



# Annual Performance Plan 2021/22



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA







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Health  
REPUBLIC OF SOUTH AFRICA

**ANNUAL PERFORMANCE PLAN  
2021/22**



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## Foreword by the Minister of Health



This is the legislation through which the government aims to reform the health system. The essence is to introduce a model that protects the ability of citizens to access quality health services through a unified system built on social solidarity.

The Parliamentary Portfolio Committee on Health took the NHI Bill to the people by convening public hearings until the end of 2019 in all provinces. The Department of Health attended all the public hearings to respond to various service delivery issues that were raised by communities, and noted the public comments made to the specific sections of the NHI Bill. Although the public hearings were completed, the parliamentary hearings are still to be conducted. These hearings will represent a unique opportunity for us to take the key learnings that the COVID-19 pandemic has offered and apply ourselves accordingly to the refinement of the National Health Insurance Bill.

We maintain our vision of a long and healthy life for all South Africans. We believe that by protecting the fundamental human right of access to quality health care, we are ultimately protecting the economy and prosperity of this nation.

Dr ZL Mkhize  
Minister of Health, MP

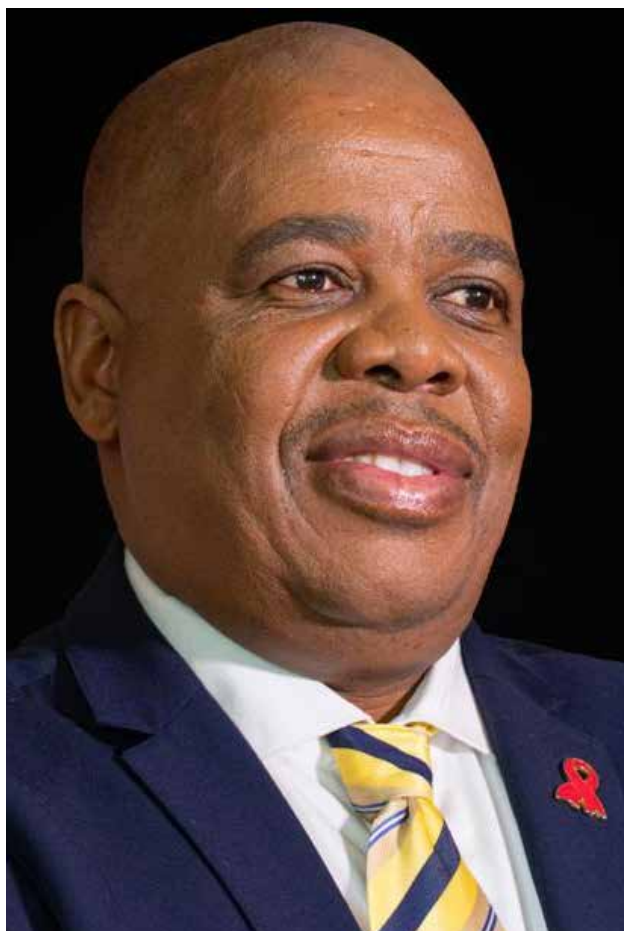
The Coronavirus pandemic has highlighted the positive impact that transparent and open leadership has on an emergency response. Mass programmes, such as Community Screening and Testing and the Vaccination Campaign, have necessitated a community centric approach that ensures that meaningful partnerships are fostered. This has enabled us to implement interventions timeously in collaboration with our social partners. We have learnt the value taking our citizens along with us as we implement the necessary interventions to emerge out of this health crisis more resilient than when it found us.

As such we are resolved to deepen and strengthen our grassroots level engagement: government will facilitate a ward based, and district wide defined approach to managing the COVID-19 epidemic, in line with the District Development Model.

The pandemic has served to strengthen our resolve to implement the National Health Insurance as a means of South Africa advancing towards Universal Health Coverage. We have crossed a key threshold by tabling the National Health Insurance Bill in Parliament in July 2019.



## Statement by the Director-General



Empirical evidence shows that Life expectancy is on an upward trajectory. Life expectancy stands at 65.6 years (68.5 years for females; and 62.5 years for males) in South Africa, the highest it has ever been. It is however a concern that some of these gains will be compromised because there has been a significant decline in the utilization of routine health services, which has resulted in significant declines in coverage of services across multiple health programmes. This will impact on morbidity and mortality in South Africa. This combined with deaths due to Covid-19 will negatively impact Life Expectancy. The Department is working towards a recovery plan to catch up with the provision of routine health services.

Most critically, support from our social partners is required to reduce the impact of social determinants of health to protect the most vulnerable; while we in the health sector work on strengthening the health system to deliver improved quality of care to achieve Universal Health Coverage.

Dr SSS Buthelezi  
**Director-General: Health**

The Department continues to prioritise impacts and outcomes in the Strategic Plan for 2020/21- 2024/25 targeted by the Department. These outcomes also firmly respond to the impact statements of Priority 3: **Education, Skills, and Health**, as well as the interventions identified in government's Medium Term Strategic Framework for the period 2019-2024, noting that these coincide with the targets set by the department in its 5-year programme.

The COVID 19 pandemic has necessitated the re-prioritizing of programmatic activities to include our most urgent and pressing needs while concurrently dealing with two surges in COVID-19 cases, as well as the roll out of the vaccine programme.

The country's Covid-19 response plan is aimed at halting the transmission of SARS-CoV-2 in South Africa and minimizing its potential impact on the health and wellbeing of the society and the South African economy. More than 100 000 Health Care Workers have been vaccinated to date. We are planning to vaccinate at least 40 million South Africans by the end of the 21/22 financial year.





## 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 the Minister of Health, Dr Z.L Mkhize
- Takes into account all the relevant policies, legislation and other mandates for which the National DoH is responsible
- Accurately reflects outputs which the National Department of Health will endeavor to achieve over the MTEF period 2021/22-2023/24



**Ms. V Rennie**  
Manager Programme 1:  
Administration



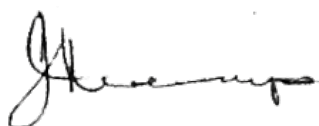
**Ms. A Cele (acting for Ms J Hunter)** Manager  
Programme 4:  
Primary Health Care

**Vacant**

Manager Programme 2:  
National Health Insurance



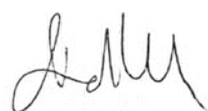
**Dr. A Pillay**  
Acting Manager Programme 5: Hospital Systems  
and Programme 6: Health System Governance  
and Human Resources



**Dr. N Makhanya**  
Acting Manager Programme 3:  
Communicable and Non-Communicable Diseases



**Dr. G Andrews**  
Chief Operations Officer

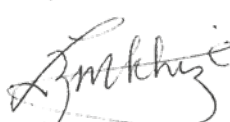


**Mr. I van der Merwe**  
Chief Financial Officer

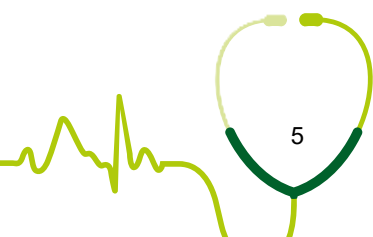
Approved by:



**Dr. SSS Buthelezi**  
Director-General



**Dr. Z. L. Mkhize**  
Minister of Health, MP







**OUR MANDATE**

**PART A**

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

**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.

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



**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.

**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.

**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.

**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.

**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.

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

**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.

**Sterilisation Act, 1998 (Act No. 44 of 1998)** - Provides a legal framework for sterilisations, including for persons with mental health challenges.

**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.

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

**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.

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

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

**Nursing Act, 2005 (Act No. 33 of 2005)** - Provides for the regulation of the nursing profession.

**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.

**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.

## 2.2. Other legislation applicable to the Department

**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.

**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.

**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.

**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.

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

**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.

**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.

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

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

**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.

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

**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.

**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.

**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.

### 3. HEALTH SECTOR POLICIES AND STRATEGIES OVER THE FIVE YEAR PLANNING PERIOD

#### 3.1. National Health Insurance Bill

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, and efficiency and effectiveness in the health system in order to realise Universal Health Coverage. To achieve Universal Health Coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage.

The phased implementation of NHI is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable and quality health services.

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

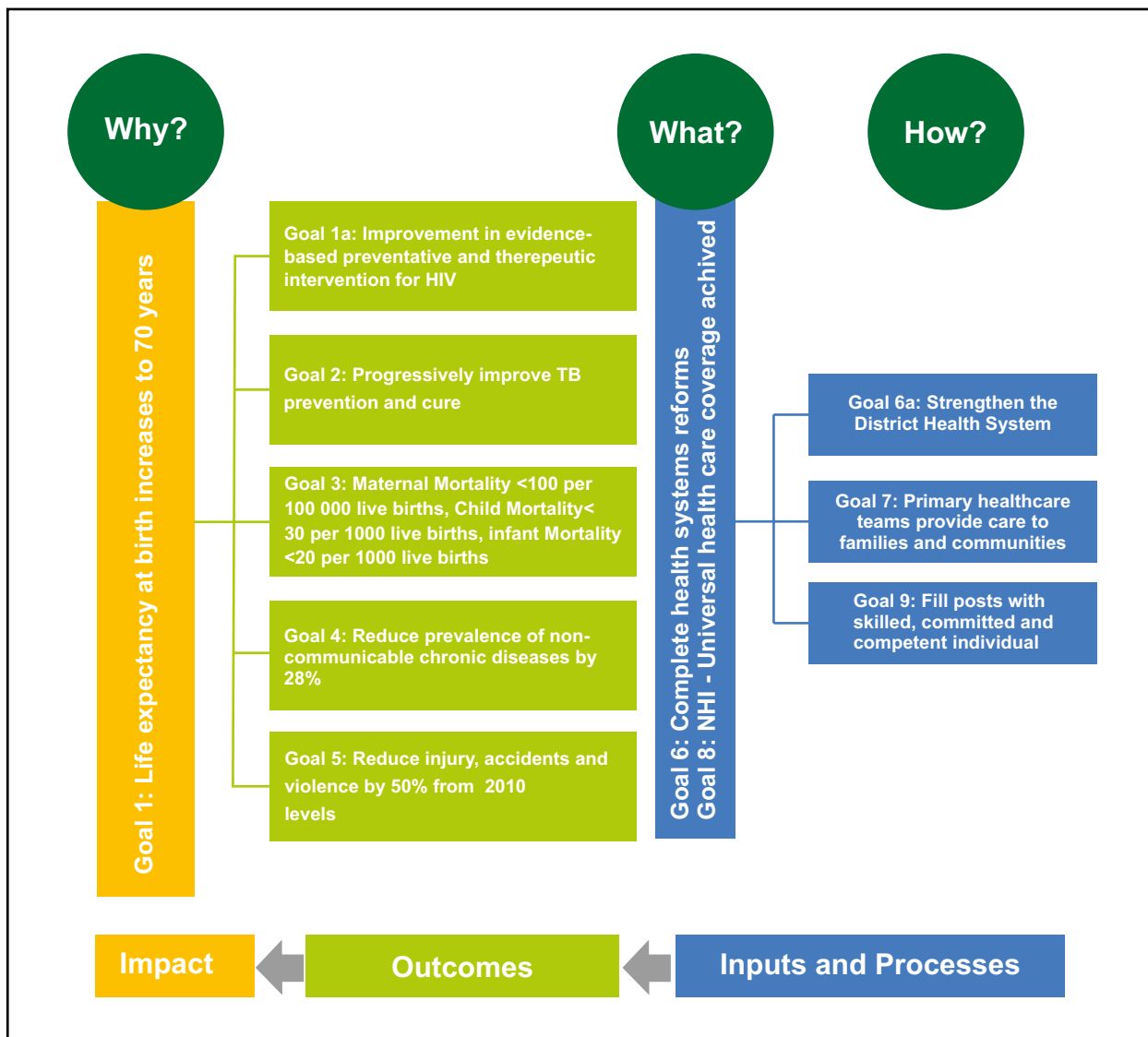
#### 3.2. National Development Plan: Vision 2030

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

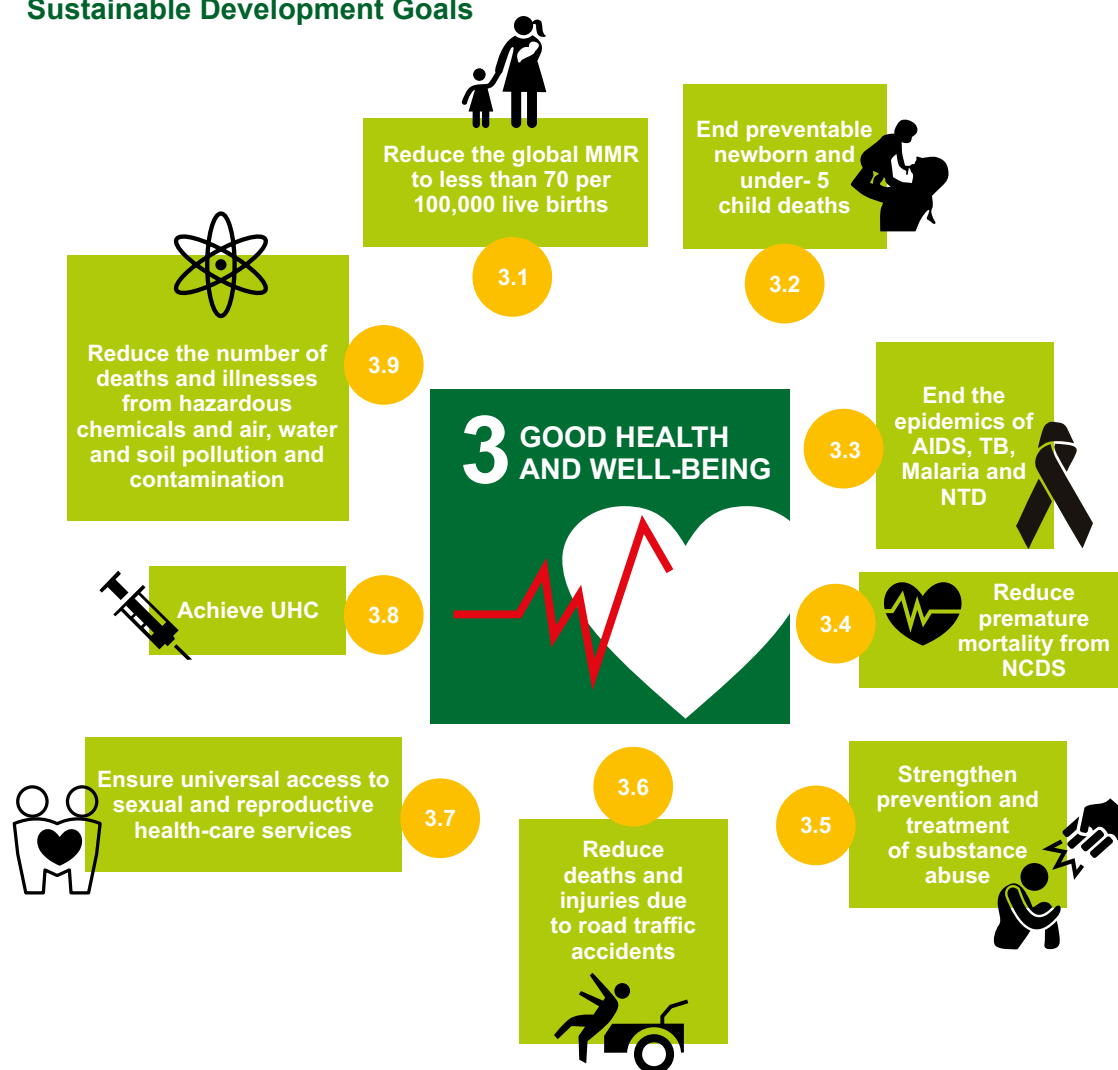


The overarching goal that measures impact is “Average male and female life expectancy at birth increases to at least 70 years”. The next 4 goals measure health outcomes, requiring the health

system to reduce premature mortality and morbidity. Last 4 goals are tracking the health system that essentially measure inputs and processes to derive outcomes.



