ANNUAL
PERFORMANCE PLAN
2024-2025

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

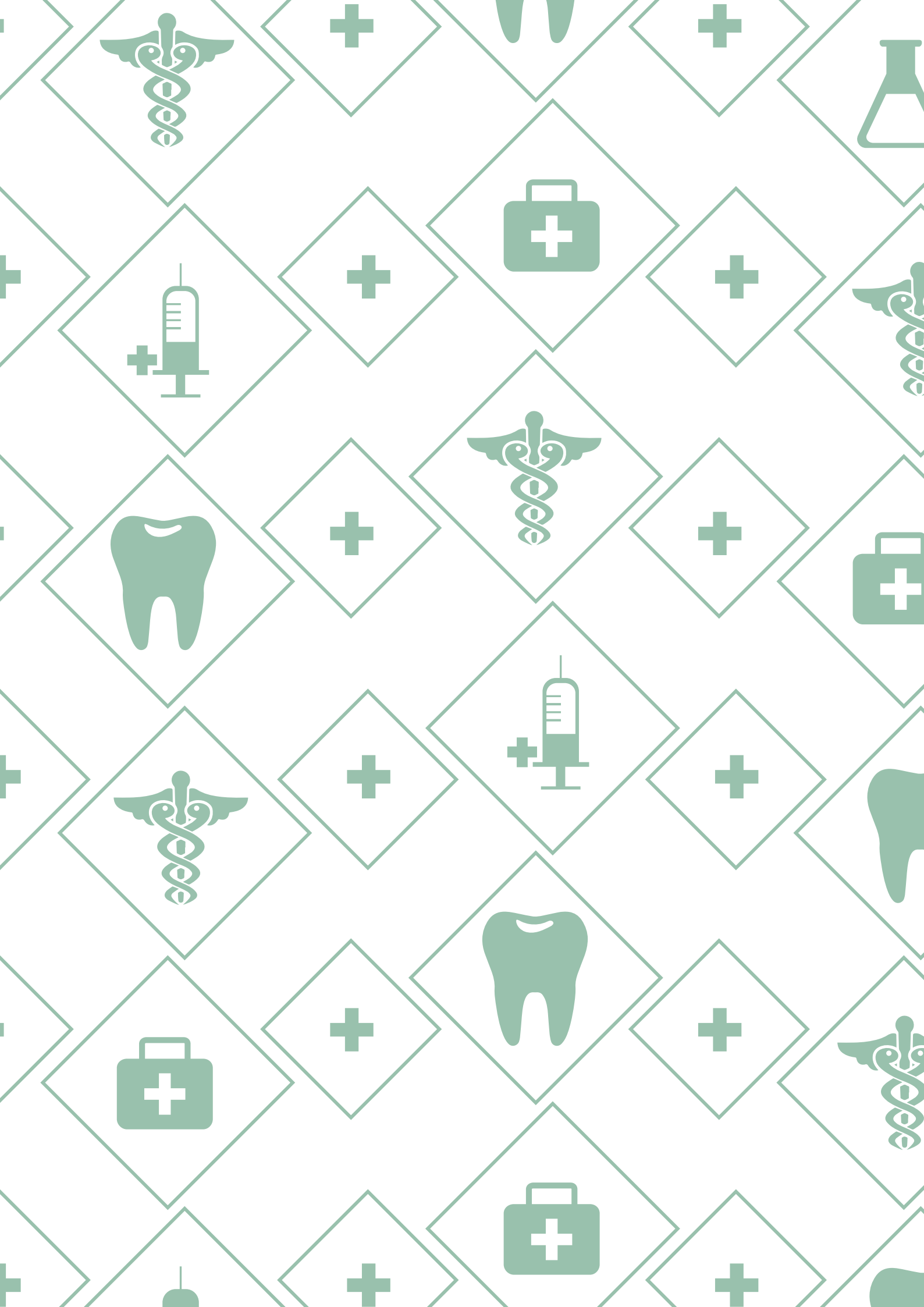


TABLE OF CONTENTS

FOREWORD BY THE MINISTER OF HEALTH

DR MJ PHAAHLA, MP
Minister of Health

The 2023/24 financial year was the first full one where the health sector was able to focus on complete recovery from the Covid-19 pandemic. We wish to again thank our health workers who carried the biggest burden of seeing our country through the pandemic including implementation of the national vaccination program. We lower our banners for those who made the supreme sacrifice of losing their lives.

The recovery of our comprehensive health services is now fully on course and in the process, we have used the positive lessons from managing the pandemic such as increased use of technology including in training of health workers for implementation of various programs.

In the area of the fight against HIV and AIDS, TB and STIs the National Strategic Plan which was adopted on World TB Day of 2023 is now in full implementation. We have also adopted the TB Recovery Plan and already we have regained the ground we lost during the pandemic.

In the 2024/25 financial year the health sector under the auspices of SANAC will have to pick up momentum especially in the middle 95 of the 95/95/95 cascade. What this implies is that the sector will have to find more impactful ways of tracing those who were never initiated on Antiretroviral Treatment or who have fallen off.

Equally so we will have to find the missing people who are infected with TB but have not had treatment and those who started but did not finish the treatment. If we are going to reach our 2025 and 2030 UN SDG and NDP goals for both HIV/AIDS and TB, we will need to be more impactful in our interventions.

The other important area of post pandemic recovery is in provision of comprehensive health services especially Primary Health Care in prevention, early detection, and early treatment of both communicable and non-communicable diseases. These will include better coverage in our childhood immunization programs to prevent future outbreaks of diseases like measles. We also have to improve coverage for cancer screening especially a preventable cancer such as cancer of the cervix with increased coverage of HPV vaccination.

2024/25 will also have to see increased tempo of improvement of quality of health services from PHC level up to the specialized services. We have made strides in improving patient experience of care but a lot more will need to be done to reduce waiting times at our health facilities.

We must thank our law makers for processing the National Health Insurance Bill in the midst of Covid-19 and completing the work immediately that all restrictions got lifted from middle of 2022 and passing the Bill by end of 2023. The National Department is working hard to prepare for the phased implementation of the NHI as our framework for realization of Universal Health Coverage. Once the President has signed the Bill into an Act the work of putting together the institution of the NHI fund will begin in earnest while the strengthening of the health delivery platform will be accelerated.

The financial year 2024/25 should be a year of new opportunities and challenges in transforming our national health services towards final achievement of a united national system ushering in Universal Health Coverage.

Dr MJ Phaahla, MP
Minister of Health

STATEMENT BY THE DIRECTOR-GENERAL

DR SSS BUTHELEZI
Director General: Health

The Annual Performance for 2024/2025 for the National Department of Health is tabled as we usher in the 7th Democratic Administration of our country.

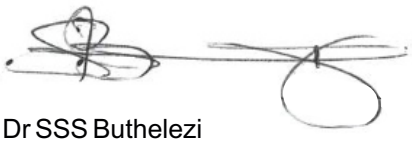
Despite reversal of the gains in life expectancy by COVID-19, the sector has made significant progress in clinical outcomes owing to interventions implemented by priority programmes. Key achievements of the sector include amongst others, reduction in deaths which has improved life expectancy at birth in 2022, reduction in TB mortality rates, number of primary health care facilities that qualified as ideal clinics improved to 2046 by the end of March 2023 and notable improvement in the access and quality of mental health services.

The 5th generation National Strategic Plan for HIV, TB and STIs (2023-2028) was launched in 2023 to drive 95-95-95 targets and other key interventions to support the strategy include establishment of youth zones in facilities targeted at reducing HIV incidence amongst the Youth, and Central Chronic Medical Dispensing Distribution Programme for distribution of medicine Parcels for stable patients. Implementation of the National Health Quality Improvement Programme has been fast tracked (exceeded the target of 200 PHC and 160 hospitals), with 2 560 Primary Health Care facilities and 245 hospitals implementing the National Quality Improvement Programme.

The 2nd Presidential Health Summit was convened in May 2023 to identify bottlenecks, capitalise on the lessons learned and to recalibrate the approach for health systems strengthening. The Pandemic Prevention Preparedness and Response was added as Pillar 10 of Compact with key focus on the establishment and strengthening of the Public Health Emergency Operating Centres nationally and across all 9 provinces.

The implementation of National Health Insurance will be enabled by a series of interventions in place to aid improvement of access to quality health care. The National Health Quality Improvement Programme has been rolled out in 8 provinces to ensure that facilities have the capacity to meet and sustain the required standards for certification by the Office of Health Standard Compliance and subsequent accreditation for the National Health Insurance. The Central Chronic Medication Dispensing and Distribution programme has enabled the distribution of over 6 million medicine parcels between April and December 2023 for stable patients, which positively contribute to adherence of treatment and reduce congestion in facilities. Maintenance and refurbishment of health infrastructure remain key to support service delivery. Expansion of access to specialised services will be made possible through various funding mechanisms.

This Annual Performance Plan 2024/2025 reflects the Department's commitment health equity, for the absence of remediable differences in health outcomes among population groups: urban, periurban, upper-market estates (with all necessary amenities) and rural communities. As a national Department, we continue effective works together with all provinces to successful implementation of this plan.



Dr SSS Buthelezi
Director General: Health

OFFICIAL SIGN OFF

It 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 2024/25-2026/27.

Dr P Mahlati Signature: _____
Acting Manager Programme 1: Administration

Prof. N Crisp Signature: _____
Manager Programme 2: National Health Insurance

Mr R Morewane Signature: _____
Acting Manager Programme 3: Communicable and Non-Communicable Diseases

Ms J Hunter Signature: _____
Manager Programme 4: Primary Health Care

Dr P Mahlati Signature: _____
Manager Programme 5: Hospital Systems

Dr A Pillay Signature: _____
Manager Programme 6: Health System, Governance and Human Resources

Mr P Mamogale Signature: _____
Chief Financial Officer

Approved by:

Dr SSS Buthelezi Signature: _____
Director-General

Dr MJ Phaahla, MP Signature: _____
Minister of Health

PART A:

OUR MANDATE

PART A: 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:

(1) 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.

2. 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 recognised 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 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.

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

3.1. National Development Plan: Vision 2030

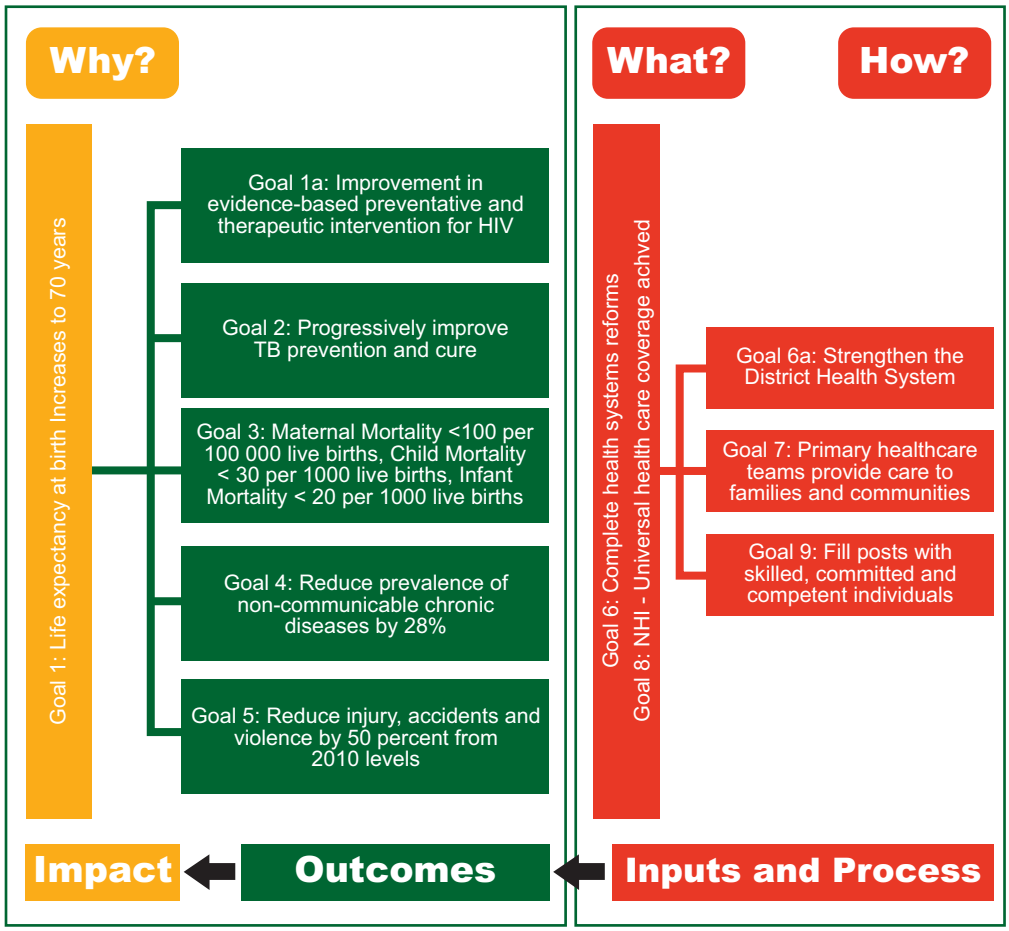
The strategic intent of the National Development Plan (NDP) 2030 for the health sector is the achievement of a health system that is accessible, works for everyone and produces positive health outcomes. The NDP vision is that by 2030 it is possible for South Africa to have: (a) raised the life expectancy of South Africans to at least 70 years; (b) produced a generation of under-20 year olds that is largely free of HIV; (c) reduced the burden of disease; (d) achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-5 year old mortality rate of less than 30 per thousand;(e) achieved a significant shift in equity, efficiency and quality of health service provision; (f) achieved universal coverage; and (g) significantly reduced the social determinants of disease and adverse ecological factors.

Chapter 10 of the NDP has outlined 9 goals for the health system that it must reach by 2030. The **NDP goals are best**

described using logic framework which is in line with the **theory of change.** 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.

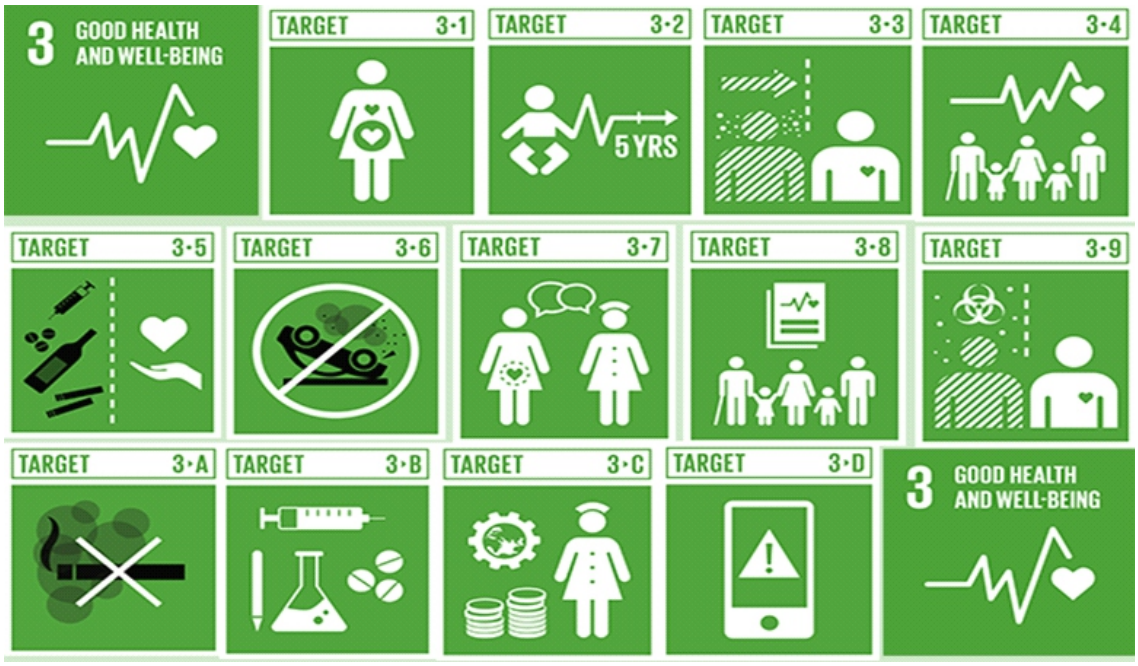
Figure 1: Logic Framework for Result Based Approach



3.2. Sustainable Development Goals

In 2015, all countries in the United Nations adopted the 2030 Agenda for Sustainable Development. Goal 3 ensures promotion of healthy lives and well-being for all at all ages as depicted in the figure below:

Figure 2: Sustainable Development Goals



The following goals pertain to health, goal 3:

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.

3a. **Strengthen the implementation** of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

3b. **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.

3c. 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.

3d. Strengthen the capacity of all countries, in particular developing countries, for **early warning, risk reduction and management of national and global health risks.**

Table 1: Progress on SDGs as per the Sustainable Development Report 2023

SDGs	2030 Target	Progress as per the Sustainable Development Report 2023
Reduce the global maternal mortality ratio	less than 70 per 100,000 live births	126.80 (2020), Moderately improving, however at this rate, insufficient to attain goal
Reduce neonatal mortality	12 per 1,000 live births	11.03 (2021), SDG achieved
Reduce under-5 mortality	25 per 1,000 live births	32.85 (2021), Score moderately improving, insufficient to attain goal
End the epidemics	AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	New HIV infections per 1000 uninfected population, 4.19 (2021).
Global End TB strategy	Reduce the number of deaths caused by TB by 75% by 2025, and 90% by 2030	Incidence of TB per 100,000 population, 513 (2021)
Reduce Age-standardised Death rates due to non-communicable diseases	Age-standardised death rate due to cardiovascular disease, cancer, diabetes, or chronic respiratory disease in adults aged 30–70 years, target is 9.3 %	The probability of dying between the ages of 30 and 70 years from NCDs, provided assuming current mortality rates at every age, 24.13 (2019), indicator is on track or maintaining SDG achievement

3.3. Medium Term Strategic Framework 2019-2024

The Medium-Term Strategic Framework (MTSF) entails a set of priorities for 2019-2024.The two overarching health goals of the MTSF 2019-2024 are:

- Progressive improvement in the total life expectancy of South Africans. It is aimed at eliminating avoidable and preventable deaths (survive); promoting wellness, and preventing and managing illness (thrive)
- Universal Health Coverage for all South Africans progressively achieved. Through transforming health systems, the patient experience of care, and mitigating social factors determining ill health (thrive)

The MTSF 2019-2024 entails 11 interventions by the National Department of Health aimed at strengthening the health system and improving health outcomes.

Table 2: Progress on the Medium-Term Strategic Framework deliverables:

MTSF intervention	Progress
Enabling legal framework created for the implementation of National Health Insurance (NHI) Bill	Detailed progress provided in the NHI Bill section below.
Roll out quality improvement programme in public health facilities to ensure they meet quality standards required for certification and accreditation for NHI	As at end September 2023, 344 QLCs were established with 211/386 (55%) hospitals and 2492/3473 (72%) PHC facilities, resulting in a total of 2703/3859 of public sector facilites implementing the National Health Quality Improvement Programme (NHQIP).
Expand the primary health care system by absorbing over 50 000 CHWs into the public health system	46 172 Community Health Workers are contracted by Provinces. Despite the challenge of capacity, community health workers continued with outreach services and managed to trace a total 33 449 TB and 249 442 HIV clients who were lost to follow-up for treatment.
Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme	The number of Primary health care facilities that qualified as ideal clinics improved from a total of 1928 in 2022/2023 to a total of 2046 by the end of March 2023. As at end of September 2023, 3217 Primary Health Care facilities conducted baseline status determination against the annual target of 3400 facilities.
Develop a comprehensive policy and legislative framework to mitigate the risks related to medical litigation	Draft Discussion Paper produced by the South African Law Reform Commission (SALRC) to inform the Legal Framework to manage Medico-Legal claims in South Africa. The SALRC recommendations once finalised will inform the required reforms, a legislative process will be initiated through drafting of the Bill. Once the Final Report from the SALRC is submitted to the Minister, the legislative process (Bill) will be initiated.
Develop and implement HRH Strategy 2030 and HRH Plan 2020/21- 2024/25	Human Resources for Health Strategy, inclusive of the Human Resources for Health (HRH) Plan was published. The Department managed to achieve a 100% placement of eligible South African Citizens and Permanent Residents who met the requirements of being placed in accordance with the Internship and Community Service Program (ICSP).
Establish provincial nursing colleges with satellite campuses in all 9 provinces	The MTSF target to have one nursing college per province (with satellite campuses) established by 2020 and fully operational in all nine provinces by 2022 were achieved. The Department continues to support Provinces to develop curricula for prioritised nurse/ midwife specialist training programmes.
Drive national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill-health	A cumulative total of 7 544 341 HIV tests were performed during the months of April to August 2023. The Department continues to strengthen targeted testing with special focus on children through Global Alliance to end AIDS in children, HIV Self-screening and index testing. As at the end of August 2023, 95% of people living with HIV knew their status, while 78% of HIV positive people were initiated on ART. The Department commit to finding all persons living with active TB in communities through massive TB screening campaign in order to meet the targets of the National Strategic Plan for HIV and STIs. For the period April to August 2023, a total of 17 889 934 screenings for high blood pressure and 17 534 689 screenings for elevated blood glucose levels were conducted.

MTSF intervention	Progress
Provide good quality antenatal care	The proportion of pregnant women who visited health facilities before 20 weeks was 68.8% against the MTSF 2024 target of 75%. The performance is attributed to inadequate pregnancy education, poor implementation of policies and guidelines like Basic Antenatal Care (BANC) Plus visits, adherence to 8 Antenatal care visits by clients, as well as late booking of antenatal visits by pregnant women. In the months of April to August 2023, 93.5% of antenatal HIV positive clients were initiated on ART .
Protect children against vaccine preventable diseases	Immunisation coverage for children under 1-year old was 82.9% during April to August 2023, against the MTSF target of 90% by 2024. The performance is attributed to vaccine stock outs in Limpopo and Western Cape provinces. The provinces will strengthen monitoring supply, control and management of vaccine stock. The implementation of Open Data Kit and roll out the Reach Every Child in Every District strategy to improve on immunisation coverage will be intensified.
Improve the integrated management of childhood disease services	Under 5-years diarrhoea case fatality rate was at 1.4% against the MTSF target of less than 1.0% by 2024. Similarly, under 5-years pneumonia case fatality rate was 1.7% against the MTSF 2024 target of less than 1.0%. Of concern is the child under-5 years severe acute malnutrition case fatality rate at 8,2%, surpassing the 2018 baseline of 7.1%. The Department will address challenges by strengthening the implementation of the recommendations of the Committee on Morbidity and Mortality in Children.

3.4. National Health Insurance Bill

The attainment of Universal Health Coverage (UHC) is one of the 17 Sustainable Development Goals (SDGs) 2030 to be achieved globally by 2030. The World Health Organisation (WHO) asserts that UHC exists when: "all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.[1]

The development and implementation of the National Health Insurance (NHI) is the pathway that the Country has chosen to attain Universal Health Coverage[2] .The NHI Bill seeks to establish and maintain a National Health Insurance Fund which is to be funded through mandatory prepayment that aims to achieve sustainable and affordable universal access to quality health care services in accordance with section 27 of the Constitution. Furthermore, the Bill set out its powers, functions and governance structures; to provide a framework for the strategic purchasing of health care services by the Fund on behalf of users; to create mechanisms for the equitable, effective and efficient utilisation of the resources of the Fund to meet the health needs of the population.[i]

Significance progress has been made with regards to the legislative process, with key milestones reached in the parliamentary processes to prepare the passing of the NHI Bill into law.

The Bill was adopted by the National Assembly in June 2023, the B-Bill went through the Select Committee of the National Council of Provinces and B-Bill briefings to Provincial Legislatures were conducted in September 2023. It is anticipated that the process to pass the Bill into law will be concluded by March 2024. In preparation for the establishment of the Fund, the Department is enhancing internal technical capacity and work is under way to publish the immediate essential regulations that will enable the establishment of the Board, Board Committees, Advisory Committees and for the Board to appoint a Chief Executive Officer.

3.5. Presidential Health Compact

The Presidential Health Compact (PHC) is an agreement and commitment by key stakeholders signed in July 2019, developed to identify primary focus areas towards establishing a unified, integrated and responsive health system. Partners committed themselves to a 5-year program of partnering with government in improving healthcare services in our Country. In the first quarter of 2023/2024, the Department together with The Presidency convened the second Presidential Health Summit to review the progress made since inception. In addition to the 9 Pillars from the first Presidential Health Compact convened in 2018, Emergency Preparedness and Disaster Prevention was identified as a critical area for intervention which has been adopted as the 10th Pillar.

[1] 1[1] World Health Organisation (WHO), https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

[2] Synopsis of the DPME's review of the bi-annual progress report on the MTSF: October 2021 – March 2022.

Key achievements of the Presidential Health Compact

Pillar 1: Augment Human Resources for Health

- Human Resource for Health Strategy 2030, inclusive of the HRH Plan 2020/21 – 2024/25 was published and the lifting of moratorium on the recruitment and appointment of health workforce.

Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chains, equipment and machinery

- Procurement of medicines and medical devices centralised, backlog of medicines registration has been cleared by SAHPRA and resilient supply chain during COVID-19 pandemic with medicine availability above 85%.

Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities

- Framework for Infrastructure Delivery and Procurement Management is well entrenched in the Project Management Information system and applied; and Revised IDMS framework clarifies accountability roles and functions for public health infrastructure between health and public works.

Pillar 4: Engage private sector in improving the access, coverage and quality of health services

- Private sector has ramped up its capacity to offer the new nursing qualifications, spare capacity for nurse and specialist training in the private sector.

Pillar 5: Improve the quality, safety and quantity of health services provided with the focus on primary health care

- Costing report of the Preventative and Primary Healthcare Package is complete, initiative for community-led clinic monitoring to assess quality and accessibility of services in 400 clinics in 27 districts across all provinces except Northern Cape.

Pillar 6: Improve efficiency of public sector financial management systems and processes

- Medicolegal: Case management and service providers systems developed and distributed across provinces and new litigation strategy has been adopted.

Pillar 7: Strengthen the governance and leadership to improve oversight, accountability and health system performance at all levels.

- Assessment tool to measure functionality of clinics and hospital boards developed and Guidelines for monitoring the effectiveness of boards reviewed updated and piloted in 511 facilities.

Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care

- Communities Matter App, a CSF Community-led monitoring platform to document and respond to violations experienced by community members with 250 community mobilisers in 25 districts across all 9 provinces.

Pillar 9: Develop an information System that will guide the health system policies, strategies and investments

- Health Patient Registration System; Electronic Vaccination Data System for COVID-19; Master Health Facility; Data Centre (hosting).

Alignment of key strategies

The 2019- 2024 MTSF interventions are aligned to the Pillars of the Presidential Health Compact and the United Nations' three broad objectives of the Sustainable Development Goals (SDGs) for health as outlined in the table below:

Table 3: Alignment of key health strategies

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Compact Pillars
Survive and Thrive	Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	- *Improve health outcomes by responding to the quadruple burden of disease of South Africa* - *Inter sectoral collaboration to address social determinants of health*	*None*
Transform	Universal Health Coverage for all South Africans progressively achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy	Goal 2: Achieve UHC by Implementing NHI	- *Progressively achieve Universal Health Coverage through NHI*	*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*
		Goal 3: Quality Improvement in the Provision of care	- *Improve quality and safety of care*	*Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.*
			- *Provide leadership and enhance governance in the health sector for improved quality of care*	*Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability, and health system performance at all levels*
			- *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*	*Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care*
			- *Improve equity, training and enhance management of Human Resources for Health*	*Pillar 1: Augment Human Resources for Health Operational Plan*
			- *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* *Pillar 10: Pandemic Prevention, Preparedness, Response and Recovery*
		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

A long 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;"[3]

7. Situational Analysis

7.1. External Environmental Analysis

7.1.1. Demographic profile

Statistics South Africa (Stats SA)[4] estimates the population in 2022 at 60.6 million, up by 640 074 (with an annual rate growth of 1,06%); with the male population at 48.9%(approximately 29.7 million) of the population and 51.1% (approximately 30.9 million) female, and 4 in 5 people in South Africa being Black African. About 28,07% of the population is aged younger than 15 years (17,01 million) and the proportion of elderly persons aged 60 years and older in South Africa is increasing over time, at approximately 9,2% (5,59 million).

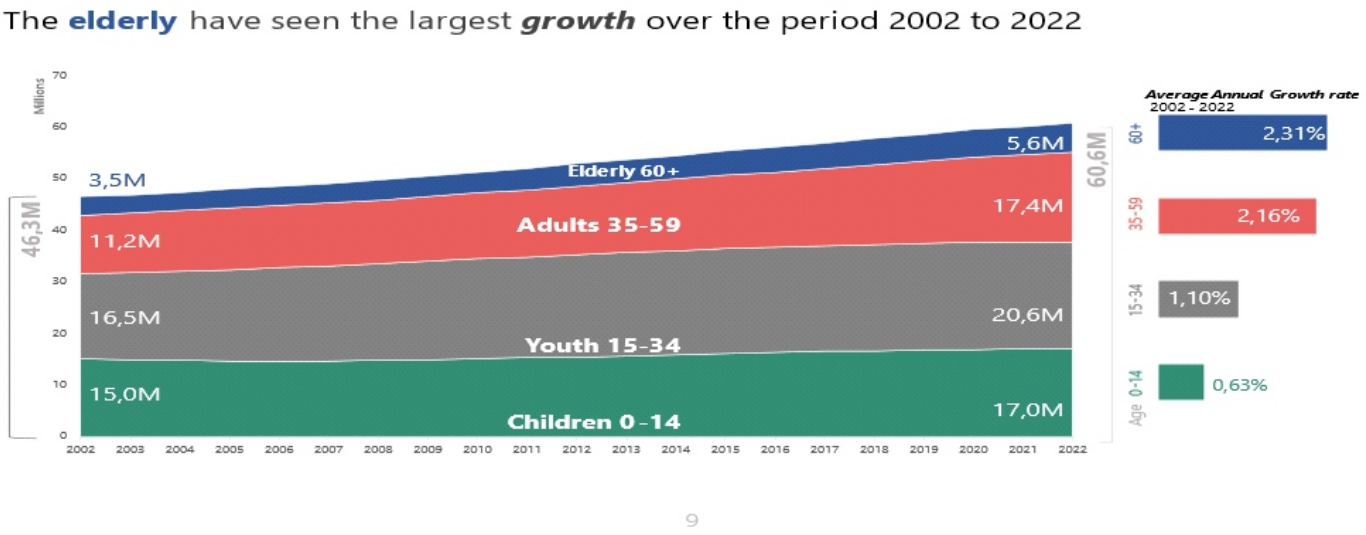
The percentage of older persons is the highest in the Gauteng province (24,14%), followed by the KwaZulu-Natal province (17,27%); Eastern Cape province (14,21%); Western Cape province (13,31%); Limpopo province (9,65%); Mpumalanga province (6,82%); North West province (6,80%); Free State province (5,37%); and Northern Cape province (2,43%). Furthermore, the gender distribution of elderly population in South Africa is as follows; males 39% and females 61%, and the race population group are 62,37% blacks; 23,09% whites; 10,29% coloureds and 4,25% Indians.

The age profile of the Country is reflective of a youthful population with a significant prominence in the 15 - 34 aged groups. Children and youth account for 37.6 million people in SA, with the median age at 28 years.

See figure below

[3]Service Charter, Government of South Africa, 2013
[4]Mid-Year Population Estimates, StatsSA 2022

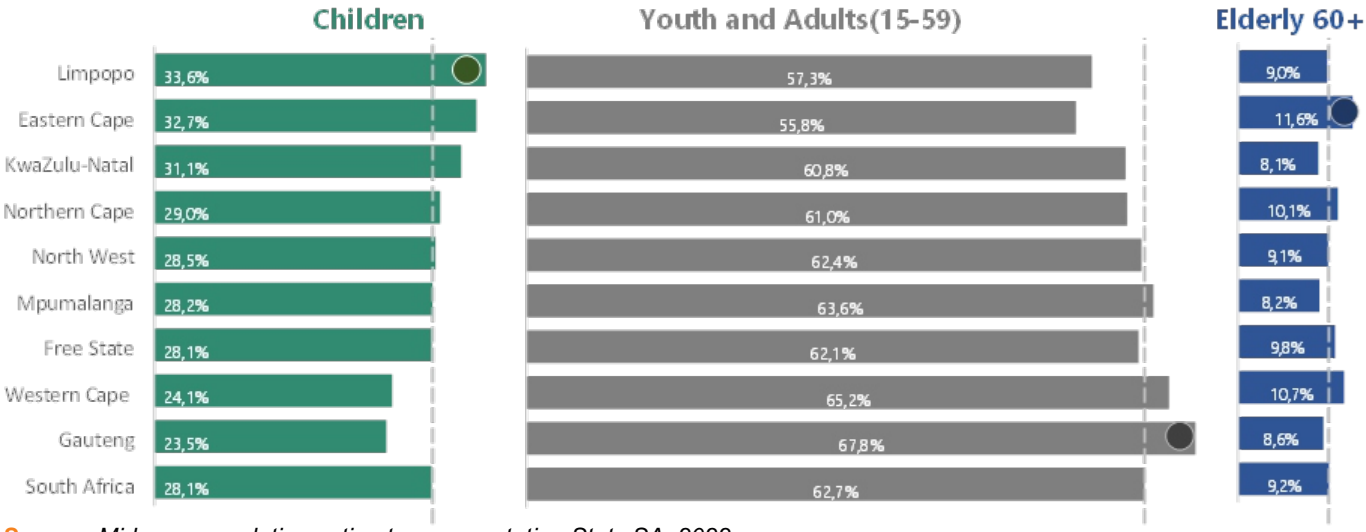
Figure 3: Population growth rates by age groups over time, 2002-2022



Source: *Presentation: Mid-year population estimates Stats SA, 2022*

Significant differences in the age categories are noted within provinces. As depicted in the figure below, Limpopo province has a higher proportion of children under 15 at 33.6%, Gauteng province has the higher proportion of youth and adults (15-59) at 67.8% and Eastern Cape province has the higher proportion of the elderly (60+) at 11.6%.

Figure 4: Age categories by province



Source: *Mid-year population estimates, presentation Stats SA, 2022*

Migration patterns

Migration is an important demographic process in shaping the age structure and distribution of provincial population.[5] The highest proportion of youth are found in the urban provinces namely Gauteng (21%) and Western Cape (18%), whilst the lowest proportion of youth are found in the Limpopo (15%) and Eastern Cape (14,4%) provinces and these proportions are reflective of migratory patterns between provinces.

According to latest data by Department of Home Affairs, foreign travellers arriving in South Africa decreased by 88,8% in February 2021 when compared to February 2020, whilst departures from the Country decreased by 89,3% when comparing February 2020 to February 2021.

