not App Kable	Non- Comulative	Quarterly	9 Provancial progress reports on the implementation of provincial plans on the MSP for MCDs	Chief Director. Non- communicable Diseases
A National Mental Health Policy Framework and Strategic Plan developed	A National Mental Health Policy Framework and Strategic Plan developed to inform mental health services in the country to provide guidance to province on mental health services.	The second secon	Self-generated Not Applicable Not Applicable progress reports, NHC Minutes of meeting for tabling of framework		Progress reports and copy of produced draft documents	Stakeholders will provide required inputs and perficipation; adequate technical assistance obtained	Not Applicable	Not Applicable	Applicable	Quarterly	A National Mental Health Policy Framework rabled at NHC	Chief Director. Non- Communicable Diseases

Indicator Responsibility	Chef Director: Health Promotton and Nutrition	Chief Director. Health: Promotion and Nutrition
Desired performance	Additional 100 Chief Director: hospitals (including 7 Promotion and Tertiary Nutrition Hospitals) obtain 75% and above on the food service policy assessment	Updated Chief Director: Strategy for Health: the prevention Promotion and and centrol of Nutrition obesity in SA developed and published
Reporting Cycle	Quarterly	Quartedy
Calculation Type	Cumulative (Year-to- date)	(Yest-end)
Spatial Calcu Transformation Type (Where applicable)	All Districts	Not Applicable
Disaggregation of Beneficiaries (where applicable)	Not Applicable	Not Applicable
Assumptions	Hospitals implementing the food service policy	Participation and buy-in from all lay government departments will be attained and NHC Tech and NHC Tech and NHC Will approve the strategy timeously
Means of Verification	Assessment reposts that measure compliance with food service policy	Approved Strategy for the prevention and control of obesity in SA
Method of Calculation / Assessment (Denominator)	Not Applicable Assessment reposts that measure compliance with food service polit	Not Applicable Not Applicable Approved Strategy is the prevent control obesity in
Method of Calculation / Assessment (Numerator)	Number of hospitals compliant with the food service policy	Not Applicable
Source of Data Method of Calculation Assessmen (Numerate	Assessment reports that measure compliance with food service policy	Approved Strategy for the prevention and control of obesity in SA
Definition	According to the food service management policy, the hospital food service unit should provide food that is safe, nutritions, of good quality and culturally acceptable to meet nutritional regulrements of postients. The assistsment tool has been developed and it is used to meesure if these standards are adhered to.	Updated strategy for the prevention and control of obesity in SA developed and published.
Output Indicator Title	Aumber of hospitals compliant with the food service policy	Updated Strategy for the prevention and control of obesity in SA developed and published

Programme 4: Primary Health Care

Output Indicator Title	Definition	Source of Deta	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggrapation of Beneficiaries (where applicable)	Spatial Caku Transformation Type (where applicable)	Cakulation Type	Reporting Cycle Desired	Desired	Indicator Responsibility
Evoluation report on the rowew of the District Health System Policy framework for 2014-2019 available	The evaluation of the DHS policy framework and policy and strategy for 2014- 19 conducted to inform the revise DHS framework for 2022-2026	Evaluation Report Not Applicable Not Applicable	Not Applicable		Evaluation Report	Consultation sessions were completed	Not Applicable All Districts	All Districts	Non- Cumulation	Amual	Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	Chief Director: District Health Services
Audit report available on texting of DHMO Guidelines	The assessment of the extent to which provinces have implemented the guidelines for organograms for DHMO	DHMO guidelines and Audit report on testing DHMO guidelines	Not Applicable Not Applicable	Not Applicable	Guidelines	Consultations for testing of DHMO Guidelines conducted	Not Applicable Provinces	Provinces	Not Applicable Annual	Antual	Consultations for testing of DHMO Guidelines conducted in 18 Districts	Chief Director: District Health Services
Number of PMC Facilities with Ward Based Primary Health Care Outreach Teems	Number of PHC facilities with Ward Based Primary Health Care Dutreach Teams	DHIS	Sam of PHC facilities with Ward Based Primary Health Care Outreach Teams	No Denominator	SHIG	Not applicable	Not applicable Not Applicable All Districts	All Derricts	Cumulative (year-to-date)	Quarterty	2790	Chef Director Darkt Health Sendors
Number of clients lost to follow for TB and HIV treatment. traced by CHWs	Number of clients on TB and HIV treatment lost to follow traced by community fealth workers	SHIZ	Sum of TB and No HIV ofents Der Sost to follow for TB and HIV treatment traced by CHWs	sominstor	DHIS	Not applicable	Not applicable Not Applicable All Districts	All Districts	Cumulative (year-to-date)	Quarterly	350000	Chief Director: District Health Services
Number of ports of entry compliant with international health regulations based on self- assessments	Number of ports of entry compliant with international beauth regulations based on self- assessments conducted by the management of the port	Self-assessment reports reflecting compliance status	Number of ports of entry compliant with international health regulations. based on self-assessments.	Not Applicable	Self- assessment reports reflecting compliance status	Not Applicable	Not Applicable Not Applicable All Districts	All Districts	Cumulative (year-to-date)	Quarterly	25 ports of eotry compliant with international bealth regulations based on self-assessments	25 ports of Chief Director eotry Environmental compliant with and Part Health international Services health regulations based on self- assessments