### 3.3. Sustainable Development Goals



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

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
  - 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
  - 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in





accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

- 3.c Substantially **increase health financing and the recruitment, development, training and retention of the health workforce** in developing countries, especially in least developed countries and small island developing States

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

### 3.4. Medium Term Strategic Framework 2019-2024

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

The National Department of Health's response is structured to deliver the MTSF 2019-2024 impacts. They are well aligned to the pillars of the Presidential Health Summit compact, as outlined in the table below:



| Survive and Thrive | MTSF 2019-2024 Impacts   | Health sector's strategy   | Presidential Health Summit Compact Pillars  |
|--------------------|--|--|---|
| Transform          | <p>Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030</p>  | <p>Increase Life Expectancy improve Health and Prevent Disease</p> <ul style="list-style-type: none"> <li>Improve health outcomes by responding to the quadruple burden of disease of South Africa</li> <li>Inter sectoral collaboration to address social determinants of health</li> </ul>   | None  |
|                    | <p>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</p> | <p>Achieve UHC by Implement NHI</p> <p>Quality Improvement in the Provision of care</p> <ul style="list-style-type: none"> <li>Progressively achieve Universal Health Coverage through NHI</li> <li>Improve quality and safety of care</li> <li>Provide leadership and enhance governance in the health sector for improved quality of care</li> <li>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</li> <li>Improve equity, training and enhance management of Human Resources for Health</li> <li>Improving availability to medical products, and equipment</li> <li>Robust and effective health information systems to automate business processes and improve evidence based decision making</li> <li>Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</li> </ul> | <p>Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and</p> <p>Pillar 6: Improve the efficiency of public sector financial management systems and processes</p> <p>Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</p> <p>Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels</p> <p>Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care</p> <p>Pillar 1: Augment Human Resources for Health Operational Plan</p> <p>Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery</p> <p>Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments</p> <p>Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities</p> |
|                    |  | <p>Build Health Infrastructure for effective service delivery</p>  |   |





**OUR STRATEGIC FOCUS**

**PART B**

## 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;”<sup>1</sup>

## 7. SITUATIONAL ANALYSIS

### 7.1. External Environmental Analysis

#### 7.1.1. Demography

South Africa's population is expected to grow by about 6% (from 58.6m in 2019 to 63m by 2024) over the next 5 years, and by 15.9% over the next 11 years (58.6m in 2019 to 67.9m by 2030). The 2020 mid-year population estimated that there are now 59.62 million people living in the country with nearly a 3rd of the population, 28.6% aged younger than 15 years.<sup>2</sup> There are absolute increases in population across all 9 provinces. However, the rate of absolute growth differs, and therefore its relative growth to South Africa differs.

Table 1: Population of South Africa

| Province            | 2019              |             | 2024              |             | 2030              |             | Absolute Growth (2019-2030) |
|---------------------|-------------------|-------------|-------------------|-------------|-------------------|-------------|-----------------------------|
| Eastern Cape        | 6,533,465         | 11.1%       | 6,561,987         | 10.4%       | 6,589,924         | 9.7%        | 0.9% ↓                      |
| Free State          | 2,971,708         | 5.1%        | 3,051,270         | 4.8%        | 3,134,096         | 4.6%        | 5.5% ↓                      |
| Gauteng             | 15,099,801        | 25.8%       | 17,052,851        | 27.1%       | 19,399,066        | 28.6%       | 28.5% ↑                     |
| KwaZulu-Natal       | 11,503,917        | 19.6%       | 12,054,958        | 19.2%       | 12,628,832        | 18.6%       | 9.8% ↓                      |
| Limpopo             | 5,853,198         | 10.0%       | 6,097,030         | 9.7%        | 6,356,816         | 9.4%        | 8.6% ↓                      |
| Mpumalanga          | 4,598,333         | 7.8%        | 4,956,910         | 7.9%        | 5,374,970         | 7.9%        | 16.9% ↔                     |
| North West          | 4,045,179         | 6.9%        | 4,374,477         | 7.0%        | 4,758,442         | 7.0%        | 17.6% ↔                     |
| Northern Cape       | 1,240,254         | 2.1%        | 1,312,817         | 2.1%        | 1,398,257         | 2.1%        | 12.7% ↓                     |
| Western Cape        | 6,760,561         | 11.5%       | 7,456,724         | 11.9%       | 8,258,206         | 12.2%       | 22.2% ↑                     |
| <b>South Africa</b> | <b>58,606,416</b> | <b>100%</b> | <b>62,919,025</b> | <b>100%</b> | <b>67,898,611</b> | <b>100%</b> | <b>15.9%</b>                |

Source: Statistics South Africa, 2020

<sup>1</sup> Service Charter, Government of South Africa, 2013

<sup>2</sup> Source: Mid-year population estimates 2020, StatsSA, 2020



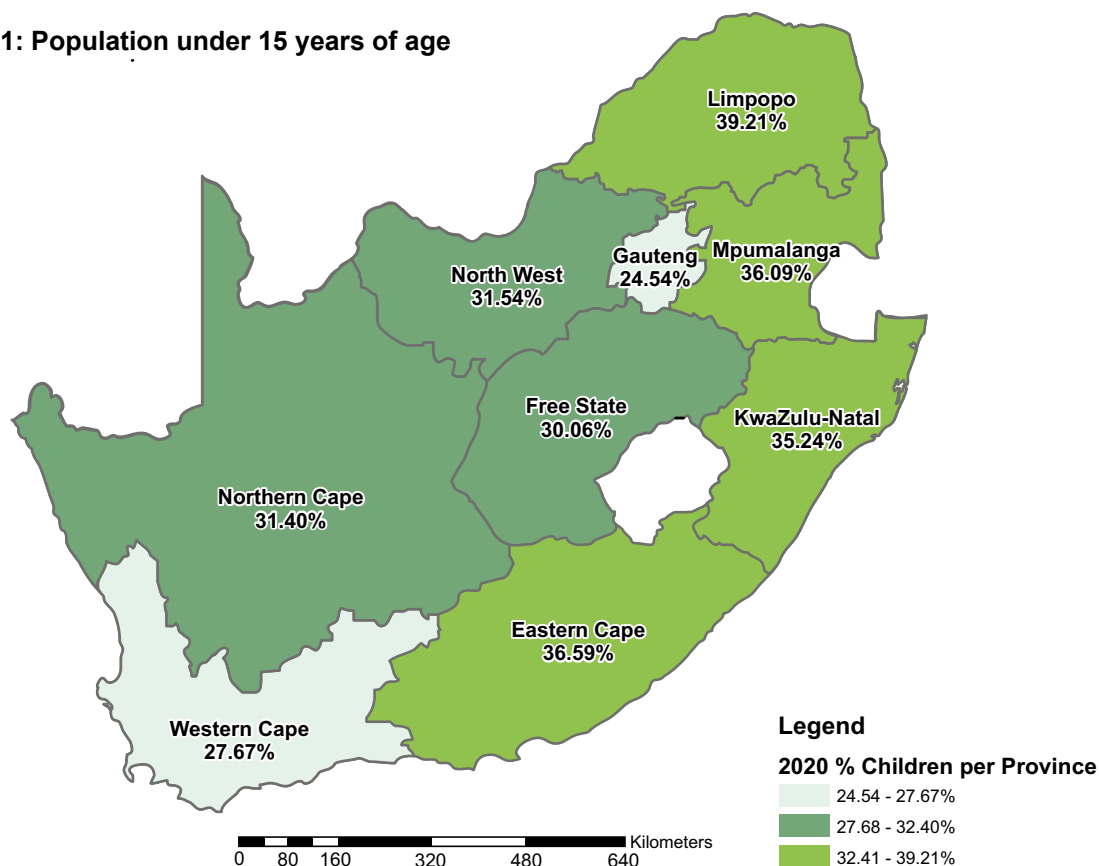
It is projected that Gauteng will experience the largest absolute growth (28.5%), with lowest absolute growth in Eastern Cape (0.9%), against the average growth nationally projected to be at 15.9%. The change in growth differs significantly across all provinces:

- The difference in population numbers between the two most populous provinces currently (ie. KZN and Gauteng) will almost double over the next 11 years (3.6m in 2019 to 6.7m to 2030), suggesting strong inter-provincial migration patterns.
- The provinces with largest population growth Western Cape (22.2%) and Gauteng (28.5%) currently account for approximately 30% of the population. In another 11 years, by 2030, Western Cape and Gauteng combined will represent 40% of South Africa's population.
- The population growth of Mpumalanga (16.9%) and North-West's (17.6%) is commensurate with that of South Africa (15.9%).
- Eastern Cape (0.9%), Free State (5.5%), Kwa-Zulu Natal (9.8%), Limpopo (8.6%), and Northern Cape (12.7%) all show much smaller increases relative to that of South Africa (15.9%)

The Demographic increases are also not uniform across age groups. The age-distribution patterns will significantly shift over the 11 years.

- **Children under 5** will decline 1.8% nationally (5.9m in 2019, compared to 5.8m estimated in 2030),
- **Youth population** (aged between 15 and 34) will increase by approximately 10% (20.6m in 2019 to 22.3m by 2030), but proportionally will only account for 33% of South Africa's population (compared to 35% currently). See fig 1 below:
- **Population of the working age** (between 15 and 64) will increase by approximately 20% (38m in 2019, to 45.6m by 2030), proportionally it will represent 67% of South Africa's population (compared to 65% in 2019).
- **Retired population** (aged 65 and older) will increase sharply from 3.3m in 2019, to 4.8m in 2030, reflecting an increase of 45%.

Figure 1: Population under 15 years of age



Source: Statistics South Africa, 2020

As shown in figure 1, Limpopo province has the highest percentage of children under 15 years of age in the country with Gauteng the least at 24.54%.



**Table 2: Distribution of children, 2018**

| Province and Sex | N ('000)     |              |               | Per cent    |             |              |
|------------------|--------------|--------------|---------------|-------------|-------------|--------------|
|                  | Male         | Female       | Both          | Male        | Female      | Both         |
| WC               | 1001         | 970          | <b>1 971</b>  | 50,8        | 49,2        | <b>100,0</b> |
| EC               | 1 274        | 1 240        | <b>2 514</b>  | 50,7        | 49,3        | <b>100,0</b> |
| NC               | 205          | 231          | <b>436</b>    | 47,1        | 52,9        | <b>100,0</b> |
| FS               | 521          | 500          | <b>1 021</b>  | 51,0        | 49,0        | <b>100,0</b> |
| KZN              | 2 097        | 2 087        | <b>4 184</b>  | 50,1        | 49,9        | <b>100,0</b> |
| NW               | 690          | 692          | <b>1 382</b>  | 49,9        | 50,1        | <b>100,0</b> |
| GP               | 2 111        | 2 075        | <b>4 186</b>  | 50,4        | 49,6        | <b>100,0</b> |
| MP               | 824          | 849          | <b>1 673</b>  | 49,3        | 50,4        | <b>100,0</b> |
| LP               | 1 188        | 1 186        | <b>2 374</b>  | 50,1        | 49,3        | <b>100,0</b> |
| <b>RSA</b>       | <b>9 912</b> | <b>9 830</b> | <b>19 741</b> | <b>50,2</b> | <b>49,8</b> | <b>100,0</b> |

Source: Marginalised Group Indicator Report, StatsSA,<sup>3</sup>

Table 2 indicates more or less equal distribution of male to female children in all provinces, with the exception of Northern Cape that have the least (47.1% ) of male with Free-State the least, (49.0%) of females under 17 years.