According to Stats SA, in 2020-2021 the overall growth rate declined to 1,03%, which is attributed to the decline in migration. Data and projections for the period 2021-2026 indicate that international migrations are led by African

[5]The South African Health Reforms 2009 - 2014

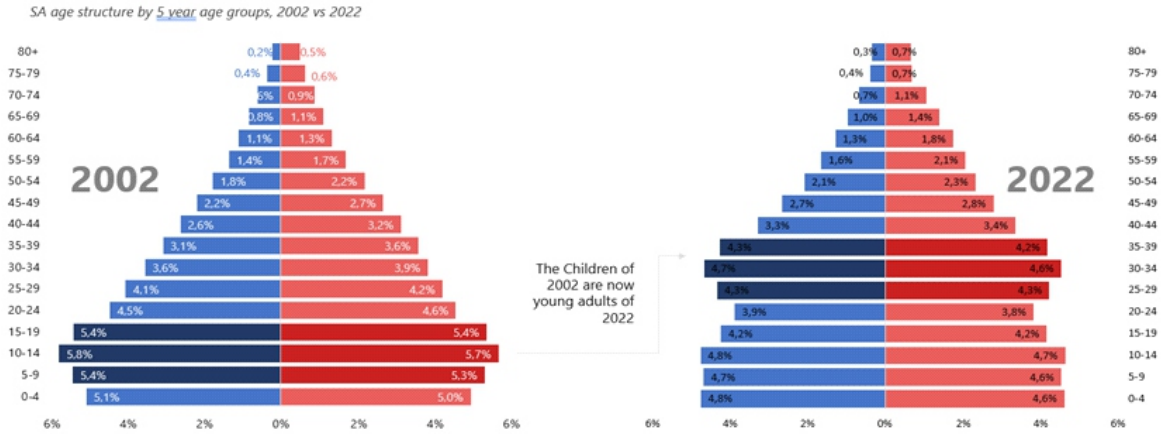
migrants coming into the Country with Gauteng province attracting the most migrants of approximately 1 443 978 over the 5-year period, which also comprises of the largest share of the South African population of 26.6% of the population.

Life Expectancy

According to the Stats SA Midyear Population Estimates, life expectancy at birth improved from 61.7 years in 2021 to 62.8 years in 2022. Life expectancy at birth improved by 0,8 years for males (60,0 years) and 1,4 years for females (65,6 years), estimated at 68,5 years for females and 62,5 for males. The gains could be attributed to the decline in infant mortality rate (IMR) from 25 infant deaths per 1 000 live births into in 2020 to 24,3 infant deaths per 1 000 live births in 2022. Under-five mortality rate significantly declined from 35.2 child deaths per 1 000 live births in 2020 to 30.7 child deaths per 1 000 live births in 2022.

The population pyramid for South Africa age structure by 5-year age groups, from 2002 to 2022 is shown in the figure below. The pyramid for 2022 indicates the change in population growth is significant in the age groups from 10-19 years and 30-39 years. Despite these improvements, life expectancy is still lower than pre-pandemic level of 65.4 years.

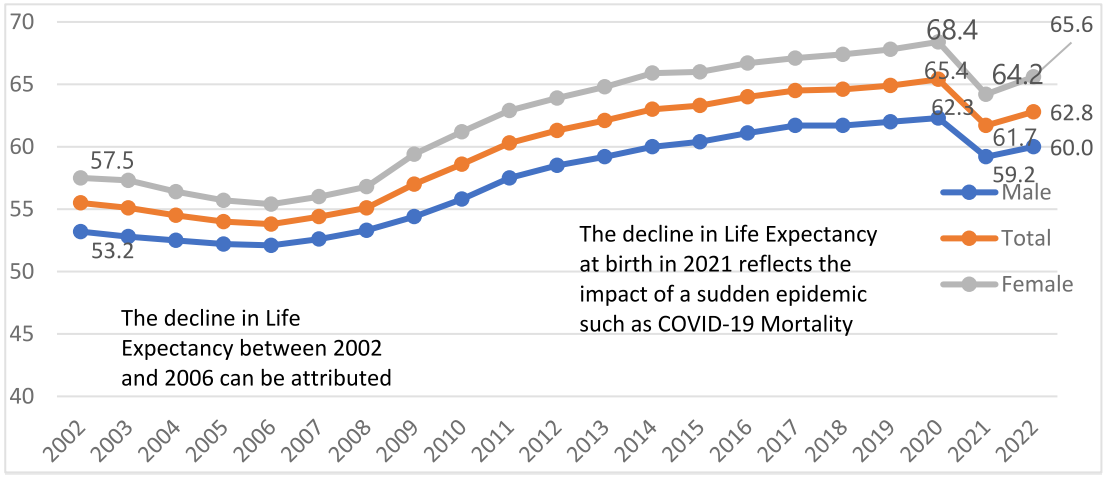
Figure 5: South Africa age structure and changes over time, 2002 comparing with 2022



Source: Mid-year population estimates, StasSA, 2022

The presence of the COVID-19 pandemic has hampered the ability of the health sector to extend life expectancy in South Africa in the year 2021. Approximately 34% rise in deaths in adults in the year 2021, significantly affected the life expectancy at birth in South Africa. A notable gain was the 5% reduction in deaths which has improved life expectancy at birth in 2022. Western Cape province records the highest life expectancy, for females at 71.7 and males at 66.3. Free State province has the lowest provincial life expectancy, for females at 62.2 and males at 56.6 years. The improvement in life expectancy across all provinces is indicative of the decrease in deaths occurring between the 1 July 2021 and 30 June 2022 due to decline in COVID-19 related deaths, but also the assumption of an increase in life expectancy due to continual reduction in overall deaths including COVID-19 related deaths in South Africa.

Figure 6: Life expectancy trends for South Africa over time, 2002 – 2022 – Showing the effect of HIV and the COVID epidemic on the life expectancy of the Country.



Source: Presentation: Mid-year Population estimates, StatsSA, 2022

Fertility rate

Fertility rate has been on the decline since 2008. In 2022, the fertility rate in the Country was at 2.34 children per woman with Limpopo province estimated to have the highest fertility rate of 3,03. This is also the province with the highest number of children 0-14 years at 33.6%.

7.1.2. Social Determinants of Health for South Africa

Empirical evidence shows that individuals of different socioeconomic position show profoundly different levels of health and incidence of disease i.e., members of different socioeconomic groups come to experience varying degrees of health and illness resulting in a skewed morbidity and mortality profile. Factors that contribute to inequality such as social protection, employment, knowledge and education, housing and infrastructure have a negative impact on the ability of vulnerable population groups in seeking and accessing health care. The person-centeredness approach is therefore required with focus on the individuals, families and communities in responding to their needs in a holistic manner, by fostering intersectoral collaboration to facilitate the provision of much needed services to improve their health status.

Access to Piped Water

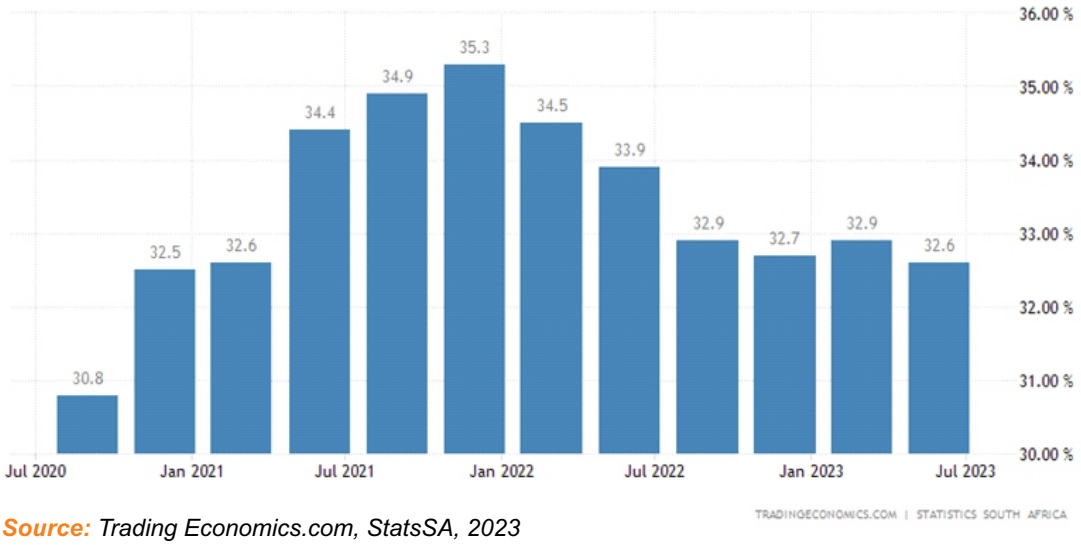
Data indicates that 88,5% of households in South Africa have access to improved water sources, Limpopo (69.8%) and Eastern Cape (69.1%) provinces still need to improve the infrastructure to enable access to piped water (GHS, 2022).

Employment status

The official unemployment rate is at 32.6% in the second quarter of 2023 (StatsSA), and is the lowest since January 2021, as shown in the figure below. Although still high, the youth (15 – 24 years) unemployment rate dropped to 60.7%.

The population pyramid for South Africa age structure by 5-year age groups, from 2002 to 2022 is shown in the figure below. The pyramid for 2022 indicates the change in population growth is significant in the age groups from 10-19 years and 30-39 years. Despite these improvements, life expectancy is still lower than pre-pandemic level of 65.4 years.

Figure 7: Unemployment rate 2020 - 2023

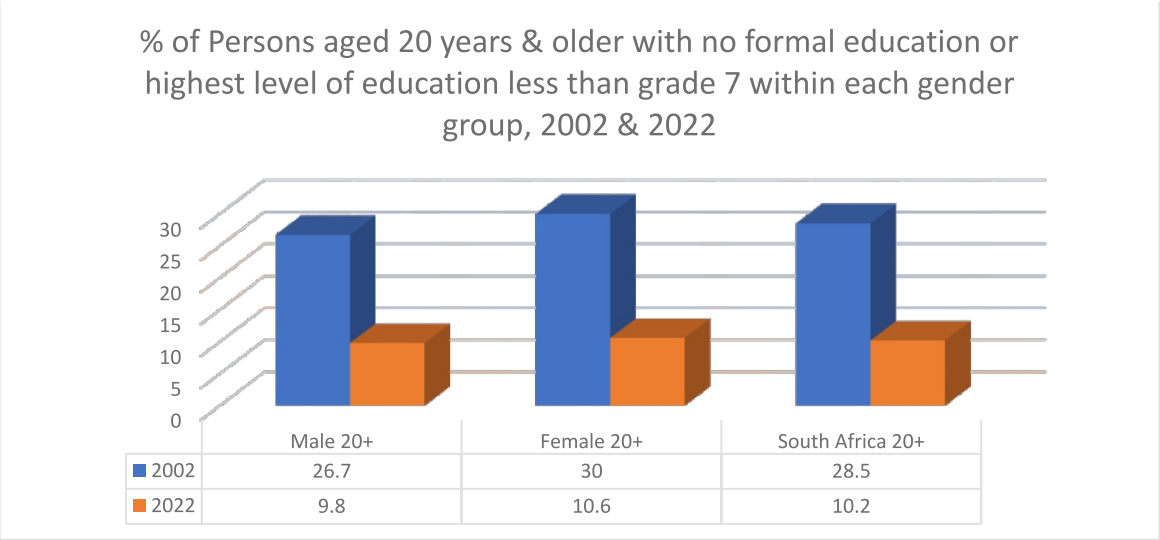


Source: *Trading Economics.com, StatsSA, 2023*

Education

As depicted in the figure below, the education level improved significantly overall to only 10.2% of the population with no formal education and/or less than grade 7 education level.

Figure 8: Education status of the Country



Source: General Household Survey, StatsSA, 2022

Household characteristics

Female headed households for the Country is 42.1% with the Eastern Cape province recording the highest percentage at 50.6%. Female headed households is more prevalent in rural communities at 47.7% compared to 39.6% in urban communities.[6] Nationally, one-third of children lived with both parents whilst 43.4% lives with mothers only. Eastern Cape province also has the highest percentage of paternal orphans at 9.0%.

Households benefiting from at least one social grant increased from 30.8% in 2003, to 52.4% in 2020 then decreased in 2021 to 50.6%. Social grants are the main source of income for almost a quarter (24.4%) of households nationally. Although access to grants revealed vulnerability to hunger until 2019, data shows that since 2020, vulnerability to hunger has increased slightly (from 11.6% to 12.2%). Nationally, 21% of households considered access to food to be inadequate or severely inadequate, notably Northern Cape province was the highest at 35.8%.

Medical Insurance Coverage

In 2021, approximately 16,1% of individuals had medical aid coverage, only Western Cape and Gauteng Provinces have coverage rates higher than 20%. Sixty-five (65.6) % of household members first consulted a public clinic and 23,2% a private doctor. Limpopo province had the lowest percentage (8,2%) of individuals with medical aid coverage.

Persons with Disabilities

According to the WHO report on Disability and health,[7] people with disability are "three times more likely to be denied health care".[8] The Stats SA published findings for Census 2011 data to profile persons with disabilities in the Country indicating national disability prevalence at 7.5%, with less than 1 % of employees with disabilities employed in the workforce. Free State and Northern Cape provinces presented highest proportion of persons with disabilities at 11% and Gauteng and Western Cape provinces had the lowest percentage of persons with disabilities (5%). Disability prevalence by sex, showed that females had a higher prevalence at 8.3% compared to males at 6.5%. There are also notable differences across the four racial groups, with Indian/Asian community, reporting 12.3% of mild disability in visual impairment 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 a disability. The stigmatization of people with disabilities remains a challenge which can often lead to inadequate access to appropriate health services.

Health challenges faced by adolescents (10-19 years)

Amongst others, pre-eclampsia, anaemia, low birth weight and preterm delivery were noted as some of the negative outcomes in teenage pregnancies.[9] In KwaZulu-Natal province the highest number and percentage of adolescent births were recorded at 28,0%.

[6] General Household Survey, StatsSA. 2021
[7] Disability and Health, WHO, 24 Nov 2021, https://www.who.int/news-room/fact-sheets/detail/disability-and-health, accessed 10 January 2022.
[8] General Household Survey, StatsSA. 2021
[9] General Household Survey, StatsSA. 2021

Nationally the rate of Termination of Pregnancy (TOP) amongst teenagers was around 12% for 2017 to 2019, with Limpopo province reporting the highest TOPs at 16.7%. Additionally, approximately 20% of teenagers have a detected or untreated mental health disorder and almost 6% of children below 18 years attended mental health services in 2019 and 2020, with Gauteng and Free State provinces at 10.8% and 10.2% respectively. The results from the South African National Youth Risk Behaviour Survey showed that 24% of youths surveyed between Grades 8 and 11 had experienced feelings of depression, hopelessness, and sadness, whilst 21% had attempted suicide at least once.

In response to the social determinants discussed above, a person-centeredness and Life course approach has been adopted for the delivery of social services.[10] The National Development Plan has identified at least three strategies to address social determinants of health. These are:

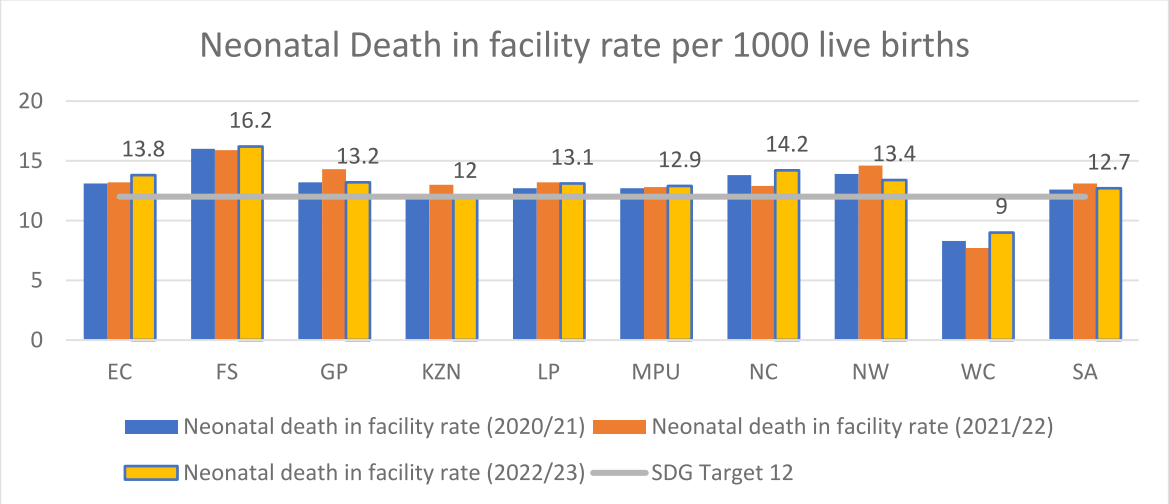
a. "Implement a comprehensive approach to early life by developing and expanding existing child survival programmes"
b. "Promote healthy diet and physical activity, particularly in the school setting".
c. "Collaborate across sectors to ensure that the design of other sectoral priorities take impact on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

7.1.3. Epidemiology and Quadruple Burden of Disease

Neonatal mortality (child deaths within the first 28 days)

South Africa's neonatal mortality was reported at 12.7 deaths per 1000 live births for the period April 2022 to March 2023. The rate per 1000 live births is an improvement from 2021/2022, at 13.1 deaths per 1000 live births, Neonatal mortality accounts for about half of infant mortality, and one third of child (under 5 years) mortality. According to Stats SA's latest data, the leading cause of death in neonates were respiratory and cardiovascular disorders in the early neonatal period (the first 7 days of life), accounting for just over one third (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%). The SDG target of 12 deaths per 1000 live births were achieved in 2020, and 2021, however these gains were reversed during 2021.The Western Cape province has been performing well despite an increase in the death rate to 9 death per 1000 live births in 2022/2023 in comparison with 7.7 deaths per 1000 live births during 2021/2022, whereas in Free State province remained high at 16.2 deaths per 1000 live births followed by Northern Cape province at 14.2, (see figure below):

Figure 9: Neonatal Mortality Rate (NMR) 2020- 2023



Source: DHIS Data, 2023

Child Health

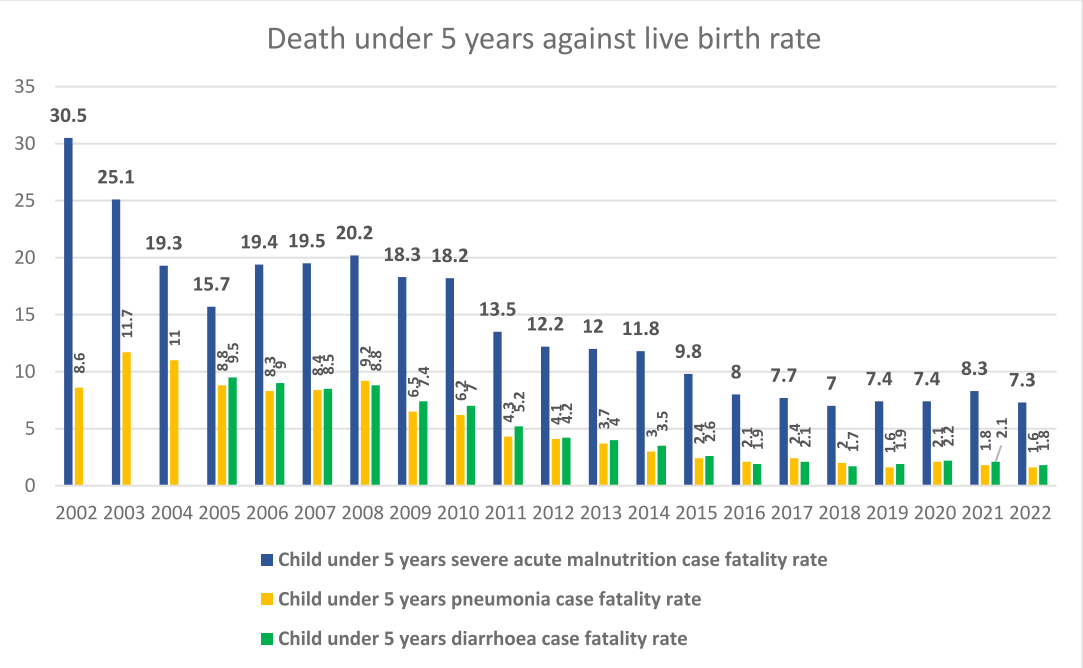
In line with the sustainable development goal to end preventable deaths of newborns and children under 5 years of age by 2030, countries are aiming to reduce neonatal mortality to as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

[10] NDP Implementation Plan 2019-2024 for Outcome 2 "A long and heal thy life for all South Africans"
* (Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation).

According to StatsSA, the under-five mortality rate (U5MR) declined from 74,7 child deaths per 1 000 live births to 30,7 child deaths per 1 000 live births between 2002 and 2022.

The indicator Death under 5 years against live birth rate measures the mortality rate of children under 5 as a proportion of live births in a facility. This indicator is an outcome indicator that measures death for 0-59 months and is informed by the performance of various contributing indicators amongst others, Child under 5 years severe acute malnutrition case fatality rate; Child under 5 years pneumonia case fatality rate and Child under 5 years diarrhoea case fatality rate.

Figure 10: Death under 5 years against live birth rate



Source: DHIS

During the three-year trend, see table below, the malnutrition rate improved in 2022/2023 to 7.2, which is lower than 7.9 in April 2021/2022, there are considerable variation in Case fatality rate across provinces, districts and facility level with 3 provinces recording the highest rates namely; Free State province (9.7); KwaZulu-Natal (9.2) and Northern Cape province (8.5).

Table 4: Child under 5 years severe acute malnutrition case fatality rate (April 2020 – Mar 2023)

Province	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022	Apr 2022 to Mar 2023
Eastern Cape Province	8.6	9.7	7.6
Free State Province	3.2	8.6	9.7
Gauteng Province	7.7	7.7	6.5
KwaZulu-Natal Province	10.5	10.4	9.2
Limpopo Province	8	6.2	7.4
Mpumalanga Province	16	10.9	7.8
Northern Cape Province	5	5.9	8.5
North West Province	4.9	6.6	3.9
Western Cape Province	2.2	2.4	2.4
za South Africa (National Government)	**7**	**7.9**	**7.2**

Among the key persistent challenges includes delays in seeking care from a mother and caregiver perspective, delays in referrals across the continuum of care, poor active case finding for acute malnutrition at community level coupled with unequal distribution of community health workers to cover screening, missed opportunities in identification and classification of acute malnutrition at hospital and Primary health care level (poor growth monitoring and promotion for action) and poor linkages with other sectors to address the social determinants of health for vulnerable communities.

Priority actions to address challenges:

- Strengthening active case finding for acute malnutrition at community level and integrate monitoring of Mid Upper arm Circumference (MUAC) screening by Community health workers (including caregivers) into District Health Information System (DHIS) to track progress.
- Scale up the family MUAC community nutrition assessment intervention by caregivers using MUAC in selected districts in 2 provinces (KwaZulu Natal (Umzinyathi and Zululand district), Gauteng (Tshwane, Ekurhuleni and City of Johannesburg districts) and other districts in a phased approach during 2023/2024 and 2024/2025 financial year.
- Integrate awareness, counselling and coverage of high impact nutrition interventions (Vitamin A supplementation, Breastfeeding and complementary feeding) at community and Household level.
- Implementation of the operational plans for the Malnutrition bottleneck analysis conducted in 6 districts namely; Dr Ruth Segomotso Mompati in North West province, OR Tambo district in Eastern Cape province, City of Johannesburg, City of Tshwane and City of Ekurhuleni districts in Gauteng province and City of Ethekwini in KwaZulu-Natal province.

Immunisation coverage under 1 year

According to the WHO guidelines and MTSF target for 2024, 90% of children should be immunised fully under 1 year in order to stop childhood preventable diseases and 95% of children receive two doses of measles vaccine. The current three-year trend in the country (from 2020 to 2023) is an immunisation coverage under 1 year of above 80%. There are however considerate variances between provinces from a coverage of 72.7% of under 1 year fully immunized in KwaZulu-Natal province to a low coverage of just over 50% in Limpopo, North West, Western Cape and Free State provinces (DHIS, Mar 2023).

Immunisation catch-up campaigns are conducted to ensure that routine immunisation services are maintained and restored due to missed vaccines as a result of the COVID-19 restrictions.

Maternal Deaths

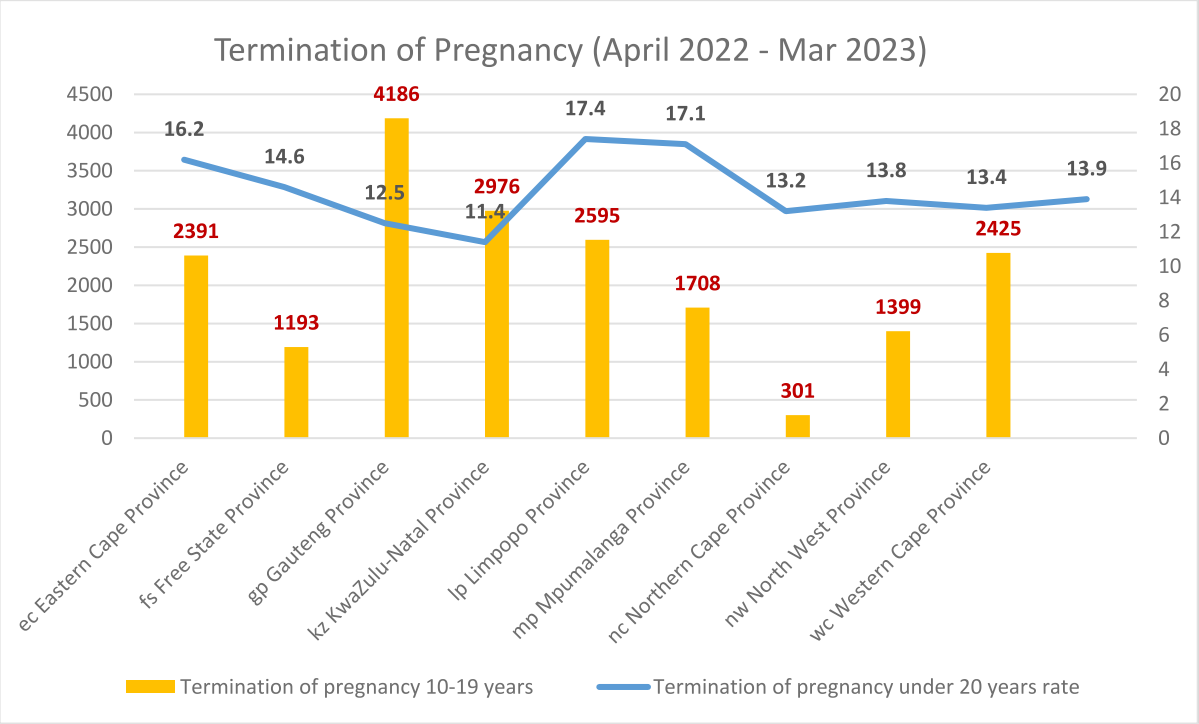
The death of a women during pregnancy or childbirth or the period just after childbirth (puerperium) remains a great tragedy. The data (up to January 2023) from the National Confidential Enquiries into Maternal Deaths or NCCEMD shows an improvement in Maternal Mortality Ratio (iMMR) at 109.6 maternal deaths per 100 000 live births from 148.1 deaths in 2021 and 126.1 deaths in 2020. This shows that the increased iMMR during the first two years of the COVID-19 pandemic has been reversed, with the 2022 iMMR approaching the pre-pandemic level (98.8 in 2019). Non-Pregnancy Related Infections (NPRI), although the leading cause of maternal death, accounted for 180 deaths (18.6% of deaths) which is a marked decrease from 554 (37%) in 2021. Hypertensive disorders are accounting for the second most causes of deaths at 17.1% followed by Obstetric Haemorrhage (OH) at 16.7%. Caesarean Delivery (CD) Case Fatality Rate in 2022 (deaths in women with CD per 100 000 CDs) declined to 118.4 compared to 203.6 in 2021 and is comparable to 2019 (112.5)[11].

Termination of Pregnancy

The Figure below indicates the trends for Termination of Pregnancy (TOP) for the last financial year (April 2022 - Mar 2023). The overall number of terminations of pregnancies was 19,174 for the age group10-19 years, which is a termination of pregnancy (TOP) rate of 13.9. This rate has been stable for a 3-year trend since 2020. Easten Cape (+17.39%) had the highest increase in TOP rates compared to 2021/2022, followed by Free State (+9.77%) and KwaZulu-Natal (+6.54%) provinces. North West province showed the highest improvement in the reduction of TOPs in this age group (-15.85%) from 2021/2022 period. Limpopo (17.4%); Mpumalanga (17.1%) and Eastern Cape (16.2%) have the highest rate of TOP in the country.

[11] Savings Mother Annual report for 2021 – (includes data for second year of the COVID-19 Pandemic, NDoH, 2021)

Figure 11: Termination of Pregnancy



Teenage Deliveries

Of grave concern is the increase in the number of deliveries amongst 10-14-year-old girls which poses significant risk for increased HIV infection. The provinces with the highest number of deliveries in this age group is KwaZulu-Natal province at 794 followed by Eastern Cape province at 553 deliveries. There are districts which have contributed significantly to the overall number mor, e.g. uMgungundlovu District Municipality in KwaZulu-Natal province and Alfred Nzo District Municipality in the Eastern Cape province. Eastern Cape (17.39%); Interventions are targeted at equipping adolescents and young people with knowledge, skills and personal agency to make informed decisions, including to strengthen institutional capacity to mitigate gender-based violence services and mental health at all levels.

Communicable Diseases

HIV/AIDS

It is estimated that the overall HIV prevalence is approximately 13.9% in the Country and has increased from an estimated 3.68 million in 2023 to approximately 8,45 million people living with HIV (PLWHIV) in 2022.[12] HIV prevalence among the youth aged 15-24 has remained stable over time. The number of AIDS-related deaths declined consistently since 2009 from 202 573 to 85 796 in 2022. To achieve a “generation free of AIDS” in accordance with the National Development Plan, and the SDG 3 target to “end the epidemic of AIDS, Tuberculosis, and malaria" by 2030, HIV prevention and treatment interventions are being implemented and have resulted in a steady decline in 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. In alignment to the Global AIDS Strategy 2021-2025, the country has transitioned from the 90-90-90 targets to the 95-95-95 targets. South Africa aims to continue to scale up ART to ensure that 95% of those who know their status, receive lifelong ART. Table 3 below presents data on mortality, estimated incidence and prevalence.

[12]Mid-Year Population estimates, StatsSA, 2022

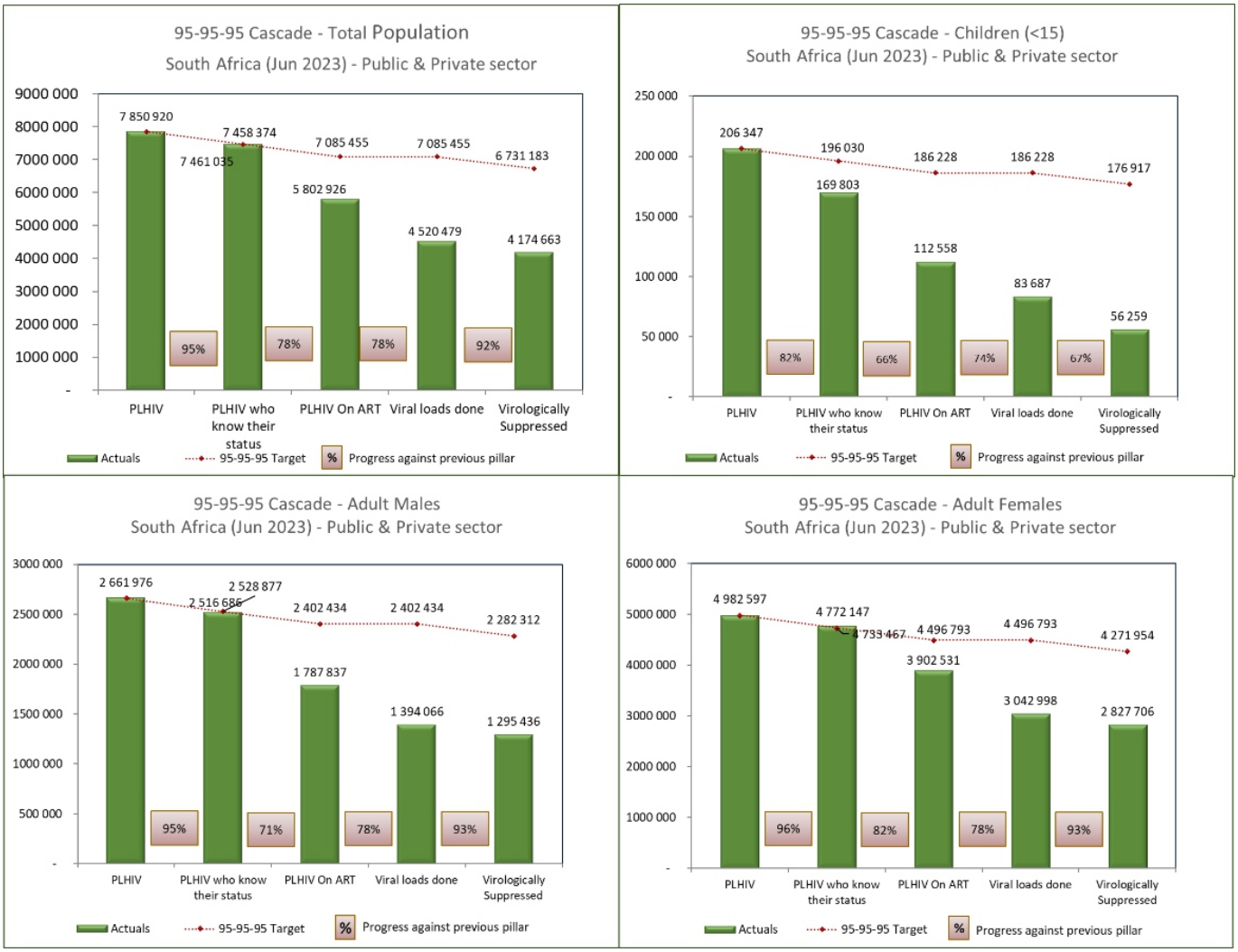
Table 5: HIV mortality, incidence estimates and the number of people living with HIV, 2011-2022

	Number of Births	Number of deaths	Number of AIDS 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
2021	1 180 303	701 360	87 915	12,5
2022	1 175 776	663 075	85 796	12,9

Source: *Mid-Year Population estimates, StatsSA, 2022**

The 95-95-95 strategy aims to reduce pre-mature mortality and onward transmission. The interventions are aimed at ensuring that by 2025, 95% of all people with HIV know their status, 95% of those who know their status and are HIV positive are put on treatment and 95% of those on antiretroviral are virally suppressed.