	responsibility	Chief Director. Environmental and Port Health Services	Director: EMS
	Indicator Responsi		Direc
	Desfed	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	9 Provinces assessed for compliance with Emergency Medical Services Regulations
	Reporting Opcie Desired perform	Quartenly	Quarterly
	Calculation Type	Cumulative (year-to-date)	Cumulative (year-end)
	Disaggregation Spatial Colour of Beneficaries Transformation Type (where (where applicable) applicable)	All Districts	All Distracts
	Disaggregation Spatial of Beneficaries Transfo (where replicatie) applica	Not Applicable All Districts	Not Applicable All Districts
	Assumptions	All Assessments would be carried without hindrances or disruphons	Assessment tools sensitive to the standards required by the regulations
	Means of Verification	Assessment	Assesment reports
	Method of Calculation / Assessment (Denominator)	Totak Metropolitan and District Municipalities Unat performed below 75% during 2020/21 financial year	No Denominator
	Method of Cakulation / Assessment (Numerator)	Fotal number of metropolitan and district municipalities assessed	Sum of Provinces assessed for compliance with EMS Regulations
Care	Source of Data	Numerator: Assessment reports of Metropolitan and District Municipalities Denominator: Assessment reports of Metropolitan and District Municipalities That performed below 75% during	Accessment
Programme 4: Primary Health Care	Definition	Number of Numerator. Metropolitan and Assessment reports of Municipalities Metropolitan at the low 75% during Municipalities 2020/21 financial Denominator. Yearl re-assessed Assessment for compliance to reports of National Municipalities and Standards that performed below 75% during below 75%	Number of provinces assessed for compliance with Emergency Medical Services Regulations
Programme 4:	Output Indicator Title	Number of Metropolities and District Metropolities assessed for compliance to National Environmental Health Norms and Standards	Number of provinces assessed for compliance with Emergency Medical Services Regulations

Programme 5: Hospital System

Output helicator Deficition Title	Definition	Source of Data	Method of Calculation / Associament	Method of Calculation / Assessment Demonstrated	Means of Verification	Assumptions	Disaggragation of Beneficiaries (where	Spatial Transformation Calculation (where applicable) Type	Calculation	Reporting Cycle Desired	Desired	Indicatur Responsibility
Regulations relating to the designation/ classification of hospitals reviewed and published for comment.	The Draft, Regulations seeks to classify health establishments based on the nature and level of services they are able to provide, their geographical location and demographic reach.	and a contract of the following state of the contract of the c	Minutes of the Not Applicable Not Applicable National Hospital Coordinating Committee and reports generated during engagements with the provincial counterparts	Not Applicable	Reports and information shared by provinces	Regulations reviewed and published	Not applicable All Hospitals	All Hospitals	Not Applicable, Annual	Annual	Regulations relating to designation / dassification of Hospitals reviewed and published for comment.	Ohlet Director: Hospital Services
Number of UAMPs assessed for the PHC facilities to be constructed or revitalised	The User Asset Management Plan (UAMP) provides summary lists of all the identified infrastructure needs of the Health Provincial Departments – including capital, maintenance and repair requirements – to enable effective and efficient scentos delinery, in addition, it outlines the office accommodation required to ensure the necessary administration of the service.	International Control of the Control	Sum of PHC facilities constructed or revitalised	Denominator	Practical Project Completion certificates	Accurate record lenepting for number of PHC facilities maintained, repainted and/or refurbished according to UAMPs.	Not Applicable All Districts	All Districts	(year-end)	Quarterly	9	Chlef Director: Health Facilities and Infrastructure Planning

Output Indicator			Method of Calculation /	Method of Calculation /	Means of		Disaggregation of Beneficiaries	Spatial	Calculation		Desired	Indicator
	Dellnician	Source of Data	Assessment (Numerator)	Assessment (Denominator)	Verification	Assumptions	(where applicable)	(where applicable)	že.	Reporting Cycle perform	рефортансе	Responsibility
Number of IPMPS assessed for the Hospitals to be constructed or revitalised	The infrastructure Programme Management Plan (IPMP) is a formal approved document propared by the Health Provincial Departments that specifies how the infrastructure programme will be executed, monitored and controlled over the current MTEF period	Practical Project completion cerbificates	Som of Hespitats constructed or revitalised	No Denominator	Practical Project completion certificates	Accurate record keeping fur number of PHC facilities maintained, repaired and/or refurbished, according to IPNAPs	Not Applicable All Districts	Alf Districts	(year-end)	Quarterly	21.	Chief Director. Health Facintes and Infrastructure Planning
Number of Maintenance Plans assessed for the gubic health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, rapaired and/or refurbished	A maintenance plan Practical is a formal is a formal competion document propared Project approved continuents that defines work done to maintain assets in a facility proactively. The contents of the document helps the Health Provincial Departments to facilitate the continued use of an asset at optimism performance	Practical Project completion certificates	Sum of all public health facilities maintrained, repaired and/or refurbished	Denominator	Practical Project completion cordinates	Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished, according to Maintenance Plans	Not Applicable All Districts	All Districts	(vear-end)	Quarterfy	120	Chief Director Health Facilities and Infrastructure Planning