**Table 3: Distribution of disabled persons, 2016**

| Province   | N ('000)     |                  | Per Cent   |
|------------|--------------|------------------|------------|
|            | Disable      | Total population | Disable    |
| WC         | 362          | 5 703            | 6,3        |
| EC         | 529          | 6 179            | 8,5        |
| NC         | 115          | 1 076            | 10,7       |
| FS         | 282          | 2 560            | 11,0       |
| KZN        | 837          | 9 718            | 8,6        |
| NW         | 292          | 3 840            | 8,7        |
| GP         | 811          | 12 148           | 6,6        |
| MP         | 290          | 3 840            | 7,5        |
| LP         | 325          | 5 082            | 6,4        |
| <b>RSA</b> | <b>3 843</b> | <b>49 644</b>    | <b>7,7</b> |

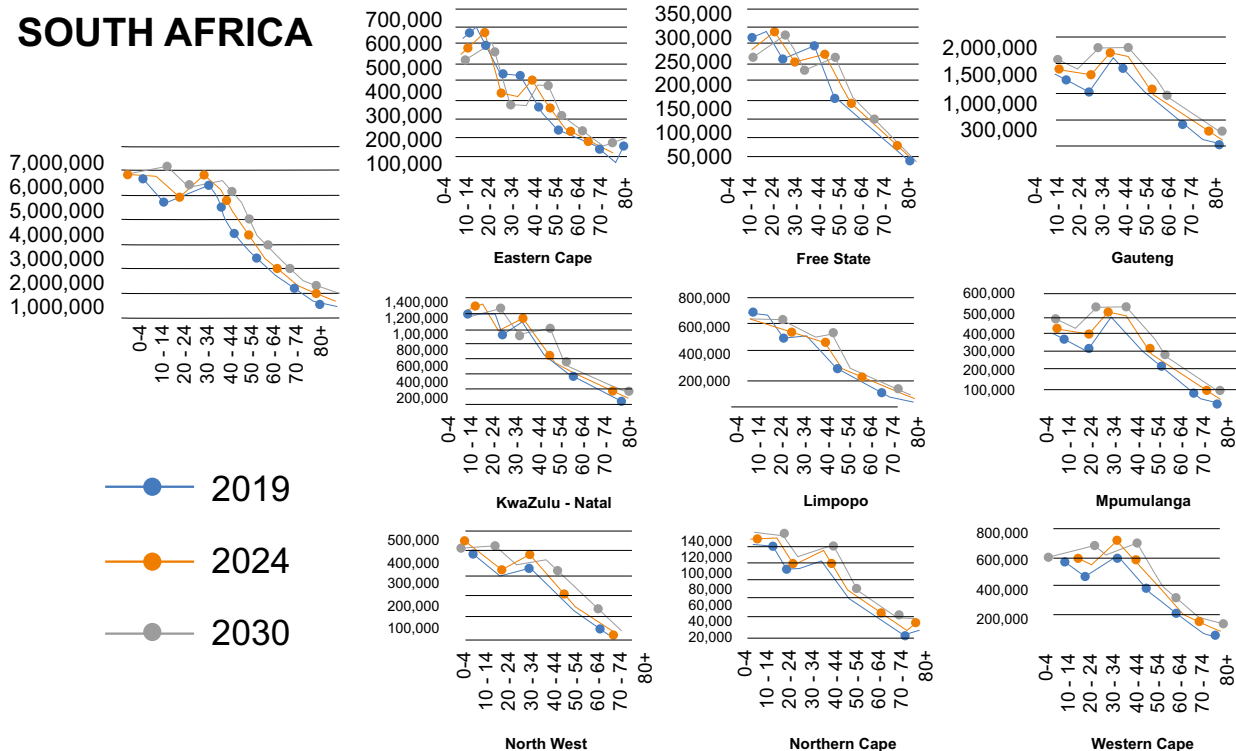
Source: Community Survey 2016, StatsSA

The distribution of disabled persons, is presented in table 3, indicating that the Free-State has the highest (7.7%) proportion of disabled persons, followed by the Northern Cape. The highest percentage of disability is in the 75+ year group (58%) of the population. Planning for service delivery should take cognizance of these variances amongst provinces and age groups to support these unique requirements.

The population age-distributions are significantly different sub-nationally. There are large interprovincial variations in age-distributions that are masked by these national trends, as illustrated below in Figure 2.



Figure 2: Projected population age-distribution for South Africa



Source: Mid-Year population estimates 2019<sup>4</sup>, Statistics South Africa, 2019

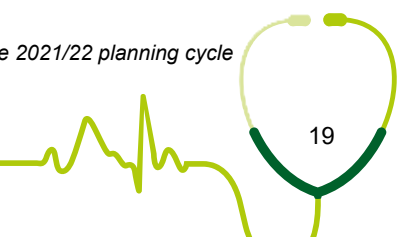
South Africa’s under 5 population is projected to reduce by 1.8% over the next 11 years. However, this is masked by 16.8% increase projected in Gauteng, against declines in the rest of the 8 provinces (ranging between 15% in Eastern Cape and 0.4% Western Cape).

The mid-year population estimates of 2020 indicates that the proportion of the elderly in South Africa amongst 60 years and older are in the increase from 1% in 2002/2003 to 3% in 2019/2020 with the highest proportion of elderly found in the EC at 11.45% of the population. There are currently 5.43 million people aged 60 and over<sup>5</sup>. South Africa will therefore experience a surge in the aging population.

This will require the health system to pay much more attention to non-communicable diseases because the prevalence of two major risk factors (hypertension, diabetes, and cardiovascular diseases) increases with age. The change in demographic patterns will also require a significant expansion of rehabilitative and palliative care services in South Africa across all provinces.

The demand for care is thus expected to be commensurate with the growth in population numbers. It is likely that higher levels of demand will actually be experienced due to the rising incidence of non-communicable diseases.

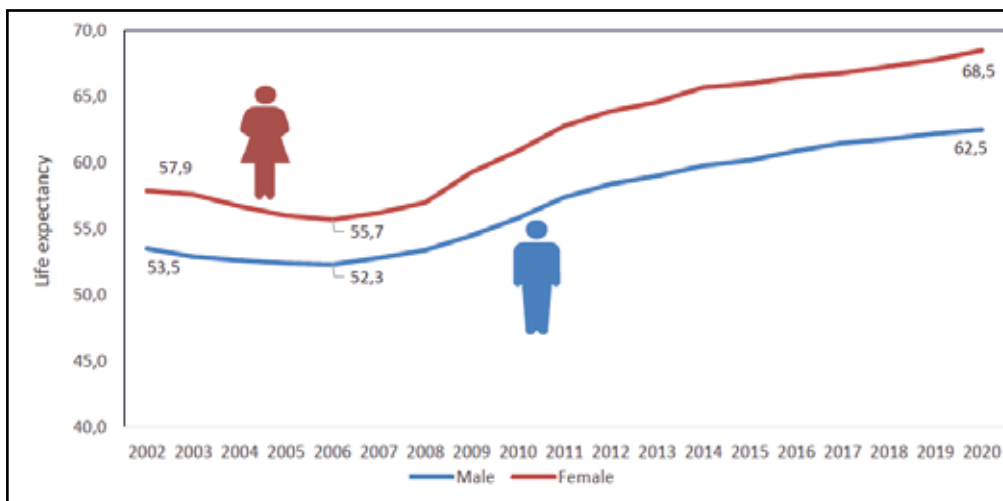
<sup>4</sup> National and Provincial DOH are using Mid-year population estimates for 2019 as their denominators for the 2021/22 planning cycle  
<sup>5</sup> Source: Mid-year population estimates, StatsSA 2020



### 7.1.2. Life Expectancy

The current life expectancy at birth for 2020 for males are estimated at 62.5 years and females at 68.5 years. The infant mortality rate is estimated at 23.6 per 1000 live births.

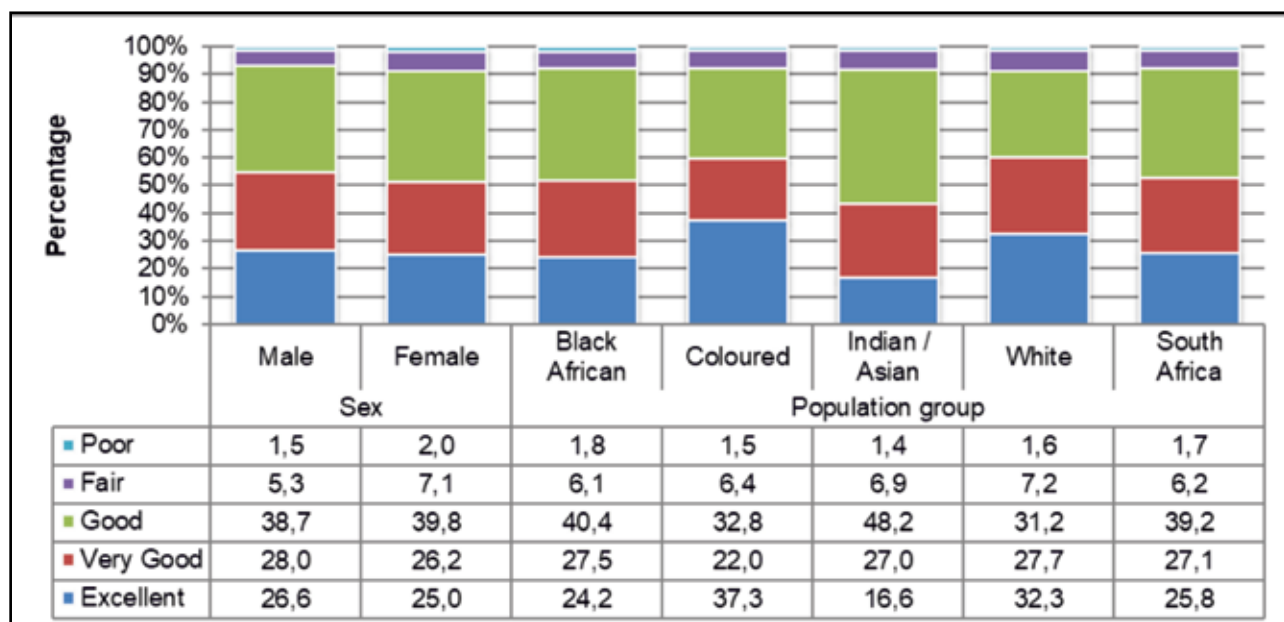
**Figure 3: Life expectancy trends for South Africa**



Source: Mid-year Population estimates, StatsSA, 2020

According to the latest General Household Survey<sup>6</sup>, 26.6% males and 25% females, self-reported their health status as excellent, figure 4, however more females, 2% self-reported their health as poor, compared to males at 1.5%. Thirty-seven percent of the coloured population reported their health status as excellent, followed by the white population at 32,3% with the Indian/Asian population the least considering their health status excellent at 16.6%.

**Figure 4: Percentage distribution of self-reported health status of individuals by sex and population group, 2019**



Source: General Household Survey, 2020

<sup>6</sup> General Household Survey 2019, StatsSA 2020





### 7.1.3. Social Determinants of Health for South Africa

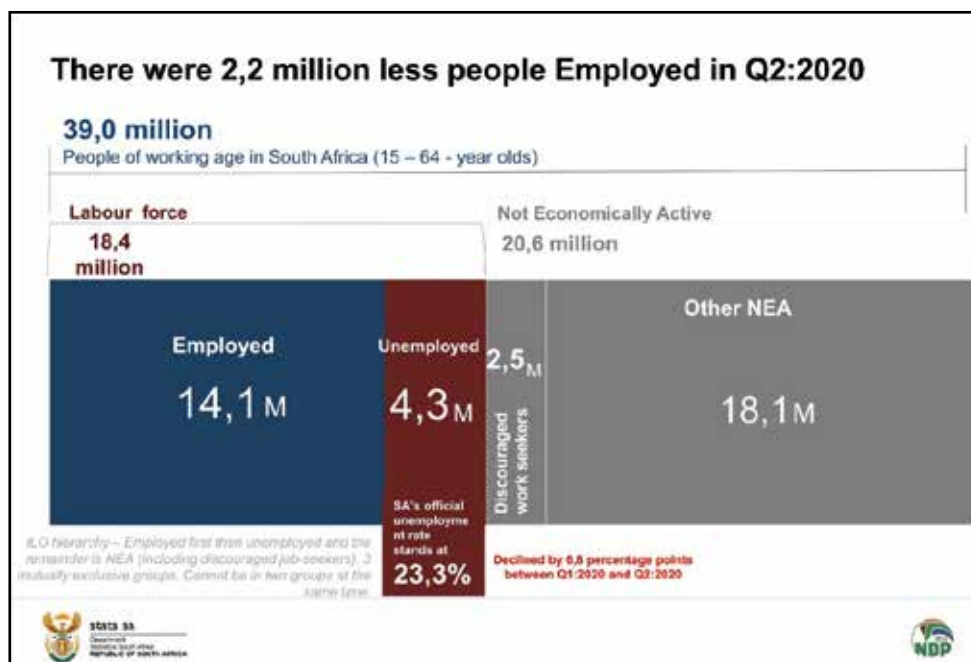
South Africa is adopting person-centeredness and a Life course approach for the delivery of social services. The National Development Plan has identified at least three strategies to address social determinants of health. These are:

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

Person-centeredness requires adoption of the perspectives of individuals, families and communities, in order to respond to their needs in a holistic manner, by providing them with services required to improve their health status. Empirical evidence shows that socio economic status is a key determinant of health status in South Africa. Furthermore, social protection and employment; knowledge and education; housing and infrastructure all contribute to inequality. This affects the ability of vulnerable population groups to improve their health due to their social conditions.

### Employment Status of the Country

Figure 5: Employment of the Country



Source: Quarterly Labour Force Survey Q2: 2020, StatsSA, 29 September 2020

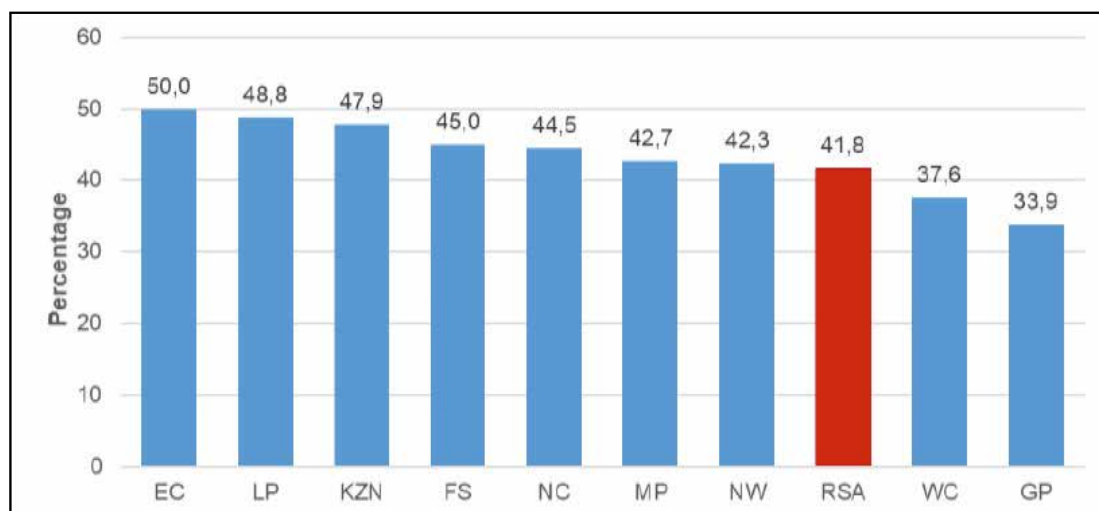
The figure above indicates the unemployment rate (does not include discouraged work seekers) at 23,3% in Q2 of 2020, with 4,3 million people unemployed and 2,5 million discouraged work seekers. The category non-economically active for reasons other than discouragement increased by 5,6 million between Q1 and Q2 of 2020. This phenomena of inactivity is marked across the globe (except in Canada and Unites States), and is related to the COVID 19 pandemic<sup>7</sup>

Data from the General Household Survey 2019 indicate that 41,8% of households are headed by females aged 15 years and above, with the Eastern Cape with the highest with 50% of households headed by females). Gauteng has the lowest percentage of female headed households at 33,9%, see Figure 6.