Figure 12: 95-95-95 HIV Treatment cascades for Total Population, Children under 15 years, Adult Males and Adult Females



Source: *HIV treatment cascade tool, June 2023*

As of June 2023, South Africa is at 95-78-92 in terms of performance against the 95-95-95 targets across its total population using data available in the Public and Private sector. Data available from the private sector suggest that a total of 380 851 clients receive ART through private medical aid schemes in South Africa. For Adult Females and Adult Males this number is 235 266 and 141 724 respectively. Results for each of the sub-populations vary with Adult Females being at 96-82-93, Adult Males at 95-71-93, and Children (<15) at 82-66-67. 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 the sub-population. To achieve 95-95-95 targets, South Africa must increase the number of clients on ART with 1 282 530. For Adult Females the required increase is 594 263, whereas an increase of 614 597 ART Adult Males are required.

Implementing a combination of prevention and treatment interventions to reduce the burden of HIV, STI, and TB infections remains central to the sector's approach. The country has since achieved the first 95% of the 95-95-95 targets. However, there is a need to optimize the pathway to success through an intentional HIV differentiated status-neutral approach to ensure a scale-up of linkage to negative pathway engagement for clients at high risk of HIV Infection (increasing uptake of Pre-exposure Prophylaxis, Condoms, and other family planning services) and positive pathway engagement (closing the ART treatment gap and optimizing other innovations such as community ART initiation using the Primary Health Care comprehensive service delivery platform). Whilst there is untapped potential for stronger HIV prevention, it remains essential to refocus on breaking down the current barriers. Adolescent girls and young women still have to contend with extraordinarily high risks of HIV infection, as do people from key populations and men in the country at large. Gender and other inequalities, along with violence, stigma, discrimination, and harmful laws and practices, sabotage their abilities to protect themselves from HIV.

The country has the largest ART programme in the world, Currently, 5.7 million people are on antiretroviral treatment. However, over 1, 8 million still miss out on treatment despite the progress made in South Africa. To address the second and third 95 gaps, the country quests to optimize the implementation of the consolidated ART clinical and adherence guidelines, Differentiated Service Delivery (DMOC) Standard Operating Procedures fostering the linkage to care, adherence, and retention in care.

The new ART and DMOC guidelines are very intentional to ensure all the transitions that cause treatment interruptions and dissatisfactions of the clients are optimally addressed.

Central to this approach is to ensure at every engagement with clients the healthcare providers re-assess and re-affirm all defined service delivery procedures. Hence, integrated service approaches will be essential (especially the integration of Policy, Services, and Systems). Central to optimizing strategic approaches is addressing funding gaps. A backdrop to many of the remaining challenges in the HIV/AIDS, STI, and TB response is the widening funding gap. Therefore, leveraging resources for the HIV/AIDS, STI, and TB prevention programs, especially among key populations, Adolescent girls and young women (AGYW), children, and men, is required as is a more cost-effective and critical driver for ending the HIV epidemic.

Tuberculosis

The (TB) incidence rate has decreased from 834 per 100 000 in 2015 to 468 per 100 000 in 2022, a 44% reduction in the incidence rate exceeding the target of 20% reduction by 2020. 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 224 621 in 2022. This is largely attributable to the improvement in coverage for Antiretroviral Treatment and treatment for TB infection (TPT) for people living with HIV. Much as there has been a reduction in the TB mortality rate from 46 per 100 000 in 2015 to 39 per 100 000 in 2021, the mortality rates remain high among People Living with HIV (PLHIV) with an estimated 31 000 people dying of TB disease compared to 23 000 in HIV negative population.[13] The END-TB Strategy target of 35% reduction in TB mortality has not been met. The TB treatment coverage (notified/estimated incidence) has increased from 58% in 2021 to 77% in 20221. The country has not met the United Nations High-Level Meeting (UNHLM) and the 90-90-90 targets.

[13] Global tuberculosis report 2023. Geneva: World Health Organization; 202.

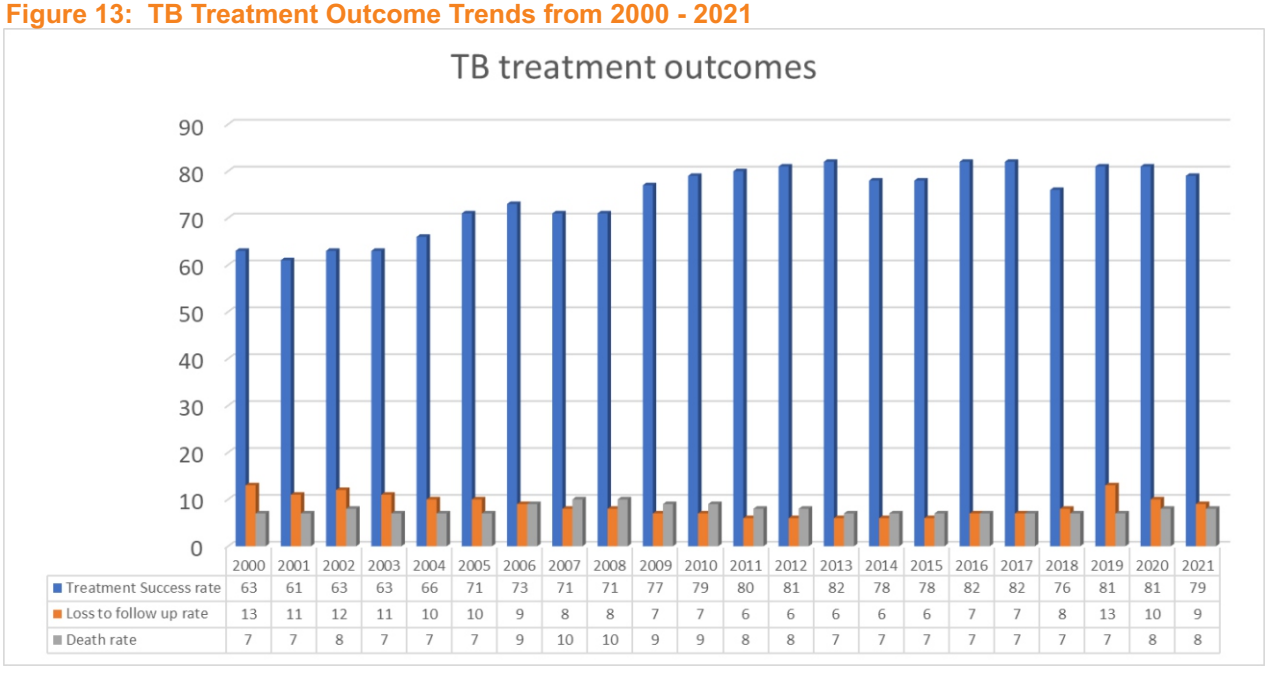
Table 6: Country progress against the United Nations High-Level Meeting (UNHLM) targets

INDICATOR	TARGETS 2019	ACHIEVED 2019	TARGETS 2020	ACHIEVED 2020	TARGET 2021	ACHIEVED 2021	TARGET 2022	ACHIEVED 2022
Childhood TB diagnosis and treatment	**18 300**	16 461	**20 700**	13 679	**21 100**	12 933	**21 100**	16 534
MDR-TB diagnosis and treatment	**10 100**	8 743	**11 100**	6 138	**12 100**	6 514	**11 100**	6 940
Preventive therapy for under 5 years	**23 900**	22 689	**31 000**	15 392	**35 000**	17 012	**38 500**	17 008
Preventive therapy (PT) in contacts more than 5 yrs of age	**39 867**	Data not collected	**85 485**	No data collected	**116 347**	No data collected	**138 379**	No data
Preventive therapy in PLHIV	**459 797**	509 762	**506 359**	356 872	**437 928**	306 598	**344 891**	288 342
TB Diagnosis and treatment	**221 600**	222 350	**216 400**	208 032	**194 900**	174 625	**178 300**	197 761
Total TPT	**523 600**	532 451	**622 800**	600 113	**589 300**	323 610	**521 800**	305 350

With the recovery of health services post Covid-19 pandemic, screening in health facilities has increased and complemented by the chest x-ray screening conducted in 9 districts which are supported by the Global Fund. A total of 102 395 954 TB screening were conducted of which 2 221 835 were symptomatic resulting 193 748 people diagnosed with TB (8.7%). This is an improvement from 2021 when 87 430 944 TB screening were conducted and 138 959 confirmed with TB. Of the total number of people screened for TB in 2022, 25% were in KwaZulu-Natal, 21% in Gauteng, 13% in Eastern Cape and 12% in Limpopo provinces. The provinces with the lowest numbers of people screened for TB were Free State province with 4.5% and Northern Cape province with 2.1%.

In 2021, provinces did not meet the treatment success rate target of 85%, Gauteng, North West and Western Cape provinces reported treatment success rates ≥75%. None of the provinces attained the loss to follow up target of <5% and 4 provinces namely; Northern Cape, Free State, Eastern Cape and Western Cape provinces had a loss to follow up rate >10%. Limpopo and Free State provinces reported death rates above 10%, at 11.6% and 12.6% respectively. The lowest death rate of 5% was reported in the Western Cape province. The national averages for the 3 indicators are well below the set targets for 2021 which are 85% treatment success rate, 5% loss to follow up rate and 5% death rate. There has been improvement in treatment success rate for Rifampicin Resistant/ Multidrug-resistant TB (RR/MDR-TB) over the years. A reduction in the treatment success rate from 65% in 2019 to 61% in 2020 has been observed to be associated with an increase in the death and loss to follow up rates increased to 18% and 17% respectively. In response to these challenges, root cause analyses and mortality audits will be continued, and quality improvement methodology used to improve performance at the different levels of care. The provincial breakdown for the key TB treatment outcome indicators is shown in Figure below.

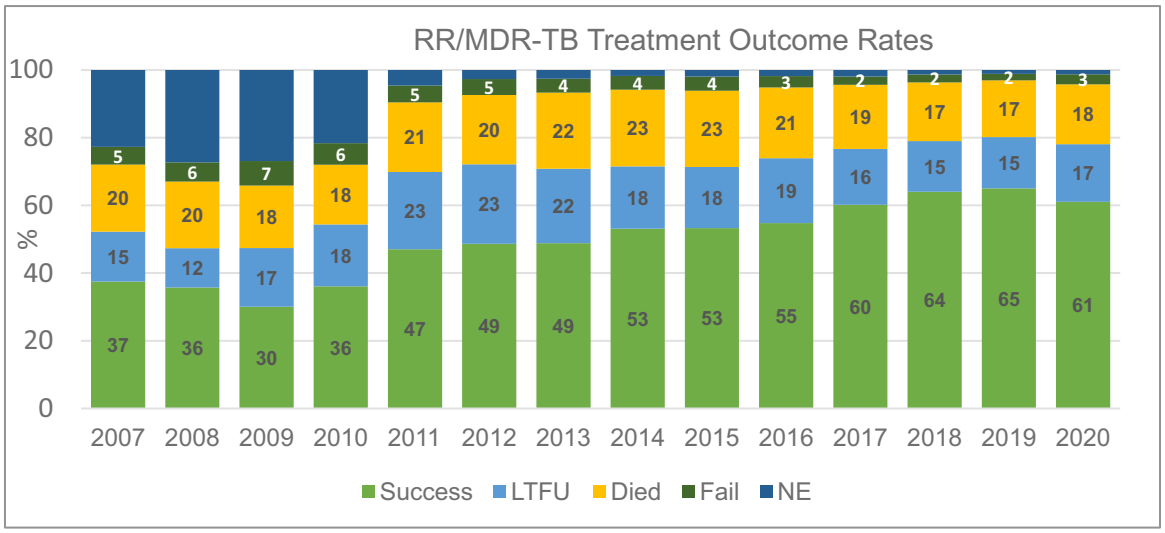
Figure 13: TB Treatment Outcome Trends from 2000 - 2021



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Treatment Success rate	63	61	63	63	66	71	73	71	71	77	79	80	81	82	78	78	82	82	76	81	81	79
Loss to follow up rate	13	11	12	11	10	10	9	8	8	7	7	6	6	6	6	6	7	7	8	13	10	9
Death rate	7	7	8	7	7	7	9	10	10	9	9	8	8	7	7	7	7	7	7	7	8	8

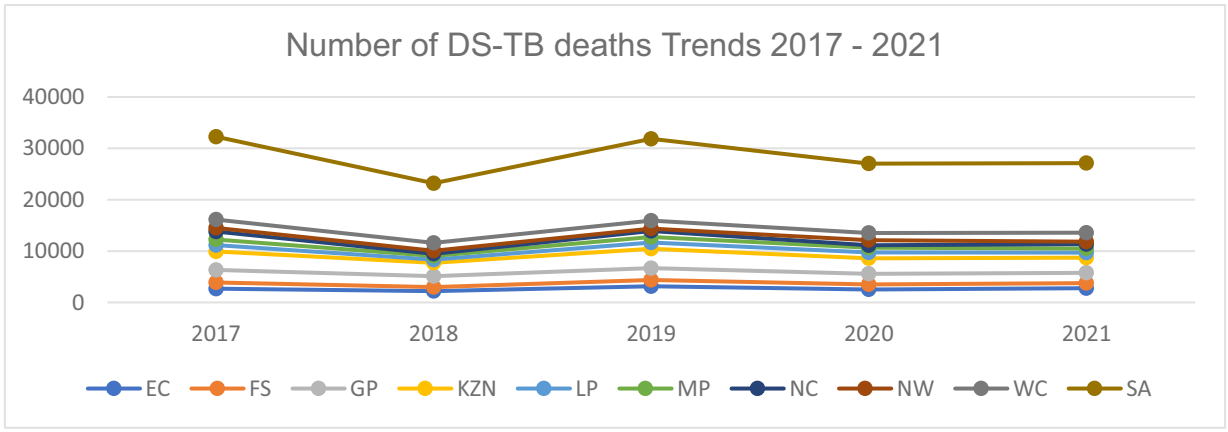
Source: *District Health Information System (DHIS 2)*

Figure 14: RR/MDR-TB Treatment outcome Trends from 2007 – 2020



Source: *District Health Information System (DHIS 2)*

Figure 15: Number of TB Deaths, Trends from 2017 – 2021



Source: *ETR.Net (2017) and District Health Information System (DHIS 2) for 2018-2021*

Malaria

South Africa's malaria cases showed a 14% increase from 6 486 cases in 2021/22 to 7 381cases in the 2022/2023 financial year. The number of deaths also increased by 32 % with 61 deaths reported in 202120/22 and 91 deaths reported in the 2022/2023 financial years. Delays in health seeking behaviour by communities attributed to the increased number of malaria deaths reported. Integration and strengthening of interventions such as advocacy, health promotion and case management at the community level are being strengthened to address late healthcare seeking behaviour. Another strategy identified to address this challenge is the utilisation of Environmental Health Practitioners (EHP) for testing and treating at the community level, especially in the hard-to-reach areas. Additional resources have been mobilised through the Conditional Grant for the 3 malaria endemic provinces (KwaZulu-Natal, Mpumalanga and Limpopo). These funds are meant to accelerate malaria elimination in South Africa by scaling up surveillance and vector control interventions in the provinces.

Over 80% of malaria case reported in South Africa are imported, with 65% of these imported cases reported to be from Mozambique. The South African government has allocated funding (R30 million per annum for an initial 2 years, i.e., 2021/2022 and 2022/2023) to a proposed co-financing mechanism for source reduction in southern Mozambique. This initiative aims to facilitate a more sustainable, country-owned approach to malaria elimination in southern Mozambique and enhance the existing partnership between Mozambique, South Africa and global stakeholders. This co-funding mechanism supports Indoor Residual Spraying and Monitoring and Evaluation activities in Guija, Inharrime, Panda & Zavala districts. To date 268 691 houses were sprayed with 761 771 people protected from indoor malaria transmission through this co-financing mechanism over 2 years (Table 7 and 8).

Table 7: Total number of houses targeted and sprayed in Mozambique for source reduction 2021/2022

Province	District	Target houses (SLA)	Houses sprayed cumulative	Reach to target	Population protected
Gaza	Guija	23 103	27 056	117%	90 701
Inhambane	Inharrime	29 538	36 894	125%	114 530
Inhambane	Panda	11 367	13 402	118%	37 886
Inhambane	Zavala	39 541	54 189	137%	138 821
Total		103 549	131 541	127%	381 938

Table 8: Total number of houses targeted and sprayed in Mozambique for source reduction 2022/2023

Province	District	Target houses (SLA)	Houses sprayed (N)	% coverage	Population protected
Gaza	Guija	27 131	29 160	107%	91 581
Inhambane	Inharrime	37 143	37 902	102%	103 584
Inhambane	Panda	13 447	13 051	97%	31 051
Inhambane	Zavala	54 605	57 037	104%	153 617
Total		**132 326**	**137 150**	**104%**	**379 833**

Neglected Tropical Diseases

Schistosomiasis (Bilharzia) is one of the neglected tropical diseases (NTDs) endemic in South Africa. It is estimated that 25 million people are at risk of urogenital schistosomiasis in South Africa and around 4 million infected with the disease. South Africa is one of only two African countries yet to implement the World Health Organizations (WHO) recommended preventive Mass Drug Administration (MDA) strategy. Implementation of MDA can reduce prevalence of bilharzia infection significantly in South Africa. In working towards the attainment of target 3.3 (end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 20230) of the Sustainable Development Goals, South Africa has since 2016 embarked on large scale annual school-based preventive chemotherapy for soil-transmitted helminthiasis (STHs) as well as the pilot mass treatment conducted in KwaZulu-Natal province in 1997-2000, however still lagging behind on schistosomiasis (SCH) mass drug administration and large-scale preventive chemotherapy. Schistosomiasis cases are notified on the Notifiable Medical Conditions System and treated on case-by-case basis. The current treatment is based solely on diagnosis at the health care facilities.

Communicable Disease Control in collaboration with the Integrated School Health Programme (ISHP), Department of Basic Education (DoBE) and other relevant stakeholders, is planning to implement the Praziquantel preventive MDA to control and Schistosomiasis in line with the WHO guidelines. The MDA will be conducted in localities that register a prevalence of ≥10%, targeting enrolled and unenrolled School Attending Children (SAC) as well as the community members at risk of contracting Schistosomiasis. The programme will embark on intensive community engagement, training of MDA teams and conducting the pilot for the MDA, with the view to scale it up in subsequent financial years.

Non-Communicable Diseases

The probability of premature mortality, between the ages of 30 and 70, due to selected Non-Communicable Diseases (NCDs), including cardiovascular disease, cancer, diabetes and chronic respiratory diseases is 36% for males and 26% for females. 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 deaths. Mental disorders are currently leading cause of Disability Adjusted Life Years (DALYs) in South Africa accounting for 13.8% of disease burden, higher than HIV (11.8%), and musculoskeletal disorders (10.4%) musculoskeletal

disorders (10.4%).[14]

Whilst deaths due to non-communicable diseases rise dramatically at older ages for both sexes due to the increasing incidence of neoplasms, cardiovascular diseases, ischaemic heart diseases and diabetes mellitus, prevalence and incidence of mental disorders like Alzheimer's dementia and depression are also high among older persons. 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, chronic pulmonary disease, cancer and chronic renal disease.

According to the National Institute of Communicable Disease (NICD) COVID-19 Hospital Surveillance Update (2022), hypertension (26.2%) and diabetes (16.9%) were the most commonly reported comorbidities. Obesity, defined by body mass index (BMI) greater than 30 where available or by the subjective opinion of the attending health care provider, while not consistently reported for all COVID-19 admissions, was recorded as a risk factor in 3.6% of all patients hospitalized. This trend reveals gaps in health systems when delivering services for the prevention, management and control of NCDs as well as a large proportion of persons with NCDs who are not diagnosed or treated. Furthermore, the rapid escalation in NCDs is due to the high impact of the social, economic and commercial determinants of health. Over the period 1997-2017, the percentage of deaths due NCDs show significant increase in comparison to communicable diseases as well as injuries and trauma.

Stats SA Mortality Report (2018) showed a three-year trend analysis for selected main groups of underlying causes of deaths for the years 2016 to 2018. Among Non-Communicable Diseases, diseases of the circulatory system increased in proportion from 18.4% in 2016 to 18.9% in 2018 in contrast to infectious diseases which declined from 18.1% in 2016 to 16.6% in 2018.This situation is exacerbated by rapidly increasing co and multi-morbidities especially between NCDs, HIV and AIDS as well as TB which contribute to mortality, 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. Twenty-two (22) % 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). 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 to enhance the Country's response to the prevention, management and control of NCDs.

Table 9: Prevalence of Non-Communicable Diseases (Hypertension and Diabetes)

Indicator		ZA	EC	FS	GP	KZN	LP	MPU	NW	NC	WC
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[15]	%	13	18	14	9	17	15	12	9	12	12
Men age 15+ with diabetes[16]	%	8	10	8	7	9	10	7	4	7	13

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

The table above provides a provincial breakdown of the prevalence of hypertension and diabetes. Free State, Northern Cape and Western Cape provinces showed the highest prevalence of hypertension in females aged 15 years and older, whilst Western Cape and Northern Cape provinces had the highest prevalence of hypertension amongst males of the same age group. The prevalence of diabetes in women was highest in Eastern Cape and Kwa-Zulu Natal provinces, with Western Cape province reporting the highest prevalence of diabetes amongst men.

[14]Carpenter B, Nyirenda M, Hanass-Hancock J. Disability, a priority area for health research in South Africa: an analysis of the burden of disease study 2017. Disabil Rehabil 2022; 44(25): 7839-47.
[15](% with adjusted HbA1c> and equal6.5%)
[16](% with adjusted HbA1c> and equal6.5%)

Cancer

Overall, the leading cancers in South African men and women remain largely unchanged across a 5-year period from 2015 - 2020. In 2020, 76 449 new cases of cancer were registered with the National Cancer Registry (NCR). According to the WHO, cancer is a leading cause of death in the world. Around 10 million people die from cancer a year. The WHO Country profile of 2020 showed that cancers cause 23% of all NCDs premature deaths (2016 data). The 2020 NCR report indicates that the most common female cancer sites were breast, cervix, colorectal, uterine and Non-Hodgkin Lymphoma. Breast cancer is the leading cancer among women for all the race groups, except in black women where cervical cancer is the leading cancer. Top male cancers were prostate, colorectal, lung, Non-Hodgkin Lymphoma and melanoma. Prostate cancer remains the cancer with the highest incidence in South African men of all races.

Palliative care

Palliative care brings dignity, reduces pain and suffering, and enables children and adults diagnosed with a life limiting and threatening diseases to live a quality life for as long as possible. With the quadruple burden of disease in South Africa, the importance of integrating palliative care as an essential component in the continuum of health service delivery, across the life course, levels of care and across all health programs cannot be overlooked. Several initiatives are implemented to strengthen palliative care services including:

- Surveillance and monitoring of morphine is now done at the national level and survey reports are shared quarterly with provincial pharmacists,
- Development of the Adult Clinical Guideline and User Guide for children documents have commenced and these documents should be completed by end of November 2022,
- Basic in-service training for health workers is ongoing through collaborative support from Stakeholders (Basic In-Service Training is a 5-day basic palliative care course which is comprehensive of all components of palliative care), and
- Provinces are developing policy implementation plans as commitments towards the adoption of the National Policy Framework and Strategy for Palliative Care (NPFSPC) 2017-2022[17]

[17]NPFSPC. (2017-2022). National Policy Framework and Strategy for Palliative Care. Pretoria: Printing Press.

Ageing Population

South Africa is experiencing like all other countries an ageing population which means that our older persons are now living well into their sixties. According to the Statistics South African's Midyear Population Estimates, 9% of the total population are older persons which means that South Africa is also experiencing an ageing population. The report also indicated life expectancy at birth being estimated at 65,6 years for females and 60 years for males. The percentage of older persons is the highest in the Gauteng province (24,85%), followed by the KwaZulu-Natal (16,78%); Western Cape province (13,83%); Eastern Cape province (13,77%); Mpumalanga province (6,95%); Limpopo province (9,57%); Northwest province (6,77%); Free State province (5,13%); and Northern Cape province (2,35%).A further breakdown of the older population in South Africa according to gender is Males 39% and females 61%, and breakdown by race reveal that 62,09% are black; 23,04% are white ; 10,78% are coloureds; and 4,10% are Indians .The country lacks reliable data on the health and disease profiles for older persons, with the major challenge being that the data available is not disaggregated by the age group of 60 years and above.

The ageing process is accompanied by loss of abilities and the onset of multiple chronic health conditions. Older persons are more prone to chronic diseases than any other age group. This affects their functional abilities and quality of life. Common chronic diseases that affect older persons are cerebrocardiovascular diseases (this includes hypertension, heart diseases and stroke), diabetes mellitus, chronic respiratory diseases, and cancer. Older persons are also more likely to experience disability than any other age group. Abilities affected by the ageing process and that leads to disabilities include vision, hearing and mobility. While older persons are more prone to chronic diseases and disabilities, they are also prone to poverty and poor living conditions, which negatively impact accessing health care which they so desperately need. Additional to this, older persons' special needs have not been adequately addressed through policy frameworks in the past. Due to various competing priority programmes, such as women's reproductive health, mother and child and HIV and AIDS programmes. The ageing population and the impact of it on health systems has sparked a global call for action.

The United Nations has announced the Decade of Healthy Ageing 2021-2030 and countries are urged to develop policy frameworks in line with the Decade of Healthy Ageing's priority action areas. The National Department of Health is in the process of developing a Policy Framework

and Strategy on Ageing and Health that aims to strengthen older persons' access to health care and to improve the quality of care provided to them. The basis of the document is to provide older persons with person-centred integrated care that is responsive to their needs and will strengthen and support their functional abilities so that they can remain independent in their communities and have a better quality of life.

Mental health

There is a strong correlation between mental disorders and communicable diseases like HIV and AIDS, TB and non-communicable diseases like diabetes and cancers 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 beginning before the age of 14 years". The most prevalent mental disorders are anxiety disorders and depressive disorders.

Table 10: 12-month prevalence of mental, neurological and substance use conditions, and intellectual disability in South Africa

Condition	%
Idiopathic developmental intellectual disability	1.7
Schizophrenia	0.2
Alcohol use disorders	1.6
Drug use disorders	0.7
Depressive disorders	3.9
Bipolar disorder	0.6
Anxiety disorders	3.8
Eating disorders	0.2
Autism spectrum disorders	0.8
Attention deficit/hyperactivity disorder	1.2
Conduct disorder	0.8
Total: Mental and substance use disorders	**15.9**

The Mental Health Care Act, Act No 17 of 2002 and the National Mental Health Policy Framework and Strategic Plan 2023-2030 provide a framework for the delivery of mental health services in the Country. The Mental Health Care Act, 2002 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. The National Mental Health Policy Framework and Strategic Plan 2023-2030 adopts a public health approach to mental health. Among others the policy acknowledges the need for intersectoral approach to mental health services and the role of other sectors in addressing the upstream determinants of mental disorders.

The review of the status of mental health care in South Africa conducted by the South African Human Rights Commission (SAHRC) 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 such as the lack of mental health services for children and adolescents among others. The report and other evidence were used in the development of the National Mental Health Policy Framework and Strategic Plan 2023-2030 to further strengthen mental health services in the Country in collaboration with other sectors. Although evidence predicted an increase in the incidence and prevalence of mental disorders resulting in an increased demand for mental health services due to the COVID-19 impact, the District Health Information Data has not shown the expected increase.

During 2022/2023 financial year the situation in the Country started to stabilise gradually following the interruptions as a result of the COVID-19 containment measures. The following activities were implemented to strengthen mental health services delivery:

- Mental Health Review Boards are in place 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;
- The National Mental Health Policy Framework and Strategic Plan 2023-2030 was adopted by the National Health Council
- Trainings of health care professionals in mental health care skills were undertaken in collaboration with partners to strengthen integration of mental health into the general health services environment by ensuring that all health providers can detect, and manage people presenting with mental disorders including referral of those that require higher levels of skills to manage;
- 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 72-hours 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;
- Funding was provided to the South African Federation for Mental Health to run a mental health information and support desk as part of the efforts to increase advocacy and raise public awareness on mental health issues and available services;

The Programme worked closely with the Infrastructure Unit to ensure that mental health infrastructure projects comply with the mental health infrastructure norms. Public comments on the draft Regulations for licensing of Community Day Care and Residential Care Facilities for People with Mental Illness and/or Severe or Profound Intellectual Disability were integrated. The final socioeconomic impact assessment (SEIAS) process will commence.

The direct conditional grant for personal mental health services that was made available by the National Treasury to contract private mental health professionals to complement the staff at primary health care has further immensely contributed to improving access and quality of mental health services and strengthened integration of mental health services into primary health care in all provinces as envisaged by the Mental Health Care Act, 2002. Two hundred and thirty-six (236) mental health professionals which includes psychiatrists, psychologists, occupational therapists, social workers and registered counsellors were contracted to render personal mental health services at Primary Health Care and also assist with forensic mental observations backlog.

Forensic Mental Health

Forensic mental health is a critical service rendered by the Department of Health as one of the key components under the Mental Health and Substance Abuse programme. It contributes significantly to the criminal justice system and human rights for people that commit crime due to mental illness as well as children that come into contact with the law. The Criminal Procedures Act, 1977 as amended, places the responsibility of conducting forensic mental observations to determine criminal capacity and liability of accused who may have committed a crime due to mental illness or intellectual disability or those for whom it appears to the court at any stage of the criminal proceedings that due to reasons of mental illness or intellectual disability are unable to follow the proceedings of the court so as to make a proper defence.

Furthermore, the Child Justice Act, 2008 amended requires criminal capacity assessments of children between the ages of 12 years and 14 years. The accused who are declared as State patients by the Courts following forensic mental observation should be admitted to psychiatric hospitals for care, treatment and rehabilitation in terms of the Mental Health Care Act, 2002. The demand for State patients' beds continues to exceed the available beds partly due to an increase in the number of people that are declared State patients, slow discharge of State patients and limited space in designated psychiatric hospitals. Two-hundred and fifty-two (252) State patients were admitted in psychiatric hospitals during the 2022/2023 financial year which is lower than the 290 admitted in 2021/2022 financial year. Additionally, 151 State patients were waiting to be admitted by the end of the 2022/2023 financial year.

There is a still a high backlog for forensic psychiatric evaluations (mental observations). Reports from psychiatric hospitals indicate that the total number of people in the waiting list for forensic mental observation in the country by the end of the 2022/2023 financial year was 1 106, 65% of patients required observation by a panel whilst 35% required observation by a single psychiatrist. To improve the efficiencies of this service and reduce the backlogs, intersectoral interventions including 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, strengthening management of mental disorders at primary health care to reduce relapses as well as strengthening mental health prevention and promotion strategies. Although progress has been made with conducting criminal capacity assessment of children between 12 and 14 years in terms of the Child Justice Act, 2008 with 128 criminal capacity assessments conducted during the 2022/2023 financial year, 63 children were on the waiting list for criminal capacity assessments in the country and 89% of these were in the Western Cape province.

Rehabilitation and Disability Services

Disability and rehabilitation services span the whole continuum from prevention to rehabilitation. It is critical that rehabilitation is involved in early detection and intervention, requiring engagement with Road to Health booklet, general health screening, and at-risk screening. Screening of adults for non-communicable chronic diseases is also an area of interest so that disabling conditions like Stroke are prevented. Disability and rehabilitation have received global attention through the international instruments like the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which South Africa has ratified. The UNCRPD focuses on the rights of persons with disabilities and the obligations that states parties should fulfil to address the living conditions of persons

with disabilities. Some of the issues which the UNCRPD addresses are:

- The rights of persons with disabilities which all state parties should recognize and respect.
- Availability and accessibility of health services to persons with disabilities, including access to rehabilitation services.
- Provision of mobility assistive devices and other assistive technology.

The World Health Organization released a World Disability Report (2010) which identified gaps in service delivery, and limited access to a range of assistive technology. The WHO Action Plan on disability and rehabilitation also places emphasis on access to rehabilitation and assistive technology, or lack thereof. Report on provision of wheelchairs in 2023 showed that some provinces, particularly Limpopo and Eastern Cape have a sizable backlog of wheelchairs whilst the provision of assistive devices has been on the decline due to budgetary cuts in the last few years. The procurement of assistive technology is made possible by transversal contracts for all the major devices. Work is in progress for devices for blind and partially sighted persons on the transversal contracts. The Department undertook an evaluation of the implementation of the Framework and Strategy for Disability and Rehabilitation services (FSDR) 2015-2020. The FSDR contains eight goals which include integration of rehabilitation services into priority programmes like HIV/AIDS and TB, referral systems, intersectoral collaboration, human resources and monitoring and evaluation. The report of the evaluation shows that implementation remains a challenge. The priorities identified in the FSDR remain important in the current planning cycle.

Some WHO guidelines are being adapted for South African conditions to improve rehabilitation services as well as prevention, early detection, and intervention. A hearing screening strategy is under development in line with the WHO hearing screening document. This strategy will address childhood screening in the first year of life, children of school going age, and older people. The strategy will give action plans which consider local conditions.

Health Promotion and Nutrition

Health promotion is defined as “the process of enabling people to increase control over and to improve their health”. This involves empowering individuals and communities to change structural conditions, like social, environmental, and economic conditions that affect public and individual health and to thereby address the social determinants of health. Health promotion continues to be implemented in various settings, by various categories of health workers, it contributes to the promotion of health and work with various programmes to create awareness on priority health programmes. The key actions proposed in the National Development Plan 2030, include the need to identify and address social determinants that affect health and disease; prevent and reduce the disease burden and promote health; and build human resources in the health sector. The Department has created platforms to deliver health using the primary health care approach including community dialogues, social medial messages, facilitating imbizos and health campaigns. The Health in All Policies (HiAP) approach calls for all of government involvement, private sector and civil society to promote health and wellbeing in all sustainable development goals through financial investment in health promotion.

The SADHS 2016 found that a total of 67% of South African women aged 15 years and above were either obese or overweight. Female adult obesity in South Africa stood at 41% in 2016, a worsening trend from the 24,8% recorded in SANHANES-1. A total of 26,6% of women were obese in 2016, which reflects a decrease from 39% in 2012. Of concern is that South African women might have transitioned from being overweight to being obese. Levels of obesity among men aged 15 years and over remained at 11% in 2016, compared to 11,6% in 2012. The Department has developed a national strategy for the prevention and control of obesity which was recently reviewed with a focus on multisectoral approach as prevention and control of obesity needs societal approach. Various efforts are in place to reduce the prevalence of overweight and Obesity. As we also recover and normalise access to services as well as addressing demand and supply site, despite COVID-19, we note the considerable progress made over time, in reducing incidence of wasting from 5.1% in the 2009/2010 financial year to 2.4% in the 2022/23 financial year (DHIS).

Environmental Health

Environmental health is a critical service that is fundamental to the public health system, centred around disease prevention. Poor environmental health conditions, such as unsafe food, poor or inadequate drinking water, sanitation, hygiene and poor air quality, amongst others, are some of the main factors responsible for the poor public health outcomes in many communities, which also continue to seriously undermine key clinical interventions. Therefore, the provision of effective and proactive environmental health services in the country is key to an effective comprehensive health system. The effectiveness of environmental health services in the country or its impact has been found wanting in recent years.