Programme 6: Health System Governance and Human Resources for Health

Programme 6: Health System Governance and Human Resources for Health

ndicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Mathod of Calculation / Assessment (Decominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries (where applicable) applications	Spanial Calcul Transformation Type (where applicable)	Calculation	Reporting Cycle Desired perform	performance	Indicator Responsibility
Number of Boards / Councils appointment recommendations made prior expiry of the term of office	Statutory Health Professional Council and Public Entities governance structures extablished for effective corporate governance of the institutions	Appointment letters and submission to the Minister	Number of boards / councils appointed	Not Applicable	Submission to the Minister to recommend appointment of new board / council members	Surtable nominations received for appointment	Not Applicable	Not Applicable Non- Cums	Cumulative	Quarterly	Now Boards appointed (SAMRC and OHSC)	Directorate: Public Entitles
Statutory Health Professional Councils and Public Entitles governance report produced	Governance and performance and monitoring system implemented to strongthen oversight, compliance and corpotete governance practices	Compliance and performance reports submitted by Statutory Health. Professional Councils and Pubric Entities	Not Applicable Not Applicable		A consolidated Report produced from Information submitted by health entities and statutory health professional councils.	Inputs received from Statutory Health Professional Councils and Entities	Not Applicable	Not Applicable Not Applicable Br Annually	Not Applicable	8i Annually	Bi-annual governance report produced to ensure that Statutory Councils and Public Entities comply with enabling legislation	Directorate: Public Entitles
Number of Nursing Colleges supported to develop training plans for nurse / midwife specialists	Support means to facilitate the review of the current training plan development practices for nurse and michwife specialists in Nursing Colleges. Support for 2hd, 3rd and 4th quarter indicators means, facilitate the development of the training plant.	Review report of provincial training development practices of the 9 Nursing Colleges	Number of Nursing Colleges supported to develop training plans for nurse/midwife specialists.	None	Review report of provincial training development practices of the 9 nursing colleges.	That all nursing colleges have training development plans.	Not Applicable	Not Applicable (All 9 provinces Non-	Cumulative	Quarterdy	9 Nursing Colleges supported to develop training plans for nurse / midwife specialists.	Chief Nursing Officer
Annually Revised Revised H set of Health research presearch procured produced	Revised Health research priorities produced	National Health Research priority framswork	Not Applicable Not Applicable		National Health Research priority framework	Consensus of priorities among stakeholders	Not Applicable	Not Applicable Not Applicable Not Applicable Quarterly	Not Applicable	Quarterly	Revised set of Health Research Priorities produced	Chef Director: Health Information Research, Monitoring and Eveluation

Programme 5: H	Programme 5: Realth System Governance and Human Resources for Health	ernance and I	Human Resour	ces for Health								
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Senominator)	Means of Verification	Assumptions	Diseggregation Spatial of Beneficiaries Transfo (where applicable) applica	Diseggregation Spatial Calculation Page (where spaticable) applicable)	lation	Reporting Cycle Desired perform	Desired	Indicator Responsibility
Performance dashboards for national, provincial and district levels developed	Performance Electronic dashboards for Performanc national, provincial dashboards and district levels on WebDHI completed	Electronic Performance dashboards on WebDHIS	Not Applicable Not Applicable Electronic Performan dashboard WebDHS	Not Applicable	3 5	Not Applicable	Not Applicable. Not Applicable. All Districts	All Districts	Not Applicable Quarterly	Quarterly	Performance Chief Disabboards for Health national, Inform provincial and Researdistrict levels. Monito developed. Evaluat	Chief Director: Health Information Research, Monitoring and Evaluation
Number of health for Effes implementing the National Health Quality Improvement Programme	Number of facilities in the Guality Learning centers (the QLCs is made up of a cluster of facilities in a geographical area, which consists of both public and private EMS, GPs and PHC, CHCs and private EMS, GPs and PHC, CHCs and Clinics) implementing the National Health Quality improvement.	Self. assessment. reports: reflecting compliance stetus	Number of factories in the QLC implementing MHQIP	None	Soft- assessment reports reflecting complance status	Not applicable	Not applicable Not Applicable (Quality Centers)	Quality Learning Conters	(year to date)	Quarterly	100 PHC Facilities and 80 Hospitals implementing the National Health Quality improvement Programme	Director. Quality Assurance
Number of primary health care facilities that qualify as ideal clinics	Number of clinics testing the guidelines for measuring effectiveness of clinic committees	Reports from the Ideal Clinic system	Sum of PHC facilities that quality as ideal clinics	No Denominator	Reports from the ideal Clinic system	Not Applicable	Not Applicable. Not Applicable. All Districts	All Districts	Cumulative (year to date)	Quarterly	2200 PHC Chief District gualify as Ideal Services Clinics	Chief Director: District Health Services