<sup>7</sup> ILO Monitor: COVID-19 and the world of work. Sixth edition, 23 Sept 2020



**Figure 6: Households headed by females aged 15 years and above, 2019**



Source: General Household Survey 2019, StatsSA 2020.

The high unemployment rate contributes to deprivation and ill health. The number of households reliant on social grants is increasing, from 31% in 2018 to 44,3% of the households currently receiving one or more grants with more than ¾ (77%) of learners attending schools benefitting from school feeding schemes in 2018.<sup>8</sup> According to the latest report released by Statistics SA,<sup>9</sup> “more than 6 out of 10 (62,1%) children aged 0-17 years are multi-dimensionally poor (households deprived of at least 3 out of 7 dimensions of poverty)\* mostly in predominantly rural provinces (LP, EC and KZN).



<sup>8</sup> General Household Survey, 2018, Stats SA, 2019

<sup>9</sup> Child poverty in South Africa: A Multiple Overlapping Deprivation Analysis, StatsSA 2020 (Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation).



### 7.1.4. Epidemiology and Quadruple Burden of Disease

#### Mortality and Morbidity

South Africa continues to face a quadruple burden of disease. The mortality patterns in South Africa are however changing, and deaths due to non-communicable diseases are now accounting for just under two thirds (~65%) of all natural causes of death<sup>11</sup>. Mortality due to “certain infectious and parasitic diseases” which **includes** tuberculosis has reduced from 19.5% in 2015 to 17.6% in 2017 in the past few years. The number of deaths due to HIV reduced significantly from 202 573 in 2009 (accounting for 31.5% of deaths), to 79625 in 2020 (15.4% of total deaths) .

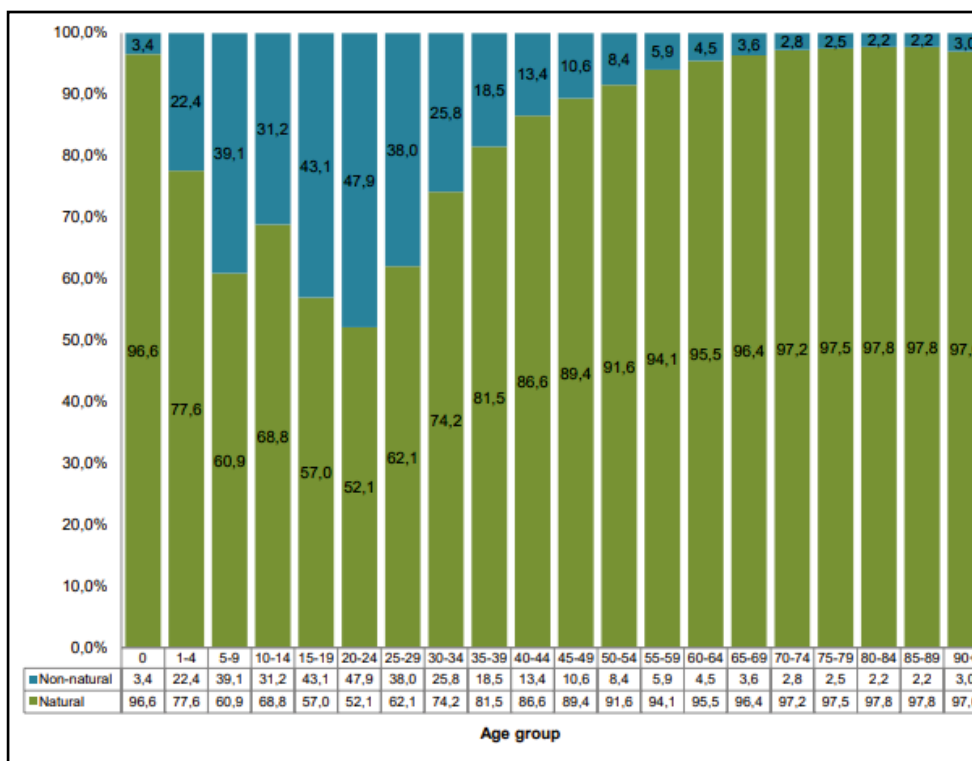
#### Deaths due to violence and injury

**Non-natural causes of deaths** in 2017 accounted for about 11.5% of all mortality, much higher than 8.7% in 2006.<sup>14</sup> (no reference provided in the footnote) The figure below indicates the percentage distribution

of natural and non-natural causes of death by age, 2017\*<sup>15</sup>. Age groups mostly effected by non-natural causes of death are rising from 5 year olds until 29 year olds, with the highest proportion of deaths in the 15-19 (43.1%) and 20-24 (47.9%) population groups. The mortality rate of males between 15-24 year olds are unchanged at 25 per 1000 males since 2011.<sup>16</sup>

Chapter 12 of the National Development Plan lists crime reduction as a strategic priority. There are three drivers of deaths due to violence and injury, which are (a) murder rate, (b) deaths due to Motor Vehicle Accidents, and (c) Gender Based Violence. The latest statistics released from the Stats SA , Table 2, indicates that murder rates increased by 28.8% compared to 2018/2019 data, with the number of households experiencing murders rising from 12 000 in 2018/19 to 15 000 in 2019/20. As a country, inter-sectoral collaboration is imperative to address the underlying social determinants of health in these populations, in order to contribute to an increase the life expectancy and quality of life of the South African population.

Figure 7: Percentage distribution of natural and non-natural causes of death by age



Source: Mortality and causes of death in South Africa: Findings from death notification 2017, StatsSA, 2020

\* (Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation).

<sup>11</sup> Mortality and Causes of Death in South Africa 2016, Statistics South Africa, 2018

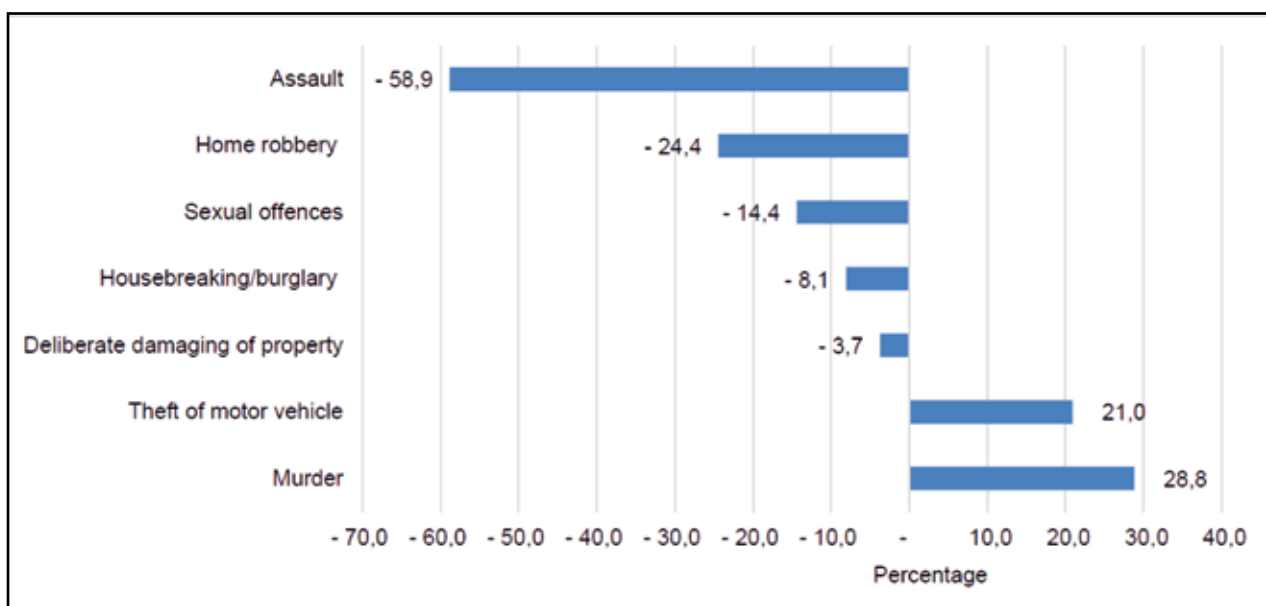
<sup>12</sup> Mortality and Causes of Death in South Africa, 2017, Findings from death notification, StatsSA, 2020

<sup>16</sup> Rapid Mortality Surveillance report, 2018, published 2020.

<sup>17</sup> Governance, Public Safety, and Justice Survey, GPSJS, 2019/20, Published Dec 2020, StatsSA



**Figure 8: Year-on-year percentage changes on household crime levels, 2018/19-2019/20**



Source: Governance, Public Safety, and Justice Survey, 2019/20, StatsSA, 2020

### Maternal, Infant and Child Mortality

Maternal mortality in South Africa for the FY of 2019-20 were performing well at 88.3 deaths per 100 000 live births<sup>18</sup>, however, the latest data from April 2020 (9 month data into the new FY) indicates a significant increase of maternal mortality in facility rate for the first 9 months with significant inequalities among provinces, ranging between 147.3 per 100 000 in Eastern Cape and 75.1 per 100 000 in Western Cape (Table 4 below). The increase in maternal mortality since 2019/20 is not clear, however, this need to be investigated in light of the Corona epidemic and consequential effect on service delivery. Hypertension, HIV and post-partum hemorrhage account for majority of the maternal deaths. The SDG 3 requires South Africa to reduce maternal mortality to below 70 per 100 000 live births by 2030. This will require improvements in the timeliness, coverage and quality of antenatal care, management of high-risk pregnancies, and re-configuring the referral system to meet the needs of the patients. Monitoring and training programmes like the National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD), as well as the Essential Steps in Managing Obstetric Emergencies (ESMOE) are all important interventions towards reducing maternal mortality.

**Table 4: Maternal Mortality in South Africa**

| Indicators                                      | Eastern Cape | Free State | Gauteng | KwaZulu-Natal | Limpopo | Mpumalanga | Northern Cape | North West | Western Cape | South Africa |
|---|--------------|------------|---------|---------------|---------|------------|---------------|------------|--------------|--------------|
| Maternal mortality in facility ratio (2019-20)  | 108.2        | 116.2      | 102.9   | 76.9          | 97.8    | 67.1       | 109.9         | 88         | 46.4         | 88.3         |
| Maternal mortality in facility ratio (2020-21)* | 147.3        | 163.7      | 105.1   | 106           | 116.5   | 88         | 81.7          | 118.6      | 75.1         | 109.8        |

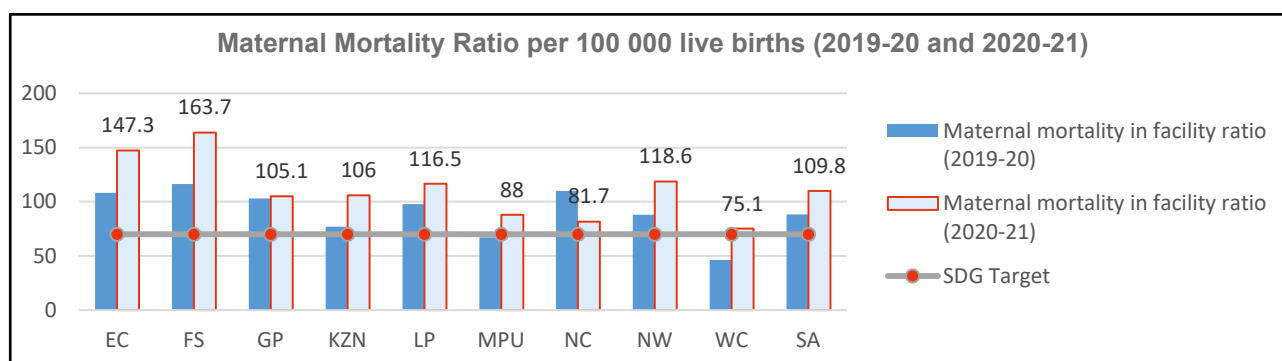
\* Data for 2020-21 is for the period April 2020 - December 2020

Source: DHIS Data, 2021

<sup>18</sup> DHIS Data, 2020

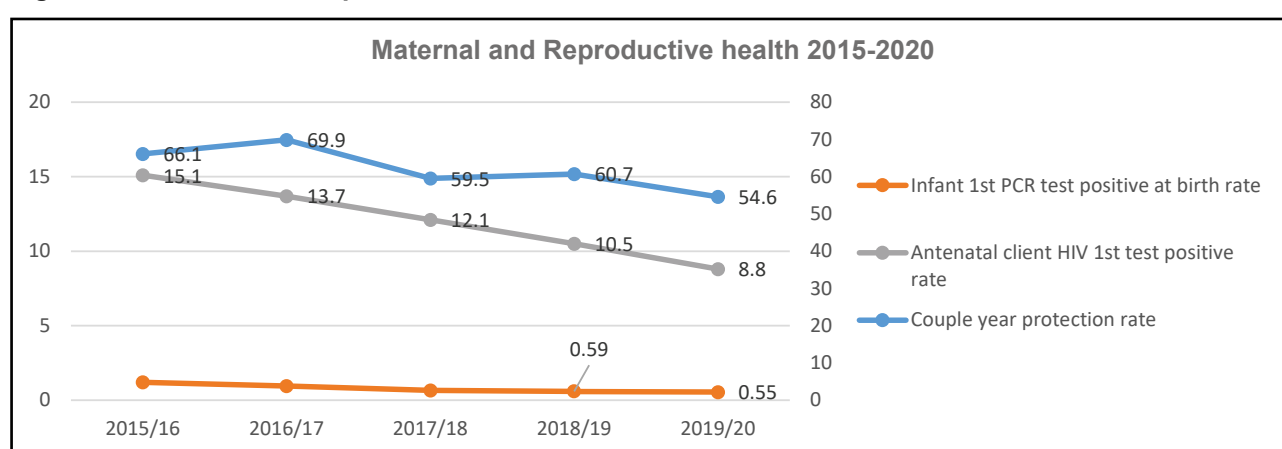


**Figure 9: Maternal Mortality in South Africa**



\* Data for 2020-21 is for the period April 2020 to December 2020 and is therefore not strictly comparable to the complete 2019/20 data. Source: DHIS Data, 2021

**Figure 10 Maternal and Reproductive Health 2015-2020**



Source: DHIS Data, 2020

Trends in South Africa reproductive health shows improvement in outcomes related to the management of HIV and Antenatal and infant PCR test positive rate. Since 2015/16 Antenatal client HIV 1st test positive rate of decreased from 15.1% to 10.5 for 2018/19 to 8.8 in 2019/20.