The National Norms and Standards for environmental health, under the National Health Act have been published, which provides a benchmark within which services can be monitored and assessed. The outcome of the assessments of district and metropolitan municipalities entrusted to render the service has revealed weaknesses in environmental health systems, which are also supported by various outbreaks and situations that could have otherwise been prevented with effective services in place. These outbreaks of Listeriosis, fake foods, Cholera outbreak, Food Poisoning cases that occur sporadically, water borne related conditions and vector borne diseases emerge from time to time.

Climate change impacts need environmental health to start implementing services taking note of aspects of global warming and ensure that mitigation and adaptation measures are incorporated in addressing environmental impacts in the community and build a resilient community. The increase in respiratory tract infections as highlighted in the Burden of Disease report 2022 as a result of air pollution is noted and capacity building measures are being undertaken to contribute towards reduction of such. National capacity building interventions to support action on the ground are always necessitated by poor response on the ground to environmental health situations as well as high shortage of Environmental Health Practitioners (EHPs). According to a survey conducted by the Department in 2023, the country requires 5596 EHPs (based on the 2016 community survey population of South Africa), however there are only 1732 operational EHPs. These figures indicate a shortage of 3864 EHPs and as such the ratio of 1EHP per 10 000 population in line with the national environment policy has not been achieved.

Port Health

The services provided at points of entry play an important role in the protection of human health by preventing the international spread of disease through and monitoring travellers, conveyances and importation of health-related goods. The global community has, in recent years seen an emergence and re-emergence of diseases that have negatively affected public health. Pandemics such as COVID-19 and diseases of international concern have been observed in the past years which include MPoX, Hemorrhagic fever and Zika. International spread of diseases affect public health negatively as noted with the introduction of diseases into South Africa such as COVID-19 and the recent imported cases of Cholera resulting from international travel has highlighted the need to ensure that surveillance mechanisms are strengthened in the Points of Entry (land, air and sea) to promote early detection and response to public health risks. As part of strengthening capacities for early detection and response, services provided at points of entry should be in line with the International Health Regulations, 2005 which aims to prevent, protect against, control and provide a public health response to the international spread of disease.

On the 1st of April 2023, the operational function of port health was transferred from the Department to the Border Management Authority (BMA). The transfer included the transfer of staff, funding and all operational resources to the BMA. Although the operational functions were transferred, the Department retains the functions of developing policies for implementation in points of entry and monitoring that the service is provided in line with respective legislation and policy requirements. As part of monitoring the implementation of the service, the department conducts assessments of points of entry to determine compliance with the International Health Regulations, 2005 (IHR). The implementation of the IHR at the points of entry(POE) is one of the biggest factors in accomplishing the role of port health at PoE and ensuring capacities are in place to respond to Public Health Emergencies and ensuring the country as the Member State to the World Health Organization (WHO) comply with the minimum requires of the IHR. International Health Regulations require that designated airports, ports, and ground crossings have capacity to ensure a safe environment for travellers using the facilities, including potable water supplies, eating establishments, public toilets, and appropriate solid and liquid waste disposal services.

During the 2022/2023 financial year, 25 PoE were assessed for compliance with the IHR, 2005 with all found to be compliant. In the first quarter of 2023/2024, 8 PoE have been assessed and 2 found to be non-compliant with the IHR, 2005. One critical function that has remained with the Department following the transfer is the issuance of permits for deceased persons who are transported across the borders of the country. Following an interim arrangement with BMA to assist with the function until end of June 2023, the Department assumed the responsibility to issue permits on 03 July 2023 and as of 29 August, has issued approximately 2620 import and export permits. This function is critical in ensuring that measures are put in place during the importation and exportation of the deceased to minimise the risk of spreading infectious disease.

7.1.4. Service delivery platform

District health services

The District Health System (DHS) as a vehicle for the delivery of Primary Health Care services is central to supporting the health system to be efficient and

effective. The National Health Act, Act 61 of 2003 makes provision for the establishment of health districts and the organisation and delivery of services within the DHS. The health system needs functional district health management offices to manage the primary health Care facilities such that they meet the regulated norms and standards monitored by the Office of Health Standards Compliance (OHSC) as well as achieve key population health indicator targets. Promoting community participation and involvement through community governance structures will be the focus over the next five years with collaboration with other programmes within the national department of health, other government departments, development partners, private sector and civil society organisations to ensure that gaps within the DHS are addressed.

Community participation

There are undeniable benefits to engaging communities on promoting health and well-being. At its core, community engagement enables changes in behaviour, environments, policies, programmes and practices within communities. Community engagement must be intentional, agile and locally relevant. It is important to involve communities and get their buy-in early in the formulation of plans for its success.

COVID-19 has changed the way the Department communicates and engages with the citizens. Multiple and variety of platforms are utilised to ensure effective communication that is immediate, grounded in science, transparent and easy to understand in a language appropriate.

Universal Health Coverage through the NHI

Various projects are currently underway in preparation for the NHI. The Contracting Units for PHC (referred to as CUPs) will be the units of the agency at which level PHC services are paid for through capitation with the aim to demarcate geographical areas where populations live with easiest access to each of the district hospitals (or a proxy if there is no district hospital). In each CUP area, all providers and establishments need to be accredited based on criteria that will be set (and regulated) by the NHI fund. Once accredited, the providers and establishments may enter into contracts with the NHI agency. Providers will be contracted to provide a specific package of benefits to users and will be paid through specific models and rates. Providers, as clinically appropriate, will work as a part of a multi-disciplinary team of different types of healthcare workers.

The Health Patients Record System (HPRS) is installed across the country and registration of users on the HPRS has been ongoing and for the purposes of a functional CUP, users will be required to have their HPRS registration linked to a health establishment that will serve as the user's primary point of receiving primary healthcare services. The Master Health Facility List (MHFL) is operational and health establishments are being registered on the MHFL. A draft accreditation and contract policy has been developed, the iCUP Project (Implementation of CUPS) is working closely with provincial implementors to test the accreditation and contracting processes.

Central Chronic Medicines Dispensing and Distribution

Central Chronic Medicine Dispensing Distribution (CCMDD) was designed to create alternative access for chronic medication that would be most convenient for stable patients who receive medication parcels at 'Pick-up-Points' (PUPs) convenient to them. As patients continue to exercise this right, the demand for the programme has increased, with 2 423 837 parcels collected from PUPs between October 2023 and December 2023. All Districts in eight Provinces (expect Western Cape province) have been registered on the programme and have expanded the CCMDD programme to decongest certain hospitals as well. Some Districts also utilise their satellite clinics and mobile units, that are linked to facilities, to enrol patients onto CCMDD. Most newly enrolled patients are decanted to external PUPs and approximately 64% of patients receive their medication from external PUPs. Most PUPs are administered using an electronic system called SYNCH however some areas that are 'dead zones' with no network connectivity pose a challenge in scanning the parcels into the electronic system.

Hospital Management

South Africa has made great strides in reforming its health system based on the Primary Health Care (PHC) approach. Yet transformation of the hospital sector is slow, with public hospitals still experiencing management inefficiencies, struggles with delivery of quality healthcare services and delayed responsiveness to the needs and aspirations of the communities. Over the years, several studies on strengthening hospital management have been conducted, including the 1996 Hospital Strategy Project and the Development Bank of South Africa project on management of hospitals and districts, both of which were commissioned by the National Department of Health.

The shortfalls which emerged indicated a critical need to strengthen and support hospital management, a priority which had been identified in the ten-point programme of

the National Department of Health, and also in the government's National Development Plan. With the envisaged implementation of National Health Insurance, there is an urgent need to improve hospital management, governance and leadership as a step towards improving hospital performance in South Africa and to ensure quality of care, hospital effectiveness and affordability of health care.

The NDP also endorsed this by stating "The centralization of hospital budgets and key functions such as supply chain management at provincial level has been detrimental. The delivery of health services and care of patients takes place at health facilities, yet managers lack the power to manage effectively". Hospitals are also currently in the spotlight facing public scrutiny and ever-increasing medico legal cases. In the midst of all these challenges Provincial health departments are working in silos lacking standardised approach to address challenges on the ground.

In order to address all these challenges, the National Department of Health is working with all Provincial Departments of Health:

- To restore the dignity of hospital services,
- To improve hospital management, governance and leadership,
- To develop and review legislation that guides the management of hospitals,
- To ensure that there is a standardized approach to legislation implementation,
- To improve quality of care in hospitals,
- To improve efficiencies in the delivery of health care services in the midst of limited resources

Tertiary Health Services

The provision of tertiary health services is enabled by the National Tertiary Service Grant (NTSG), which is aimed at compensating tertiary health facilities for additional costs associated with provision of tertiary services. In 2022/2023, the department was able to assist with the enhancement of oncology services in Eastern Cape, Gauteng, Northern Cape, North West and Western Cape provinces. Establishment of Satellite Renal Dialysis to bring services closer to patients saving 4 to 8 hours of daily travel for patients in Limpopo province, Cochlear Implant programme implementation in KwaZulu-Natal province, as well as health technology procurement and filling of posts for Radiology services in the Free State are being enabled by then NTSG amongst others.

Emergency Medical Services

In terms of Section 27 of the Constitution, all citizens have a right to emergency care. As such, public Emergency Medical Services (EMS) responds to all emergency calls received. Urbanization, migrant populations, increased frequency of storms, floods, disease outbreaks, civil unrest etc have increased the demand for EMS. All provinces have complied with completion of the EMS station assessments in terms of the draft Regulations relating Standards for Emergency Medical Services and used the assessments to measure compliance levels and to develop a quality improvement plan per EMS station. Compliance has improved since initial implementation enabling provinces to use the assessments to motivate accordingly within their respective provinces. Poor infrastructure remains a major challenge nationally. A national assessment of all public EMS Stations is currently underway which will inform the national infrastructure development project.

Health Infrastructure

The direct health facility revitalisation grant is the largest source of funds for public health infrastructure, with an allocation of over R7 billion, for the 2024/2025 financial year. However, due to the fiscal constraints of the country, the budget will be reduced with a billion rand to just over R6 mil for 2024/2025.The Infrastructure Management subprogramme in the Hospital Systems programme, is responsible for addressing the bulk of the infrastructure needs in the provinces. Furthermore, the health facility revitalisation component of the national health insurance indirect grant, with an allocation of R1.5 billion for the 2024/25 financial year, focused on universal health access through phased implementation of projects for National Health Insurance by the National Department of Health's Infrastructure Unit in line with the National Infrastructure Plan, 2050. Part of the allocation will be used to execute ringfenced funds towards the construction of the Limpopo Central Hospital that is to start with ground works before the end of the financial year.

Human Resources for Health

The 2030 HRH Strategy for South Africa was published in October 2020, it sets out the overall vision, goals and actions required to advance South Africa's progress in addressing persistent issues of inequity and inefficiencies in the health workforce. The department will be facilitating the implementation of the strategy in the remaining period of the medium term for systemic realisation functional health system that is ready National Health Insurance. Historically, the HR information systems has been fragmented, inefficient, and unable to inform health resource allocations accurately. With focus and prioritisation on Health System Strengthening (HSS) Programme, the National Department of Health (NDoH), supported by

CDC/PEPFAR, has initiated a process of integrating Human Resources Information Systems (HRIS) with other health workforce systems, including other government departments and professional bodies.

The HRIS project supported by CDC/PEPFAR is to develop a national HR data warehouse. The purpose is to enhance the use of Human Resources for Health (HRH) data for evidence-based decision making on health workforce management and strategic planning within the South African National and Provincial Departments of Health. NDOH's strategic vision is for an HRIS that provides managers with easy access to an updated and comprehensive HR information range for decision making.

The Conditional grant (Direct and Indirect Grant) is instrumental in the management and sustainability of the Internship and Community Service Programme (ICSP) online System for the annual placement of the eligible applicants to statutory positions. Over the term the department will focus on the review and implementation of the community service policy in order to respond to service delivery need in underserved and rural areas towards health for all and economic growth in the country. Additionally, Rural Allowance, Remunerative Work Outside Public Service and Commuted Overtime policies will be reviewed, and management of their applications be strengthened. Persistent challenges such as outdated provincial organograms, non-documented students studying abroad, and outdated condition of service policies still remain. In the medium term the programme interventions are targeted at training and development of Health Care Workers, HIRS integration with other systems and the review of Conditions of Service Policies.

Nursing services

The focus of the department with respect with Nursing Services is to develop and monitor the policy framework for the development of the required nursing skills and capacity to deliver effective nursing service in response to key strategic frameworks (National Health Strategy 2020-25, on improving quality and safety of care with special emphasis on Primary Health Care (PHC), the Human Resource for Health (HRH) Strategy 2030 , National Strategic Direction for Nursing and Midwifery Education and Practice 2020/21-2025/26, a framework for organising and coordinating the Nursing and Midwifery workforce contribution to the goals of the Universal Health Coverage). Additionally, coordination of efforts between the National Department of Health, Department of Higher Education, the South African Nursing Council and Council on Higher Education has culminated in finalisation of articulation from legacy nursing programmes into the Higher Education Qualifications Sub-framework aligned nursing programmes and will enlarge the pool of nurses who will be able to continue their careers towards nursing specialisations. The monitoring and evaluation of the implementation of the recruitment and selection guidelines in terms of the National Policy on Nursing Education and Training continued with focus on universities and private nursing schools.

Opportunities that are to be explored further include leveraging capabilities and funding streams (intersectoral, interprofessional and inter provincial) to promote access and efficiencies and optimize resourcing for nursing; public-private partnerships to sustain the current nursing education model; conducting differentiation exercise to determine and approve Programmes and qualification mix; developing a plan for Nursing Colleges to meet learning infrastructure and resources requirements to offer quality academic programmes; and improving incentives to promote retention and recruitment of nurse educators.

Medicine and Supplies

Availability of essential pharmaceutical commodities is enabled through Sector Wide Procurement (SWP). The Visibility and Analytics Network (VAN) is being used for improving medicine availability by using data to improve availability of medicines at the point and time of need by enabling analytical processes that will review and continuously improve supply chain performance. One of key initiatives to realize the visibility of healthcare commodities in the country is the National Surveillance Centre (NSC). The NSC was conceptualized in 2015 to provide visibility of medicine availability to mitigate the chronic stock-out. The surveillance Centre includes reports the Stock Visibility System (SVS) to monitor the stock on hand at PHC level, data from electronic stock management systems such as Resolution, mostly from hospitals and large community centres, depot systems and, more recently, from CCMDD service providers and automated dispensing units. These activities are supported with funding from the NHI grant (health system component). Dashboards are used to visualize, analyze and allow for data-informed decision making, a key requirement for the Visibility and Analytics Network (VAN).

Based on the data submitted to the National Surveillance Centre, medicine availability has been consistent at 85% or above for the period April 2022 to March 2023. Provinces that have not able to maintain consistency in the medicine availability experience challenges that may be attributed to insufficient budget allocation to support medicine procurement which

results in non-payment of suppliers and supplies being withheld, and stock outs ensue. The Department continues to establish transversal contracts for pharmaceuticals, achieving significant price efficiencies as a result of economies of scale. Savings were achieved during price negotiations for antibiotics, anti-tuberculosis medications and hormonal preparation. The most significant success was prices achieved for the vaccines used in the Expanded Programme on Immunization. Consequently, the Department is able to introduce two new vaccines in the EPI regimen without additional budget requirement, thus expanding the bouquet of vaccines used to reduce transmission of infectious diseases in children.

Essential Drugs Programme enables the development and review of Standard Treatment Guidelines (STG) and Essential Medicines List (EML) as well as to create an opportunity to strengthen the development of the Health Technology Assessment (HTA) review process. Various activities are underway to align internal and external NDoH structures involved with guideline development and HTA activities as part of the reforms required in preparation for NHI.

7.1.5. Quality of care and health system improvement

In 2023/2024 the department continued with the implementation of the national quality improvement programme in the Quality Learning Centres (QLC). A QLC is made up of a cluster of facilities in a geographic area that drives the implementation of the quality improvement plan in the facilities. The purpose for facilitating the implementation of the national health quality improvement programme (NHQIP) is to ensure compliance with the regulations required for certification by the Office of Health Standards Compliance (OHSC). Hundred and eighty-three (183) QLCs were established comprising of 237 public hospitals, 1 559 PHC facilities and 62 EMS stations. The department is working towards ensuring that all public health establishments implement the NHQIP by March 2025.

Provision of quality clinical care and fostering ethics and professionalism will be strengthened through Continuing Professional Development (CPD) in clinical facilities especially in maternity units. The persistent challenges related to poor clinical outcomes especially in maternity service led to the joint intervention by the department and the South African Nursing Council (SANC) and through this collaboration a pilot project was conducted on the effective utilisation of a Partogram in the management of pregnant women in a PHC setting. The collaboration was critical in this project to ensure the effective implementation of the pilot project and future planning for full rollout of the CPD system for nurses/midwives/nurse specialist in South Africa. During the full rollout of the CPD system implementation, the department will conduct monitoring and evaluation of the CPD system implementation and its impact on service delivery, while the SANC will monitor compliance for the purpose of ensuring annual licensing renewal. The use of digital technology to enhance effective nursing diagnosis and management of pregnant women and neonates will be prioritised and the impact thereof contribute towards reducing maternal and neonatal mortality.

Ideal Clinic Realisation and Maintenance

The Ideal Clinic Framework is a quality assessment tool that is used to measure the quality of services provided by health facilities and was introduced in 2015/2016. The table below indicates the Ideal Clinic status since 2015. At the end of 2022/2023 59% (2046 of 3471) of PHC facilities had attained Ideal clinic status. There was a decline in performance from the 2019/2020 to 202020/21 financial years. During this period the Ideal Clinic Framework was aligned with the Norms and Standards Regulations applicable to different categories of Health Establishments. Overall, there has been an improvement from the time of inception in 2015 from 9% to 59% by March 2023.Gauteng province has improved from 24% of ideal clinics in 2015/2016 to 97% Ideal Clinics in 2022/2023, KwaZulu-Natal province improved from 23% to 92% and Western Cape province improved from 16% to 82%. Ideal Clinic status of some provinces remains low, i.e. Eastern Cape province (25%), Limpopo province (23%) and Northern Cape province (17%).

Table 11: Ideal Clinic Status from 2015/2016 to 2022/2023

Province	% IC 2015/16	% IC 2016/17	% IC 2017/18	% IC 2018/19	% IC 2019/20	% IC 2020/21	% IC 2021/22	% IC 2022/23
EC	2%	18%	20%	32%	32%	13%	23%	25%
FS	10%	35%	51%	76%	69%	43%	66%	70%
GP	24%	58%	79%	90%	91%	88%	92%	97%
KZN	23%	47%	63%	76%	74%	74%	84%	92%
LP	6%	11%	25%	34%	29%	15%	35%	23%
MP	7%	23%	30%	46%	51%	30%	59%	80%
NC	2%	41%	55%	57%	35%	12%	22%	17%
NW	2%	30%	39%	46%	56%	47%	58%	67%
WC	0%	16%	55%	69%	77%	59%	76%	81%
South Africa	**9%**	**30%**	**43%**	**55%**	**55%**	**42%**	**55%**	**59%**

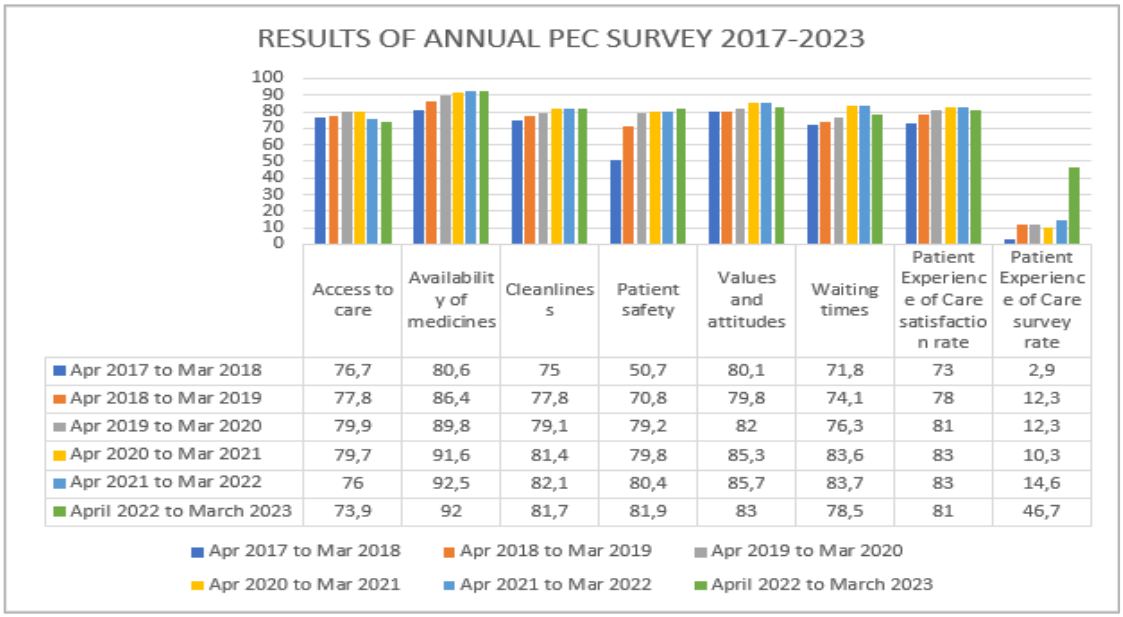
Source: *Ideal Clinic Software Information System, 2022/2023*

Patient experience of Care

The Department has implemented various systems to measure patient experience of care. Such systems include annual Patient Experience of Care survey (PEC), tracking of the resolution of patient safety incidents and patient complaints. Since its inception in 2018/19, annual PEC surveys were conducted in line with national. Patient experience of care focused on patient access, patient safety, availability and use of medicines, cleanliness and infection prevention and control, patient waiting time for services when they are in health establishments, and general attitudes of staff towards patients.

To demonstrate the health department's endeavour to provide patient-centric health services that meet the needs and expectations of public health users, the annual PEC survey results and accompanying service delivery improvements plans are reported under pillar 5 of the Presidential Health Compact. In 2023/2024 between 10-15% of annual patient headcount (disaggregated to 5-7 days) in all the nine provinces, participated in the annual survey. The results are detailed in table.

Figure 16: Patient Experience of Care survey results 2017 - 2023



	Access to care	Availability of medicines	Cleanliness	Patient safety	Values and attitudes	Waiting times	Patient Experience of Care satisfaction rate	Patient Experience of Care survey rate
Apr 2017 to Mar 2018	76,7	80,6	75	50,7	80,1	71,8	73	2,9
Apr 2018 to Mar 2019	77,8	86,4	77,8	70,8	79,8	74,1	78	12,3
Apr 2019 to Mar 2020	79,9	89,8	79,1	79,2	82	76,3	81	12,3
Apr 2020 to Mar 2021	79,7	91,6	81,4	79,8	85,3	83,6	83	10,3
Apr 2021 to Mar 2022	76	92,5	82,1	80,4	85,7	83,7	83	14,6
April 2022 to March 2023	73,9	92	81,7	81,9	83	78,5	81	46,7

Results of the PEC demonstrated that there are various factors, including ramifications of Covid-19 pandemic, that influence inconsistent improvement across all the priority areas. The department continues to provide relevant support, and guidance through integrated and collaborative approach across clusters of the department to ensure that there is improvement that will realise patient satisfaction in public health establishments.

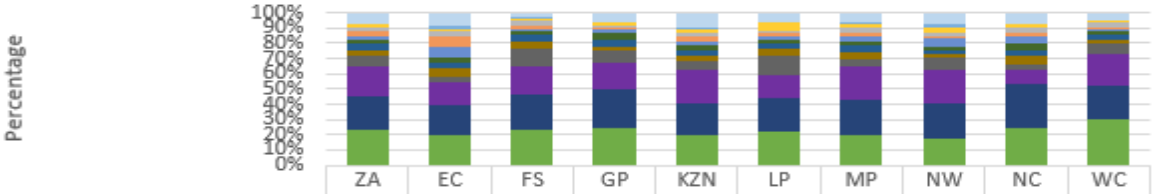
The National Guideline for Patient Safety Incident (PSI) Reporting and Learning and the National Guideline for the Management of Complaints, Compliments and Suggestions (CCS) with the accompanying web-based information system was rolled out to provinces in November and December 2017 respectively. The implementation date for both Guidelines was 1 April 2018, the Guidelines were revised in 2022. Every complaint and patient safety incident in the health facilities 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 12: Complaints logged for 2022/2023

Indicator/Category	ZA	EC	FS	GP	KZN	LP	MP	NW	NC	WC
% Complaints resolved	94%	92%	83%	97%	96%	94%	88%	96%	86%	94%
% of Complaints resolved within 25 working days	95%	96%	89%	96%	96%	97%	93%	97%	78%	94%
Patient care	31%	26%	32%	35%	23%	27%	27%	22%	37%	44%
Staff attitude	30%	25%	32%	35%	25%	27%	30%	30%	43%	33%
Waiting times	26%	20%	25%	24%	26%	18%	30%	29%	14%	30%
Access to information	9%	5%	16%	11%	7%	16%	6%	10%	6%	11%
Safe and secure environment	5%	7%	7%	4%	5%	5%	7%	4%	8%	3%
Waiting list	5%	5%	6%	7%	4%	5%	6%	3%	6%	4%
Physical access	4%	3%	3%	7%	4%	2%	3%	3%	7%	3%
Hygiene and cleanliness	4%	10%	3%	2%	2%	3%	5%	6%	6%	2%
Food	4%	9%	3%	1%	4%	2%	3%	3%	5%	2%
Availability of medicines	3%	4%	4%	3%	3%	2%	4%	2%	4%	4%
Missing patient records	3%	2%	2%	2%	3%	6%	3%	4%	3%	2%
Linen	1%	2%	1%	1%	2%	0%	1%	3%	0%	0%
Other	9%	12%	4%	9%	11%	8%	9%	9%	11%	8%

Example of Complaints Report generated by web-based information system

Figure 17: Complaints Report generated by web-based information system



	ZA	EC	FS	GP	KZN	LP	MP	NW	NC	WC
Other	9%	12%	4%	9%	11%	8%	9%	9%	11%	8%
Linen	1%	2%	1%	1%	2%	0%	1%	3%	0%	0%
Missing patient records	3%	2%	2%	2%	3%	6%	3%	4%	3%	2%
Availability of medicines	3%	4%	4%	3%	3%	2%	4%	2%	4%	4%
Food	4%	9%	3%	1%	4%	2%	3%	3%	5%	2%
Hygiene and cleanliness	4%	10%	3%	2%	2%	3%	5%	6%	6%	2%
Physical access	4%	3%	3%	7%	4%	2%	3%	3%	7%	3%
Waiting list	5%	5%	6%	7%	4%	5%	6%	3%	6%	4%
Safe and secure environment	5%	7%	7%	4%	5%	5%	7%	4%	8%	3%
Access to information	9%	5%	16%	11%	7%	16%	6%	10%	6%	11%
Waiting times	26%	20%	25%	24%	26%	18%	30%	29%	14%	30%
Staff attitude	30%	25%	32%	35%	25%	27%	30%	30%	43%	33%
Patient care	31%	26%	32%	35%	23%	27%	27%	22%	37%	44%

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 deemed compliant when complaints are captured or a Null Report for the specific month on the web-based information system. Since the implementation of the web-based information in April 2018, the compliance rate for reporting has increased from 47% to 72% in 2022/2023. Limpopo (7%), Northern cape (44%) and Free State (55%) provinces had lowest compliance rates. Quarterly complaints and patient safety incidents reports are provided to the provinces, with the aim of informing quality improvement plans at provincial, district, sub-district levels to address the issues that contribute to the high percentage in some categories of complaints.

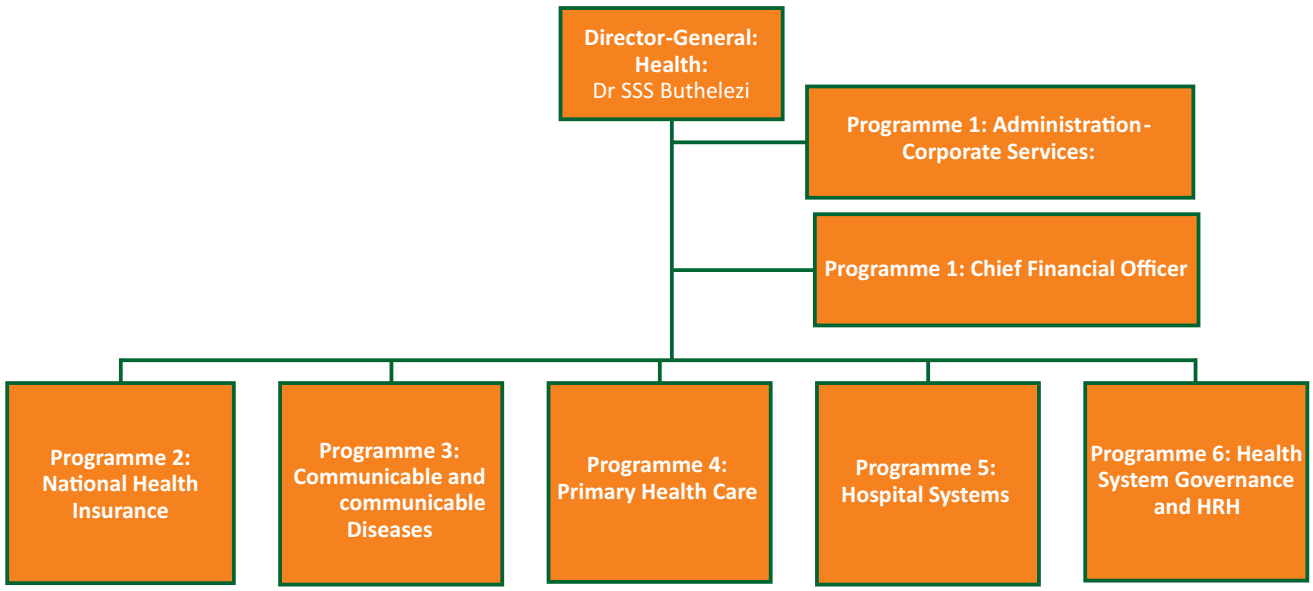
The results indicates that “patient care”; “staff attitude” and “waiting times” categories received the most complaints logged during the 2022/2023, similar to the three previous financial years.

7.2. Internal Environmental Analysis

The budget programme structure shown below, depicts the transitional organizational 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 with the focus of realigning functions will be implemented once approved by DPSA. Thereafter, the budget Programme structure of the Department will also be reviewed, based on the approved realigned structure.

Department's organisational structure

Figure 18: Organizational Structure



7.3. Personnel Information

Table13: 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

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27			2023/24 - 2026/27	
Health			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**1 468**	**41**	**1 220**	**761.0**	**0.6**	**978**	**657.4**	**0.7**	**1 017**	**694.1**	**0.7**	**1 047**	**727.6**	**0.7**	**1 079**	**761.0**	**0.7**	**3.3%**	**100.0%**
1 – 6	508	30	433	130.9	0.3	350	108.7	0.3	350	108.9	0.3	355	109.4	0.3	356	110.1	0.3	0.6%	34.2%
7 – 10	609	5	520	323.4	0.6	340	219.5	0.6	346	223.0	0.6	346	223.0	0.6	355	227.8	0.6	1.4%	33.7%
11 – 12	210	3	157	159.3	1.0	167	167.2	1.0	185	183.1	1.0	188	186.7	1.0	195	193.4	1.0	5.3%	17.9%
13 – 16	139	3	108	142.8	1.3	119	157.4	1.3	133	174.5	1.3	155	203.9	1.3	171	225.0	1.3	12.9%	14.0%
Other	2	–	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	-0.0%	0.2%
Programme	**1 468**	**41**	**1 220**	**761.0**	**0.6**	**978**	**657.4**	**0.7**	**1 017**	**694.1**	**0.7**	**1 047**	**727.6**	**0.7**	**1 079**	**761.0**	**0.7**	**3.3%**	**100.0%**
Programme 1	543	33	407	235.2	0.6	416	249.4	0.6	424	255.8	0.6	433	265.1	0.6	448	277.3	0.6	2.5%	41.8%
Programme 2	101	6	73	48.1	0.7	102	73.3	0.7	123	93.5	0.8	127	97.2	0.8	131	101.7	0.8	8.7%	11.7%
Programme 3	218	–	158	120.5	0.8	171	138.0	0.8	175	141.8	0.8	181	148.4	0.8	186	155.3	0.8	2.9%	17.3%
Programme 4	395	2	395	228.0	0.6	97	58.8	0.6	101	62.0	0.6	105	67.8	0.6	109	71.0	0.6	4.1%	10.0%
Programme 5	39	–	28	22.4	0.8	35	30.2	0.9	34	30.0	0.9	36	32.0	0.9	38	33.4	0.9	2.9%	3.5%
Programme 6	172	–	159	106.7	0.7	157	107.6	0.7	161	111.0	0.7	165	117.0	0.7	167	122.3	0.7	1.9%	15.8%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

7.3.1. Employment Equity

The Department has made progress towards in response to the employment equity targets for Women, Youth and People with Disabilities. During the 2022/2023, the employment equity indicators were added to measure women employed in SMS positions and the percentage of youth and persons with disabilities employed by the department. The current performance for women employed at the National Department of Health is at 47.9% (46/96 of SMS core), youth employment at 3.6% (40/1097) and 0.48% (3/1097) for people with disabilities. Noted challenges amongst others are related include financial constraints, delays in recruitment processes, unique challenges related to people with disabilities i.e., non-disclosure of disability on application forms and suitability of candidates.

In response to the challenges, the department is considering instituting the following measures.

- Targeted recruitment for suitable candidates.
- Relaxation of recruitment requirements to accommodate People with disabilities (PWD).
- Liaise with the PWD organizations and establish relations with Academic Institutions to create a pool and source of suitable PWD candidates.
- Develop the leadership pipeline strategy.
- Develop the PWD empowerment strategy, Coaching and Mentoring Plan.
- Develop Youth Empowerment Strategy.
- Identify a specific Unit to coordinate Youth Programs.
- Dedicated Unit that focuses on Youth Empowerment, Youth Development and retention.
- Address the fragmented state of youth programs.

7.4. Expenditure trends and budgets of the National Department of Health

Expenditure overview

Over the medium term, the department will focus on: preventing and treating communicable and non-communicable diseases by continuing to strengthen primary health care; supporting tertiary services; and strengthening health systems, including infrastructure, in preparation for the introduction of national health insurance.

An estimated 90.3 per cent (R173.9 billion) of the department's budget of R192.3 billion over the MTEF period comprises transfers to provincial departments of health for conditional grants. Total spending is projected to increase at an average annual rate of 4.3 per cent, from R58.6 billion in 2023/24 to R66.4 billion in 2026/27. This is due to additional allocations of R1.2 billion in 2024/25, R1.3 billion in 2025/26 and R1.3 billion in 2026/27 for conditional grants to support provinces to partly absorb the implications of the 2023 public sector wage agreement.