Programme 6: H	Programme 6: Health System Governance and Human Resources for Health	ernance and f	Human Resourc	ces for Health								
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Meins of Virification	Assumptions	Disegnegation Spatial of Bombidishines Transition (where applicable) applica-	Disaggragation Spatial Calculor Beneficiaries Transformation Type (where applicable) applicable)	Calculation	Reporting Cycle Desired perform	Desired performance	Indicator Responsibility
Community The community service policy is recommendations opportunity for produced produced provide community basewing the public investment in the existing policy and make recommendation recommendation	The community service policy is intended as an opportunity for new graduates to provide community based service, as a societal response to the public investment in their education. The report will review the existing policy and make	Community service policy review report; Minates of meeting at Tech NHC	Not Applicable Not Applicate Community service polic	Not Applicable	Community service policy review report	Not Applicable	Not Applicable Not Applicable All Districts	All Districts	Cumulative	Quarterly	Community service policy review report with recommendations finalised and presented to Tech NHC	Chief Director: Human Resources for Health
HR Information System reglemented at Kathonal BoH and Provincial Head Offices	HR Information System implemented at National Doth and Provincial Health Offices to provide access from Persal, health professional councils and internship and Community Services Programme, to improve HRH Planning and monitoring	Human Resource for Health Information System and reports	Not Applicable (Not Applicable Human Resourt Health Informs System System)	Not Applicable	Human Resource for Health Information System and reports	Not Applicable	Not Applicable Not Applicable Not Applicable Mon-	Not.Applicable	Cumulabre	Quarterly	Utilisation and Chief Director functionality of Human HRIS for HRH Resources for planning Health extended	Chief Director: Human Resources for Health

ANNEXURE A:

CONDITIONAL

GRANTS

Annexure A: Conditional Grants

1.Direct Grants

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2922/23 Annual Budget R'000
Statutory Human Resources & HP Training & Development	To appoint statutory positions in the health sector for systematic realisation of human resources for health	Number of statutory posts funded from this grant (per category and discipline) and other funding sources	4 630	
	strategy and phased in of National Health Insurance Support provinces to fund service costs associated with	Number of registrars posts funded from this grant (per discipline) and other funding sources	1 200	R4 247 198
	clinical training and supervision of health science trainees on the public service platform	Number of specialists posts funded from this grant (per discipline) and other funding sources	400	
Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
WOULD COMPANY OF	Ensure the provision of	Number of inpatient	626 016	
National Tertiary Services Grant	tertiary health services in South Africa	Separations Number of day patient separations	383 444	
	To compensate tertiary	Number of outpetients first aftendances	1 110 111	200000000000000000000000000000000000000
	facilities for the additional costs associated with the	Number of outpatient follow-up attendances	1 998 662	R14 000 427
	provision of these services	Number of inpatient days	3 900 459	
		Average length of stay by facility	4,5 days	
		Bed utilization rate by facility	100%	
Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budge R'000
	To help accelerate construction, maintenance, upgrading and rehabilitation.	Number of PHC facilities constructed or revitalised	40	
Health Facility Revitalisation Grant	To enhance capacity to deliver health infrastructure To accelerate the fulfilment.	Number of Hospitals constructed or revitalised	21	R6 770 971
	of the requirements of occupational health and safety	Number of Facilities maintained, repaired and/or refurbished	120	

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budge R*000
District Health Programmes Grant (HIV/AIDS/TB	To enable the health sector to develop and implement an effective response to HIV and	Number of new patients started on ART	634 746	
Component)	AIDS To enable the health sector to	Total number of patients on ART remaining in care	5 536 444	
	develop and implement an effective response to TB	Number of male condoms distributed	700 000 000	
		Number of female condens distributed	30 000 000	
		Number of babies PCR tested at 10 weeks	146 739	
		Number of clients tested for HIV (including antenatal)	14 000 000	
		Number of medical male circumcisions performed	501 927	
		Number of HIV Positive clients initiated on Tuberculosis Preventative Therapy	651 940	R23 871 183
		Number of patients tested for TB using Xpert	4 208 536	
		Number of eligible HfV positive patients tested for TB using urine lipoarableomannan assay	419 272	
		Drug Sensitive TB (DS TB) treatment start rate (under 5yrs and 5rys and older)	95%	
		 Number of Rifampicin Resistant (RRV) Multi Drug Resistant TB patients started on treatment. 	11362	
Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budge R'000
District Health Programmes Grant District Health Component)	To crisure provision of quality community outreach services through Ward Based Primary Health Care Outreach Teams To improve efficiencies of the	Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage	21	FC 000
	Ward Based Primary Health Care Outreach Teams programme by harmonising and standardising services	Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas	50%	
	and strongthening performance monitoring • To enable the health sector	Percentage of confirmed malaria cases investigated and dissified within 72 hours in endomic areas	65%	and the same of th
	to devolop and implement an offective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023	Percentage of identified health facilities with recommended malaria treatment in stock	100%	R3 820 438
	 To enable the health sector to prevent cervical cancer by making available HPV 	Percentage of identified health workers trained on malaria elimination	90%	
	vaccinations for grade seven school girls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme	Percentage of population reached through materia information education and communication (IEC) on materia prevention and early health- seeking behavior interventions	90%	
	 To enable the health sector to rollout COVID-19 vaccine 	Percentage of vacant funded material positions filled as outlined in the business plan	90%	
		Number of malaria camps rofurbished and/or constructed	10	
		80 per cent of grade five school	80%	1