**Neonatal mortality** (child deaths within the first 28 days) in South Africa stands at 11.9 per 1 000 live births, and account for about half of infant mortality, and one third of child (under 5 years) mortality. According to StatsSA latest data<sup>19</sup> the leading cause of death in neonates were respiratory and cardiovascular disorders specific to the early neonatal period (the first 7 days of life), accounting for just over 1/3rd (31%) of deaths, followed by deaths related to disorders of the length of gestation and fetal growth (11.6%). The top five causes of deaths contributed 75.9% of deaths for the period of 2017. (South Africa has already achieved the SDG target of less than 12 per 1 000, but for a middle income country should aim to reach target of not more than 7 per 1000 by 2030. This translates to a two third reduction by 2030. This achievement will secure SDG and NDP targets for Infant and child mortality that stand at <20 per 1 000 live births (among infants), and <30 per 1 000 live births (among children).

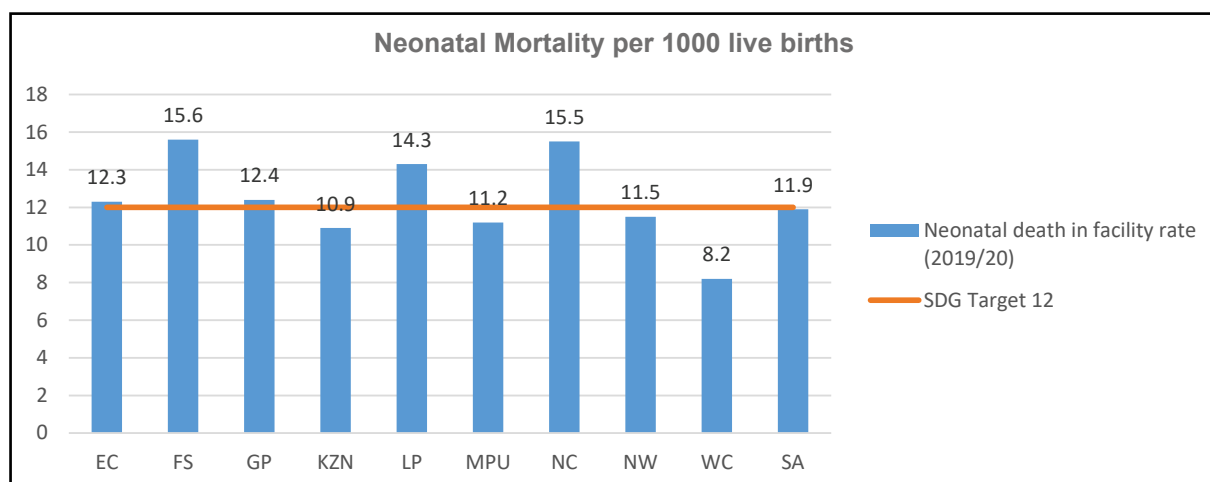
Data from the Committee On Morbidity And Mortality In Children (CoMMiC) report estimates that 45% of the under-5 deaths occur outside of health facilities<sup>20</sup>. Strengthening not only antenatal care; managing complications during delivery and preventing infections but also focusing on post-natal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

<sup>19</sup> DHIS Data, 2020

<sup>20</sup> Reducing neonatal deaths in South Africa: Progress and challenges, S Afr Med J 2018



**Figure 11: Neonatal Mortality Rate (NMR)**



Source: DHIS Data, 2020

**Child under 5 mortality Rate:** South Africa is currently at 34 deaths per 1000 live Births<sup>21</sup>, and slight increase from 33 per 1000 live births in 2017 and aims to reduce deaths to 25 per 1000 live births by 2024. Minimizing exposure to poverty and improving nutritional status of children is critical because they lower cognitive performance. The first one thousand days in a child’s life defines their life-long potential. By the age of 5, almost 90% of a child’s brain is developed. These are the formative years where factors such as adequate healthcare, good nutrition, good quality childcare and nurturing, a clean and safe environment, early learning and stimulation will, to a large extent, influence his/her future.<sup>22</sup> The health system’s efforts are confined to immunization to ensuring infants are protected against vaccine preventable diseases and improving case management of diarrhoea, pneumonia, and severe acute malnutrition in hospitals. Most of the child health indicators performance as a country improved since 2018, Most recently the recent datais suggesting a significant decline in fully immunized for the country at 58.4% and measles 2nd dose coverage at 55.8%., significantly lower than 83.6% and 79.6% respectively for immunization and measles 2nd dose coverage during 2019/20 financial year. There is improvement in severe malnutrition under 5 years fatality rate, however, Northern Cape (6.2) and KwaZulu-Natal (4.3) is still significantly above the country average of 2.9.

The PMTCT programme began 15 years ago. During 2015, the national policy introduced lifelong triple antiretroviral therapy (ART) for all HIV positive pregnant and lactating women (PMTCT Option B+), and three-monthly HIV testing of HIV-negative pregnant and lactating women. In 2016, the “Last Mile Plan” was launched focusing on the delivery systems for elimination of mother-to-child transmission of HIV (EMTCT). The policy changes yield positive results, reducing early (6 weeks postpartum) in the MTCT rate (% HIV-exposed infants who acquire HIV infection from their mothers) from 3.5% in 2010 to 1.1% in 2015-2016.<sup>23</sup>

<sup>21</sup> Rapid Mortality Surveillance 2018, MRC 2020

<sup>22</sup> Early childhood development in South Africa 2016, StatsSA, 2018

<sup>23</sup> Closing the gaps to eliminate mother-to child transmission of HIV (MTCT) in South Africa; Goga, et al., 2018



**Table 5: Diarrhea, Pneumonia and Severe malnutrition deaths for under 5s (2019-20 FY and 2020-21FY\*)<sup>24</sup>**

| Indicator  | Type | ZA   | EC   | FS   | GP   | KZN  | LP   | MP   | NW   | NC   | WC   |
|--|------|------|------|------|------|------|------|------|------|------|------|
| Immunisation under 1 year coverage (2019/20)             | %    | 83.6 | 76   | 77.2 | 86.9 | 91.2 | 73.6 | 96.4 | 89.5 | 62.5 | 84.8 |
| Immunisation under 1 year coverage (2020/21)             | %    | 58.4 | 50.5 | 56   | 61.4 | 63.7 | 48.5 | 65.6 | 51.3 | 57.9 | 62.4 |
| Measles 2nd dose coverage (2019/20)                      | %    | 79.6 | 73.7 | 73.3 | 79.7 | 82.6 | 79   | 94   | 89.6 | 66.9 | 80   |
| Measles 2nd dose coverage (2020/21)                      | %    | 55.8 | 48.5 | 53.7 | 56.3 | 59.1 | 57.7 | 60.8 | 46.4 | 60.6 | 58.9 |
| Diarrhea case fatality < 5 years rate (2019/20)          | %    | 1.8  | 2.8  | 0.94 | 1.7  | 1.7  | 2.8  | 2.1  | 1.5  | 2.8  | 0.24 |
| Diarrhea case fatality < 5 years rate (2020/21)          | %    | 2.1  | 3.7  | 2.8  | 2.3  | 1.9  | 3.3  | 1.5  | 1.4  | 2.3  | 0.2  |
| Pneumonia case fatality < 5 years rate (2019/20)         | %    | 1.6  | 3.4  | 1.8  | 1.8  | 2    | 2.7  | 2.3  | 1.7  | 1.2  | 0.22 |
| Pneumonia case fatality < 5 years rate (2020/21)         | %    | 2.2  | 3.3  | 4.5  | 2.2  | 2.2  | 5.1  | 6.8  | 3.6  | 2.5  | 0.22 |
| Severe acute malnutrition death < 5 years rate (2019/20) | %    | 5.1  | 7.1  | 6.3  | 2.5  | 5    | 4.9  | 4.7  | 7.9  | 13.5 | 0.69 |
| Severe acute malnutrition death < 5 years rate (2020/21) | %    | 2.9  | 2.9  | 3.7  | 1.4  | 4.3  | 2.9  | 3.8  | 3.9  | 6.2  | 0.8  |

Source: DHIS Data, 2021 \*(The data for 2020/21 is for period April 2020 to December 2020)

### Communicable Diseases

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

There are currently 7.8m people living with HIV (PLHIV) in South Africa, with approximately 4.9m people on Antiretroviral Treatment (ART) in the public sector. The private sector accounts for approximately 307,000 people on ART across the country. Number of AIDS-related deaths declined consistently since 2009 from 202 573 to 79 625 in 2020 . The HIV prevention interventions have resulted in a steady decline of HIV incidence. For 2020 an estimated 13% of the total population is HIV Positive of which 22.95 percent of women in age group 15-49 years are HIV positive. The rapid scale up of Antiretroviral Treatment (ART) services resulting in significant increases in the number of people receiving ART between 2011 and 2020. South Africa aims to continue to scale up ART by another 1.2 million by December 2021, to ensure that 90% of those who know their status, receive lifelong ART.

<sup>24</sup> Mid year population estimates, StatsSA, 2020.

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

| Year <sup>25</sup> | 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               | <b>1 174 320</b> | <b>515 804</b>   | <b>79 625</b>                 | <b>15,4</b>               |

Source: Mid-Year Population estimates, StatsSA, 2020

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

**Figure 12: 90-90-90 HIV Treatment cascades for Total Population, Children under 15 years, Adult Males and Adult Females**



Source: DHIS Data, 2021

<sup>25</sup> Data is for a 12-month period from July of the previous year to June of that year





South Africa is currently at 93-73-88 in terms of performance against 90-90-90 across its total population using data available in the public sector. Results for each of the sub-populations vary, with adult females at 95-78-89, adult males at 92-65-89, and children at 80-61-63.

Solutions to challenges remain the same i.e. for adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated.

There are gaps across the cascade for children under 15 years. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions.

To achieve 90-90-90 targets, South Africa must increase the number of adult men on ART by 565 349, the number of adult women on ART by 368 020, and the number of children on ART, by 74 662. Data available in the private sector indicates that 4 789 Children, 190 481 Adult Females, and 112 434 Adult Males are receiving ART through private medical.

Large urban metros (City of Johannesburg, City of Tshwane, Ekurhuleni, eThekweni, Mangaung, City of Cape Town, and Buffalo City) account for 38% of the HIV population, with 27 high burden districts accounting for approximately 79% of HIV population. Five Districts (Umzinyathi, Ugu, Harry Gwala, Umkhanyakude and Thabo Mofutsanyana) have reached 90-90-90 in South Africa.

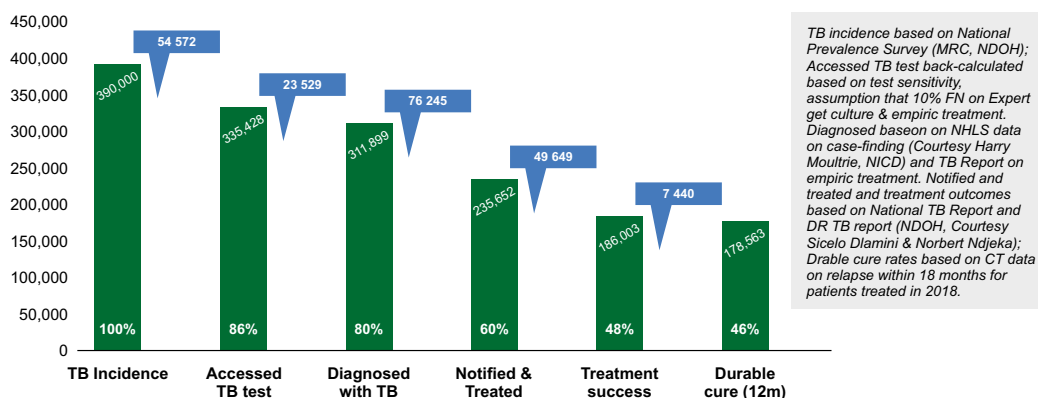
**Tuberculosis (TB)** Tuberculosis remains the leading cause of death amongst communicable diseases, however, there is a downward trend of mortality from 7.2% in 2015 to 6.4% in 2017<sup>26</sup>. This is commensurate with the downward trends in TB morbidity. The 2019 Global WHO TB report indicates that South Africa's TB incidence rate has decreased from 834 per 100 000 in 2015 , to 615 per 100 000 in 2019. South Africa aims to reduce the TB incidence by 30% from

2015 baseline by 2022/23. TB case notifications have also declined over the years. This is largely attributable to the improvement in Antiretroviral Treatment coverage and treatment for latent TB infection (TPT) for people living with HIV but without active TB disease. The national TB Prevalence survey estimated the prevalence of all TB in 2018 to be 737 per 100 000 which translates to an incidence of 390 000. However, the TB notifications for 2018 were 235 652, which means 154 348 people who have TB disease were missed.

In 2019, 222 350 people were notified with TB, meaning that 137 650 people with TB were missed. In addition, the TB treatment coverage (notified/estimated incidence) is estimated at 58% (CI 43-84) for 2019. To reduce morbidity, mortality and ongoing transmission of TB in the communities the health sector needs to find and treat everyone with TB disease, to attain the 90-90-90 targets by 2022/3. South Africa aims to reach 90% by 2022/23.

South Africa committed to ending the TB epidemic by adopting the global End TB strategy in 2014 and the Sustainable Development goals for 2030 in 2015. The End TB Strategy aims to reduce the number of deaths caused by TB by 75% by 2025, and 90% by 2030, when compared against 2015 baselines. This translates to a target of not more than 8 510 TB deaths by 2025, and 3 404 by 2030. To ensure that South Africa achieves its targets active case finding strategies will need to be implemented, screening and testing services will have to be expanded to reach all communities, link all people diagnosed with TB to treatment and care, and retain everyone on treatment to ensure they successfully complete their treatment because TB is curable. Northern Cape; Western Cape and Eastern Cape have the highest lost to follow up rates. Gauteng province has the highest TB success treatment rate for Drug Sensitive TB Cases. Limpopo has the highest death rate for Drug-Sensitive TB cases in the country.

This will require focus on addressing the gaps in the TB Care Cascade shown in the diagram below, and improving the quality of TB services.