These additions also partially offset Cabinet-approved reductions of R1.5 billion in 2024/25, R3 billion in 2025/26 and R3.3 billion in 2026/27. Given that more than 90 per cent of the department's budget is for conditional grants, these carry the largest share of the reductions, with the comprehensive HIV/AIDS component of the district health programmes grant being reduced, on average, by R1.3 billion per year over the MTEF period and the health facility revitalisation grant being reduced by R1.2 billion per year over the same period. These reductions were made feasible by the achievement of cost efficiencies in the form of lower than anticipated tender prices for antiretroviral drugs (ARVs), significant underspending in 2022/23, and the uptake of ARV treatment running significantly below target. Reductions to the health facility revitalisation grant were partly justified by historical underspending and some infrastructure projects being placed on longer-term completion timeframes. The net effect results in overall reductions of R225.1 million in 2024/25, R1.7 billion in 2025/26 and R1.9 billion in 2026/27.

To address service backlogs and the pressing need to resolve the unequal distribution of tertiary services, the national tertiary services grant has been protected from reductions. An estimated R1.1 billion over the MTEF period is added to the grant to partly support provinces to fund salary increases for personnel funded through it.

An amount of R80.6 million over the MTEF period is shifted to the department from the Department of Science and Innovation for the social impact bond, an outcomes-based financing mechanism, for adolescent girls and women. Some interventions through the mechanism include the provision of ARV treatment, pre-exposure prophylaxis, contraceptives and educational programmes aimed at behavioural challenges. The South African Medical Research Council leads this work, which is funded through a new transfer payment.

Treating and preventing diseases and promoting primary health care

With an allocation of R85.7 billion over the MTEF period, the district health programmes grant constitutes almost half of the department's budget. This includes the comprehensive HIV/AIDS component, which has an allocation of R75.6 billion over the medium term, and the district health component, which is allocated R10.2 billion over the same period. As the department was able to negotiate lower prices for ARVs, no major revisions have been made to targets for the comprehensive HIV/AIDS component. The target for clients remaining on ARV treatment is slightly lower than what was previously published for 2024/25 (6.7 million instead of R6.5 million) and 2025/26 (7 million instead of 6.7 million, as uptake has been lower than expected. As at November 2023, only about 5.5 million clients were on treatment against an annual target of 6 million. This is attributed to poor health-seeking behaviour, particularly among men. The department will use outreach services such as community health workers and innovative medicine dispensing models to improve performance in this area. The target for 2026/27 is 6.9 million.

Outreach services are largely funded through the district health component, in which spending is set to increase at an average annual rate of 6.5 per cent, from R2.9 billion in 2023/24 to R3.5 billion in 2026/27, in the Primary Health Care programme. This will enable the department to continue to retain an appropriate number of community health workers and fulfil their mandatory stipend increases. The component also funds human papillomavirus vaccinations and a range of interventions for TB and malaria. The central chronic medication dispensing and distribution programme makes chronic medicines more accessible by allowing them to be dispensed conveniently at alternate pick-up points such as private pharmacies. It is funded through the national health insurance indirect grant. An estimated 40 per cent of the department's clients on ARVs use the service.

Supporting tertiary health care services

Tertiary health care services are highly specialised referral services provided at central and tertiary hospitals. These services are not, however, equitably distributed as there are only 31 of these hospitals in the country and most of them are in urban areas. As such, patients are often referred from one province to another, which requires strong national coordination and cross-subsidisation through the national tertiary services grant to compensate provinces for providing tertiary services to patients from elsewhere. The grant has allocations of R15.3 billion in 2024/25, R15.9 billion in 2025/26 and R16.7 billion in 2026/27 in the Hospital Systems programme, increasing at an average annual rate of 5.9 per cent. To improve equity and reduce the need for interprovincial referrals over the long term, a portion of the grant is earmarked for strengthening tertiary services through the purchasing of machinery and equipment and recruiting medical specialists in provinces where they are underdeveloped.

Funding for oncology services, amounting to R737.3 million over the next 3 years, which were previously partly funded through the national health insurance grant, has been shifted to the national tertiary services grant from the national health insurance grant, which partly funded it. This is to consolidate funding for cancer services.

Strengthening health systems towards providing national health insurance

The National Health Insurance Bill has been endorsed by the National Assembly and the National Council of Provinces. If enacted, it will have significant implications for the funding and organisation of health care in South Africa. Preparatory work for this, which includes capacity building, is largely funded through the national health insurance indirect grant, which has an allocation of R6.9 billion over the MTEF period.

The grant previously had 3 components, 2 of which (the non-personal services component and the personal services component) have been combined to form the health systems component. The new combined component is allocated R2.4 billion over the MTEF period, with spending set to increase at an average annual rate of 4.6 per cent. This is expected to strengthen health systems, particularly information systems; help address the findings of the Office of Health Standards and Compliance; improve implementation of the ideal clinic initiative; improve the dispensing of medicines through the central chronic medication dispensing and distribution programme; and provide proof of concept, including the piloting of contracting units, for primary health care. The other component within the grant, which deals with health facility revitalisation, is intended to fund strategic infrastructure projects through an allocation of R4.6 billion over the MTEF period. An estimated R1.6 billion of the grant's allocation over the MTEF period, funded from the budget facility for infrastructure, is for the construction of the Limpopo Academic Hospital.

A further R22 billion over the MTEF period is set to be transferred to provinces through the direct health facility revitalisation grant. As Cabinet-approved reductions have been implemented mainly on projects in planning stages, they are not expected impact negatively on projects that have already been initiated.

7.5. Expenditure trends and estimates

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

Programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme 1	551.0	672.7	645.3	764.8	11.6%	1.1%	759.5	797.2	857.2	3.9%	1.3%
Programme 2	1 023.2	1 216.5	1 366.1	1 508.6	13.8%	2.1%	1 343.7	1 389.8	1 404.3	-2.4%	2.3%
Programme 3	25 455.4	32 819.7	26 049.6	23 682.6	-2.4%	44.1%	25 386.3	25 525.1	26 696.4	4.1%	40.4%
Programme 4	3 206.7	3 056.2	5 149.2	3 005.4	-2.1%	5.9%	3 318.4	3 466.1	3 625.8	6.5%	5.3%
Programme 5	21 188.5	21 011.8	22 198.4	22 136.0	1.5%	35.4%	23 900.2	24 834.3	25 778.4	5.2%	38.5%
Programme 6	6 661.3	6 360.5	7 487.4	7 452.6	3.8%	11.4%	7 510.8	7 683.9	8 035.4	2.5%	12.2%
Subtotal	**58 086.1**	**65 137.4**	**62 896.0**	**58 550.0**	**0.3%**	**100.0%**	**62 218.9**	**63 696.3**	**66 397.5**	**4.3%**	**100.0%**
Total	**58 086.1**	**65 137.4**	**62 896.0**	**58 550.0**	**0.3%**	**100.0%**	**62 218.9**	**63 696.3**	**66 397.5**	**4.3%**	**100.0%**
Change to 2023 Budget estimate				–			(225.4)	(1 661.5)	(1 909.6)		
Economic classification											
Current payments	**2 966.5**	**9 976.9**	**3 601.6**	**2 494.9**	**-5.6%**	**7.8%**	**2 397.2**	**2 478.0**	**2 579.2**	**1.1%**	**4.0%**
Compensation of employees	927.3	848.2	761.0	657.4	-10.8%	1.3%	694.1	727.6	761.0	5.0%	1.1%
Goods and services[1]	2 039.2	9 128.6	2 840.6	1 837.4	-3.4%	6.5%	1 703.0	1 750.4	1 818.2	-0.4%	2.8%
of which:					*0.0%*	*0.0%*				*0.0%*	*0.0%*
Consultants: Business and advisory services	*400.6*	*335.6*	*294.4*	*292.3*	*-10.0%*	*0.5%*	*206.9*	*225.7*	*256.8*	*-4.2%*	*0.4%*
Contractors	*556.5*	*404.0*	*530.9*	*532.5*	*-1.5%*	*0.8%*	*622.9*	*617.7*	*614.0*	*4.9%*	*1.0%*
Inventory: Medical supplies	*39.9*	*38.3*	*33.9*	*105.7*	*38.3%*	*0.1%*	*72.1*	*74.6*	*78.3*	*-9.5%*	*0.1%*
Operating leases	*111.3*	*160.5*	*102.9*	*129.9*	*5.3%*	*0.2%*	*129.9*	*136.1*	*141.8*	*3.0%*	*0.2%*
Travel and subsistence	*100.0*	*49.4*	*103.8*	*114.4*	*4.6%*	*0.2%*	*129.7*	*141.7*	*147.8*	*8.9%*	*0.2%*
Operating payments	*120.8*	*189.7*	*104.0*	*146.4*	*6.6%*	*0.2%*	*99.6*	*97.3*	*101.8*	*-11.4%*	*0.2%*
Transfers and subsidies[1]	**54 288.5**	**54 491.9**	**58 334.3**	**54 749.2**	**0.3%**	**90.7%**	**58 377.5**	**59 558.4**	**62 290.5**	**4.4%**	**93.7%**
Provinces and municipalities	52 082.0	52 462.2	56 251.5	52 743.4	0.4%	87.3%	56 351.4	57 449.8	60 086.8	4.4%	90.3%
Departmental agencies and accounts	2 033.8	1 842.1	1 889.1	1 807.0	-3.9%	3.1%	1 815.6	1 899.3	1 984.7	3.2%	3.0%
Non-profit institutions	170.6	181.4	189.0	189.8	3.6%	0.3%	201.0	209.3	219.0	4.9%	0.3%
Households	2.1	6.2	4.7	9.0	62.7%	0.0%	9.5	–	–	-100.0%	0.0%
Payments for capital assets	**831.1**	**660.3**	**958.8**	**1 305.9**	**16.3%**	**1.5%**	**1 444.3**	**1 659.9**	**1 527.8**	**5.4%**	**2.4%**
Buildings and other fixed structures	740.1	591.3	930.3	1 187.9	17.1%	1.4%	1 333.5	1 497.6	1 364.4	4.7%	2.1%
Machinery and equipment	91.0	69.0	28.6	118.0	9.1%	0.1%	110.8	162.4	163.4	11.5%	0.2%
Payments for financial assets	**–**	**8.4**	**1.3**	**–**	**0.0%**	**0.0%**	**–**	**–**	**–**	**0.0%**	**0.0%**
Total	**58 086.1**	**65 137.4**	**62 896.0**	**58 550.0**	**0.3%**	**100.0%**	**62 218.9**	**63 696.3**	**66 397.5**	**4.3%**	**100.0%**

1. Tables with expenditure trends, annual budget, adjusted appropriation and audited outcome are available at www.treasury.gov.za and www.vulekamali.gov.za.

7.6. Transfers and subsidies trends and estimates

Table 15: Transfers and subsidies expenditure trends and estimates

Vote transfers and subsidies trends and estimates

	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R thousand	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Households											
Social benefits											
Current	**1 928**	**6 181**	**4 676**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	1 928	6 181	4 676	–	-100.0%	–	–	–	–	–	–
Other transfers to households											
Current	**160**	**–**	**–**	**9 000**	**283.2%**	**–**	**9 500**	**–**	**–**	**-100.0%**	**–**
Employee social benefits	160	–	–	–	-100.0%	–	–	–	–	–	–
No-fault compensation scheme	–	–	–	9 000	–	–	9 500	–	–	-100.0%	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**2 029 761**	**1 840 663**	**1 887 532**	**1 805 314**	**-3.8%**	**3.4%**	**1 813 753**	**1 897 431**	**1 982 722**	**3.2%**	**3.2%**
Health and Welfare Sector Education and Training Authority	679	2 536	2 362	2 552	55.5%	–	2 667	2 786	2 914	4.5%	–
South African National AIDS Council	18 106	28 901	19 380	30 234	18.6%	–	21 143	22 090	23 102	-8.6%	–
South African Medical Research Council	854 643	855 214	779 523	760 147	-3.8%	1.5%	833 489	870 829	910 725	6.2%	1.4%
National Health Laboratory Service	855 583	643 547	772 521	706 425	-6.2%	1.3%	598 842	626 361	656 789	-2.4%	1.1%
Office of Health Standards Compliance	137 648	157 997	157 509	161 546	5.5%	0.3%	181 599	191 749	200 076	7.4%	0.3%
Council for Medical Schemes	6 530	6 181	6 272	6 537	–	–	6 151	6 320	6 615	0.4%	–
South African Health Products Regulatory Authority	156 572	146 287	149 965	137 873	-4.2%	0.3%	143 518	149 301	156 242	4.3%	0.2%
South African Medical Research Council: Social Impact Bond	–	–	–	–	–	–	26 344	27 995	26 259	–	–
Social security funds											
Current	**4 058**	**1 437**	**1 544**	**1 735**	**-24.7%**	**–**	**1 813**	**1 894**	**1 981**	**4.5%**	**–**
Mines and Works Compensation Fund	4 058	1 437	1 544	1 735	-24.7%	–	1 813	1 894	1 981	4.5%	–
Non-profit institutions											
Current	**170 574**	**181 401**	**189 000**	**189 786**	**3.6%**	**0.3%**	**201 031**	**209 295**	**218 967**	**4.9%**	**0.3%**
Non-governmental organisations: LifeLine	27 150	28 030	28 875	28 986	2.2%	0.1%	27 288	28 283	29 599	0.7%	–
Non-governmental organisations: loveLife	59 527	61 976	64 327	64 635	2.8%	0.1%	63 038	65 821	68 864	2.1%	0.1%
Non-governmental organisations: Soul City	23 567	24 331	25 065	25 161	2.2%	–	24 291	25 361	26 535	1.8%	–
Non-governmental organisations: HIV and AIDS	58 796	63 989	67 529	67 788	4.9%	0.1%	64 832	67 281	70 402	1.3%	0.1%
South African Renal Registry	433	447	460	461	2.1%	–	482	504	527	4.6%	–
South African Federation for Mental Health	459	473	488	490	2.2%	–	512	535	560	4.6%	–
South African National Council for the Blind	–	1 060	1 092	1 096	–	–	1 145	1 196	1 251	4.5%	–
South African Medical Research Council	642	–	–	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	–	1 095	1 164	1 169	–	–	1 221	1 276	1 334	4.5%	–
Health Systems Research	–	–	–	–	–	–	18 222	19 038	19 895	–	–
Provinces and municipalities											
Provincial revenue funds											
Current	**45 766 702**	**46 027 032**	**49 471 990**	**46 063 505**	**0.2%**	**84.4%**	**49 199 537**	**50 207 168**	**52 512 265**	**4.5%**	**84.3%**
National health insurance grant	246 464	268 677	693 747	694 675	41.3%	0.9%	455 956	462 197	471 150	-12.1%	0.9%
HIV, TB, malaria and community outreach grant: Mental health services component	–	143 401	–	–	–	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Oncology services component	–	234 933	–	–	–	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: HIV and AIDS component	20 376 176	22 563 773	–	–	-100.0%	19.4%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: TB component	507 780	506 117	–	–	-100.0%	0.5%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: COVID-19 component	3 422 157	1 500 000	–	–	-100.0%	2.2%	–	–	–	–	–

District health programmes grant: Comprehensive HIV and AIDS component	–	–	24 134 521	22 934 604	–	21.2%	24 724 358	24 843 184	25 982 785	4.2%	41.9%
District health programmes grant: District health component	–	–	4 888 597	2 931 257	–	3.5%	3 238 337	3 384 755	3 540 672	6.5%	5.6%
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	218 781	220 258	–	–	-100.0%	0.2%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Malaria elimination component	116 234	104 181	–	–	-100.0%	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Community outreach services component	2 556 667	2 480 213	–	–	-100.0%	2.3%	–	–	–	–	–
National tertiary services grant	14 013 153	13 707 798	14 306 059	14 023 946	–	25.3%	15 263 784	15 919 297	16 662 405	5.9%	26.3%
Human resources and training grant	4 309 290	4 297 681	5 449 066	5 479 023	8.3%	8.8%	5 517 102	5 597 735	5 855 253	2.2%	9.6%
Capital	**6 315 281**	**6 435 188**	**6 779 546**	**6 679 860**	**1.9%**	**11.8%**	**7 151 841**	**7 242 660**	**7 574 522**	**4.3%**	**12.2%**
Health facility revitalisation grant	6 315 281	6 435 188	6 779 546	6 679 860	1.9%	11.8%	7 151 841	7 242 660	7 574 522	4.3%	12.2%
Total	**54 288 464**	**54 491 902**	**58 334 288**	**54 749 200**	**0.3%**	**100.0%**	**58 377 475**	**59 558 448**	**62 290 457**	**4.4%**	**100.0%**

PART C:

MEASURING OUR PERFORMANCE

PART C: MEASURING OUR PERFORMANCE

8.1. Programme 1: Administration

Programme Purpose

To provide overall management of the Department and centralised support services. This programme consists of five sub-programmes: -

Programme Management provide leadership to the programme for management and support to the department.

Financial Management ensure compliance with all relevant legislative prescript, review of policies and procedures to ensure relevance and responsiveness to changing circumstance and achievement of an unqualified audit.

Human Resources Management ensures that staff have the right skills and attitude, and equitably distributed.

Legal Resource Sub-programme is responsible for the provision of effective and efficient legal support service in line with the Constitution of the Republic of South Africa and applicable legislation to enable the Department to perform and achieve on its mandate. This includes inter alia drafting, editing, and amending of legislation and regulations administered by the NDoH and contracts; provision of legal advice and management of litigation by and against the Department of Health.

Communications Sub-programme has two pillars, namely, Strategic Communication and Corporate Communication. Corporate Communication communicates and shares information on what is being done to manage the quadruple burden of diseases and internal communication within the NDoH. The purpose of strategic communication is to actively shape public opinion by influencing news media agenda and this pillar is led mainly by the Ministry of Health.

Programme 1: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
1.	Financial management strengthened in the health sector	Audit outcome of National DoH	Audit outcome of National DoH	Unqualified audit opinion for 2019/20 FY received	Qualified audit opinion for 2020/21 FY received	Qualified audit opinion 2021/22 FY received	Unqualified audit opinion 2022/23 FY received	Unqualified audit opinion 2023/24 FY received	Not Applicable	Not Applicable	Unqualified audit opinion	Not Applicable	Unqualified audit opinion	Unqualified audit opinion
2.	Financial management strengthened in the health sector	Payment of Suppliers within 30 days from the date of receipt of invoices	Number of valid invoices paid after 30 days from the receipt date of invoices from Suppliers by NDoH	New Indicator	New Indicator	New Indicator	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers
3.	Premature mortality due to NCDs reduced to 26% (10% reduction)	Health Promotion messages actively marketed through integrated platforms	Number of Health promotion messages broadcasted on integrated platforms	213 (4 per week) health promotion messages broadcasted on social media	443 health promotion messages broad- casted on social media	399 health promotion messages on NDoH social media placed	100 health promotion messages on NDoH social media placed	200 health promotion messages on NDoH integrated platforms	50	50	50	50	200 health messages on NDoH integrated platforms	200 health messages on NDoH integrated platforms
4.	Community participation promoted to ensure health system responsiveness and effective management of their health needs	Visits to health facilities	Number visits to health facilities by NDoH/ Minister/ Deputy Minister/DG/ DDGs	New Indicator	New Indicator	New Indicator	8 unannounced visits to health facilities NDoH/Minister Deputy Minister/ DG/DDGs/to observe service delivery	12 visits to health facilities	3	3	3	3	12 visits to health facilities	12 visits to health facilities
5.	Community participation promoted to ensure health system responsiveness and effective management of their health needs	Community engagements on Health Programmes	Number of community engagements on Health Programmes conducted	New Indicator	New Indicator	2 Health Imbizos with communities	2 Health Imbizos with communities	2 community engagements on Health Programmes conducted	0	1	0	1	2 community engagements on Health Programmes conducted	2 community engagements on Health Programmes conducted
6.	Staff equitably distributed and have right skills and attitude	Employment of women in line with equity targets	Percentage of Women, employed at SMS level according to the equity targets	63.4% Women at SMS level appointed at NDoH according to the equity targets	New Indicator	46 % of Women at SMS level, employed accordingly to the equity targets	50% of Women employed at SMS level in NDoH	50% of Women employed at SMS level in NDoH	Not Applicable	Not Applicable	Not Applicable	50%	50% of Women employed at SMS level in NDoH	50% of Women employed at SMS level in NDoH
7.	Staff equitably distributed and have right skills and attitude	Employment of Youth in line with equity targets	Percentage of Youth employed according to the equity targets	19.4 %Youth appointed at NDoH accordingly to the equity targets	New Indicator	13% Youth appointed at NDoH accordingly to the equity targets	30% Youth employed in NDoH	30 % of Youth employed in NDoH	Not Applicable	Not Applicable	Not Applicable	30%	30 % of Youth employed in NDoH	30 % of Youth employed in NDoH

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
8.	Staff equitably distributed and have right skills and attitude	Employment of People with disabilities in line with equity targets	Percentage of People with disabilities employed according to the equity targets	0.39 % People with Disabilities appointed at NDoH accor dingly to the equity targets	New Indicator	0.4% of People with disabilities appointed at NDoH accordingly to the equity targets	7% of People with disabilities employed in NDoH [1]	2.5% of People with disabilities employed in NDoH	Not Applicable	Not Applicable	Not Applicable	2.5%	5% of People with disabilities employed in NDoH	6% of People with disabilities employed in NDoH

Programme 1: Explanation of planned performance over the medium-term period

Financial management is strengthened to ensure compliance with relevant prescript and responsiveness to changing circumstances and achievement of an unqualified audit. In line with the Pillar 6 of the Presidential Health Compact, financial interventions undertaken are aimed at improving efficiencies of financial management systems and processes to enable the progress realisation of universal health coverage through the NHI. The department remains committed to ensuring progressive realisation of the employment equity target, whilst ensuring that the workforce is suitably skilled to deliver on its mandate.

Wellness drives are enabled through health messages used to inform the community on health-related issues on social media platforms. Over the medium term, these health messages will be used for health promotion and prevention of communicable and non-communicable diseases. Additionally, visits to health facilities and community engagements will be undertaken by the department to improve the sector's responsiveness to community needs.

[1] * The Department was using the NDP 2030 target in error for the 23/24 FY.

Programme 1: Budget Allocations

Table: Administration expenditure trends and estimates by sub-programme and economic classification

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Ministry	32.2	33.0	38.8	40.0	7.5%	5.5%	36.5	38.1	39.9	-0.1%	4.9%
Management	7.1	7.2	6.2	13.6	24.1%	1.3%	11.4	11.9	12.5	-2.8%	1.6%
Corporate Services	310.9	356.2	398.1	412.9	9.9%	56.1%	382.3	401.3	419.8	0.6%	50.9%
Property Management	112.9	172.9	114.2	168.9	14.4%	21.6%	170.4	178.5	186.1	3.3%	22.1%
Financial Management	87.9	103.4	88.1	129.4	13.8%	15.5%	158.9	167.4	199.0	15.4%	20.6%
Total	**551.0**	**672.7**	**645.3**	**764.8**	**11.6%**	**100.0%**	**759.5**	**797.2**	**857.2**	**3.9%**	**100.0%**
Change to 2023 Budget estimate				–			(80.7)	(82.4)	(62.7)		
Economic classification											
Current payments	**546.7**	**653.6**	**628.9**	**750.7**	**11.1%**	**97.9%**	**746.8**	**783.9**	**843.4**	**4.0%**	**98.3%**
Compensation of employees	245.9	246.2	235.2	249.4	0.5%	37.1%	255.8	265.1	277.3	3.6%	33.0%
Goods and services	300.7	407.4	393.6	501.3	18.6%	60.9%	490.9	518.8	566.0	4.1%	65.3%
of which:						–					–
Audit costs: External	*20.4*	*21.4*	*21.3*	*23.3*	*4.5%*	*3.3%*	*29.7*	*30.8*	*32.2*	*11.4%*	*3.7%*
Consultants: Business and advisory services	*39.1*	*42.7*	*55.4*	*38.2*	*-0.8%*	*6.7%*	*39.5*	*50.5*	*77.0*	*26.3%*	*6.5%*
Operating leases	*99.3*	*150.9*	*99.6*	*126.6*	*8.4%*	*18.1%*	*126.1*	*132.2*	*137.8*	*2.9%*	*16.4%*
Property payments	*18.2*	*24.2*	*17.7*	*56.2*	*45.8%*	*4.4%*	*58.8*	*61.4*	*64.2*	*4.5%*	*7.6%*
Travel and subsistence	*6.8*	*27.8*	*58.1*	*44.9*	*87.9%*	*5.2%*	*49.6*	*58.1*	*60.8*	*10.7%*	*6.7%*
Operating payments	*51.8*	*26.8*	*2.3*	*44.5*	*-5.0%*	*4.8%*	*36.5*	*31.4*	*32.9*	*-9.6%*	*4.6%*
Transfers and subsidies	**1.8**	**4.9**	**3.7**	**2.6**	**12.4%**	**0.5%**	**2.7**	**2.8**	**2.9**	**4.5%**	**0.3%**
Departmental agencies and accounts	0.7	2.5	2.4	2.6	55.5%	0.3%	2.7	2.8	2.9	4.5%	0.3%
Households	1.1	2.3	1.3	–	-100.0%	0.2%	–	–	–	–	–
Payments for capital assets	**2.5**	**7.8**	**12.5**	**11.6**	**67.4%**	**1.3%**	**10.1**	**10.5**	**10.9**	**-1.9%**	**1.4%**
Machinery and equipment	2.5	7.8	12.5	11.6	67.4%	1.3%	10.1	10.5	10.9	-1.9%	1.4%
Payments for financial assets	**–**	**6.5**	**0.3**	**–**	**–**	**0.3%**	**–**	**–**	**–**	**–**	**–**
Total	**551.0**	**672.7**	**645.3**	**764.8**	**11.6%**	**100.0%**	**759.5**	**797.2**	**857.2**	**3.9%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**0.9%**	**1.0%**	**1.0%**	**1.3%**	**–**	**–**	**1.2%**	**1.3%**	**1.3%**	**–**	**–**
						–					–
Details of transfers and subsidies											
Households											
Social benefits											
Current	**1.1**	**2.3**	**1.3**	**–**	**-100.0%**	**0.2%**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	1.1	2.3	1.3	–	-100.0%	0.2%	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**0.7**	**2.5**	**2.4**	**2.6**	**55.5%**	**0.3%**	**2.7**	**2.8**	**2.9**	**4.5%**	**0.3%**
Health and Welfare Sector Education and Training Authority	0.7	2.5	2.4	2.6	55.5%	0.3%	2.7	2.8	2.9	4.5%	0.3%

Programme 1: Personnel Information

Administration personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27		
Administration			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2023/24 - 2026/27	
Salary level	**543**	**33**	**407**	**235.2**	**0.6**	**416**	**249.4**	**0.6**	**424**	**255.8**	**0.6**	**433**	**265.1**	**0.6**	**448**	**277.3**	**0.6**	**2.5%**	**100.0%**
1 – 6	238	29	197	53.7	0.3	197	56.6	0.3	197	56.6	0.3	201	57.0	0.3	204	58.0	0.3	1.1%	46.4%
7 – 10	186	–	123	75.3	0.6	129	81.0	0.6	132	82.5	0.6	132	82.5	0.6	141	87.3	0.6	3.0%	31.0%
11 – 12	64	1	47	49.1	1.0	49	51.8	1.1	51	53.5	1.0	51	53.5	1.0	48	51.4	1.1	-0.7%	11.6%
13 – 16	53	3	38	52.5	1.4	40	55.3	1.4	42	58.5	1.4	47	67.5	1.4	53	75.9	1.4	10.6%	10.6%
Other	2	–	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	2	4.6	2.3	–	0.5%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

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.

There are two budget sub-programmes:
Health Financing and National Health Insurance
Affordable Medicines

Sub-programmes

Programme Management provides leadership to the programme to improve access to high-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 the sustained availability of and equitable access to pharmaceutical commodities. This is achieved through the development of the governance frameworks to support: the selection and use of essential medicines, the development of standard treatment guidelines, the administration and management of pharmaceutical tenders, the development of provincial pharmaceutical budgets, the reformation of the medicine supply chain, and the licensing of people and premises that deliver pharmaceutical services.

Health Financing and National Health Insurance designs and tests policies, legislation and frameworks to achieve universal health coverage and to inform proposals for national health insurance. It develops health financing reforms, including policies affecting the medical schemes environment; provides technical oversight of the Council for Medical Schemes; and manages the direct national health insurance grant and the national health insurance indirect grant. It also implements the single exit price regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees. This sub-programme will increasingly focus on evolving health financing functions, such as user and provider management, health care benefits and provider payment, digital health information, and risk identification and fraud management.

Programme 2: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
9.	Package of service available to the population is expanded on the basis of cost effectiveness and equity	Parcels delivered to Pick Up Points	Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) Dablap Meds programme	New Indicator	New Indicator	New Indicator	7.3 million Parcels delivered to (Pick up points) PUPs	9.5 million parcels	2 375 000 parcels delivered to PUPs	2 375 000 parcels delivered to PUPs	2 375 000 parcels delivered to PUPs	2 375 000 parcels delivered to PUPs	10 million parcels	10.5 million parcels
10.	Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Accreditation Framework for health service providers developed	Accreditation Framework for health service providers submitted to NHC for approval	New Indicator	New Indicator	New Indicator	New Indicator	Accreditation framework for health service providers submitted to NHC for approval	Draft accreditation framework for health service providers prepared for circulation to stakeholders	Internal consultation on the Draft accreditation framework for health service providers	External consultation on the Draft accreditation framework for health service providers	Final Draft of the accreditation framework for health service providers submitted to NHC for approval	Accreditation framework for health service providers tested in Contracting Units for Primary Health Care (CUPs)	Finalized accreditation framework for health service providers ready for implementati-on
11.	Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Capitation Model and Methodology Framework	Capitation model and applicable methodology Framework for PHC services prepared.	New Indicator	New Indicator	New Indicator	New Indicator	Draft capitation model and methodology framework developed	Not Applicable	Internal stakeholder (NDOH and PDOH) consultation initiated.	Consultation with GP groupings/representative bodies initiated	Draft capitation model and methodology framework developed	*"Proof of concept"* work on capitation model and methodology for PHC services initiated.	Capitation Model & Methodology Framework for PHC services finalized.
12.	Information systems are responsive to local needs to enhance data use and improve quality of care	Electronic Medical Record for PHC Services developed	Phased development of Electronic Medical Record (EMR) for PHC Services	New Indicator	New Indicator	New Indicator	New Indicator	Development of Electronic Medical Records (EMR) - Minimum Viable Product (MVP)1 focusing on TB HIV	EMR - MVP 1 - Available for Beta Testing	Continue with EMR - MVP 1 - Available for Beta Testing	EMR MVP1 - Moved into Production Scoping	Electronic Medical Records (EMR) - Minimum Viable Product (MVP)1 focusing on TB HIV developed	Continue Implementation of EMR MVP 1 at PHC Facilities Development of EMR - MVP 2	Development of EMR - MVP 3
13.	Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Essential Equipment List for health care service package	Draft Essential Equipment List for health care service package developed	New Indicator	New Indicator	New Indicator	New Indicator	Draft Essential Equipment List for health care service package developed	Call for nominations for members of the National Essential Equipment List Technical Committee	Appointment of members of the National Essential Equipment List Technical Committee	Not Applicable	Draft Essential Equipment List for health care service package developed	Approved Essential Equipment List	Maintenance of the Essential Equipment List

Programme 2: Explanation of planned performance over the medium-term period

As part of the establishment of the NHI fund, Purchasing and Contracting units with Providers must be established to render PHC services before funds can be transferred to Contracting Units for PHC (CUPs) at sub-district level. An Accreditation Framework for health service providers, from where the NHI fund will purchase services, is one of the first building blocks to ensure that health care services provided are of adequate quality to improve health outcomes and patient experience of care.

The chronic medication dispensing and distribution programme (CCMDD has been instrumental in improving access to treatment to patients on Chronic medication, ensuring the package of services are expanded to the population in cost-effective ways. The planned performance is an indication of the demand and volume of the Pick-Up Points (PUPs) service, which has eased the congestion of patients in Outpatient Departments and clinics shifting resources for acute patients. As part of the preparatory work for the NHI Information systems, the Electronic Medical Record (EMR) is the vital first step towards the development of a shared Electronic Health Record that will provide for the portability of Health Records to be accessible at the point of care contributing to efficient and effective health care. The Essential Equipment List is made available as an information resource to enable health care service delivery, procurement, and provision of medical devices and medical equipment for providers to benefit users.

Programme 2: Budget Allocations

National Health Insurance expenditure trends and estimates by sub-programme and economic classification

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme Management	3.3	4.6	10.2	7.1	29.3%	0.5%	9.3	9.6	10.0	12.3%	0.6%
Affordable Medicine	32.4	37.3	46.4	49.0	14.7%	3.2%	37.9	39.5	41.4	-5.5%	3.0%
Health Financing and National Health Insurance	987.5	1 174.5	1 309.5	1 452.5	13.7%	96.3%	1 296.5	1 340.7	1 352.9	-2.3%	96.4%
Total	**1 023.2**	**1 216.5**	**1 366.1**	**1 508.6**	**13.8%**	**100.0%**	**1 343.7**	**1 389.8**	**1 404.3**	**-2.4%**	**100.0%**
Change to 2023 Budget estimate				–			(274.2)	(302.3)	(320.2)		
Economic classification											
Current payments	**760.9**	**553.6**	**667.8**	**762.1**	**0.1%**	**53.7%**	**863.7**	**870.7**	**880.0**	**4.9%**	**59.8%**
Compensation of employees	42.1	42.7	48.1	73.3	20.3%	4.0%	93.5	97.2	101.7	11.5%	6.5%
Goods and services	718.8	511.0	619.8	688.8	-1.4%	49.6%	770.2	773.5	778.3	4.2%	53.3%
of which:						–					–
Advertising	*0.1*	*0.1*	*1.5*	*19.2*	*472.6%*	*0.4%*	*20.4*	*21.3*	*22.3*	*5.2%*	*1.5%*
Minor assets	*3.2*	*0.9*	*3.1*	*3.8*	*6.5%*	*0.2%*	*11.5*	*12.1*	*12.6*	*48.7%*	*0.7%*
Consultants: Business and advisory services	*126.9*	*4.4*	*2.8*	*41.0*	*-31.4%*	*3.4%*	*86.4*	*92.0*	*97.9*	*33.7%*	*5.6%*
Contractors	*538.2*	*381.4*	*518.5*	*485.3*	*-3.4%*	*37.6%*	*586.5*	*579.8*	*574.1*	*5.8%*	*39.4%*
Agency and support/outsourced services	–	–	–	*31.7*	–	*0.6%*	*31.9*	*33.3*	*34.8*	*3.2%*	*2.3%*
Travel and subsistence	*2.2*	*0.3*	*5.4*	*9.9*	*64.3%*	*0.3%*	*16.4*	*17.1*	*17.9*	*21.9%*	*1.1%*
Transfers and subsidies	**246.5**	**647.3**	**693.9**	**694.7**	**41.3%**	**44.6%**	**456.0**	**462.2**	**471.2**	**-12.1%**	**36.9%**
Provinces and municipalities	246.5	647.0	693.7	694.7	41.3%	44.6%	456.0	462.2	471.2	-12.1%	36.9%
Households	0.0	0.3	0.2	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**15.9**	**15.5**	**4.3**	**51.8**	**48.3%**	**1.7%**	**24.0**	**56.9**	**53.1**	**0.9%**	**3.3%**
Machinery and equipment	15.9	15.5	4.3	51.8	48.3%	1.7%	24.0	56.9	53.1	0.9%	3.3%
Total	**1 023.2**	**1 216.5**	**1 366.1**	**1 508.6**	**13.8%**	**100.0%**	**1 343.7**	**1 389.8**	**1 404.3**	**-2.4%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**1.8%**	**1.9%**	**2.2%**	**2.6%**	**–**	**–**	**2.2%**	**2.2%**	**2.1%**	**–**	**–**

Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.0**	**0.3**	**0.2**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.0	0.3	0.2	–	-100.0%	–	–	–	–	–	–
Provinces and municipalities											
Provincial revenue funds											
Current	**246.5**	**647.0**	**693.7**	**694.7**	**41.3%**	**44.6%**	**456.0**	**462.2**	**471.2**	**-12.1%**	**36.9%**
National health insurance grant	246.5	268.7	693.7	694.7	41.3%	37.2%	456.0	462.2	471.2	-12.1%	36.9%
HIV, TB, malaria and community outreach grant: Mental health services component	–	143.4	–	–	–	2.8%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Oncology services component	–	234.9	–	–	–	4.6%	–	–	–	–	–

Programme 2: Personnel Information

National Health Insurance personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27			2023/24 - 2026/27	
National Health Insurance			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**101**	**6**	**73**	**48.1**	**0.7**	**102**	**73.3**	**0.7**	**123**	**93.5**	**0.8**	**127**	**97.2**	**0.8**	**131**	**101.7**	**0.8**	**8.7%**	**100.0%**
1 – 6	14	1	14	4.0	0.3	14	4.2	0.3	14	4.2	0.3	14	4.2	0.3	14	4.2	0.3	–	11.6%
7 – 10	25	5	24	11.0	0.5	25	11.9	0.5	25	11.9	0.5	25	11.9	0.5	25	11.9	0.5	–	20.7%
11 – 12	44	–	24	20.3	0.8	45	36.5	0.8	56	45.6	0.8	56	45.6	0.8	59	48.5	0.8	9.5%	44.8%
13 – 16	18	–	11	12.8	1.2	18	20.6	1.1	28	31.7	1.1	31	35.5	1.1	33	37.0	1.1	22.4%	22.9%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

8.3. Programme 3: Communicable and Non-communicable Diseases

Programme Purpose

To 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.