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'900
		vaccinated for HPV first dose in the school reached		
		80 percent of schools with grade five girls reached by the HPV vaccination team with first dose	80%	
		80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose	80%	
		80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose	80%	
		Number of community health workers receiving a stipend	49 636	
		Number of community health workers trained	10 000	
		Number of HIV clients lost to follow-up traced	461 538	
		Number of TB clients lost to follow traced	38 275	
		Number of healthcare workers rolling out the Covid – 19 vaccine funded through the grant	1500	
		Number of Covid — 19 vaccine doses administered, broken down by type of vaccine	19,292,000 (current year)	
		Number of clients fully vaccinated for Covid -19	23,878,900 (cumulative)	
National Health Insurance Grant	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers.	Number of health professionals contracted (total and by discipline)	55 (Psychiatrists: 10 Psychologists: 15 Registered Counsellors: 20 Social Workers: 5 Occupational Therapists: 5)	R689 835
		 Percentage increase in the number of clients of all ages seen at ambutatory (non- inpatient) services for mental health conditions 	 25% of 15000 increase (increase by 3750 to 18750 annual target) 	
		Number of patients seen per type of cancer	5	
		Percentage reduction in oncology treatment including radiation oncology backleg	2 200	
		Number of health professionals contracted (total and by discipline)	12%	

2. Indirect Grants

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2822/23 Targets	2022/23 Annual Budge R'000
Health Facility Revitalization Component	 To create an alternative track to improve spending, performance as well as monitoring and evaluation on infrastructure in preparation for National 	Number of PHC facilities constructed or revitalised	i	
	Health Insurance (NHI) To inflance capacity and capability to deliver infrastructure for NHI	Number of Hospitals constructed or revitalised	0	.R1 509 091
	To accelerate the fulfilment of the requirements of occupational health and sufety	Number of Facilities maintained, repaired and/or refurbished	5	
Name of Grant NATIONAL ISEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2022/23 Targeta	2022/23 Annua Budget R'000
Non-Personal Services Component: CCMDD, Ideal Clinic, Medicine Stock	 To expand the alternative models for the dispensing and distribution of chronic medication 	 Alternative chronic medicine dispensing and distribution (CCMDO) model implemented 	Alternative CCMD0 model implemented	R614 660
		Number of new and number of total patients registered in the CCMIXO programme, broken down by the following: antiretroviral treatment antiretroviral with comorbidities non-communicable diseases number of pickup points (state and non-state)	5,5 million	
	implementation of the Ideal Clinic programme To implement a quality improvement plan	 Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards 	83	
		 Number and percentage of PHC facilities achieving an ideal status 	2200	
		 Number of public health facilities implementing the health patient registration system (HPRS) installed 	3 200	
		 Number of the population registered on the health patient registration system 	80 million	
		National data cerebe hosting environment for NHI information systems ostablished, managed and maintained	Functional NHI Information System Data Centre	8
		Development and Publication of the 2022 Normative Standards Framework for Digital Health Interoperability	2023 Normative Normative Standards Framework for Digital Health Interoperability published	
		Development and implementation of the master Facility list policy	Master Facility List Policy Developed and Implementation Commerced	
		Number of primary healthcare facilities implementing an electronic stock monitoring system	3 290	

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R*000
		Number of hospitals implementing an electronic stock management system	400	
		 Number of fixed health establishments reporting medicines availability to the national surveillance centre 	100	
		 Intern Community Service Programme (ICSP) system maintained and improvements effected 	(ICSP) system maintained and improvements effected	
		 Number of Quality Learning Centres established 	18 QLCs	
		 Number of facilities improving their baseline OHSC scores (or other approved quality metrics 	10% (from the QLCs)	

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget 8*000
Personal Services Component: GP Contracting (Capitation), Mental Health, Oncology	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	 Number of proof-of- concept contracting units for primary health care (CUPs) established 	5	R85 357
		Number of private primary healthcare providers participating in the CUPs and contracted through capitation arrangements	25	

ANNEXURE B:

STANDARDIZED INDICATORS

AND TARGET FOR 2022/23 FY

FOR THE SECTOR

Annexure B: Standardised Indicators and Targets for 2022/23 FY for the Sector:

Programme	Output Indicator	Canadated Terget	(National Target)	(Mational Torget)	Martunal Target	Outcome Indicator (an per Standardised Indicator list: 22/28)
Women's Malernal and		2022/25	2022/23	2023/24	1074/25	
Reproductive Health	Couple your protection rate	\$5.2N	55.0%	790	60.0%	Maternal Mortality is facility Ratio
	Chairt for Wellicon					
	Residence Co-PT poor Securi					
Outsit, Youth and School Houtth	Delivery 10'-29 years in tacility rate	19.3%	15.0m	180	15.4%	Maternal Mortality is facility Ratio
	- Peter Stormer Storm					
	Armore in Jacobs - time					
Women's Maternal and Reproductive Health	Antenetial 1st slut before 20 weeks rate	69.2%	68.0%	TOC.	75.0%	Maternal Mortality in facility Ratio
	Artempt to contact of the Parent.					
	ARTHUR BOOK MARKETON					
Weener's Maternal and Reproductive Health	Maternal Mortality in facility Rasio PER 100 000 LIVE MRTHS (Programmy 2)	80'4	100/100 000	TRC	70/100 000	Maternal Mortality is facility Ratio
- Invariable - S	Marine Andrews					19004,3000
i	Last dictate from the field of the mark in from the paint budy seen what without arrival on (Author)					
Women's Maternal and Reproductive Health	Makansal mortality in facility (Programme 4)	New Indicator	New Indicator	TRC	New Indicator	Maternal Mortality is facility flatio
	Harrist Holl (Marin					
	No Communication					
Weenzer's Maternal and Reproductive Houses	Material meetality in facility (Programme 5)	New Indicator	New Indicator	THE	New Indicator	Maternal Mortality in facility Ratio
	Bearing committees:					
	Milleramicate					
Warran's Material and Reproductive Health	Over birth under 2500g in facility rate	13.3%	TRC	тис	10.0%	Reconstal (under 26 days deaths in facility rate
	the terr man Aldry & Joseph					
	Linchert Schalle				-	
Women's Maternal and Reproductive Health	Mother postrutal yolt within 6 days rate	75.6%	80.0%	Tec	82.0%	Reconcted (under 28 days deaths in facility rate
-700-000	Motion processed and which is manufact to belong					
	Colors to facility take					
Women's Maternal and	Nocenated ideath in tacking rate (PCR 2000 UVC BUTTIES)	12.1	12.0	THC.	10 and less	Neonatal jundar 28 days deaths in facility rate
Reproductive Health	Market (June 20 April 1 June 20 April 10 June 20 April 2	Dell'Art	Santana	T ACTO	ME IN ON COLUMN	mesons in igoracy rate
	(And heavy or healthy)					
Women's Maternal and Reproductive Health	(related PCH toot positive around 10 weeks rate)	0.7%	0.8%	190	0.5%	Death in facility under S years rate *
	/start CO: magazine provided a series					SWA SERVE
	NG-MAN-PORT SALAR PER SALAR					
Wyomen's Maternal and	Introduction under I year coverage	82.3%	85 DW	the	90.0%	Death in factility under 5
Reproductive Health	- Discourse	III DADAYA'II	3,011		1019000	years tale.
	Peyaluties codel I prop				1132566	
NIN, Youth and School Health	Measles 7nd core coverage	84.1%	90 DW	TRC	95.0%	Death in facility under S
	Mean of the same	- Property	\$074377	1890:	1074577	ymins (offer
	Annual Annual Control of the Control		PARTITY.		MICHAEL .	

Orbit, Youth and School Health	Over ander 5 years distribute case fatality safe. (Programme 2)	3.0%	2.0%	YENG	11/06	Death in facility under 5
	Company and other Engine				407	1.000
	Married appropriate contribution				28007	
Regional Resultata	Child under 5 years distribute case fatality rate (Programme 4)	1,8%	1.8%	roc	1.7%	Death in facility under 5 years rate*
	Name and Address of the Owner, where				119	
	Matthews approximated a few figures				SHE	
Tertiary & Control Hospitals	Ovid under 5 years therefores case fatality natu (Programme VI	3.45	1.8%	rnc	TAN	Doeth in facility under 5
	Design till om Lyve				40	
	Owntown newtone poem X com				2954	
Delsi, Youth and School Health	Child under 5 years pneumona cave fatality rate (Programme Z)	2.5%	-13%	7000	1.7%	Owith in facility under 5
	Process and make point				871	
	Assumption one Siest				40176	
Angioral Hoppitals	Child under 5 years prosuments case fatality rate	2.1%	2.1%	THE	2.1%	Oceth in facility under S
(1) 25 25 25 17 17 17 17	(Programme II)	1223/V//		1000	207	years.rate*
	Contract tearning contraction				10098	2
Testiany & Central Hospitals	Child under 5 years proumonia case fatality rate	9.2%	2.7%	THE	2.3%	Death in facility under 5
TOTAL STREET,	(programme fi)	2407	13/4/6/1		100	years rate*
	Proposition and Lane				7456	
Child, Youth and School mouth	Child under 5 years severe acuta managerities cana-	CA ALC	7000	12.00	10000	Ocath in facility under 5
James, Fellow and School Read In	fatality rate (Programme 2)	71,455	6.9%	rsc.	6,7%	years late"
	There are the resulting payon and point in part				nat	
	Child under System severe arute manufaction sale				10152	Cheath in facility under it
Regional Hospitals	fatelity rate (fregramme 4)	8.4%	8.4%	TRC	8.3%	years rate*
	THE SOUTH CONTRACTOR STATE STA				213.66	
	Several Lie Worksprotes Application and the application				2563	
Teltlary & Control Hospitals	Child under 5 years severy and a mahadrition case fatality rate (Programme S)	4.5%	8.0%	TEC	7,6%	Douth in facility under 5 years rate*
	Street with restriction field the Property lines.				111.70	
	Sound some members are a submit years				1467	
Did, Touth and School Houth	Death under 5 years against tive birth rate (Programma 2)	AB	1.7%	TOC	1,5%	Death in facting under 5 years rate (NTSF: <20 per 1 000 feer births by 2024 <25 per 1 000 feer births by 2025)
	Ball & Addition I present				15350	
	perhati-reducin-					
						Double in facility under 5
Regional Hospitals	Death under 5 years against live birth (Programme	Men		rec -		
Regional receptars	Death under Sysors against the birth (Pragramme 4) (Seet a Note and Spaces)	Men Indicatus	\$104	TBC	4905	years rate*
Regional Hospitals			\$164	TBC	4900	
THE STATE OF THE S	(b) Joseph A Market and Farman and Company of the Davidson and Development See birth (Programme)	Indicatus New	\$104	TBC	4905	years rate* Death in facility under 5
Figures Hospitals Tentiary & Central Hospitals	6 (See Continue of Section 1989) No Polymers Death under Section against Fee Birth (Programme: 5)	bruticatus	\$104		4965	years rate*
THE STATE OF THE S	(b) Joseph A Market and Farman and Company of the Davidson and Development See birth (Programme)	Indicatus New				years rate* Death in facility under 5
Tentiary & Central Huspitals	Control (Acres and Connection) No Delegate Death under Signers against Fee birth (Programme S) Checkly of period sector Signers under An Deconvertor	Many Indicator				Quarts rate* Death in facility under 5 years rate* Children <5 who are
Tertiary & Central Huspitals	Death under System against the birth (Programme S) What in A does 12.59 normby coverage	Indicatus New	5012	ТВС	4877 P0.0%	years rate* Death in facility under 5 years rate*
Tertiary & Central Huspitals	4) Death in Advisorable Figure 1999 See Death under Signate against Recibinth (Programme S) Electron factors senter Signate under An Demonstrator Vitamin, Anjone 12-59 months coverage	Many Indicator	5012	ТВС	4577 70.0% 2025/054.2	Death in facility under 5 years rate* Children <5 who are
Tertiany & Central Hougists Onlid, Touth and School Health HEV/FR and School Wealth	4) Death in Notice and Processes No Destroyer Death under Savers against Rec birth (Programme S) Checkler (per 0) sector Savers under An Description Vitamin A door 12-59 months coverage System A door 12-59 months coverage System A door 12-59 months coverage	Many Indicator	5012	Tec	80.0% 20.0% 20.0% 45-40/06	Death in facility under 5 years rate* Children <5 who are
Tertiary & Central Hospitals Child, Touth and School Health	4) Death in Advisorable Figure 1999 See Death under Signate against Recibinth (Programme S) Electron factors senter Signate under An Demonstrator Vitamin, Anjone 12-59 months coverage	Many Indicator	\$012 \$5.0%	ТВС	4577 70.0% 2025/054.2	Death in facility under 5 years rate.* Children -5 who are stunted (Science: \$AOHS).