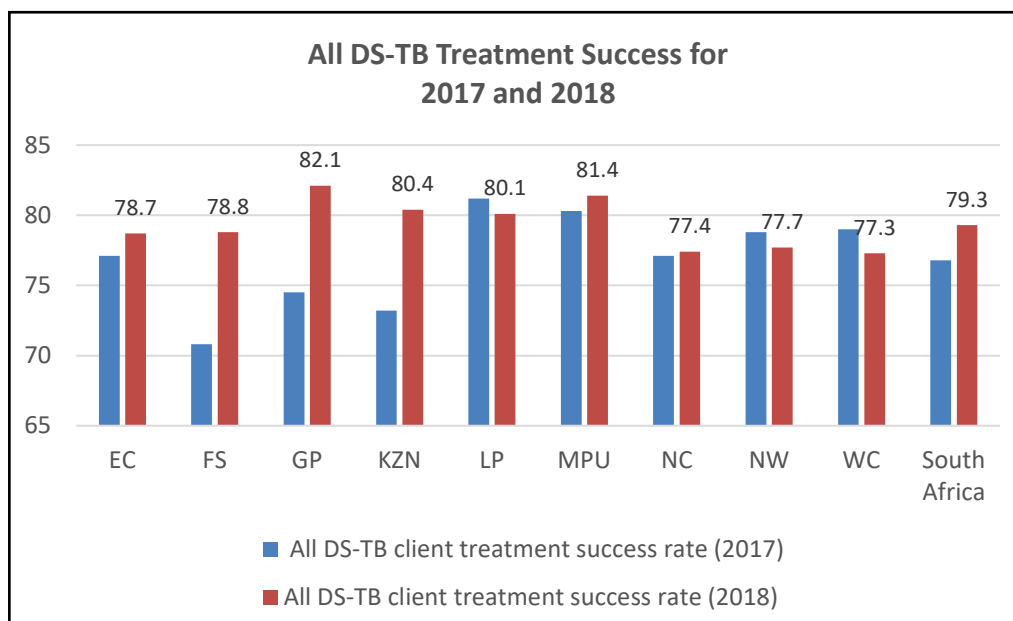


<sup>26</sup> Mortality and Causes of Death in SA, 2017, StatsSA published 2020



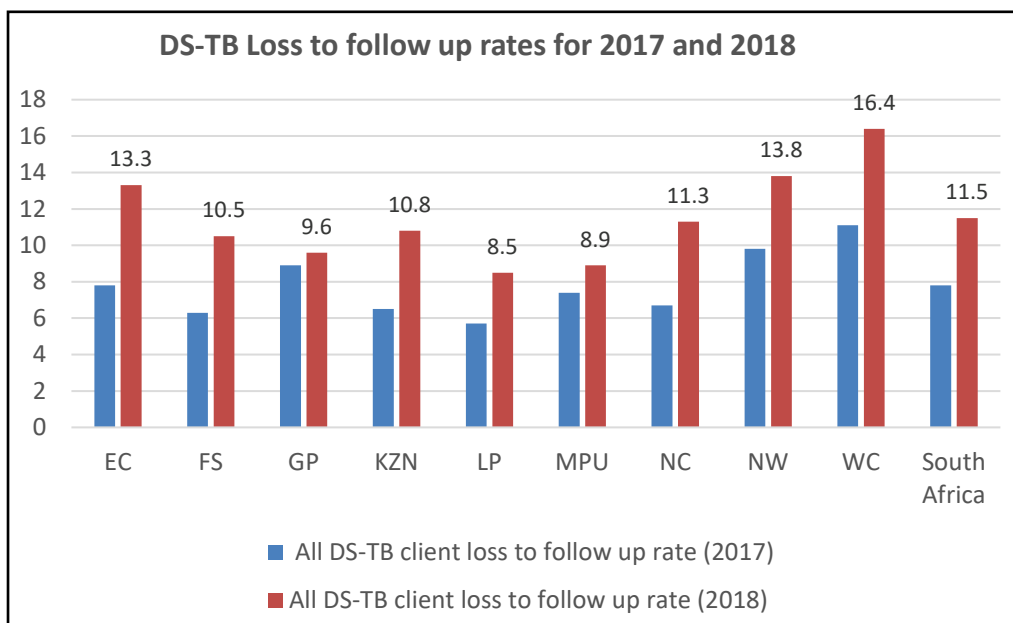
The public health facilities have progressively intensified case identification and case management for drug susceptible TB. The treatment success rate in 2018 was 79.6% an increase from 76.3% in 2017. However, the loss to follow up rates have increased across all province ranging from 8.5% in Limpopo to 16.4% in the Western Cape and a national average of 11.5%. Death rates have increased slightly from 7.6% in 2017 to 7.9% in 2018. The highest being in Limpopo at 10.7%, and the lowest in Western Cape at 3.8%.

**Figure 13: TB Treatment Success rate, 2017 and 2018**



Source: DHIS Data, 2020

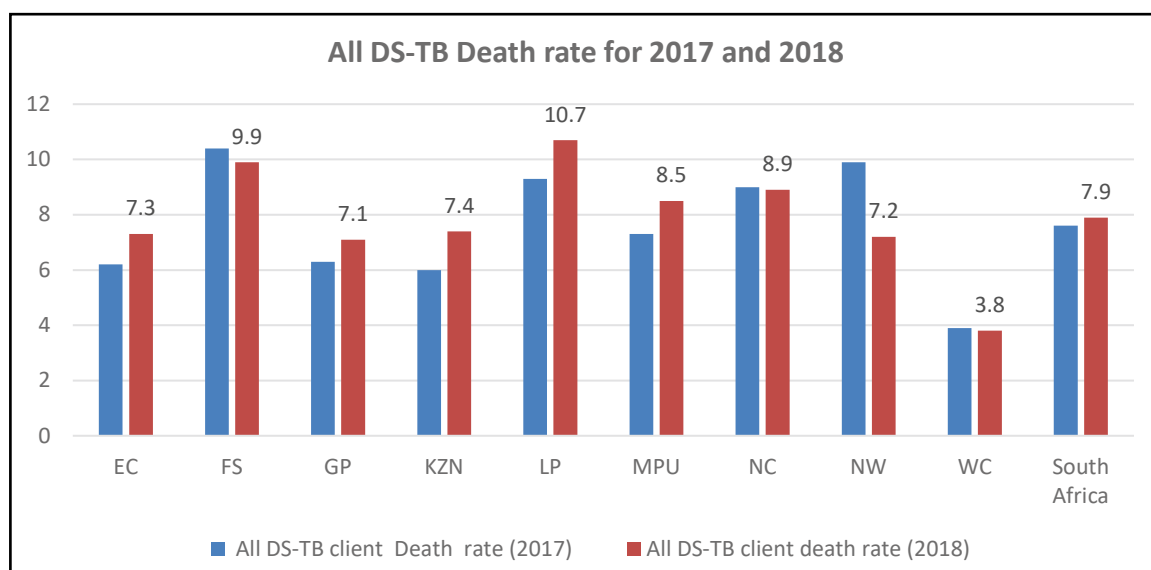
**Figure 14: TB Loss to follow up rate, 2017 and 2018**



Source: DHIS Data, 2020



**Figure 15: TB Death rate, 2017 and 2018**



Source: DHIS Data, 2020

**Malaria** incidence was significantly reduced from 11.1 in 2000/01 to is 0.85 per 1000 population at risk for the 2019/2020. There are 3 malaria endemic provinces in South Africa which are: Mpumalanga, Limpopo and KwaZulu-Natal. South Africa is aiming for malaria elimination (zero malaria transmission) by 2023, with the key strategies of surveillance (all malaria cases reported within 24 hours), educating the population living in malaria endemic areas, implementation of key vector suppression strategies, and providing universal access to diagnosis and treatment in endemic and non-endemic areas, requiring scaling up. The COVID-19 pandemic peaked during the low malaria transmission period, hence the COVID-19 effect on malaria transmission did not manifest. Moreover, the risk adjusted lockdown with associated land border closures saw fewer to no persons entering the country, impacting negatively on local malaria transmission.

According to StatsSA, NCDs contribute 57.88% of all deaths<sup>27</sup>, of which 60% are premature (under 70 years of age). Numerous studies recently showed a correlation exists between experiencing severe Coronavirus (SARS-CoV-2) illness and even death when having one or more comorbidities like Diabetes, obesity, hypertension, cardiovascular diseases, cancer and renal failure. This trend reveals gaps in health systems when delivering services for the prevention and control of NCDs as well as reducing the high impact of the social and commercial determinants of health.

### Non-Communicable Diseases

The probability of premature mortality, between the ages of 30 and 70, due to selected NCDs including cardiovascular disease, cancer, diabetes and chronic respiratory diseases is 34% for males and 24% for females\*\* (Rapid Mortality Surveillance Report 2017; SAMRC, 2019 – total 29%. 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 5.4% in 2015 to 5.7% in 2017.

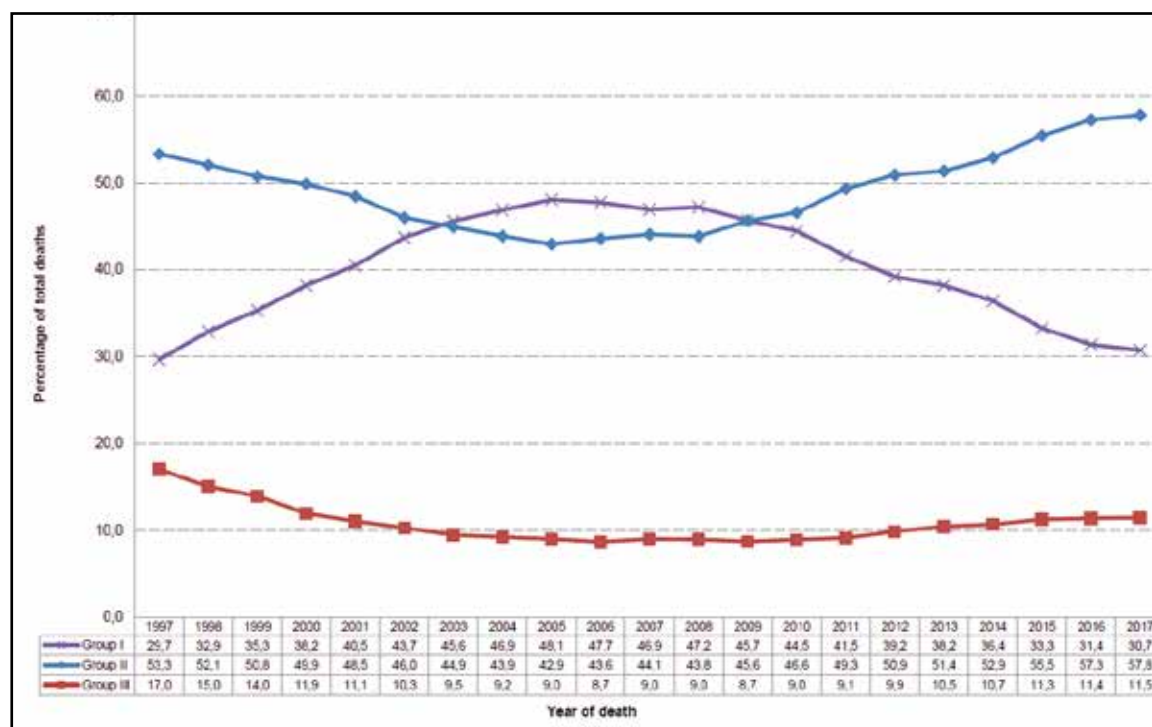
<sup>27</sup> Mortality and Causes of Death in South Africa 2017, Statistics South Africa, 2020

\* Q1 Jan Feb Mar 2019

\*\* Rapid Mortality Surveillance Report 2017; SAMRC, 2019



**Figure 16: Deaths: Communicable; non-communicable and Injuries, 1997-2017\***



\*Percentage of deaths due to communicable diseases (Group I); non-communicable diseases (Group II); and injuries (Group III) by year of death, 1997 - 2017. Source: Mortality and causes of death in South Africa, 2017: Findings from death notification

Over the period 1997 – 2017, the percentage of deaths due to non-communicable diseases show significant increase in comparison to communicable diseases and injury and trauma. However recent data show rapidly increasing co and multi-morbidities especially between NCDs and HIV and AIDS and TB which contribute to morbidity and disability.<sup>28</sup>

Most recently, SADHS 2016, revealed that 46% of women and 44% of men aged 15 years and older have **hypertension**<sup>29</sup> (Table 7). Since 1998 the prevalence of hypertension has nearly doubled, from 25% to 46% among women and from 23% to 44% among men. 22% percent of women and 15% of men report that they taking medication to lower their blood pressure.

According to the SADHS 2016, 13% of women and 8% of men are **diabetic** (HbA1c level of 6.5 or above) (Table 7). Diabetes type 2 prevalence increases with age with people over 45 at an increased risk. This is a major public health concern with the significant rise in aging population projected in South Africa. Research on the prevention and control of NCDs is being undertaken by various national and global agencies and experts hope to that finds will enhance the country's response to the prevention and control of NCDs.

**Table 7: 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 <sup>30</sup> | % | 13 | 18 | 14 | 9  | 17  | 15 | 12  | 9  | 12 | 12 |
| Men age 15+ with diabetes <sup>31</sup>   | % | 8  | 10 | 8  | 7  | 9   | 10 | 7   | 4  | 7  | 13 |

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

<sup>28</sup> Integrating mental health with other non-communicable diseases, Stein, BMJ, 2019

<sup>29</sup> South African Demographic and Health Survey in South Africa,



Table 7 provides a provincial breakdown of the prevalence of hypertension and diabetes. FS, NC and WC have the highest prevalence of hypertension in females aged 15 years and older, whilst WC and NC had the highest prevalence of hypertension amongst males of the same age group. The prevalence of diabetes in women was highest in EC and KZN, with WC reporting the highest prevalence of diabetes amongst men.

Overall, the leading **cancers** in South African men and women remain largely unchanged across a 5-year period from 2013 - 2017. In 2017, 81 607 new cases of **cancer** were registered with the National Cancer Registry. The most common female **cancers** sites were breast, cervix, colorectal, uterine and lung. **Breast cancer** is the leading cancer among women for all the race groups, except in black women where cervical cancer is the leading cancer. 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.