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 organizations, and non-governmental and civil society organisations all contribute in a coherent and integrated way.

HIV, AIDS and STIs is responsible for policy formulation for HIV and sexually transmitted disease services, and monitoring and evaluation of these services. This entails ensuring the implementation of the health sector's national strategic plan on HIV, TB and STIs. This sub-programme also manages and oversees 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 for TB services, sets norms and standards, and monitors their implementation in line with the vision of eliminating infections, mortality, stigma and discrimination. This sub-programme is also responsible for the coordination and management of the national response to the TB epidemic.

Women's Maternal and Reproductive Health develops and monitors policies and guidelines for maternal and women's health services, sets norms and standards, and monitors and evaluates the implementation of these services. This sub-programme supports the implementation of key initiatives as indicated in the maternal and child health strategic plan and the reports of the ministerial committees on maternal, perinatal and child mortality.

Child, Youth and School Health is responsible for policy formulation and coordination for, and the monitoring and evaluation of, child, youth and school health services. This sub-programme 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.

It supports provincial units responsible for the implementation of policies and guidelines and focuses on recommendations made by the ministerial committee on morbidity and mortality in children.

These are aimed at reducing mortality in children younger than 5, increasing the number of HIV-positive children on treatment, strengthening the expanded programme on immunization, and ensuring that health services are friendly to 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. This sub-programme comprises 2 components – communicable disease control, and malaria and other vector-borne diseases.

Non-communicable Diseases establishes policy, legislation and guidelines, and assists provinces in implementing and monitoring services for chronic non-communicable diseases. This includes disability and rehabilitation, as well as for older people; eye health; palliative care; mental health and substance abuse; and forensic mental health. The department implements a continuum of care from for these diseases, from primary prevention, early identification and screening through to treatment and control at all levels of care, including palliative.

Health Promotion and Nutrition formulates and monitors policies, guidelines, 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; non-communicable diseases; and violence), this sub-programme 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.

Programme 3: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
14.	90:90:90 targets for HIV AIDS targets by 2020 and 95:95:95 target by 2024/25	Patients enrolled on Differentiated Model of Care (DMOC)	Number of HIV Patients enrolled on Differentiated Model of Care (DMOC)	New Indicator	New Indicator	New Indicator	2 750 000 (Baseline)	3,300,000 HIV Stable Clients decanted to DMOC	2 800 000	3 000 000	3 200 000	3 300 000	4 000 000 HIV Stable Clients decanted to DMOC	4 800 000 HIV Stable Clients decanted to DMOC
15.	HIV incidence among youth reduced	PHC facilities with youth zones	Number of PHC facilities with youth zones	652 PHC facilities with youth zone	1264 PHC facilities with youth zones	1845 PHC facilities with youth zones	2100 PHC facilities with youth zones	2200 PHC facilities with youth zones	2125	2150	2175	2200	2300 PHC facilities with youth zones	2400 PHC facilities with youth zones
16.	Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Improved TB Treatment adherence	DS-TB client treatment success rate	New Indicator	New Indicator	77.6%	78%	83% of DS-TB clients successfully treated	83%	83%	83%	83%	85% DS-TB clients successfully treated	90% DS-TB clients successfully treated
17.	Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Improved TB Treatment adherence	RR/MDR-TB client treatment success rate	New Indicator	New Indicator	64%	60%	73% of RR/MDR-TB Clients successfully treated	73%	73%	73%	73%	80% of RR/MDR-TB Clients successfully treated	82% of RR/MDR-TB Clients successfully treated
18.	Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	People treated for TB disease	Number of people started on TB treatment	New Indicator	New Indicator	189 790	185 000	221 941 people started on TB treatment	55 485	55 486	55 485	55 485	213 464 people started on TB treatment	204 705 people started on TB treatment
19.	Maternal, Child, Infant and neonatal mortalities reduced	Districts introduced HPV Screening for cervical cancer	Number of Districts introduced HPV screening for cervical cancer	New Indicator	New Indicator	New Indicator	4 Districts	18 Districts	4	5	5	4	36 Districts introduced HPV screening for cervical cancer	38 Districts introduced HPV screening for cervical cancer
20.	Maternal, Child, Infant and neonatal mortalities reduced	Improved surveillance for Vaccine-Preventable diseases (polio)	Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 2 per 100,000 amongst children < 15 years	New Indicator	New Indicator	30 Districts	44 Districts	45 districts	11	11	11	12	48 districts	50 Districts

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
21.	Morbidity and Mortality due to malaria reduced	Monitoring the implementation of the Foci clearing programme to accelerate interruption of local malaria transmission in the targeted sub-districts.	Number of sub-districts implementing the Foci clearing programme	New Indicator	New Indicator	2 targeted subdistricts reporting zero local malaria cases	4 subdistricts implementing the Foci clearing programme	4 subdistricts implementing the Foci clearing programme	Quarterly review of the implementation of the Foci clearing programme	Quarterly review of the implementation of the Foci clearing programme	Quarterly review of the implementation of the Foci clearing programme	4 Subdistrict implementing the Foci Clearing programme	4 sub-districts implementing the Foci clearing programme	4 sub-districts implementing the Foci clearing programme
22.	Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for diabetes	Number of Clients 18+screened for diabetes	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	Progress report on the implementation of provincial plans on the NSP for NCDS	9 provinces screen 60% of clients 18+ for diabetes	16 709 215 of clients 18+ screened for diabetes	Not Applicable	Not Applicable	Not Applicable	16 709 215	16 709 215 of clients 18+ screened for diabetes	16 709 215 of clients 18+ screened for diabetes
23.	Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for hypertension	Number of Clients 18+screened for hypertension	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	Progress report on the implementation of provincial plans on the NSP for NCDS	9 provinces screen 60% of clients 18+ for hypertension	10 161 506 of clients 18+ screened for hypertension	Not Applicable	Not Applicable	Not Applicable	10 161 506	10 161 506 of clients 18+ screened for hypertension	10 161 506 of clients 18+ screened for hypertension
24.	Premature mortality due to NCDs reduced to 26% (10% reduction)	New State patients admitted into designated psychiatric hospitals	Number of new State patients admitted into designated psychiatric hospitals	75 new State patients admitted into designated psychiatric hospitals	290 state patients admitted into designated psychiatric hospitals	252 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	40	90	140	200	200 new State patients admitted into designated psychiatric hospitals	220 new State patients admitted into designated psychiatric hospitals
25.	Premature mortality due to NCDs reduced to 26% (10% reduction)	National NCD Campaigns conducted	Number of National NCD Campaigns conducted	New indicator	New indicator	New indicator	4 National NCD Campaigns conducted	4 National NCD Campaigns conducted	1 National Campaign	1 National Campaign	1 National Campaign	1 National Campaign	4 National NCD Campaigns conducted	4 National NCD Campaigns conducted
26.	Quality and Safety of Care Improved	Hospitals obtain 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	Not Applicable	100 hospitals obtain 75% and above on the food service policy assessment tool	Additional 84 hospitals (including 2 Tertiary hospitals) obtain 75% and above on the food service policy assessment	281 hospitals (Additional 96) obtain 75% and above on the food service policy assessment tool	351 hospitals (additional 70) compliant with food service policy	20	40	60	70	100 hospitals compliant with food service policy	200 (additional 100) hospitals compliant with food service policy

Programme 3: Explanation of planned performance over the medium-term period

The department revised the ART Guidelines and Differentiated Model of Care (DMOC) Standard Operating Procedures in 2023 which creates an opportunity to optimize linkage to care, adherence and retention in care. Stable HIV clients who are virally suppressed are decanted to Differentiated Model of Care (DMOC) disaggregated into Facility Pick Up Point (FAC-PUP), Adherence Clubs (ACs), and External Pick-up Points (EX-PUP), which is key in easing the congestion in health facilities which create an ongoing challenge to the provision of quality health services. Furthermore, the output is aimed at improving the performance of the 2nd and 3rd (95-95-95) HIV targets by 2024/2025. The uptake of health care services by the youth will be enhanced through the expansion of Youth Zones in PHC facilities targeted at reducing HIV /AIDS and teenage pregnancy amongst the youth.

TB prevention and treatment strategies will be implemented to; improve the success rate for Drug-Susceptible (DS) – TB gradually to 83% (2024/25) and 85% (2025/26) respectively; reduce the lost to follow up rate as well as to strengthen case findings initiatives for more patients to be treated successfully in line with the goal to end TB by 2035. It is targeted that by end of March 2025, 45 districts will report a non- polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 2 per 100,000 amongst children < 15 years and HPV screening as an addition or substitute to cytology screening methods to detect cervical cancer will be expanded to 18 Districts, contributing towards the reduction in maternal and child mortalities.

The establishment of focused targets on screening for hypertension and diabetes is identified in the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022 - 2027 as a key initiative to identify persons with hypertension and diabetes but who are unaware of their condition. These outputs are aimed at ensuring that the increased number of persons who are identified through screening are linked to care, which is the first component of the proposed new cascades approach toward managing hypertension and diabetes. These efforts contribute towards the reduction of premature mortalities due to NCDs.

The desired outputs identified for mental health programme are aimed at improving timely admission of state patients to psychiatric hospitals to ensure that they receive the required care, treatment and rehabilitation from skilled professionals as well as early identification and treatment of mental health conditions among children and adolescents, promoting the reduction of premature mortality due to NCDs. . Monitoring the status of Foci (defined as an enhanced malaria investigation at a locality situated in a current or former malarias area), with precise identification of their functional status (active or residual non-active or cleared), is important for the success in interrupting malaria transmission and preventing the reintroduction of malaria in South Africa and thus reduce morbidity and mortality due to malaria. Nutrition of hospitalized patients is promoted by promoting compliance with the food service policy to ensure that patients receive food that meet the nutritional requirements. Therefore, achieving and maintaining optimal nutritional status of hospitalized clients is an important part of the quality and safety of care provided.

Programme 3: Budget Allocations

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

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme Management	3.1	2.9	19.4	7.5	34.4%	–	8.2	8.5	8.8	5.6%	–
HIV, AIDS and STIs	24 635.9	24 932.1	24 505.6	23 351.8	-1.8%	90.2%	25 127.9	25 263.7	26 423.0	4.2%	98.9%
Tuberculosis Management	14.2	16.7	24.2	28.1	25.6%	0.1%	25.4	26.5	27.8	-0.4%	0.1%
Women's Maternal and Reproductive Health	9.8	10.6	12.8	17.6	21.6%	–	18.6	19.5	20.4	4.9%	0.1%
Child, Youth and School Health	18.0	22.6	21.9	28.0	15.9%	0.1%	27.9	29.2	30.5	2.8%	0.1%
Communicable Diseases	718.8	7 778.5	1 378.7	131.9	-43.2%	9.3%	62.1	54.5	57.0	-24.4%	0.3%
Non-communicable Diseases	31.9	28.7	57.0	85.2	38.7%	0.2%	83.6	89.4	93.5	3.1%	0.3%
Health Promotion and Nutrition	23.8	27.6	30.0	32.4	10.9%	0.1%	32.5	33.9	35.5	3.1%	0.1%
Total	**25 455.4**	**32 819.7**	**26 049.6**	**23 682.6**	**-2.4%**	**100.0%**	**25 386.3**	**25 525.1**	**26 696.4**	**4.1%**	**100.0%**
Change to 2023 Budget estimate				–			(359.2)	(1 365.7)	(1 426.4)		
Economic classification											
Current payments	**949.6**	**8 036.6**	**1 704.0**	**496.4**	**-19.4%**	**10.4%**	**446.9**	**468.0**	**489.8**	**-0.4%**	**1.9%**
Compensation of employees	131.9	127.4	120.5	138.0	1.5%	0.5%	141.8	148.4	155.3	4.0%	0.6%
Goods and services	817.6	7 909.2	1 583.5	358.3	-24.0%	9.9%	305.1	319.5	334.5	-2.3%	1.3%
of which:						–					–
Consultants: Business and advisory services	*135.5*	*58.2*	*62.8*	*51.1*	*-27.8%*	*0.3%*	*38.0*	*41.5*	*43.4*	*-5.3%*	*0.2%*
Agency and support/outsourced services	*2.3*	*0.1*	*5.2*	*1.4*	*-15.0%*	–	*18.4*	*19.2*	*20.1*	*142.6%*	*0.1%*
Inventory: Medical supplies	*39.9*	*38.0*	*33.9*	*105.5*	*38.2%*	*0.2%*	*71.9*	*74.4*	*78.0*	*-9.6%*	*0.3%*
Inventory: Medicine	*462.8*	*7 588.6*	*1 310.9*	*26.0*	*-61.7%*	*8.7%*	*39.4*	*41.2*	*43.0*	*18.3%*	*0.1%*
Travel and subsistence	*81.7*	*8.9*	*19.9*	*37.2*	*-23.1%*	*0.1%*	*37.8*	*39.3*	*41.1*	*3.4%*	*0.2%*
Operating payments	*62.8*	*157.7*	*97.6*	*96.5*	*15.4%*	*0.4%*	*57.2*	*59.8*	*62.5*	*-13.5%*	*0.3%*
Transfers and subsidies	**24 495.5**	**24 781.3**	**24 343.9**	**23 163.6**	**-1.8%**	**89.6%**	**24 937.8**	**25 055.5**	**26 205.0**	**4.2%**	**98.1%**
Provinces and municipalities	24 306.1	24 569.9	24 134.5	22 934.6	-1.9%	88.8%	24 724.4	24 843.2	25 982.8	4.2%	97.2%
Departmental agencies and accounts	18.1	28.9	19.4	30.2	18.6%	0.1%	21.1	22.1	23.1	-8.6%	0.1%
Non-profit institutions	170.6	181.4	189.0	189.8	3.6%	0.7%	182.8	190.3	199.1	1.6%	0.8%
Households	0.8	1.1	1.0	9.0	128.9%	–	9.5	–	–	-100.0%	–
Payments for capital assets	**10.3**	**–**	**1.6**	**22.6**	**29.8%**	**–**	**1.5**	**1.6**	**1.7**	**-57.9%**	**–**
Machinery and equipment	10.3	–	1.6	22.6	29.8%	–	1.5	1.6	1.7	-57.9%	–
Payments for financial assets	**–**	**1.9**	**0.1**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total	**25 455.4**	**32 819.7**	**26 049.6**	**23 682.6**	**-2.4%**	**100.0%**	**25 386.3**	**25 525.1**	**26 696.4**	**4.1%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**43.8%**	**50.4%**	**41.4%**	**40.4%**	**–**	**–**	**40.8%**	**40.1%**	**40.2%**	**–**	**–**

Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.6**	**1.1**	**1.0**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.6	1.1	1.0	–	-100.0%	–	–	–	–	–	–
Other transfers to households											
Current	**0.2**	**–**	**–**	**9.0**	**283.2%**	**–**	**9.5**	**–**	**–**	**-100.0%**	**–**
Employee social benefits	0.2	–	–	–	-100.0%	–	–	–	–	–	–
No-fault compensation scheme	–	–	–	9.0	–	–	9.5	–	–	-100.0%	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**18.1**	**28.9**	**19.4**	**30.2**	**18.6%**	**0.1%**	**21.1**	**22.1**	**23.1**	**-8.6%**	**0.1%**
South African National AIDS Council	18.1	28.9	19.4	30.2	18.6%	0.1%	21.1	22.1	23.1	-8.6%	0.1%
Non-profit institutions											
Current	**170.6**	**181.4**	**189.0**	**189.8**	**3.6%**	**0.7%**	**182.8**	**190.3**	**199.1**	**1.6%**	**0.8%**
Non-governmental organisations: LifeLine	27.2	28.0	28.9	29.0	2.2%	0.1%	27.3	28.3	29.6	0.7%	0.1%
Non-governmental organisations: loveLife	59.5	62.0	64.3	64.6	2.8%	0.2%	63.0	65.8	68.9	2.1%	0.3%
Non-governmental organisations: Soul City	23.6	24.3	25.1	25.2	2.2%	0.1%	24.3	25.4	26.5	1.8%	0.1%
Non-governmental organisations: HIV and AIDS	58.8	64.0	67.5	67.8	4.9%	0.2%	64.8	67.3	70.4	1.3%	0.3%
South African Renal Registry	0.4	0.4	0.5	0.5	2.1%	–	0.5	0.5	0.5	4.6%	–
South African Federation for Mental Health	0.5	0.5	0.5	0.5	2.2%	–	0.5	0.5	0.6	4.6%	–
South African National Council for the Blind	–	1.1	1.1	1.1	–	–	1.1	1.2	1.3	4.5%	–
South African Medical Research Council	0.6	–	–	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	–	1.1	1.2	1.2	–	–	1.2	1.3	1.3	4.5%	–
Provinces and municipalities											
Provincial revenue funds											
Current	**24 306.1**	**24 569.9**	**24 134.5**	**22 934.6**	**-1.9%**	**88.8%**	**24 724.4**	**24 843.2**	**25 982.8**	**4.2%**	**97.2%**
HIV, TB, malaria and community outreach grant: HIV and AIDS component	20 376.2	22 563.8	–	–	-100.0%	39.8%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: TB component	507.8	506.1	–	–	-100.0%	0.9%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: COVID-19 component	3 422.2	1 500.0	–	–	-100.0%	4.6%	–	–	–	–	–
District health programmes grant: Comprehensive HIV and AIDS component	–	–	24 134.5	22 934.6	–	43.6%	24 724.4	24 843.2	25 982.8	4.2%	97.2%

Programme 3: Personnel Information

Communicable and Non-communicable Diseases personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number Of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27			2023/24 - 2026/27	
Communicable and Non-communicable Diseases			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**218**	**–**	**158**	**120.5**	**0.8**	**171**	**138.0**	**0.8**	**175**	**141.8**	**0.8**	**181**	**148.4**	**0.8**	**186**	**155.3**	**0.8**	**2.9%**	**100.0%**
1 – 6	39	–	28	9.9	0.4	28	10.3	0.4	28	10.5	0.4	28	10.5	0.4	28	10.5	0.4	0.5%	15.9%
7 - 10	103	-	79	52.9	0.7	81	55.2	0.7	82	56.1	0.7	82	56.1	0.7	82	56.1	0.7	0.6%	45.8%
11 – 12	49	–	36	38.9	1.1	43	47.3	1.1	43	47.3	1.1	46	50.9	1.1	49	53.7	1.1	4.2%	25.3%
13 – 16	27	–	15	18.7	1.2	20	25.1	1.3	22	27.9	1.3	24	30.9	1.3	27	34.9	1.3	12.0%	13.0%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

8.4. Programme 4: Primary Health Care

Develop and oversee 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.

There are three budget sub-programmes:
District Health Services
Environmental and Port Health Services
Emergency Medical Services and Trauma

Programme Management supports and provides leadership for the development and implementation of legislation, policies, systems, 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 sub-programme 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 port health services at all of South Africa's points of entry. This sub-programme provides oversight and support through policy development, support and implementation monitoring for district and metropolitan municipalities to deliver municipal health services.

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 emergency medical services in provinces.

Programme 4: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
27.	Quality and safety of care improved	District Hospitals qualify as Ideal hospital	Number of District Hospitals that qualify as Ideal hospital	New Indicator	New Indicator	New Indicator	18 district hospitals qualify as Ideal hospital *(Baseline)*	25 district hospitals qualify as Ideal hospital	Self-assessments for 220 District Hospitals conducted	Status determination for 220 District Hospitals commenced	Status determinations for 220 District Hospitals completed	25 district hospitals qualify as Ideal hospital	35 district hospitals qualify as Ideal hospital	40 district hospitals qualify as Ideal hospital
28.	Quality and Safety of Care Improved	PHC Facilities that quality as ideal clinics	Number of primary health care facilities that qualify as ideal clinics	1444 PHC facilities in the districts qualify as Ideal Clinics	1928 PHC facilities qualify as Ideal Clinics	2046 PHC facilities that qualify as Ideal Clinics	2600 PHC facilities that qualify as Ideal Clinics	2700 PHC facilities that qualify as Ideal Clinics	Number of PHC facilities that conducted Baseline status determination (Facility manager)	Number of PHC facilities that conducted Baseline status determination (PPTICRMs)	Identification of facilities for scale up; Actioning of QIPs and preparations for Peer review updates.	Peer review updates calculation of the final number of facilities that qualify as Ideal= 2700	2800 PHC facilities that qualify as Ideal Clinics	2900 PHC facilities that qualify as Ideal Clinics
29.	Community participation promoted to ensure health system responsiveness and effective management of their health needs	Community Outreach Services household visits conducted	Number of Community Outreach Services household visits	New Indicator	New Indicator	New Indicator	10 116 298 Community Outreach Services visits conducted by end of November 2023 *(baseline)*	14 000 000	Not Applicable	Not Applicable	Not Applicable	14 000 000	16 000 000	18 000 000
30.	Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Compliance assessment tool for assessing compliance of municipalities to national environmental health norms and standards revised	Updated draft municipal compliance assessment tool developed	New Indicator	New Indicator	New Indicator	New Indicator	Draft revised Assessment Tool Developed	Concept Document and Implementation plan developed	Consultation with stakeholders and Consolidation of Inputs	Pilot draft assessment tool	Draft revised Assessment Tool Developed	Final Assessment Tool Developed	Migration of the Assessment Tool and Platform to the Departmental Website
31.	Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Districts and Metropolitan municipalities compliant with National Environmental Health Norms and Standards	Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	New Indicator	12 Metropolitan and District Municipalities (which performed below 65%) assessed for compliance to National Environmental Health Norms and Standards	28 Metropolitan and District Municipalities assessed for compliance to National Environ-mental Health Norms and Standards	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	10 Metropolitan and District Municipalities assessed for compliance to National Environ-mental Health Norms and Standards	Planning with provinces and municipalities regarding the assessment	5 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	5 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Final report on outcome of assessments is available	18 Metropolitan and District Municipalities assessed for compliance to the National Environmental Health Norms and Standards (2 municipalities per province)	18 Metropolitan and District Municipalities assessed for compliance to the National Environmental Health Norms and Standards (2 municipalities per province)
32.	Quality and Safety of Care Improved	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2	3	2	2	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services

Programme 4: Explanation of planned performance over the medium-term period

The Ideal Health Facility Framework provides a measurement for quality standards in public health facilities aimed at improving and maintaining quality of care. In 2024/2025 the programme will be expanded to achieve ideal status is 2650 PHC facilities and 25 District Hospitals. Community Outreach Cervices plays an integral part of care and treatment, visiting households for health screening services, linking communities to facilities for appropriate care as well as tracing patients that are lost to care significantly contributing to gains in both TB and HIV treatment. In 2024/2025, 14 million households will be conducted by Ward Based Primary Health Care Outreach Teams (WBPHCOT), community health workers are an integral part of the WBPHCOT.

Metropolitan and District Municipalities (that had obtained less than 65%) will be reassessed to ensure to improved quality of water, sanitation, waste management and food services. Assessments will improve environmental health service delivery in the country through improved planning and implementation of such plans. All 9 provinces will be assessed for compliance with Emergency Medical Services Regulation to improve quality and safety of care provided. The EMS station assessments are undertaken to check compliance with the regulations and provide a baseline for a quality improvement plan thereby fostering quality improvement and safety of care.

Programme 4: Budget Allocations

Primary Health Care expenditure trends and estimates by sub-programme and economic classification

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme Management	3.5	4.0	4.5	6.9	24.6%	0.1%	6.8	7.1	7.4	2.6%	0.2%
District Health Services	2 905.7	2 819.1	4 906.4	2 951.1	0.5%	94.2%	3 258.3	3 405.6	3 562.5	6.5%	98.2%
Environmental and Port Health Services	290.6	226.4	229.3	38.8	-48.9%	5.4%	44.1	44.7	46.7	6.4%	1.3%
Emergency Medical Services and Trauma	6.8	6.7	9.1	8.6	8.2%	0.2%	9.1	8.8	9.2	2.2%	0.3%
Total	**3 206.7**	**3 056.2**	**5 149.2**	**3 005.4**	**-2.1%**	**100.0%**	**3 318.4**	**3 466.1**	**3 625.8**	**6.5%**	**100.0%**
Change to 2023 Budget estimate				–			177.3	184.6	193.9		
Economic classification											
Current payments	**314.8**	**250.2**	**258.6**	**72.6**	**-38.7%**	**6.2%**	**79.1**	**80.7**	**84.4**	**5.1%**	**2.4%**
Compensation of employees	296.2	223.3	228.0	58.8	-41.7%	5.6%	62.0	67.8	71.0	6.5%	1.9%
Goods and services	18.6	27.0	30.5	13.8	-9.5%	0.6%	17.1	12.8	13.4	-0.9%	0.4%
of which:						–					–
Catering: Departmental activities	*0.0*	*0.0*	*0.1*	*0.5*	*165.9%*	–	*0.5*	*0.5*	*0.5*	*1.1%*	–
Communication	*1.2*	*1.0*	*1.9*	*0.6*	*-21.8%*	–	*0.7*	*0.3*	*0.3*	*-17.9%*	–
Fleet services (including government motor transport)	*10.9*	*19.4*	*17.6*	*4.2*	*-26.9%*	*0.4%*	*6.5*	*2.1*	*2.2*	*-20.2%*	*0.1%*
Operating leases	*0.6*	*0.3*	*1.0*	*0.6*	*1.2%*	–	*0.6*	*0.7*	*0.7*	*4.4%*	–
Travel and subsistence	*2.8*	*3.8*	*7.2*	*5.2*	*23.2%*	*0.1%*	*5.9*	*6.4*	*6.7*	*8.6%*	*0.2%*
Venues and facilities	*0.2*	*0.2*	*0.1*	*1.4*	*98.9%*	–	*1.5*	*1.5*	*1.6*	*4.5%*	–
Transfers and subsidies	**2 891.7**	**2 805.7**	**4 889.3**	**2 931.3**	**0.5%**	**93.8%**	**3 238.3**	**3 384.8**	**3 540.7**	**6.5%**	**97.6%**
Provinces and municipalities	2 891.7	2 804.7	4 888.6	2 931.3	0.5%	93.7%	3 238.3	3 384.8	3 540.7	6.5%	97.6%
Households	0.0	1.1	0.7	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**0.2**	**0.2**	**1.2**	**1.6**	**109.1%**	**–**	**1.0**	**0.7**	**0.8**	**-21.9%**	**–**
Machinery and equipment	0.2	0.2	1.2	1.6	109.1%	–	1.0	0.7	0.8	-21.9%	–
Payments for financial assets	**–**	**–**	**0.1**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total	**3 206.7**	**3 056.2**	**5 149.2**	**3 005.4**	**-2.1%**	**100.0%**	**3 318.4**	**3 466.1**	**3 625.8**	**6.5%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**5.5%**	**4.7%**	**8.2%**	**5.1%**	**–**	**–**	**5.3%**	**5.4%**	**5.5%**	**–**	**–**

Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.0**	**1.1**	**0.7**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.0	1.1	0.7	–	-100.0%	–	–	–	–	–	–
Provinces and municipalities											
Provincial revenue funds											
Current	**2 891.7**	**2 804.7**	**4 888.6**	**2 931.3**	**0.5%**	**93.7%**	**3 238.3**	**3 384.8**	**3 540.7**	**6.5%**	**97.6%**
District health programmes grant: District health component	–	–	4 888.6	2 931.3	–	54.2%	3 238.3	3 384.8	3 540.7	6.5%	97.6%
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	218.8	220.3	–	–	-100.0%	3.0%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Malaria elimination component	116.2	104.2	–	–	-100.0%	1.5%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Community outreach services component	2 556.7	2 480.2	–	–	-100.0%	34.9%	–	–	–	–	–

Programme 4: Personnel Information

Personnel information

Primary Health Care personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27		2023/24 - 2026/27
Primary Health Care			**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**		
Salary level	**395**	**2**	**395**	**228.0**	**0.6**	**97**	**58.8**	**0.6**	**101**	**62.0**	**0.6**	**105**	**67.8**	**0.6**	**109**	**71.0**	**0.6**	**4.1%**	**100.0%**
1 – 6	118	–	118	37.2	0.3	35	10.2	0.3	35	10.2	0.3	35	10.2	0.3	35	10.2	0.3	–	33.8%
7 – 10	236	–	236	145.7	0.6	48	31.6	0.7	49	32.4	0.7	49	32.4	0.7	49	32.4	0.7	0.7%	46.9%
11 – 12	26	2	26	25.7	1.0	7	6.8	1.0	10	9.1	1.0	10	9.1	1.0	13	12.2	0.9	26.0%	9.5%
13 – 16	15	–	15	19.5	1.3	8	10.2	1.3	8	10.2	1.3	12	16.1	1.3	12	16.1	1.3	17.5%	9.8%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

8.5. Programme 5: Hospital Systems

Programme Purpose

Develops national policy on hospital services and responsibilities by level of care; providing clear guidelines for referral and improved communication; developing specific and detailed hospital plans; and facilitating quality improvement plans for hospitals. The programme is further responsible for the management of the national tertiary services grant and ensures that planning, coordination, delivery and oversight of health infrastructure meets the health needs of the country.

There are two budget sub-programmes:
Health Facilities Infrastructure Management

Hospital Systems (Hospital Management; Tertiary Health Policy and Planning) Health Facilities Infrastructure Management

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 sub-programme 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 best practices for quality improvements, and is responsible for the management of the national tertiary services grant.

Programme 5: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
33.	Improved quality and safety of care.	Hospital Strategy document	Hospital Strategy document developed	New Indicator	New Indicator	New Indicator	Draft Hospital Strategy concept document is finalized for NHC Tech approval	Draft Hospital Strategy Finalised	Consult with Provincial DoH on Hospital Strategy	Consult with Provincial DoH on Hospital Strategy	Draft hospital strategy document submitted to NHC Tech	Draft Hospital strategy Finalised	Monitoring implementation of the Hospital Strategy	Monitoring implementation of the Hospital Strategy.
34.	Quality and Safety of Care Improved	Public health facilities implementing the National Health Quality Improvement Programme	Proportion of Public hospitals implementing the National Health Quality Improvement Programme	New Indicator	90 PHC Facilities, 102 Hospitals and EMS implementing the National Quality Improvement Programme	1490 PHC Facilities and 199 Hospitals implementing National Health Quality Improvement Programme	74% of PHC Facilities and 63% of Hospitals implementing the National Health Quality Improvement Programme	100% Hospitals implementing the National Health Quality Improvement Programme	40% Public hospitals with self-assessments reports	70% Public hospitals with self-assessments reports	80% Public hospitals with self-assessments reports	100% Public hospitals conducted self-assessments	Not Applicable	Not Applicable
35.	Financing and Delivery of infrastructure projects improved	PHC facilities constructed or revitalised	Number of PHC facilities constructed or revitalised	55 PHC facilities constructed or revitalised (according to UAMPs assessed)	52 PHC facilities con-structed or revitalised	41 facilities constructed or revitalised (according to UAMPs assessed)	45 PHC facilities constructed or revitalized	42 PHC facilities constructed or revitalized	5	7	12	18	58 PHC facilities constructed or revitalised	46 PHC facilities constructed or revitalised
36.	Financing and Delivery of infrastructure projects improved	Hospitals constructed or revitalised	Number of Hospitals constructed or revitalised	25 Hospitals constructed or revitalised (according to IPMPs assessed)	21 Hospitals constructed or revitalised	25 Hospitals constructed or revitalised (according to IPMPs assessed)	30 Hospitals con- structed or revitalised	50 Hospitals constructed or revitalised	8	12	13	17	50 Hospitals constructed or revitalised	54 Hospitals facilities constructed or revitalised
37.	Financing and Delivery of infra-structure projects improved	Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Number of Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	121 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	157 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/ or refurbished according to the Maintenance Plans assessed	300 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	400 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	40	75	120	165	600 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	520 facilities constructed or revitalised

Programme 5: Explanation of planned performance over the medium-term period

The output on the development of a hospital Strategy document is in line with the urgent need to improve hospital management, governance and leadership as a step towards improving hospital performance and ensuring quality and safety of care. Health facility infrastructure will be improved through revitalization and construction of PHC facilities, Hospitals and EMS stations through the maintenance and refurbishments projects. This will enhance delivery of infrastructure that is fit for purpose, and fulfilment of the requirements of occupational health and safety as well as the Office of Health Standards Compliance. The department commits to ensuring that all public hospitals are implementing the National Quality Improvement Programme for the improvement of quality and safety.