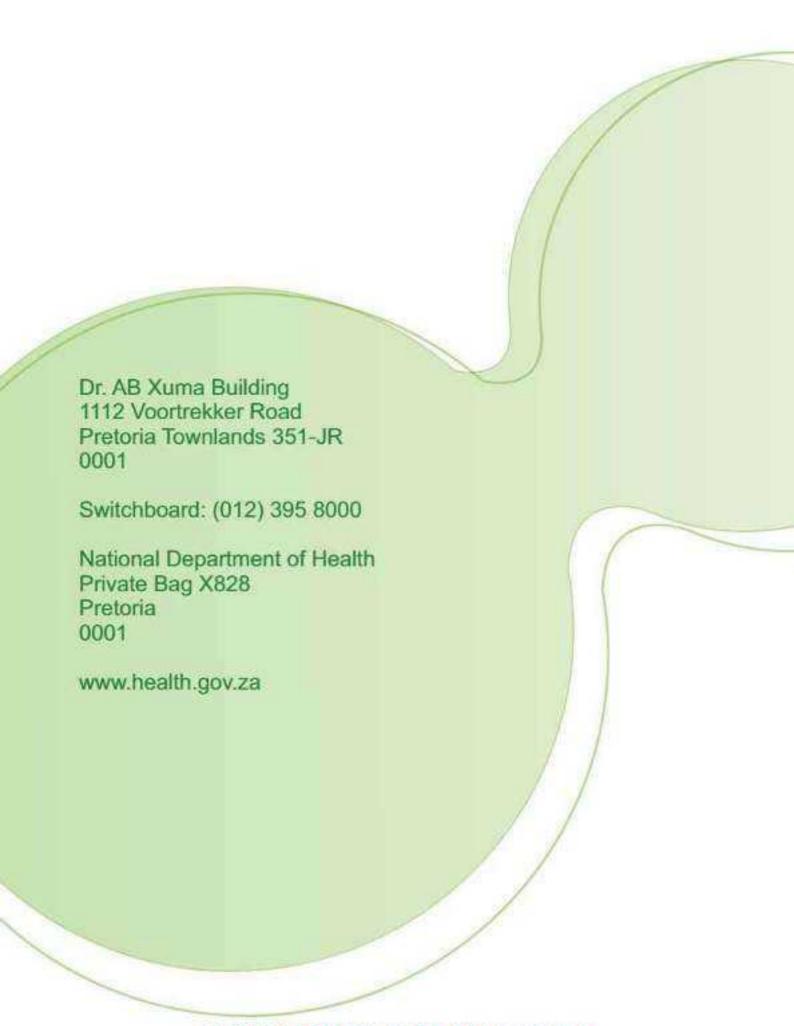
HIV/TE and Security Theremitted infections	ANT adult remain in pare rate (12 marshs)	82.2%	Target used	81.2%	nic	ART client remain on ART and of month - total
	All and the second second			170110.1		
	ATTACA SALES OF THE PROPERTY OF			202772		
HIL/Th and Security Transmitted infections	ART shill restain in care rate. (\$2 months)	K2.8%	Contolidates Target world	39.1%	ne:	ART client remain on ART one of month - total
	ATTAINS AND ADDRESS OF THE SAME			550533		
	AN and yet executionally a simply set			9868		
MIN/TO and Secondly Transmitted colors are	Achill strat book supports contrate (12 months)	89.1%	Consolidates Target used	195%	TRC	ART client remain on ART and of month - total
	MEAN AND ADDRESS OF		1	23603645		
	AFF count year house those			132528		
HEV/TE and Sexually	ART cities what hard suppressed rate (12 months)	81.5%	Compositates Yangat asad	18.5%	inc	AB7 client remain on ABT and of month - total
Transitritted tyleralons	44" AND AND AND AND AND		13-Est dont	200.0		eterni manta - tica
	Sel (malacental) and			706		
MV/TS and Levelly	All DS-TB (Seet LT7 rate	5.7%	780	TOC	IDC	All TR Client Death Rate
Tracements of Infactions	AND TO THE SERVICE OF	200	Service Service of Service of 2613 Service 22613	Serveryt	Section Section 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	THE PROPERTY OF THE PERSON OF
	2000		Bestranii	(HHLU.Xeo)II	-40/60.	-
***************************************	REPLINES WINCOM MICHELINM			-		
HIV/TB and Season/ Transmitted infections	AIT DS-TH Claim Treatment Socress Race	1008	85.0%	90.0%	95% MISE	All Till Client Death Rate
	- PARTY AND THE PROPERTY OF THE PARTY OF THE					
	ANTE REPORT RESIDENCE AND THE SOURCE SOURCE					
Communicable Diseases	Moleris case fatality rate	Could not calculate	0.5%	0.5%	8.58	Materia case fasality rate (Endernic Provinces ands)
	A Maria Maria					
	Moles are say married					
Frincey Health Care	Patient Experience of Care sensitarities rate (Programme 2)	Cookinut criculate	AD,DN	80.0%	80.0%	Patient Experience of Care syticfaction rate
	NAME OF THE OWNERS AND ADDRESS OF THE OWNER.					
	Parties Destroyers of Care several total expension					
Regional Harystale	Partied Experience of Care satisfaction rate (Programma 4)	80.0%	90.0%	80.0%	HO.ON	Fatters Experience of Carr satisfaction rate
	Particular of the same most remain					
	Astert Newsons of East State State State State					
Tertiley Hospitals	Patient Experience of Core samplest accrate (Programma S)	61.1%	80.0%	89.0%	80.0%	Patient Cappliesse of Carr satisfaction rate
	And the control of the acres with the control					
	February Control of Control State (Section Control					
Frimary Hasten Cars	book divid status obtained rate	52.5N	164.2%	THE	75.0%	Mosé civer status ubcaries
	Figs. Fill Sector (a. 99) than arrived may library		1201		7100	
	Panel Dall Service on Basel CNUS and as 1895		5420		3467	
Primary Hearth Care	Severity assessment code (SEC) 1 Implicat reported within 34 hours rate (Programme 2)	86.0%	scien	90.0%	MEAN	Patient Safety Incident (P3 case clotters rate
	The second secon					
	Marrie de conservante (NACE au conservante de Conse				_	
PC IND TENDRE I THE LINE IS	Sewrity dramament andu (SAC) 1 incident reported	447717	The Address of	The same	90.0%	Potient Safety Incident (75
Regional Hospitals	witten 24 Fearth rolls (Programme II)	85.5%	90.0%	90.0%	30.014	tane donne rate