There is a strong correlation between **mental disorders** and non-communicable diseases like HIV/AIDS and TB and non-communicable diseases like diabetes and cancer with the comorbidity negatively influencing help-seeking behaviour, delaying diagnosis and treatment which lead to poor prognosis.<sup>32</sup> Most mental disorders have their origins in childhood and adolescence with “approximately 50% of mental disorders begin before the age of 14 years.”<sup>33</sup> The most prevalent mental health disorders are anxiety disorders, substance abuse disorders and mood disorders. The National Mental Health Policy Framework and Strategic Plan 2013-2020 adopted in July 2013 sets out key objectives and milestones that must be realised to transform mental health services in the country. The priorities are (i) improving detection rates and management of mental disorders especially in primary health care settings; (ii) improving mental health infrastructure capacity especially at community level; and (iii) improving the supply of and access to mental health professionals. Mental wellbeing also requires that multidimensional interventions be implemented with other sectors to address the socio-economic determinants of mental disorders. During 2020/21 financial year the mental health programme faced a number of disruptions. However, progress has been made to strengthen mental health services including:

- Mental Health Review Boards are established in all provinces.

- Inter-sectoral Committee on Mental Health (composed of government departments and civil society organizations as directed by the SA Human Rights Commission) was established to review the Mental Health Policy Framework and Strategic Plan 2013-2020 and develop an integrated strategy and plan.
- Policy guidelines on mental health during the Covid-19 pandemic were developed and are currently being implemented by all nine provinces.
- Integration of mental health into Primary Health Care to ensure that all health providers can detect, support and refer people with mental disorders.
- Deployment of specialist mental health practitioners to support primary health care clinics utilizing the Mental Health Insurance Grant.

### Forensic Mental Health

Forensic mental health is a critical service rendered by the Department of Health. It contributes significantly to the criminal justice system. The departmental data shows that there has been an accumulation of backlogs for forensic psychiatric evaluations and State patients referred by the Courts since 2012. Out of 2007 Court referrals for these evaluations, 1309 cases were concluded. The backlog of forensic psychiatric evaluations was 1450 and 200 for State patients waiting for hospital admission in detention centres. The most affected provinces were Eastern Cape, Gauteng and KZN. To improve the efficiencies of this service and reduce the backlogs, intersectoral interventions and collaboration with stakeholder departments such as Correctional Services, Social Development, Justice and Constitutional Development, Legal Aid South Africa, NPA and SAPS remain critical. These includes expanding the service delivery platform, improving infrastructure and human resource capacity as well as strengthening mental health prevention and promotion strategies.

### COVID-19 Epidemic

In early December 2019 a virus causing flu like symptoms similar to SARS and MERS\* emerged from the city Wuhan, Hubei Province in China. The virus also referred to as “covid-19” has more rapidly spread comparing to the SARS and MERS viruses that caused severe acute respiratory syndrome<sup>34</sup> On 30 January 2020, the WHO declared the outbreak a global emergency.

<sup>30</sup> (% with adjusted HbA1c> and equal6.5%)

<sup>31</sup> (% with adjusted HbA1c> and equal6.5%)

<sup>32</sup> Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR et al. No health without mental health. *Lancet* 2007; 370:859-877

<sup>33</sup> WHO. Mental health: the bare facts. [http://www.who.int/mental\\_health/en/](http://www.who.int/mental_health/en/). 1-28-2010. Ref Type: Internet Communication

\* MERS: Middle East Respiratory Syndrome

<sup>34</sup> World Health Organization; National Health Commission of China; Reuters Graphics, <https://graphics.reuters.com/CHINA-HEALTH-VIRUS-COMPARISON/0100B5B3Y/index.html>, Accessed 4 February 2020



The first COVID-19 case in South Africa was confirmed on 5th March 2020, and has quickly spread to all nine provinces with community transmission now been established. On 15th March 2020, the President of South Africa declared the COVID-19 outbreak a ‘national disaster’ announcing a “lockdown” in the country - extraordinary interventions to curb the spread of the disease, including travel restrictions, social distancing, large scale testing and tracing.

### Epidemiology and Surveillance for South Africa

Globally, the current situation<sup>35</sup> related to COVID-19 outcomes are noted in the Table below:

**Table 8: Global situation as of the 7 February 2021**

|                              | # of Confirmed COVID-19 Positive Cases | Increase in Confirmed Cases | # of deaths      | Increase in Deaths | Case Fatality Rate |
|------------------------------|--|-----------------------------|------------------|--------------------|--------------------|
| <b>Global</b>                | <b>105 658 476</b>                     | <b>408 712</b>              | <b>2 309 370</b> | <b>10 764</b>      | <b>2,2%</b>        |
| <b>African Region*</b>       | <b>2 655 316</b>                       | <b>10 429</b>               | <b>65 736</b>    | <b>410</b>         | <b>2,5%</b>        |
| SADC Region                  | 1 792 804                              | 6 503                       | 52 524           | 367                | 2,9%               |
| <b>Americas</b>              | <b>47 122 757</b>                      | <b>209 541</b>              | <b>1 098 811</b> | <b>6 290</b>       | <b>2,3%</b>        |
| <b>Eastern Mediterranean</b> | <b>5 851 415</b>                       | <b>22 981</b>               | <b>137 301</b>   | <b>355</b>         | <b>2,3%</b>        |
| <b>Europe</b>                | <b>35 481 004</b>                      | <b>134 108</b>              | <b>780 934</b>   | <b>3 286</b>       | <b>2,2%</b>        |
| <b>South-East Asia</b>       | <b>13 057 951</b>                      | <b>24 154</b>               | <b>200 545</b>   | <b>278</b>         | <b>1,5%</b>        |
| <b>Western Pacific</b>       | <b>1 489 288</b>                       | <b>7 499</b>                | <b>26 030</b>    | <b>145</b>         | <b>1,7%</b>        |

Source: WHO COVID-19 and Africa CDC Dashboard

Within the SADC region, South Africa continues to have the highest number of cases accounting for 82.2% of all cases and a fatality rate of 3.1%.

**Figure 17: Dashboard of current data for COVID-19 cases in South Africa (Period March 2020-9 February 2021).**

|                        |                       |                        |                     |                   |                     |
|------------------------|-----------------------|------------------------|---------------------|-------------------|---------------------|
| <b>Tests Conducted</b> | <b>Positive Cases</b> | <b>Daily New Cases</b> | <b>Total Deaths</b> | <b>Recoveries</b> | <b>Active Cases</b> |
| <b>8,538,269</b>       | <b>1,479,253</b>      | <b>1,744</b>           | <b>46,869</b>       | <b>1,367,247</b>  | <b>65,137</b>       |

Source: Daily Minister’s Report, NDoH, 2021

Nationally, as of 9 February 2021, there has been a decline of 74% new cases compared to 7 days prior, which is the trend in all provinces. The number of confirmed positive cases were 1,479,253 with an average daily number of new cases reported at 1,744. Nationally, the recoveries are 1,367,247, a recovery rate of 92,4%. The cumulative number of deaths are 46,869. At the time, KwaZulu-Natal has the highest active cases of 22979; followed by Western Cape at 10087.

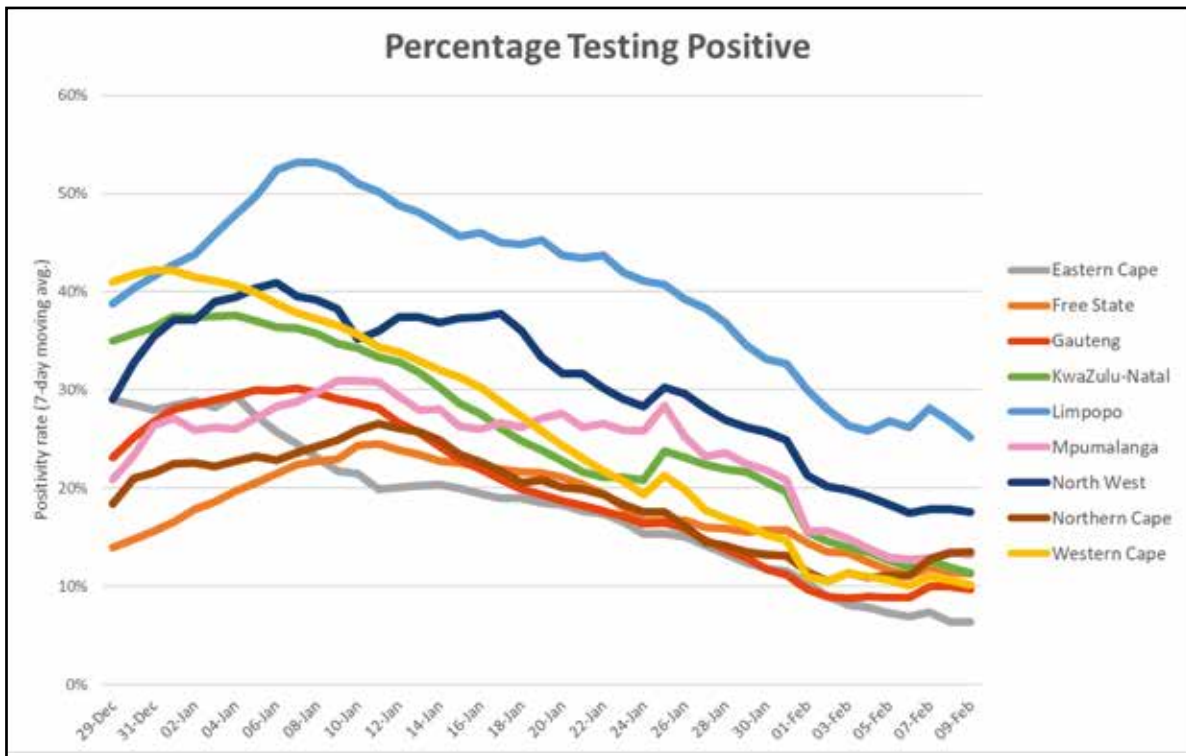
### Laboratory Service

A cumulative total of 8,538,269 SARS-CoV2 tests have been performed as of 7 February 2021. The majority of provinces have positivity rates below 10% whilst Limpopo and North West had the highest new test positivity rate at 13.6% and 14.5% respectively. The positivity rate for most provinces was on a downward trend. The overall positivity for the newly tested individuals is 6%.

<sup>35</sup> Daily Minister Report, IMT, as of 17 Nov 2020



**Figure 18: Trend of percentage testing positive per province, 29 December 2020 to date**

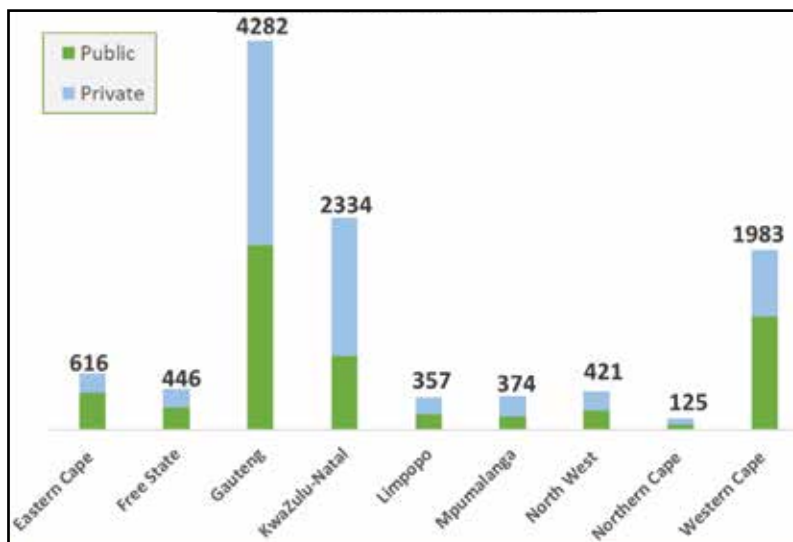


Source: Daily Minister’s Report, NDoH, 2021

**Case Management**

Nationally the proportion of patients admitted to ICU is at 16.8% with 56.4% of patients in ICU being placed on ventilation. In the past two weeks, the highest number of hospital admissions were in Gauteng with 4282 (39.1%) followed by KwaZulu-Natal with 2334 (21.3%) and the Western Cape with 1983 (18.1%) (refer to figure 17)

**Figure 19: COVID-19 Hospitalised Patients by Province in public and private sector**



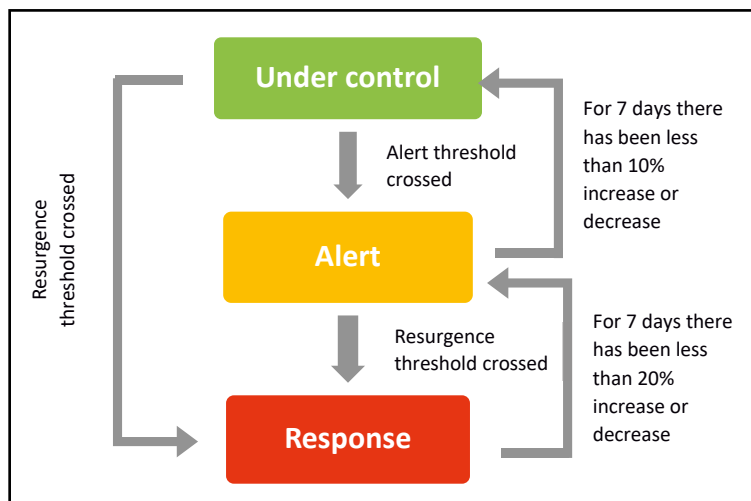
Source: Daily Minister’s Report, NDoH, 2021



## Resurgence Plan for COVID-19

According to the Department’s Resurgence Plan<sup>36</sup> “A COVID-19 resurgence is defined as an increase in incidence after a period of lower transmission.” The plan is a “practical guide” to mitigate and plan for a possible resurgence of the pandemic applicable at all levels of health care. The plan details several key resurgence indicators to monitor the adequate action of either “under control, an alert or response” action, based on the data monitored as noted in the figure below.

**Figure 20: Covid-19 scenarios**



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

As part of the response plan to combat COVID-19, the country has a vaccination strategy that covers implementation and management of the National Covid-19 vaccine programme. It was expected that phase 1 of the vaccination programme would commence early February 2021, however, following concerns regarding efficacy of the Oxford-AstraZeneca (CoviShield) vaccine against mild-moderate COVID caused by the 501.V2 variant, the planned vaccination with the vaccine was placed on hold on the 6th of February 2021.

A single-dose vaccine from Johnson and Johnson (the ENSEMBLE trial) showed positive results, up to 85% protection against severe symptoms of the virus and 100% percent protection against death, and as such, the Department of Health has commenced with plans to use the vaccine in an Open label trial setting in partnership with the SAMRC vaccinate health care workers. 17 public sector hospitals commenced to vaccinate patient facing public and private health care workers nationally. As at 20 February 2021, approximately 58,801 Health Care Workers were

invited to participate. 27,610 have consented to participate and 7,967 have been vaccinated.