Programme 5: Budget Allocations

Hospital Systems expenditure trends and estimates by sub-programme and economic classification

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme Management	1.0	1.0	2.0	5.5	79.6%	–	6.9	7.1	7.3	9.8%	–
Health Facilities Infrastructure Management	7 167.1	7 295.6	7 882.6	8 097.0	4.1%	35.2%	8 619.3	8 896.4	9 097.1	4.0%	35.9%
Hospital Systems	14 020.4	13 715.2	14 313.9	14 033.5	–	64.8%	15 274.1	15 930.8	16 673.9	5.9%	64.1%
Total	**21 188.5**	**21 011.8**	**22 198.4**	**22 136.0**	**1.5%**	**100.0%**	**23 900.2**	**24 834.3**	**25 778.4**	**5.2%**	**100.0%**
Change to 2023 Budget estimate				–			315.0	74.8	(115.4)		
Economic classification											
Current payments	**76.2**	**232.2**	**174.9**	**219.9**	**42.4%**	**0.8%**	**84.5**	**89.8**	**88.2**	**-26.2%**	**0.5%**
Compensation of employees	23.5	23.3	22.4	30.2	8.7%	0.1%	30.0	32.0	33.4	3.4%	0.1%
Goods and services	52.6	208.9	152.4	189.7	53.3%	0.7%	54.6	57.9	54.8	-33.9%	0.4%
of which:						–					–
Minor assets	–	–	–	*6.0*	–	–	*4.6*	*4.8*	*5.0*	*-5.9%*	–
Consultants: Business and advisory services	*48.9*	*206.2*	*149.6*	*120.8*	*35.1%*	*0.6%*	*16.7*	*14.2*	*9.8*	*-56.6%*	*0.2%*
Contractors	*0.1*	–	–	*2.6*	*172.6%*	–	*1.9*	*1.9*	*2.0*	*-7.4%*	–
Fleet services (including government motor transport)	*0.2*	*0.1*	*0.2*	*1.8*	*101.5%*	–	*1.5*	*1.6*	*1.7*	*-1.4%*	–
Consumable supplies	*1.8*	–	–	*46.8*	*198.9%*	*0.1%*	*16.8*	*21.6*	*22.5*	*-21.7%*	*0.1%*
Travel and subsistence	*1.4*	*1.7*	*2.1*	*9.1*	*86.1%*	–	*10.9*	*11.4*	*11.3*	*7.5%*	–
Transfers and subsidies	**20 328.4**	**20 143.2**	**21 085.9**	**20 703.8**	**0.6%**	**95.1%**	**22 415.6**	**23 162.0**	**24 236.9**	**5.4%**	**93.7%**
Provinces and municipalities	20 328.4	20 143.0	21 085.6	20 703.8	0.6%	95.1%	22 415.6	23 162.0	24 236.9	5.4%	93.7%
Households	–	0.2	0.3	–	–	–	–	–	–	–	–
Payments for capital assets	**783.9**	**636.4**	**937.6**	**1 212.3**	**15.6%**	**4.1%**	**1 400.0**	**1 582.5**	**1 453.2**	**6.2%**	**5.8%**
Buildings and other fixed structures	740.1	591.3	930.3	1 187.9	17.1%	4.0%	1 333.5	1 497.6	1 364.4	4.7%	5.6%
Machinery and equipment	43.8	45.1	7.4	24.4	-17.7%	0.1%	66.6	84.9	88.8	53.9%	0.3%
Total	**21 188.5**	**21 011.8**	**22 198.4**	**22 136.0**	**1.5%**	**100.0%**	**23 900.2**	**24 834.3**	**25 778.4**	**5.2%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**36.5%**	**32.3%**	**35.3%**	**37.8%**	**–**	**–**	**38.4%**	**39.0%**	**38.8%**	**–**	**–**

Details of transfers and subsidies											
Households											
Social benefits											
Current	**–**	**0.2**	**0.3**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	–	0.2	0.3	–	–	–	–	–	–	–	–
Provinces and municipalities											
Provincial revenue funds Current	**14 013.2**	**13 707.8**	**14 306.1**	**14 023.9**	**–**	**64.8%**	**15 263.8**	**15 919.3**	**16 662.4**	**5.9%**	**64.0%**
National tertiary services grant	14 013.2	13 707.8	14 306.1	14 023.9	–	64.8%	15 263.8	15 919.3	16 662.4	5.9%	64.0%
Capital	**6 315.3**	**6 435.2**	**6 779.5**	**6 679.9**	**1.9%**	**30.3%**	**7 151.8**	**7 242.7**	**7 574.5**	**4.3%**	**29.6%**
Health facility revitalisation grant	6 315.3	6 435.2	6 779.5	6 679.9	1.9%	30.3%	7 151.8	7 242.7	7 574.5	4.3%	29.6%

Programme 5: Personnel Information

Hospital Systems personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/23			2023/24			2024/25			2025/26			2026/27			2023/24 - 2026/27	
Hospital Systems			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**39**	**–**	**28**	**22.4**	**0.8**	**35**	**30.2**	**0.9**	**34**	**30.0**	**0.9**	**36**	**32.0**	**0.9**	**38**	**33.4**	**0.9**	**2.9%**	**100.0%**
1 – 6	7	–	5	1.6	0.3	5	1.7	0.3	5	1.7	0.3	6	1.8	0.3	6	1.8	0.3	6.1%	15.4%
7 – 10	11	–	8	4.3	0.5	9	4.7	0.6	8	4.5	0.6	8	4.5	0.6	8	4.5	0.6	-2.5%	22.5%
11 – 12	12	–	7	6.8	1.0	8	7.7	1.0	8	7.7	1.0	8	7.7	1.0	8	7.7	1.0	–	22.5%
13 – 16	9	–	8	9.7	1.2	13	16.1	1.2	13	16.1	1.2	15	18.0	1.2	16	19.5	1.2	6.6%	39.6%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.

2. Rand million.

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 and promote good corporate governance practices over health entities and statutory councils by ensuring compliance to applicable legislative prescripts.

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 an integrated national health information system, commissions and coordinates research, and monitors and evaluates departmental performance and strategic health programmes.

Human Resources for Health is responsible for medium-term to long-term health workforce planning, development and management in the public health sector. This entails facilitating the implementation of the national human resources for health strategy, health workforce capacity development for sustainable service delivery, the coordination of transversal human resources management policies, and the provision of in-service training for health workers.

Food Control is responsible to develop legislation, policies and guidelines and administer the Foodstuffs component of the Foodstuffs, Cosmetics & Disinfectants Act, 1972 (Act 54 of 1972) (hereafter referred to as the "Foodstuffs Act"). The Foodstuffs Act is the principal Act governing food safety (chemical, microbiological, allergens and food hygiene) for the country. In terms of the Act, matters of non-communicable concern and of nutritional importance are also being addressed, e.g. sodium reduction, trans fat, labelling for consumer information, salt iodation, food fortification and foods for special medical purposes etc.

Compensation Commissioner in Mines and Works derives its mandate from the Occupational Diseases in Mines and Works Act, No. 78 of 1973 (ODMWA) and pays compensation to current and ex-workers in controlled mines and works who are certified to have compensable cardio-respiratory diseases.

Programme 6: Outcomes, outputs, performance indicators and targets

#	Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
								Annual Target 2024/25	Quarterly Targets				2025/2026	2026/2027
				2020/21	2021/22	2022/23	2023/24		Q1	Q2	Q3	Q4		
38.	Quality and Safety of Care Improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	South African Health Products Regulatory Authority (SAHPRA) Board appointment recommendations made prior expiry of the term of office	New Indicator	New Indicator	Two (2) Boards appointment recommendations made prior expiry of the term of office (SAMRC and OHSC)	Three (3) Boards appointment recommendations made prior expiry of the term of office (SAPC, SANC and CMS)	South African Health Products Regulatory Authority (SAHPRA) Board appointed for the new three-year term of office	Call for nominations published in the National Newspapers and in the Gazette for SAHPRA	SAHPRA Board appointed for the new three-year term of office.	Not Applicable	Not Applicable	Appointment of the Health Professions Council of South Africa (HPCSA) for the new five-year term of office	Appointment of the Interim Traditional Health Practitioners Council of South Africa (ITHPCSA) Council for the new term of office
39.	Quality and Safety of Care Improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	The National Health Laboratory Service (NHLS) Board appointment recommendations made prior expiry of the term of office	New Indicator	New Indicator	Two (2) Boards appointment recommendations made prior expiry of the term of office (SAMRC and OHSC)	Three (3) Boards appointment recommendations made prior expiry of the term of office (SAPC, SANC and CMS)	The National Health Laboratory Service (NHLS) Board appointed for the new three-year term of office.	Request for nomination for candidates to serve on the NHLS Board	Appointment of the six members of the NHLS Board for the new three-year term of office	Not Applicable	Not Applicable	Appointment of the South African Medical Research Council (SAMRC) Board for the new three-year term of office	Appointment of the National Health Laboratory Service (NHLS) Board for the new three-year term of office
40.	Quality and Safety of Care Improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	The South African Dental Technicians Council (SADTC) appointment recommendations made prior expiry of the term of office	New Indicator	New Indicator	Two (2) Boards appointment recommendations made prior expiry of the term of office (SAMRC and OHSC)	Three (3) Boards appointment recommendations made prior expiry of the term of office (SAPC, SANC and CMS)	The South African Dental Technicians Council (SADTC) appointed for the new five-year term of office	Not applicable	Not applicable	Call for nominations published in the National Newspapers and in the Gazette for SADTC	SADTC appointed for the new five-year term of office	Appointment of the Office of Health Standards Compliance (OHSC) Board for the new three-year term of office	Appointment of the Allied Health Professions Council of South Africa (AHPCSA) for the new three-year term of office
41.	Quality and Safety of Care Improved	Improved Entities Audit outcomes	Number of audit actions plan monitored	New Indicator	New Indicator	New Indicator	New Indicator	5 audit actions plan monitored	Not applicable	Entities annual reports received, and audit action plan developed	5 progress reports towards implementation of the audit action plan reviewed	5 progress reports on audit action plan reviewed	5 progress reports on audit action plan reviewed	5 progress reports on audit action plan reviewed
42.	Quality and Safety of Care Improved	Differentiated Nursing Education and Training Plans developed	Number of differentiated Nursing Education and Training plans developed	New Indicator	New Indicator	9 Nursing Colleges supported to develop training plans for nurse/midwife specialists	9 Nursing Colleges supported to curricula for prioritized Nurse and Midwife Specialist training programmes	9 Differentiated Nursing Education and Training plans developed	A Framework for differentiated Nursing Education and Training Plans developed	Three (3) differentiated nursing education and training plans developed	Three (3) differentiated nursing education and training plans developed	Three (3) differentiated nursing education and training plans developed	Not Applicable	Not Applicable
43.	Quality and Safety of Care Improved	Food labelling legislation revised	Draft Food labelling regulations submitted for legal review	New Indicator	New Indicator	New Indicator	Review comments on Food Labelling Regulations	Draft set of final food labelling regulations submitted to legal services	Review comments on food labelling regulations	Stakeholder consultation	stakeholder consultation	Draft of final regulations submitted to legal services	-Gazette the final food labelling regulations	Implement the final food labelling regulations

Programme 6: Explanation of planned performance over the medium-term period

To ensure effective governance of public entities and councils, recommendations of appointment of new Boards will be made prior to expiry of term of office for 3 of the public entities, as well as to ensure the audit action plans are implemented through quarterly monitoring to facilitate the achievement of institutional outcomes, sound financial controls, and management of public finances. Differentiated education and training plans for nursing will be developed to ensure sufficient nurses in all categories required for a responsive health system, therefore contributing to staff that are appropriately skilled to deliver the quality of care required.

Food Control is key in curbing the consumption of unsafe and unhealthy food products which contribute to diseases of lifestyle. The regulation of the food industry is instrumental to promote production of food that is safe and most importantly accurately labelled to enable informed decision making, prevent illness and promote positive health outcomes. The department aims to publish a new set of Regulations aimed at ensuring that food labels provide sufficient information that is easy to understand on the front of pack warning labels thus improving the quality and safety and reducing the prevalence of NCDs.

Programme 6: Budget Allocations

Health System Governance and Human Resources expenditure trends and estimates by sub-programme and economic classification

Sub-programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2020/21	2021/22	2022/23	2023/24	2020/21 - 2023/24		2024/25	2025/26	2026/27	2023/24 - 2026/27	
Programme Management	5.3	5.4	4.3	9.7	21.9%	0.1%	8.5	8.8	9.2	-1.7%	0.1%
Policy and Planning	5.4	5.8	11.2	6.2	5.0%	0.1%	7.4	7.7	8.1	9.1%	0.1%
Public Entities Management and Laboratories	2 234.2	1 982.3	1 937.0	1 860.6	-5.9%	28.7%	1 876.6	1 963.9	2 052.3	3.3%	25.3%
Nursing Services	7.4	8.6	19.0	10.1	11.0%	0.2%	10.3	10.7	11.2	3.6%	0.1%
Health Information, Monitoring and Evaluation	49.0	37.8	47.8	64.5	9.6%	0.7%	70.2	73.3	76.7	5.9%	0.9%
Human Resources for Health	4 360.0	4 320.7	5 468.1	5 501.5	8.1%	70.3%	5 537.9	5 619.4	5 877.9	2.2%	73.5%
Total	**6 661.3**	**6 360.5**	**7 487.4**	**7 452.6**	**3.8%**	**100.0%**	**7 510.8**	**7 683.9**	**8 035.4**	**2.5%**	**100.0%**
Change to 2023 Budget estimate				–			(3.6)	(170.6)	(178.9)		
Economic classification											
Current payments	**318.5**	**250.6**	**167.5**	**193.2**	**-15.3%**	**3.3%**	**176.1**	**184.9**	**193.4**	**–**	**2.4%**
Compensation of employees	187.7	185.5	106.7	107.6	-16.9%	2.1%	111.0	117.0	122.3	4.4%	1.5%
Goods and services	130.8	65.2	60.8	85.6	-13.2%	1.2%	65.1	67.9	71.1	-6.0%	0.9%
of which:						–					–
Audit costs: External	*2.8*	*2.6*	*3.3*	*2.8*	*0.4%*	–	*3.0*	*3.1*	*3.2*	*4.8%*	–
Communication	*1.7*	*3.8*	*1.4*	*2.4*	*11.9%*	–	*2.6*	*2.7*	*2.8*	*4.9%*	–
Consultants: Business and advisory services	*50.2*	*24.0*	*23.7*	*41.2*	*-6.4%*	*0.5%*	*26.1*	*27.2*	*28.6*	*-11.5%*	*0.4%*
Contractors	*10.5*	*11.2*	*1.8*	*10.7*	*0.5%*	*0.1%*	*4.1*	*4.2*	*4.5*	*-25.2%*	*0.1%*
Fleet services (including government motor transport)	*0.9*	*1.7*	*1.7*	*3.4*	*54.8%*	–	*3.5*	*3.7*	*3.8*	*4.4%*	–
Travel and subsistence	*5.1*	*6.9*	*11.1*	*8.1*	*16.8%*	*0.1%*	*9.1*	*9.5*	*9.9*	*6.9%*	*0.1%*
Transfers and subsidies	**6 324.5**	**6 109.6**	**7 317.5**	**7 253.3**	**4.7%**	**96.6%**	**7 327.1**	**7 491.2**	**7 833.8**	**2.6%**	**97.5%**
Provinces and municipalities	4 309.3	4 297.7	5 449.1	5 479.0	8.3%	69.9%	5 517.1	5 597.7	5 855.3	2.2%	73.2%
Departmental agencies and accounts	2 015.0	1 810.7	1 867.3	1 774.3	-4.2%	26.7%	1 791.8	1 874.4	1 958.7	3.4%	24.1%
Non-profit institutions	–	–	–	–	–	–	18.2	19.0	19.9	–	0.2%
Households	0.2	1.2	1.1	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**18.3**	**0.3**	**1.7**	**6.1**	**-30.7%**	**0.1%**	**7.5**	**7.8**	**8.1**	**10.0%**	**0.1%**
Machinery and equipment	18.3	0.3	1.7	6.1	-30.7%	0.1%	7.5	7.8	8.1	10.0%	0.1%
Payments for financial assets	**–**	**–**	**0.8**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total	**6 661.3**	**6 360.5**	**7 487.4**	**7 452.6**	**3.8%**	**100.0%**	**7 510.8**	**7 683.9**	**8 035.4**	**2.5%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**11.5%**	**9.8%**	**11.9%**	**12.7%**	**–**	**–**	**12.1%**	**12.1%**	**12.1%**	**–**	**–**

Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.2**	**1.2**	**1.1**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.2	1.2	1.1	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities) Current	**2 011.0**	**1 809.2**	**1 865.8**	**1 772.5**	**-4.1%**	**26.7%**	**1 789.9**	**1 872.6**	**1 956.7**	**3.4%**	**24.1%**
South African Medical Research Council	854.6	855.2	779.5	760.1	-3.8%	11.6%	833.5	870.8	910.7	6.2%	11.0%
National Health Laboratory Service	855.6	643.5	772.5	706.4	-6.2%	10.7%	598.8	626.4	656.8	-2.4%	8.4%
Office of Health Standards Compliance	137.6	158.0	157.5	161.5	5.5%	2.2%	181.6	191.7	200.1	7.4%	2.4%
Council for Medical Schemes	6.5	6.2	6.3	6.5	–	0.1%	6.2	6.3	6.6	0.4%	0.1%
South African Health Products Regulatory Authority	156.6	146.3	150.0	137.9	-4.2%	2.1%	143.5	149.3	156.2	4.3%	1.9%
South African Medical Research Council: Social impact bond	–	–	–	–	–	–	26.3	28.0	26.3	–	0.3%
Social security funds Current	**4.1**	**1.4**	**1.5**	**1.7**	**-24.7%**	**–**	**1.8**	**1.9**	**2.0**	**4.5%**	**–**
Mines and Works Compensation Fund	4.1	1.4	1.5	1.7	-24.7%	–	1.8	1.9	2.0	4.5%	–
Non-profit institutions											
Current	**–**	**–**	**–**	**–**	**–**	**–**	**18.2**	**19.0**	**19.9**	**–**	**0.2%**
Health Systems Research	–	–	–	–	–	–	18.2	19.0	19.9	–	0.2%
Provinces and municipalities Provincial revenue funds Current	**4 309.3**	**4 297.7**	**5 449.1**	**5 479.0**	**8.3%**	**69.9%**	**5 517.1**	**5 597.7**	**5 855.3**	**2.2%**	**73.2%**
Human resources and training grant	4 309.3	4 297.7	5 449.1	5 479.0	8.3%	69.9%	5 517.1	5 597.7	5 855.3	2.2%	73.2%

Programme 6: Personnel Information

Health System Governance and Human Resources personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2024		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2022/2			2023/2			2024/25			2025/26			2026/27		2023/24 - 2026/27
Health System Governance and Human Resources			**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**		
Salary level	**172**	**–**	**159**	**106.7**	**0.7**	**157**	**107.6**	**0.7**	**161**	**111.0**	**0.7**	**165**	**117.0**	**0.7**	**167**	**122.3**	**0.7**	**1.9%**	**100.0%**
1 – 6	92	–	71	24.6	0.3	71	25.7	0.4	71	25.7	0.4	71	25.7	0.4	69	25.5	0.4	-0.9%	43.4%
7 – 10	48	–	50	34.0	0.7	50	34.9	0.7	51	35.6	0.7	51	35.6	0.7	51	35.6	0.7	0.7%	31.2%
11 – 12	15	–	17	18.5	1.1	15	17.0	1.1	18	19.8	1.1	18	19.8	1.1	18	19.8	1.1	4.9%	10.6%
13 – 16	17	–	21	29.6	1.4	21	30.0	1.4	21	30.0	1.4	25	36.0	1.4	29	41.5	1.4	10.9%	14.8%

1. Data has been provided by the department and may not necessarily reconcile with official government personnel data.
Rand million.

9. Key Risks

Outcomes	Risks	Mitigation
Outcome 8: Financial management strengthened in the health sector	Inadequate Financial Management (which may lead to Irregular, fruitless/wasteful and unauthorised expenditure and negative Audit Outcomes) Fraud and Corruption Ineffective Supply Chain Management processes which may have negative effect on service delivery due to procurement delays	Strengthen implementation of approved financial policies and procedures, including Supply Chain Management Protocols (Service Standards) through:- Providing support to programmes for financial management capacity Staff training on application and implementation of financial guidelines Ensure implementation of Delegations and accountability framework Implement consequence management on transgressions with financial guidelines Monitoring of action plans to address audit findings. NDoH Fraud Prevention policy and Strategy Conduct Fraud and Corruption awareness campaigns.
Outcome 6: An equitable budgeting system progressively implemented, and fragmentation reduced	Delays in completion of funded projects Poor spending on conditional grants	Implement the monitoring framework for Conditional Grant Monitoring visits to provinces Strengthen project management Collaborate with provinces
Outcome 10: Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Delays in promulgation of NHI Bill NHI legal challenges	Build capacity in the NHI Branch in preparation for the implementation of the NHI Strengthen functions that support the NHI implementation Collaboration with key partners
Outcome 1: Maternal, Child, Infant and neonatal mortalities reduced	Shortages of Human Resources in Critical positions Cost containment Shortage of skills in maternal health	Identify key training areas Strengthen collaborations and partnerships Continues skills training in basic maternal services
Outcome 2: HIV incidence among youth reducedg	Low uptake of preventative measures amongst the youth	Expansion of Youth friendly services through the Youth Zones Strengthened collaboration with DBE on implementation of SRH services in schools
Outcome 3: 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Inadequate Health Prevention and Promotion Resurgence of Covid-19 pandemic which may reverse the gains	Implement the monitoring framework for Conditional Grant Foster collaboration to improve uptake of preventative services Continue to implement Covid-19 guidelines
Outcome 4: Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Resurgence of Covid-19 pandemic which may reverse the gains	Implement the monitoring framework for Conditional Grant Foster collaboration to strengthen community-based services for TB prevention strategies
Outcome 5: Premature mortality from non-communicable diseases reduced by 10%	Inadequate Health Prevention and Promotion	Establish effective preventative programmes Expand NCD Campaigns
Outcome 12: Quality and safety of care improved	Shortages of Human Resources in Critical positions	Expansion of Primary Health Care system by strengthening the community Health Workers Programme Streamlining quality improvement initiatives
Outcome 13: Staff equitably distributed and have right skills and attitudes	Shortages of Human Resources in Critical positions Inconsistent application of HR policies and delegations at Provincial level	Expansion of Primary Health Care system by strengthening the community Health Workers Programme Training of Community Health Workers (CHWs) for outreach programmes Support Curricula development in Nursing Colleges
Outcome 14: Community participation promoted to ensure health system responsiveness and effective management of their health needs	Lack of community participation Inadequate Health Prevention and Promotion	Strengthen community engagement initiatives

Outcomes	Risks	Mitigation
Outcome 17: Adaptive learning and decision making is improved through use of strategic information and evidence	Fragmented information system	Develop and implement Business Continuity Plans Global health engagements/initiatives
Outcome 7: Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	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.
Outcome 15: Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Inadequate Health Prevention and Promotion Poor compliance by Metropolitan and District Municipalities	Revise the assessment tools to ensure sensitivity to current challenges
Outcome 18: Information systems are responsive to local needs to enhance data use and improve quality of care	Inadequate Information, Communication, Technology (ICT) Infrastructure	Adequate ICT infrastructure made available to public health facilities, through the implementation of Digital Health Strategy Development of a streamlined, integrated information system for decision-making, as required by the Digital Health strategy
Outcome 16 Financing and Delivery of infrastructure projects improved	Limited delivery of planned 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: Outputs and Indicators

Name of Public Entity	Mandate	Outputs and Targets for 2024/25
Council for MedicalSchemes	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. 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.	80% of interim rule amendments processed within 30 working days of receipt of all information 90% of annual rule amendments processed before the 31 December of each year 80% Percentage of broker and broker organisation applications accredited within 30 working days per quarter on receipt of complete information 70% Percentage of governance interventions implemented during the period 12 of research projects and support projects published in support of the National Health Policy 75% Percentage of category 2 complaints adjudicated within 120 calendar days and in accordance with complaints standard operating procedures 75% of category 1 complaints adjudicated within 60 calendar days and in accordance with complaints standard operating procedures
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; playsa significant role in the diagnosis and monitoringof HIV and TB, which are among the leading causesof 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 onother communicable diseases such as listeriosis andEbola.	100% of outbreaks of Category 1 notifiable medical conditions responded to within 24 hours after notification. 90% of occupational and environmental health laboratory tests conducted within the predefined turnaround time per year 95% of CD4 tests performed within 40 hours 95% of HIV viral load tests performed within 96 hours 95% of cervical smear test per year performed within 5 weeks 53 of national central laboratories that are accredited by the South African National Accreditation System 98% of laboratories per year achieving proficiency testing scheme performance standards of 80% 700 articles published in peer-reviewed journals per year 40 pathology registrars admitted and trained in the NHLS 50 intern medical scientists admitted and trained in the NHLS
South African MedicalResearch Council	The South African Medical Research Council (SAMRC) was established in terms of the South African MedicalResearch Council Act (1991). The SAMRC is mandatedto 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)	600 accepted and published journal articles, book chapters and books by authors affiliated with and funded the SAMRC 170 accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC 255 accepted and published journal articles where the first and/or last author is affiliated to the SAMRC 170 research grants awarded by the SAMRC 30 ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions 130 awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs, and Early and Mid Career Scientists 108 awards by the SAMRC to female MSc, PhD, Postdocs, and Early and Mid-Career Scientists 90 awards by the SAMRC to Black South African citizens and permanent residents MSc, PhD, Postdocs, and Early and Mid-Career Scientists classified as African 83 awards by the SAMRC to MSc, PhD, Postdocs, and Early and Mid-Career Scientists from historically disadvantaged institutions (HDIs) 50 MSc and PhD students graduated or completed

Name of Public Entity	Mandate	Outputs and Targets for 2024/25
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 complaints, and initiating enforcement actions in instances of non-compliance 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 percent 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.	18.4% of public health establishments inspected for compliance with the norms and standards 21% of private health establishments inspected for compliance with the norms and standards 100% of additional inspection (re-inspection) conducted in public and private health establishments that have completed the regulated reporting period where non-compliance was identified 2 reports of inspections conducted with the names and locations of the health establishments every six months published 90% of low-risk complaints resolved within twenty-five working days of lodgement in the call centre 75% of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment 40% of complaints resolved within 6 months through investigation
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; authorizing, 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.	80% New Chemical Entities finalised within 360 working days 60% new GMP and GWP related licences finalised within 125 working days 80% permits finalised within 20 working days 75% regulatory compliance Investigation reports produced within 30 working days 50% reports on health product safety signals issued within 40 working days 95% lot release requests finalised within 50 working 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 dependents 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.	Report on 10 000 of certifications finalised on the Compensations Claims Management System (CCMS) per year Report on 6 000 of claims finalised by the Fund (other than pensioners) Report on 5 000 of benefit payments made by the Fund (other than pensioners) Report on 80 of controlled mines and works inspected 80% of levies (funds) received from controlled mines and works liable for payment of levies per the financial system

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 sub-programme in the Hospital Systems programme. This sub-programme 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 revitalization component of the national health insurance indirect grant. These projects are managed and implemented by National Department of Health.

Project Name	Project Details / Scope	Start Date	Estimated End Date	Total Project Costs ('000)	Expenditure to date ('000)	Allocation 2024/2025 ('000)
Balfour 24 Hour CHC	Building of 24 Hour CHC with staff accommodation	2/1/2015	4/12/2024	R 407,193	R 409,458	R 2,475
Bambisana Hospital Smart Revitalisation - PH1	The Upgrading of the Bambisana District Hospital Contract [building and related works] will be constructed in three sections, due to fact that the existing hospital shall remain fully functional and operational during the construction. Section 1 - (Staff Accommodation P1-P3, Female General Ward & Infectious Disease Ward, helistop, road and parking areas). Original Practical Completion date: 13 October 2023. Estimated Practical Completion date: 30 April 2024 Section 2 - (Gateway Clinic, Maternity, Theatres and CSSD , New accommodation and Renovations to existing accommodation, road and parking areas). Planned Practical Completion date: 10 March 2025 Section 3 - (OPD, Admissions and Pharmacy, Admin, New Gate House, Removal off site of existing prefabricated buildings). Planned Practical Completion date: 13 May 2026 The construction will constitute of various activites: *(Details are available in the Project Plan)*	10/2/2015	8/12/2027	R 628,342	R 228,112	R 112,000
Borwa PHC - Replacement	Borwa CHC - Replacement The Free State Department of Health has identified the replacement of Borwa CHC in Mantsopa Sub-District within Thabo Mofutsanyana District as a priority. It was therefore nominated to be constructed by the National Department of Health through their In Kind Grant Clinic Replacement Programme. The project will implemented following the Design & Construct methodology and consists of the various main activities. *(Details can be found in the Project Plan).*	4/7/2015	9/30/2026	R 61,536	R 6,581	R 36,805
Christiana Hospital - Emergency Works	This work package is focused on addressing emergency and backlog building works required at Christiana Hospital.	3/12/2019	6/30/2026	R 144,228	R 81,336	R 0
Clocolan Clinic - Replacement	As guided by the client's brief, the scope of work for the project covered the construction of: 1. A new clinic with six (6) consulting rooms, one (1) counselling room, and three (3) vitals rooms, and 2. Staff accommodation blocks with 6 beds.	4/7/2015	2/12/2026	R 75,536	R 27,876	R 17,729
Comprehensive maintenance at Lydenburg Hospital	Refurbishment and renovation The scope of works to be undertaken for the project is based on the most economical methods to restore equipment and facilities to optimal functional and maintainable levels in compliance with statutory operating, energy efficiency and safety standards. Restoration, particularly of dysfunctional and/or obsolete building elements and equipment may automatically result in replacement and/or upgrading	2/2/2024	9/27/2028	R 389,024	R -	R 0
Comprehensive maintenance at Tintswalo Hospital	Refurbishment of existing hospital	1/8/2024	11/1/2029	R 1,800	R -	R 0
Comprehensive Maintenance_Tambo Memorial Hospital	Comprehensive maintenance and remedial works at Tambo Memorial Hospital	12/24/2022	3/31/2025	R 560,000	R -	R 57,973
Comprehensive Maintenance_WC	**General Project Scope: *** Backlog maintenance, Refurbishment and Upgrades *(Detail on the specific upgrades is in the Project Plan)* **Albertinia Clinic; Riversdale Clinic; Riversdale Hospital; Blanco Clinic; Pacaltsdorp Clinic; Parkdene Clinic; Rosemoor Clinic; Dysselsdorp Clinic; Oudtshoorn Clinic; Oudtshoorn Hospital**	7/26/2016	3/31/2025	R 107,400	R 2,989	R 44,000
Comprehensive Maintenance_Witbank Hospital (Heritage Building)	The scope of works to be undertaken for the project is based on the most economical methods to restore equipment and facilities to optimal functional and maintainable levels in compliance with statutory operating, energy efficiency and safety standards. Restoration, particularly of dysfunctional and/or obsolete building elements and equipment may automatically result in replacement and/or upgrading. Repairs and renovations to existing Heritage Building _Orthopedic Ward	3/6/2019	3/31/2025	R 170,000	R 25,967	R 37,000
Dihlabeng Hospital - (Ph2)	The smart revitalization of the Dihlabeng Regional Hospital incorporates a myriad of interventions to ensure compliance with IUSS standards as adopted by the NDOH as well as local authority legislative compliance. The revitalization of the Dihlabeng Regional Hospital Phase 2 will be constructed in multiple sections while the existing Hospital shall always remain functional. The Construction works will constitute various activities (*see Project Plan at NDoH for complete list)*	1/1/2015	3/17/2028	R 838,197	R 160,723	R 120,000
Elim Hospital Replacement	The existing hospital is located in the Limpopo province and within the Vhembe District Municipality. The site is about 18km to the South East of Makhado and about 60km South West of Thohoyandou. The site currently consists a total 123 buildings including hospital buildings, administration offices, heritage buildings and the residential houses. It is approximately 362 120 m2 in size. The hospital has 538 registered beds, however, only 330 beds were reported to be utilised. The proposed Elim Hospital Replacement project will have 416 beds on a green field development (within the same site as the existing hospital) that will be independent from the existing hospital infrastructure, the replacement hospital will include accommodation for selected categories of staff as per the LDoH Housing Policy that is being refined.	7/1/2015	7/26/2029	R 2,750,000	R 121,412	R 72,000

Project Name	Project Details / Scope	Start Date	Estimated End Date	Total Project Costs ('000)	Expenditure to date ('000)	Allocation 2024/2025 ('000)
Ethandakukhanya 24 hour CHC replacement	Replacement of the existing Clinic with a New Community Health Centre	9/18/2019	9/30/2024	R 225,915	R 184,706	R 2,654
Harry Gwala Priority Maintenance	Harry Gwala Priority Maintenance	10/26/2023	2/28/2029	R 890,000	R -	R 53,000
Installation of generators	Installation of generators	2/1/2023	3/31/2025	R 11,000	R -	R 11,000
Limpopo Central Hospital	Limpopo Central Hospital is a new 488 bed tertiary hospital in Polokwane. All services associated with a tertiary hospital provided including academic training in support of medical school. All Infrastructure will be provided.	11/30/2012	4/29/2030	R 5,046,296	R 724,809	R 432,349
Msukaligwa 24 hour CHC replacement	Replacement of the existing Clinic with a New Community Health Centre.	2/2/2015	7/31/2025	R 191,798	R 71,661	R 58,867
Nic Bodenstein - Priority 2 Hospitals Assessments (Boilers)	NW Boiler Refurb - 2x Coal Fired Boilers	4/1/2020	9/30/2024	R 31,894	R 28,276	R 827
Public Private Partnerships (PPP's) 2023 onwards	Appointment of Professional Service Provider to Review Feasability Study.	8/1/2013	3/31/2025	R -	R -	R 0
Siloam Hospital - Phase 2 - New 224 Bed Hospital	Construction of New 224 Bed Hospital and Associated Services	4/2/2012	12/15/2026	R 1,612,962	R 652,378	R 159,600
Ten Year Infrastructure Plan (HIPS 2022)	The project is to update the 10 Year Health Infrastructure Plan (10YIP).	2/1/2021	12/15/2025	R 46,609	R 32,454	R 5,158
Tshilidzini Hospital Replacement	Through the Hospital Revitalization Programme, the Departments of Health (DoH) prioritised the replacement/refurbishment of Tshilidzini Regional Hospital. The NDoH appointed the PSP being R&G Group and Lemeg Consortium on 17 September 2015. The said PSP is responsible for all technical advice and the implementation of the project. The LDoH's needs consisted of a Clinical Brief dated 20 November 2014 and a Technical Brief dated 23 June 2015. Both documents recommended a Regional Hospital facility but had different recommendations on bed numbers. As a point of departure, the stakeholders used the Clinical Brief as the initial basis, which suggested a 482-bed Regional Hospital, a gateway clinic, and staff housing. The said recommendation was also confirmed during the compilation of the Inception Report but was later increased to 513 beds during the compilation of the Master Planning process. This scope has, following the End-User's workshop increased the need to 533 beds, 144 staff housing units, with a gateway clinic remaining unchanged. It should be noted that there are 12 existing dilapidated buildings which are to be renovated. The site is in Makumbane Village in the Shayandima area in Thohoyandou, north of the R524 in the Limpopo Province. The local authority is Thulamela and it's within the Vhembe District Municipality. The site slopes towards the northeast and forms part of the Luvuvhu River Catchment area.	9/23/2015	7/27/2031	R 3,381,331	R 124,330	R 64,000
Zithulele Hospital Smart Revitalization	Zithulele Hospital Smart Revitalization Revitalization of existing district hospital service. Demolition of existing services, addition of new infrastructure and the renovation and refurbishment of existing hospital campus. The scope of work consists of Sections1 – 4 made up of various activites. *(Details are available in the Project Plan)*	10/2/2015	5/15/2028	R 1,067,651	R 302,311	R 96,000