Tertitory Haspitulis	Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme S)	37.4%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	Smooth constraint and DAO I resident agreemed action 20 Security					
	Specific responsed to the CARS I the War reported					
Primary Health Corp.	Potient Safety Incident (PSI) size classes rate (Programma 2)	90.5%	90.0%	90.0%	99.0%	Patient Solety Incident (PSI case closure rate
	PRINTED AND A SERVICE PRINTED AND ADDRESS OF THE AD					
	Mahow Sajeta Inchina 379 coor reported					
Regional Hospitals	Potient Selety Incident (PSI) use closure rate (Programme 4)	84.8%	90.0%	90.0%	90.0N	Patient Safety Intelent (PS date closure rate
	- PROPERTY HOLDEN PROPERTY CONTRACTOR					
	Parties Salety (Wildress SPS) (Sale Reported)					
Territory Himpitals	Patient Sefety Incident (PSI) case closure rate (Programma S)	81.3%	90.0%	90.1%	90.0%	Patient Safety Incident (PS case closses rate
	form Schrosophia (SChordon)					
	Openic Service consists (PS) and reported					
BM4	EMS P3 urbon response under 30 minutes rate (Programme 3)	63.0%	65.0%	No target	No target	EMS P3 neral and orban response time
	MATERIAL PROPERTY AND ADDRESS OF THE PARTY O				1	
	ENTS P1 runt response under 60 minutes rate			The state of the s		EMS PI rural and urban
DMS	(Programme 3)	74.5N	74.4%	No target	No target	response time
	2007 and a most over 20 mass.					
	CRESTLevel Incabroom					
infrastructum	Personage of Health facilities with completed applied infrastruction project (Programme 3)	Mess Indicator		190		Porcentage of public healt facilities refurnished, required and maintained
	Plant represent of Super-Anything with temporary control organization products in Promise Computation and Super-Su		10		50	
	time various of travel for the contract of the committee appeal influence or projects (as the cost of Constitute Constitute for expressions about 60 or an occur.)					
Programme 1 Administration	Audit opinion of Provincial Ooki (Programme 1)	NA	NA	NA	MA	Audit opinion of Provincial
	Hart Service (Art Photosop Authorities and Astronomy Service)				-	
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