PART D:

TECHNICAL INDICATOR

12.1. Programme 1: Administration

#	Programme Administration												
	Output Indicator Title	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
1.	Audit outcome of National DoH	Unqualified Audit opinion achieved for the period under review	Auditor General's Report confirming audit outcome for the period under review	Not Applicable	Not Applicable	Annual Report	Not Applicable	Not Applicable	Not Applicable	Non-cumulative	Annual	Unqualified audit opinion	Chief Financial Officer
2.	Number of valid invoices paid after 30 days from the receipt date of invoices from Suppliers by NDoH	Legislated requirement to pay invoices within 30 days from the receipt date of valid invoices by NDoH. The information will exclude invoices that NDoH paid on behalf of Provincial DoH as an assistive mechanism.	LOGIS Payment report which includes invoices received date by NDoH and payment date	Number of days taken to process an invoice from received date of invoice to the payment date of the invoice	Not Applicable	Date on which invoices are received verses the payment date.	Invoices received by NDoH are date-stamped on the received date. This excludes invoices received from Provinces.	Not Applicable	Not Applicable	Non-cumulative	Quarterly	0 invoices paid after 30 days of receiving valid invoices from suppliers	Chief Financial Officer
3.	Number of Health promotion messages broadcasted on integrated platforms	Health messages on NDoH integrated platforms (Radio, social media and Television) are used to inform the community on health-related issues.	Print outs / screenshots/ links from the NDoH integrated platforms	Number of health promotion messages placed/ broadcasted on integrated platforms	Not Applicable	Print outs/ screenshots/ links on NDoH integrated platforms	Accuracy of reporting	Not Applicable	Not Applicable	Cumulative (year-end)	Quarterly	200 health promotion messages on NDoH integrated platforms	Chief Director: Communications
4.	Number visits to health facilities by NDoH / Minister/ Deputy Minister/DG/DDGs	Visits to health facilities by the NDoH / Minister/ Deputy Minister/ DG/DDGs to observe service delivery	Photos, media statements and newsletter articles	Number of visits done by NDoH Minister/ Deputy Minister/ DG/DDGs to observe service delivery	Not Applicable	Photos, media statements and newsletter articles	Availability of Officials to conduct visits	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	12 visits done by NDoH Minister/ Deputy Minister/ DG/DDGs to observe service delivery	Chief Director: Communications
5.	Number of community engagements on Health Programmes conducted	Health community engagements on Health Programmes conducted by the NDoH / Minister/ Deputy Minister to engage communities in relation to health service delivery	Photos, media statements and newsletter articles	Number of health community engagements conducted	Not Applicable	Photos, media statements and newsletter articles	Accuracy of reporting	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	2 community engagements on Health Programmes conducted	Chief Director: Communications
6.	Percentage of Women, employed at SMS level according to the equity targets	Appointment of women at SMS levels to ensure achievement of targets set for WYPD by NDoH	Staff Establishment report from persal	Total number of Women employed at SMS level in NDoH	All SMS Employees in NDoH	Persal	All employees are recorded on Persal	Women	Not Applicable	Non-cumulative	Annual	50% of Women employed at SMS level in NDoH	Chief Director Health Sector Bargaining
7.	Percentage of Youth employed according to the equity targets	Appointment of Youth to ensure achievement of targets set for WYPD by NDoH	Staff Establishment report from persal	Total number of Youth employed in NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Youth	Not Applicable	Non-cumulative	Annual	30% of Youth employed in NDoH	Chief Director Health Sector Bargaining
8.	Percentage of People with disabilities employed according to the equity targets	Appointment of People with disabilities to ensure achievement of targets set for WYPD by NDoH	Staff Establishment report from persal	Total number of people with disabilities employed in NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	People with disabilities	Not Applicable	Non-cumulative	Annual	5% of People with disabilities employed in NDoH.	Chief Director Health Sector Bargaining

12.2. Programme 2: National Health Insurance

#	Programme 2: National Health Insurance												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregationof Beneficiaries (where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
9.	Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) Dablap Meds programme	Registered patients on CCMDD,that have an active script for whom the medicine parcel is delivered to a pick up point of the patient's choice	Contracted service providers weekly and monthly report	Number of parcels delivered to pick up points	Not Applicable	Proof of delivery from the service provider	Signed off delivery notes	All stable patients in public sector, includes 5-19 year old, 19-100yrs	The programme is rolled out to all Provinces/ Districts (except WC)	Cumulative (year-end)	Quarterly	9.5 million parcels	CCMDD Contracting Head
10.	Accreditation Framework for health service providers submitted to NHC for approval	Accreditation framework is developed to ensure that health care services provided are of adequate quality to improve health outcomes and patient experience of care	Final Draft of the accreditation framework for service providers	Not Applicable	Not Applicable	Minutes of meetings and workshops, documented feedback received from stakeholders, iterations of the draft framework, NHC approval	Feedback provided by stakeholders within specified timeframes	Not Applicable	All Districts	Non-cumulative	Quarterly	Accreditation framework for health service providers submitted to NHC for approval	Chief Director: User & Service Provider Management
11.	Capitation Model and applicable methodology Framework for PHC services prepared.	Capitation model and applicable methodology framework is developed to prepare for reimbursement of contracted providers delivering personal health services to users	Capitation Model and applicable Methodology for PHC Documented	Not Applicable	Not Applicable	Minutes of meetings and workshops, documented feedback received from stakeholders, iterations of the draft framework,	Feedback provided by stakeholders within specified timeframes	Not Applicable	All Districts	Non-cumulative	Quarterly	Capitation Model and applicable Methodology for PHC Documented	Chief Director: Benefit and Benefit Pricing
12.	Phased development of Electronic Medical Record (EMR) for PHC Services	The Electronic Medical Record (EMR) is a digital version of identified paper records of a patient delivered through an electronic platform. It is a vital first step to allow for the portability of the health record that would contribute to improved access, efficiency and quality of health service delivery.	Documented evidence of EMR – MVP1 Solution on the Data Centre. UAT Reports Beta Testing Records	Not Applicable	Not Applicable	EMR Minimum Viable Product (MVP 1) Solution on the Production Server Documented Evidence	Not Applicable	Not Applicable	All Districts	Non-cumulative	Quarterly	Electronic Medical Records (EMR) - Minimum Viable Product (MVP)1 focusing on TB HIV developed	Chief Director: NHI Health Systems Digital Information
13.	Essential Equipment List for health care service package	The Essential Equipment List refers to medical devices, medical equipment, and health technologies that are considered as important or necessary for specific preventive, diagnostic, treatment, and rehabilitation procedures performed in health care facilities for delivery of health care services.	Draft Essential Equipment List for health care service package developed	Not Applicable	Not Applicable	Evidence of Call for nomination and Appointment letters for the committee members	Appointment of the National Essential Equipment List committee members is finalized timeously	Not Applicable	All Districts	Non-cumulative	Quarterly	The Essential Equipment List is developed and maintained	Chief Director: Sector wide Procurement

12.3. Programme 3: Communicable and non-communicable diseases

#	Programme 3: Communicable and non-communicable diseases												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
14.	Number of HIV Patients enrolled on Differentiated Model of Care (DMOC)	Number of stable HIV clients who are virally suppressed are decanted to Differentiated Model of Care (DMOC) disaggregated into Facility Pick Up Point (FAC-PUP), Adherence Clubs (ACs), and External Pick-up Points (EX-PUP).	DHIS2	Number of HIV Patients enrolled on Differentiated Model of Care (DMOC)	Not Applicable	DHIS2	Stable clients who are virally suppressed are decanted to DMOC. This enables improved linkage to care, adherence to treatment and retention in care.	HIV patients	All Health facilities offering ART services	Cumulative (year-to- date)	Quarterly	A higher number of stable clients are decanted to DMOC	Chief Director: HIV and AIDS & STIs
15.	Number of PHC facilities with youth zones	A youth zone is a dedicated space at a facility created where young people's needs are addressed by staff trained to deal with the youth as required.	Reports from PHC facilities confirming the activation of youth zones	Number of PHC facilities with youth zones	Not Applicable	Reports from PHC facilities confirming the activation of youth zones	The youth zone would remain active after the inspection and/or support visit	Youth	All Districts	Cumulative (year-to- date)	Quarterly	A higher number of youth zones activated in health facilities	Chief Director: HIV and AIDS & STIs
16.	DS-TB client treatment success rate	Percentage of DS-TB clients who started drug susceptible tuberculosis treatment who successfully completed treatment as a proportion of all DS-TB clients who started treatment during the same reporting period	DHIS 2	Count of all DS-TB Clients with an outcome successfully completed treatment at the end of treatment.	Count of All DS-TB clients who started treatment 6 - 12 months ago (Treatment cohort)	The DS-TB export file (which is pulled at sub-district or district level)	Not Applicable	TB patients	All treating health facilities	cumulative (year-end)	Quarterly	83% of ALL DS-TB Clients successfully treated	Chief Director: TB Control and Management
17.	RR/MDR-TB client treatment success rate	Percentage of RR-TB and MDR-TB clients who successfully completed drug-resistant tuberculosis treatment as a proportion of all RR-TB and MDR-TB clients who started treatment during the same reporting period.	EDR-Web	Count of all RR-TB and MDR-TB clients with an outcome successfully completed treatment at the end of treatment.	Count of all RR-TB and MDR-TB clients who started treatment 6 - 24 months ago	EDR-Web reports	Not Applicable	TB patients	All DR-TB treating health facilities	cumulative (year-end)	Quarterly	73% of RR/MDR-TB Clients successfully treated	Chief Director: TB Control and Management
18.	Number of people started on TB treatment	Total of DS -TB and DR-TB clients who started TB treatment during the reporting period	DHIS 2 and EDR-Web	Count of all people who had a diagnosis of DS-TB and DR-TB who were started on treatment during the reporting period	Not Applicable	TB Identification Register and EDR-Web reports	Not Applicable	TB patients	All treating health facilities	cumulative (year-end)	Quarterly	221 941 people started on TB treatment	Chief Director: TB Control and Management
19.	Number of Districts introduced HPV screening for cervical cancer	HPV screening introduced as the cervical cancer screening method in addition or substitute to cytology screening	NHLS report confirming requests for HPV screening	Number of Districts performing HPV screening for cervical cancer	Not Applicable	Laboratory summary report; List of districts performing HPV screening for cervical cancer	NHLS has the capacity to perform HPV screening	Not Applicable	All Provinces	Cumulative (year-end)	Quarterly	Higher number of Districts performing HPV screening for cervical cancer	Chief Director: Women, Maternal and Reproductive health

#	Programme 3: Communicable and non-communicable diseases												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
20.	Number of districts with a non- polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 2 per 100,000 amongst children < 15 years	The non-polio Acute Flaccid Paralysis (NPAFP) rate is an indication of the number of cases of a condition similar to polio that are detected in children under 15 years of age. An adequate NPAFP rate indicates that the polio surveillance system is performing adequately, and that any cases of polio would be detected timeously.	Quarterly report based on reports from provinces and NICD (submitted weekly)	Number of districts with an AFP detection rate ≥ 2 per 100 000 children under 15 years	Not Applicable	Quarterly report	Not Applicable	Children under 15 years	All Districts	Cumulative (year-end)	Quarterly	Higher number. of districts with an AFP detection rate ≥ 2 per 100 000 children under 15 years	Chief Director: Child, Youth and School Health
21.	Number of sub-districts implementing the Foci clearing programme	Enhanced malaria investigation at a locality situated in a current or former malaria area containing the continuous or intermittent epidemiological factors necessary for malaria transmission. Implementation of the Foci clearing programme is based on following various steps (Case investigation, contact tracing, entomological investigation, follow up of index case)	MIS (Malaria Information System)- Web based DHIS2	Number of subdistricts implementing the Foci clearing programme	Not Applicable	Provincial review reports	Provincial implementation of the Foci clearing programme within targeted sub-districts will be in accordance with the NSP 2024-28	Not Applicable	Endemic sub-district	Cumulative (year- end)	Quarterly	4 subdistricts implementin g the Foci clearing programme	Chief Director: Communicable Diseases
22.	Number of Clients 18+screened for diabetes	Client 18+ screened for diabetes.	DHIS	Number of clients 18+ screened for diabetes	Not Applicable	DHIS	Resources for screening are available in provinces	Adults	All Districts	Non - Cumulative	Annual	16 709 215 of clients 18+ screened for diabetes	Chief Director: Non-Communicable Diseases
23.	Number of Clients 18+screened for hypertension	Client 18+ screened for hypertension.	DHIS	Number of clients 18+ screened for hypertension	Not Applicable	DHIS	Resources for screening are available in provinces	Adults	All Districts	Non - Cumulative	Annual	10 161 506 of clients 18+ screened for hypertension	Chief Director: Non-Communicable Diseases
24.	Number of new State patients admitted into designated psychiatric hospitals	State patients admitted in any of the 14 designated public psychiatric hospitals in terms of Section 41 of the Mental Health Care Act, 2002.A state patient is declared by the Court when the accused person needs to be admitted to a psychiatric hospital.	Reports from designated psychiatric hospitals	Number of new State patients admitted into designated psychiatric hospitals	Not Applicable	Copies of reports from designated psychiatric hospitals	Space made available in designated psychiatric hospitals for admission of new State patients	Not Applicable	Not Applicable	Cumulative (year-to- date)	Quarterly	A higher number of New State patients admitted in designated psychiatric hospitals	Chief Director: Non-Communicable Diseases
25.	Number of National NCD Campaigns conducted	Campaigns held to create awareness on the risk factors and management of selected NCDs	Campaign plans of selected NCDs and Campaign reports	Number of National NCD Campaigns conducted	Not Applicable	Campaign plans of selected NCDs and Campaign reports	Approval for the selected Campaigns	Not Applicable	Selected Provinces	Cumulative (Year-end)	Quarterly	4 National NCD Campaigns conducted	Chief Director: Non-Communicable Diseases
26.	Number of hospitals compliant with the food service policy	Hospital food services are required to provide food in line with the food service management policy. Hospitals are required to achieve 75% or more to be deemed compliant.	Assessment reports	Number of hospitals compliant with the food service policy	Not Applicable	Assessment tools used to measure compliance with food service policy	Hospitals implementing the food service policy	Not Applicable	All Districts	Cumulative (year- to- date)	Quarterly	351 hospitals (additional 70) compliant with the food service policy	Chief Director: Health Promotion and Nutrition

12.4. Programme 4: Primary Health Care

#	Programme 4: Primary Health Care												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries(where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
27.	Number of District Hospitals that qualify as Ideal hospital	District hospitals qualify as ideal hospital in line with the Ideal Health Facility Framework, which provides a measurement framework for quality standards in all public Hospitals	System generated reports from the Ideal Health facility realization and Maintenance system	Number of District Hospitals that qualify as Ideal hospital	Not Applicable	Final Ideal hospital status report indicatin g ideal hospital status	Accurate records provided by District Hospitals	Not Applicable	All Districts	Non-cumulative	Quarterly	25 district hospitals qualify as Ideal hospital	Chief Director: District Health Services
28.	Number of primary health care facilities that qualify as ideal clinics	Primary health care facilities that qualify as ideal clinic in line with the Ideal Health Facility Framework, which provides a measurement framework for quality standards in primary health care	System generated reports from the Ideal Health facility realization and Maintenance system	Number of PHC facilities that qualify as ideal clinic	Not Applicable	Final Ideal clinic status report indicating ideal clinic status	Accurate records provided by primary health care facilities	Not Applicable	All Districts	Non-cumulative	Quarterly	2700 PHC facilities that qualify as Ideal Clinics	Chief Director: District Health Services
29.	Number of Community Outreach Services household visits	Community outreach services are conducted by the Ward-Based Primary Health Care Outreach Teams (WBPHCOTs)	DHIS	Number of Community Outreach Services household visits conducted	Not Applicable	DHIS	Accurate records provided by PHC Facilities	Not Applicable	All Districts	Non-cumulative	Annual	14 000 000	Chief Director: District Health Services
30.	Updated draft municipal compliance assessment tool developed	Draft Assessment Compliance Tool is developed following the revision/updating of the current tool	Draft of the revised Assessment Tool is available	Not Applicable	Not Applicable	Draft of the revised Assessment Tool is available	All planned activities will continue and be achieved as planned.	Not Applicable	All districts and metropolitan municipalities rendering environmental health services	Non-cumulative	Quarterly	Draft Compliance assessment tool developed	Chief Director: Environmental and Port Health Services
31.	Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Metropolitan and District Municipalities assessed for compliance with National Environmental Health Norms and Standards with specific focus on food safety monitoring and enforcement	Assessment Reports	Number of metropolitan and district municipalities assessed	Not Applicable	Assessment tool used to determine the compliance of the Metropolitan and District Municipalities assessed	All assessments would be carried without hinderances or disruptions	Not Applicable	All Districts	Cumulative (year-to- date)	Quarterly	10 Metropolitan and District Municipalities assessed for compliance with the national environmental health norms and standards	Chief Director: Environmental and Port Health Service
32.	Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Provinces are assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Assessment Reports	Number of Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Not Applicable	Assessment tool used to determine compliance of the provincial EMS	Assessment tool sensitive to the standards required	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	9 Provincial assessments for compliance with Regulations relating to Standards for Emergency Medical Services completed	Director: Emergency Medical Services

12.5. Programme 5: Hospital Systems

#	Programme 5: Hospital Systems												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregationof Beneficiaries(where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
33.	Hospital Strategy document developed	Hospital strategy developed to guide the leadership, management and governance of hospitals.	Final draft of hospital strategy is available	Not Applicable	Not Applicable	Records of provincial workshops/meetings/minutes on consultation; Q4: Draft Hospital Strategy	Provinces will provide inputs timeously for the finalization of the Strategy; Finalization subject to NHC Tech approval.	Not Applicable	All Provinces	Non-cumulative	Quarterly	Hospital Strategy developed to contribute to improved quality and safety of care in hospitals	Chief Director: Hospital Services
34.	Proportion of Public hospitals implementing the National Health Quality Improvement Programme	Public hospitals in the Quality Learning Centers implement NHQIP by conducting self-assessment using ideal health facility tools.	List of Public hospitals facilities in the Quality Learning Centre with a self- assessment report	Number of Public hospitals in the QLC with self-assessment reports.	Total number of public hospitals	Reports of self-assessments	Not Applicable	Not Applicable	All Provinces	Cumulative (year to date)	Quarterly	Improve quality and safety in public hospitals	Director: Quality Assurance
35.	Number of PHC facilities constructed or revitalised	Constructed refers to concluding of construction work (practical completion achieved) associated with New and Replaced infrastructure for PHC facilities. Revitalised involves concluding of activities (reached practical completion) of work aimed at improving the capacity and effectiveness of an asset above that of the initial design purpose of PHC facilities.	Practical Project completion certificates	Number of PHC facilities constructed or revitalised	Not Applicable	Practical Project completion certificates	Accurate record keeping for number of PHC facilities constructed or revitalised	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	42 PHC facilities constructed or revitalised	Chief Director: Health Facilities and Infrastructure Planning
36.	Number of Hospitals constructed or revitalised	Constructed refers to concluding of construction work (practical completion achieved) associated with New and Replaced infrastructure for PHC facilities. Revitalised involves concluding of activities (reached practical completion) of work aimed at completion) of work aimed at improving the capacity and effectiveness of an asset above that of the initial design purpose of hospitals.	Practical Project completion certificates	Number of Hospitals constructed or revitalised	Not Applicable	Practical Project completion certificates	Accurate record keeping for number of Hospitals constructed or revitalised	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	50 Hospitals constructed or revitalised	Chief Director: Health Facilities and Infra-structure Planning
37.	Number of Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	These are activities related to the performance of routine, preventative, predictive, scheduled, and unscheduled actions aimed at preventing the facility failure or decline with the goal of maintaining its efficiency, reliability, and safety in the delivery of the service	Practical Project completion certificates	Number of all public health facilities maintained, repaired and/or refurbished	Not Applicable	Practical Project completion certificates	Accurate record keeping for number facilities maintained, repaired and/or refurbished, according to Maintenance Plans	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	400 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Chief Director: Health Facilities and Infrastructure Planning

12.6. Programme 6: Health System Governance and Human Resources for Health

#	Programme 6: Health System Governance and Human Resources for Health												
	Output IndicatorTitle	Definition	Source of Data	Method of Calculation/ Assessment (Numerator)	Method of Calculation/ Assessment (Denominator)	Means of Verification	Assumptions	Disaggregationof Beneficiaries(where applicable)	Spatial Transfor-mation (where applicable)	Calculation Type	Reporting Cycle	Desired perfor-mance	Indicator Respon-sibility
38.	South African Health Products Regulatory Authority (SAHPRA) Board appointment recommendations made prior expiry of the term of office	Statutory Health Professional Council and Public Entities governance structures established for effective corporate governance of the institutions	Signed off submission and letters by the Minister	Boards/ councils appointed	Not Applicable	Signed off submissi on and letters of appoint ment by the Minister	Suitable nominations received for appointment	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	SAHPRA Board appointed for the new term of office	Director: Public Entities
39.	The National Health Laboratory Service (NHLS) Board appointment recommendations made prior expiry of the term of office.	Statutory Health Professional Council and Public Entities governance structures established for effective corporate governance of the institutions	Signed off submission and letters by the Minister	Boards/ councils appointed	Not Applicable	Signed off submission and letters of appointment by the Minister	Suitable nominations received for appointment	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	Six members of the NHLS Board appointed for new term of office	Director: Public Entities
40.	The South African Dental Technicians Council (SADTC) appointment recommendations made prior expiry of the term of office.	Statutory Health Professional Council and Public Entities governance structures established for effective corporate governance of the institutions	Signed off submission and letters by the Minister	Boards/ councils appointed	Not Applicable	Signed off submission and letters by the Minister	Suitable nominations received for appointment	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	SADTC Council appointed for the new term of office	Director: Public Entities
41.	Number of audit action plans monitored	Review the annual report of public entities and develop an audit action plan to address the audit findings or root cause	(1) Approved Submission on the review of the annual report and action plan of public entities. (2) Entity's quarterly progress reports towards implementation of the audit action/remedial plan.	Number of progress reports on audit action plan reviewed	Not Applicable	Public Entities Annual reports and quarterly progress reports	Entities will submit the quarterly progress reports	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	Annual reports received from public entities reviewed and action plan developed to address internal control deficiencies	Director: Public Entities
42.	Number of differentiated Nursing Education and Training plans developed	A differentiated Nursing education and training plan stipulates the number (and type) of nurses to be trained in various pre-and post-graduate programmes aligned to nursing service delivery demands	Not applicable	Number of differentiated nursing education and training plans	Not Applicable	Attendance records Framework for differentiated Nursing Education and Training Plans Differentiated Nursing education and training plans	Nursing Education Institutions agree to the differentiated Nursing Education and Training plans aligned to service delivery demands	Not Applicable	All Provinces	Cumulative (year-end)	Quarterly	Alignment of nurse education and training to health service demands	Chief Nursing Officer
43.	Draft Food labelling regulations submitted for legal review	Regulations relating to the labelling of food to be revised to be responsive to international standards	Revised regulations submitted to legal services following review of comments	Not Applicable	Not Applicable	Submission to legal services of the revised regulations	Stakeholders or effected changes will not delay by requiring further consultation and the Regulations will also be published with a short period of time	Not Applicable	All Provinces	Non-Cumulative	Quarterly	Draft set of final regulations submitted to legal services	Director: Food Control

ANNEXURE A:

CONDITIONAL GRANTS

CONDITIONAL GRANTS

13. Direct Grants

Name of Grant	Purpose	Output Indicators	2024/25 Targets	2024/25 Annual Budget R'000
Statutory Human Resources & HP Training & Development	– To appoint statutory positions in the health sector for systematic realization of human resources for health strategy and phased-in of National Health Insurance – Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	Number of statutory posts funded from this grant (per category and discipline) and other funding sources.	3533	R5 517 102
		Number of registrars posts funded from this grant (per discipline) and other funding sources.	1336	
		Number of specialists posts funded from this grant (per discipline) and other funding sources	198	
National Tertiary Services Grant	– Ensure the provision of tertiary health services in South Africa – To compensate tertiary facilities for the additional costs associated with the provision of these services	Number of inpatient separations	765,693	R15 263 784
		Number of day patient separations	727,957	
		Number of outpatients first attendances	1,478,164	
		Number of outpatient follow-up attendances	3,369,247	
		Number of inpatient days	5,941,096	
		Average length of stay by facility	7 days	
		Bed utilization rate by facility	80%	
– Health Facility Revitalization Grant	– To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organizational development systems and quality assurance. – To enhance capacity to deliver health infrastructure. – To accelerate the fulfilment of the requirements of occupational health and safety	Number of PHC facilities constructed or revitalized	2642	R7 151 841
		Number of Hospitals constructed or revitalized	2350	
		Number of Facilities maintained, repaired and/or refurbished	300 400	
– District Health Programmes Grant (HIV/AIDS/ TB Component)	– To enable the health sector to develop and implement an effective response to HIV and AIDS – To enable the health sector to develop and implement an effective response to TB	Number of new patients started on ART	525 211	R24,724,358
		Total number of patients on ART remaining in care	5 778 572	
		Number of male condoms distributed	689 523 911	
		Number of female condoms distributed	23 004 071	
		Number of babies PCR tested at 10 weeks	117 152	
		Number of clients tested for HIV (including antenatal)	16 728 087	
		Number of medical male circumcisions performed	584 528	
		Number of HIV Positive clients initiated on Tuberculosis Preventative Therapy	320 415	
		Number of patients tested for TB using Xpert	2 646 319	
		Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	147 229	
		Drug Sensitive TB (DS TB) treatment start rate (under 5yrs and 5rys and older)	95%	
		Number of Rifampicin Resistant (RR)/ Multi Drug Resistant TB patients started on treatment.	84%	
		Number of TB contacts initiated on TB preventive treatment (Under 5yrs and 5yrs and older)	New Indicator	
District Health Programmes Grant (District Health Component)	– To ensure provision of quality community outreach services through Ward Based Primary Health Care Outreach Teams – To improve efficiencies of the Ward Based Primary Health Care Outreach Teams programme by harmonising and standardising services and strengthening performance monitoring. – To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023 – To enable the health sector to prevent cervical cancer by making available HPV vaccinations for all eligible grade seven schoolgirls aged 9-14 years with a single dose of HPV vaccine in all settings. – Progressive integration of Human Papillomavirus into the integrated school health programme – To enable the health sector to rollout COVID-19 vaccine	Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage	20	R3,238,337
		Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas	60%	
		Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas	65%	
		Percentage of identified health facilities with recommended malaria treatment in stock	100%	
		Percentage of identified health workers trained on malaria elimination	90%	

Name of Grant	Purpose	Output Indicators	2024/25 Targets	2024/25 Annual Budget R'000
		Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-seeking behavior interventions	90%	
		Percentage of vacant funded malaria positions filled as outlined in the business plan	90%	
		Number of malaria camps refurbished and/or constructed	7	
		90 per cent of grade five schoolgirls aged 9-14 years are vaccinated with a single dose of HPV vaccine, in and out of schools.	90 per cent of girls aged 9-14 years are vaccinated with a single dose of HPV vaccine, in and out of schools.	
		90 per cent of schools with eligible girls are reached with a single dose of HPV vaccine during the multi-aged cohort (MAC) campaign are reached (in-and-out of schools) in all settings.	90 per cent of schools with eligible girls are reached with a single dose of HPV vaccine during the multi-aged cohort (MAC) campaign are reached (in-and- out of schools) in all settings.	
		Number of community health workers receiving a stipend	46 000	
		Number of community health workers trained	3 600	
		Number of Community Outreach Services household visits	14 000 000	
– National Health Insurance Grant	– To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	Number reduction in oncology treatment including radiation oncology backlog	346	R455 956
		Number of mental health care providers contracted Number of health professionals contracted (total and by discipline)	Psychiatrists = 5 Psychologists = 20 Registered Counsellors = 130 Occupational Therapists = 40 Social workers = 35 **Total = 230**	
		Number of users seen by contracted mental health care providers	195 000	

14. Indirect Grants

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2024/25 Targets	2024/25 Annual Budget 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 Health Insurance (NHI) – To enhance capacity and capability to deliver infrastructure for NHI – To accelerate the fulfilment of the requirements of occupational health and safety	Number of PHC facilities constructed or revitalised	42	R1 441 813
		Number of Hospitals constructed or revitalised	50	
		Number of Facilities maintained, repaired and/or refurbished	400	
Health Systems Component: CCMDD, Ideal Clinic, Medicine Stock Surveillance System, Health Patient Registration System, Quality Improvement	– To expand the alternative models for the dispensing and distribution of chronic medication – To develop and roll out new health information systems in preparation for NHI, including human resource for health information systems. – To enable the health sector to address the deficiencies in Primary Health Care (PHC) facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme. – To implement a quality improvement plan	Number of new and number of total patients registered in the CCMDD programme, broken down by the following: – antiretroviral treatment – antiretroviral with co-morbidities – non-communicable diseases – number of pickup points (state and non-state)	7.8 million	R756 714
		Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards	The number of facilities for peer reviews will be based on new facilities build and officially opened during 2024/25 Financial Year	
		Number and percentage of PHC facilities achieving an ideal status	2430 (70%)	
		Number of public health facilities with the health patient registration system (HPRS) installed	3300 Public Health Facilities with the HPRS Installed	
		National data centre hosting environment for NHI information systems established, managed, and maintained	Maintenance and implementation of the National Data Centre for NHI information systems and 1st Phase development of the Secondary Site	
		Development and Publication of the revised Normative Standards Framework for Digital Health Interoperability	The 2024 Normative Standards Framework for Digital Health Interoperability Developed and Published	
		Development and implementation of the master Facility list policy	Publication of the Master Health Facility List and Standard Operation Procedures	
		System development and implementation of the electronic medical record (EMR)	The Phase 1 EMR focusing of TB and HIV - Minimum Viable Product MVP1 available for roll-out and implementation.	
		Number of primary healthcare facilities implementing an electronic stock monitoring system	3311	
		Number of hospitals implementing an electronic stock management system	382	
		Number of fixed health establishments reporting medicines availability to the national surveillance centre	3723	
		Intern Community Service Programme (ICSP) system maintained, and improvements effected	ICSP manages a total of 14 00 applicants per Annum divided as follows at least 9 800 applicants to be allocated in October for the January appointments into funded posts that are 2500 medical interns and 7800 community service. The mid mid-year cycle of around 4000 applicants at least 2500 Medical interns and 600 comm serve posts.	
		Proportion of health facilities implementing the National Health Quality Improvement Programme	100% of public facilities implementing the National Health Quality Improvement Programme End March 2024	
		Proportion of public health facilities in quality learning centres with self-assessments reports	100% public health facilities with self-assessments reports	

ANNEXURE B:

STANDARDISED INDICATORS AND TARGETS FOR 2024/25 FY FOR THE SECTOR

15.Standardised Indicators and Targets for 2024/25

As per the DPME framework for Strategic and Annual performance plans: Standardised indicators refer to a core set of indicators that have been developed and agreed to by all provincial institutions within a sector. The indicators are relevant to achieving sector-specific priorities and are approved by provincial Accounting Officers. They are incorporated into provincial institutions' APPs and form the basis of the quarterly and annual performance reporting process. Note: Performance of standardised indicators are dependent on Provincial operations and activities.

The National targets is selected based on the past year's performance of the country and the projected performance. Whilst there may be variances based on Provincial context, indicator targets still have to be set in a responsible way, taking into consideration the WHO guidelines and SDG goals and not lower than the baseline performance (past 3 years), with consideration of improvement.

The table present priority standardized indicators for which National Targets were provided for 24/25 FY. For a detailed list on the Standardised Indicator with Numerator/Denominator and Programme differentiation, please refer to the Standardised Indicator comprehensive list available at NDoH.

Annual Performance Plan	National Target (Aspirational Target 24/25 FY)
Output Indicator	
Still birth in facility rate (per 1000 births)	20%
Antenatal 1st visit before 20 weeks rate	75%
Maternal Mortality in facility Ratio - Per 100 000 Live Births	<90/100 000 live births
Mother postnatal visit within 6 days rate	95%
Neonatal death in facility rate (Per 1000 live Births)	10 Per 1000 live births
Infant PCR test positive around 6 months rate	0.7%
HIV Test positive around 18 months rate	1.0%
Immunisation under 1 year coverage *In line with WHO recommendations, the national target is to ensure that 90% of children are fully vaccinated by one year of age. Whilst this target may not be achievable in the shortterm across all provinces, from a national perspective it is not acceptable for provinces to set targets as low as 75%.*	85%
Measles 2nd dose 1 year coverage	90%
Child under 5 years diarrhoea case fatality rate	The national target is to achieve a CFR < 1%. * See footnote
Child under 5 years pneumonia case fatality rate	The national target is to achieve a CFR < 1%. * See footnote
Child under 5 years severe acute malnutrition case fatality rate	The national target is to achieve a CFR < 6%. * See footnote
Death under 5 years against live birth rate	<1%
HIV positive 15-24 years (excl ANC) rate	1.96%

Annual Performance Plan	National Target (Apirational Target 24/25 FY)
Output Indicator	
ART adult remain in care rate (12 months)	70%
ART child remain in care rate (12 months)	80%
ART Adult viral load suppressed rate (below 50) @ 12 months	75%
ART child viral load suppressed rate (below 50) @ 12 months	45%
All DS-TB client Lost to follow up rate **	5%
All DS-TB Client Treatment Success Rate **	83%
TB Rifampicin resistant/Multidrug - Resistant Treatment Success Rate	73%
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	12% $
TB Pre-XDR treatment success rate	63% $
TB Pre-XDR loss to follow up rate	11% $
Malaria case fatality rate	0.5%
PHC Mental Disorders Treatment rate new	3%
Cervical cancer screening coverage	65%
Patient Experience of Care satisfaction rate	80%
Severity assessment code (SAC) 1 incident reported within24 hours rate	90%
Patient Safety Incident (PSI) case closure rate	90%

*Footnote: *Comment on Case Fatality Rate (CFR): It should be noted that case fatality rates need to be interpreted with care and within the context of the number of admissions and deaths i.e. the number of deaths is important as well as the CFR.

**All DS-TB outcome data is @12 months
$ These values are the National Average calculated from all 9 Provincial Department of Health targets and does not represent the National Aspirational Target.

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