### 7.1.5. Quality of care, health system improvement and Universal Health Coverage

The Lancet Global and South African commissions have argued that high coverage (or access to care) is necessary but not sufficient to shift morbidity and mortality patterns.<sup>37</sup> Better health outcomes and impact can only be achieved by ensuring that a high proportion of people receive care (coverage) that is effective (delivered at high quality).<sup>38</sup> An effective health system is measured by its ability to provide reliable clinical care, and one that complies with norms and standards adopted by the system. Improving coverage and quality of care will require a system-wide action. A quality health system is **one** that offers reliable clinical care; that is compliant with the norms and standards set out the by the Office of Health Standards Compliance (OHSC); and one that is positively perceived by the patients:

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

<sup>36</sup> Resurgence Plan v 6.3, NDoH, 2020

<sup>37</sup> High-quality health systems in the Sustainable Development Goals era: time for a revolution, Kruk, ME et al, 2018

<sup>38</sup> District Health Planning and Monitoring Framework, National Department of Health, Aug 2017





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

#### 7.1.5.1. Quality of Care from Patients' Perspective

The Department has implemented various tools to monitor patient experience of care. One of the systems is to track the resolution of patient safety incidents and patient complaints. The National Guideline for Patient Safety Incident (PSI) Reporting and Learning and the National Guideline for the Management of

Complaints, Compliments and Suggestions (CCS) with the accompanying web-based information system was rolled out to provinces in November and December 2017. The implementation date for both Guidelines was 1 April 2018. A web-based information system was developed on the Ideal Health Facility website to assist facilities with the implementation of the two guidelines and to monitor the implementation thereof. Every complaint and patient safety incident should be captured on a form on the web-based information system. The data captured on the form is used to auto-generate registers and statistical data on the indicators and categories for PSI and CCS. The statistical data and categories should be used to improve patient safety and quality within every facility.

**Table 9: Country and Provincial data on complaints logged for 2019/2020 \***

| Indicator/category                              | ZA    | Eastern Cape | Free State | Gauteng | KwaZulu-Natal | Limpopo | Mpumalanga | North West | Northern Cape | Western Cape |
|---|-------|--------------|------------|---------|---------------|---------|------------|------------|---------------|--------------|
| # Complaints received                           | 25258 | 3220         | 1402       | 4062    | 6998          | 41      | 2364       | 1665       | 189           | 5317         |
| # Complaints resolved                           | 23726 | 3050         | 1272       | 3812    | 6677          | 37      | 2112       | 1530       | 181           | 5055         |
| % Complaints resolved                           | 94%   | 95%          | 91%        | 94%     | 95%           | 90%     | 89%        | 92%        | 96%           | 95%          |
| # Complaints resolved within 25 working days    | 22509 | 2850         | 1231       | 3615    | 6376          | 36      | 1971       | 1494       | 162           | 4774         |
| % of Complaints resolved within 25 working days | 95%   | 93%          | 97%        | 95%     | 95%           | 97%     | 93%        | 98%        | 90%           | 94%          |
| Waiting times                                   | 31%   | 26%          | 40%        | 23%     | 35%           | 27%     | 38%        | 33%        | 29%           | 28%          |
| Patient care                                    | 30%   | 27%          | 25%        | 32%     | 24%           | 29%     | 26%        | 29%        | 20%           | 41%          |
| Staff attitude                                  | 27%   | 22%          | 28%        | 31%     | 21%           | 15%     | 27%        | 28%        | 43%           | 33%          |
| Other   | 12%   | 21%          | 8%         | 9%      | 13%           | 27%     | 14%        | 9%         | 18%           | 9%           |
| Access to information                           | 8%    | 5%           | 12%        | 13%     | 6%            | 2%      | 6%         | 8%         | 5%            | 9%           |
| Safe and secure environment                     | 5%    | 6%           | 5%         | 5%      | 4%            | 2%      | 6%         | 6%         | 6%            | 4%           |
| Waiting list                                    | 4%    | 3%           | 2%         | 7%      | 4%            | 5%      | 5%         | 3%         | 3%            | 4%           |
| Hygiene and cleanliness                         | 3%    | 6%           | 3%         | 3%      | 2%            | 22%     | 4%         | 6%         | 6%            | 3%           |
| Availability of medicines                       | 3%    | 2%           | 3%         | 3%      | 3%            | 2%      | 3%         | 3%         | 5%            | 4%           |
| Physical access                                 | 3%    | 3%           | 1%         | 5%      | 3%            | 0%      | 4%         | 5%         | 8%            | 1%           |

\* report generated 11 June 2020



The results indicated that for the country the categories “waiting times”; perceived “patient care” and “staff attitude” received the most complaints logged during the 2019-2020, similar to 2018-2019. Free State received the most complaints (40%) due to waiting times; Western Cape (41%) complaints due to patient care and Northern Cape (43%) complaints related to staff attitude.

### 7.1.5.2. Clinical Quality

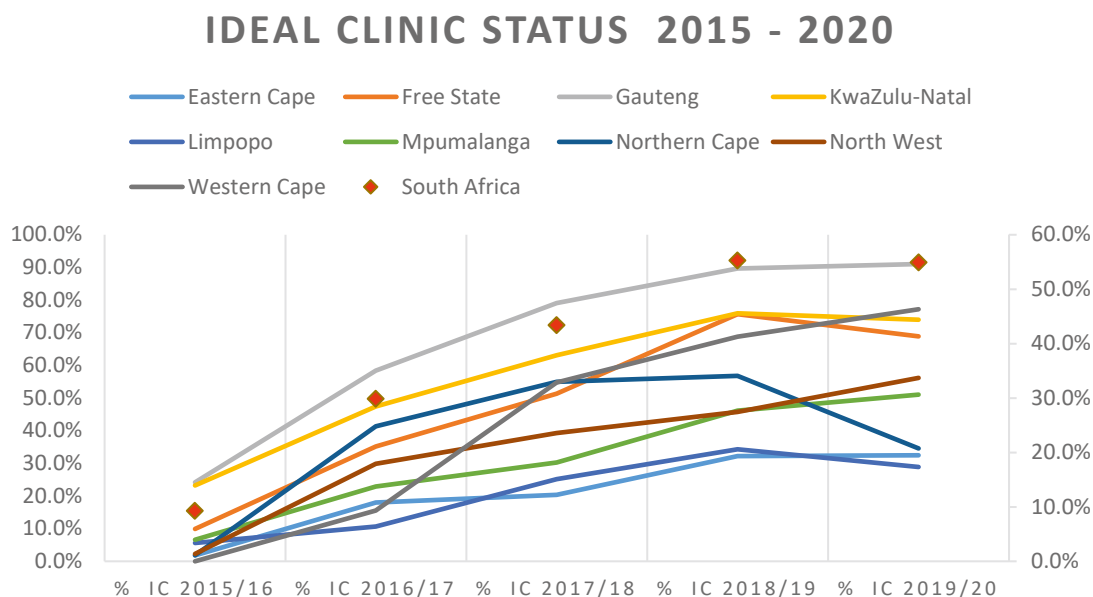
Modifiable factors contributing to mortality: According to the Lancet Commission report the National Committee of Confidential Enquiry on Maternal Deaths (NCCEMD) has reported that about 60% of all maternal deaths had factors that were potentially modifiable. The modifiable factors are either due to delay in seeking care, inter-facility transport, or due to poor quality of clinical care. Clinical governance and clinical forums all play a vital role in ensuring quality from a clinical perspective. Part of the next 5 year initiatives to improve quality is to strengthen clinical governance through creation of a learning and collaborative culture (that empowers clinicians and

administrative staff across levels of care to improve quality of care collaboratively). Quality of care is one of the categories the government is working to address to reduce medico-legal claims. As noted by National Treasury “medico-legal contingent liabilities reached R99.2 billion in 2018/2019, while medico-legal claim payments reached R2 billion. These payments are affecting the budgets of public facilities and, in turn, the delivery of services.” Government aims to stabilize and possibly reduce medico-legal claims through a series of interventions, including addressing quality of care, improving administration of medical records and investigating potential fraud in law firms specializing in this area.

### 7.1.5.3. Quality of the Health System

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

Figure 20: Ideal Clinics



Source: Ideal Clinic Software Information System, 2020

Figure 20 and Table 10 indicate the Ideal Clinic status since 2015. At the end of 2020, 55% (1906/3472) of facilities in the country were ideal, with some provinces improving rapidly over the 5 years. Example, Gauteng has improved from 24% of ideal clinics in 2015/16 to to 91% ideal clinics in 2019/20. Most provinces are improving or remaining constant with their ideal status, however, Limpopo and Northern Cape have shown significant declines in status over the past two years.



**Table 10: Ideal Clinic status as of 2015 to 2020.**

| Province      | % IC 2015/16 | % IC 2016/17 | % IC 2017/18 | % IC 2018/19 | % IC 2019/20 |
|---------------|--------------|--------------|--------------|--------------|--------------|
| Eastern Cape  | 1.8%         | 18.0%        | 20.3%        | 32.2%        | 32.5%        |
| Free State    | 9.9%         | 35.1%        | 51.4%        | 75.7%        | 68.9%        |
| Gauteng       | 24.2%        | 58.4%        | 79.1%        | 89.7%        | 91.0%        |
| KwaZulu-Natal | 23.2%        | 47.4%        | 63.1%        | 75.9%        | 74.0%        |
| Limpopo       | 5.6%         | 10.6%        | 25.2%        | 34.3%        | 28.9%        |
| Mpumalanga    | 6.6%         | 22.9%        | 30.2%        | 46.2%        | 51.0%        |
| Northern Cape | 1.9%         | 41.4%        | 54.9%        | 56.8%        | 34.6%        |
| North West    | 2.3%         | 29.9%        | 39.3%        | 45.8%        | 56.2%        |
| Western Cape  | 0.0%         | 15.6%        | 54.8%        | 68.8%        | 77.2%        |
| South Africa  | 9.3%         | 29.9%        | 43.4%        | 55.3%        | 54.9%        |

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

The department is working with National Treasury to develop strategies to accelerate the delivery of infrastructure in the health sector for the implementation of national health insurance.

Although the details of these proposals are still being finalised, they are likely to draw on the budget facility for infrastructure and the Infrastructure Fund to complement existing budgets for health infrastructure,

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

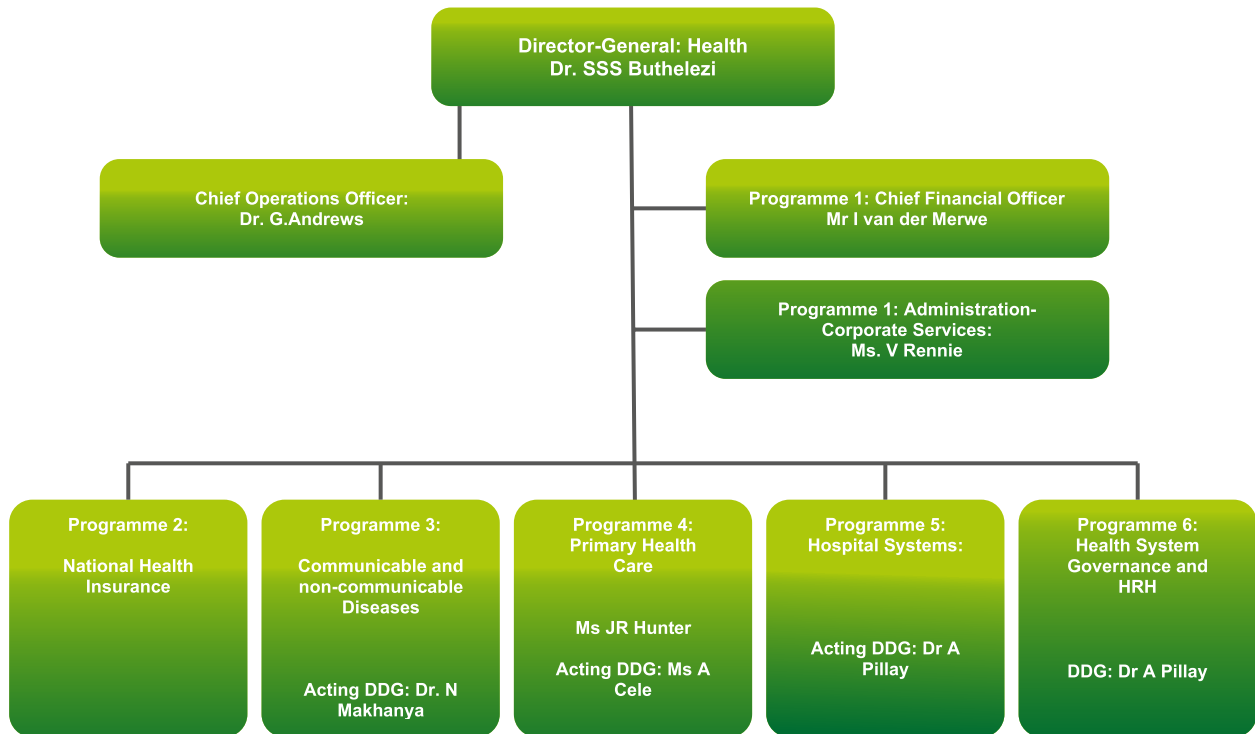
**Human Resources for Health:** To address the disparity in human resources of health a Ministerial Task Team was established, which drafted and published the HRH strategy 2030.



## 7.2. Internal Environmental Analysis

The Department's organisational structure endorsed by DPSA in 2012, is currently under review. A new organisational structure will be determined during 2021/22 financial year, and implemented once approved by DPSA. Thereafter, the current budget Programme structure of the Department will also be reviewed, based on the approved organisational structure.

# ORGANISATIONAL STRUCTURE



### 7.3. Personnel

#### Vote personnel numbers and cost by salary level and programme<sup>1</sup>

**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 2021 |   | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |              |            |                          |              |            |              |              |            |  |              |            |              |              |            | Number                  |                                 |
|---------------------|---|---|--|--------------|------------|--------------------------|--------------|------------|--------------|--------------|------------|--|--------------|------------|--------------|--------------|------------|-------------------------|---------------------------------|
|                     | Number of funded posts                      | Number of posts additional to the establishment | Actual 2019/20   |              |            | Revised estimate 2020/21 |              |            | 2021/22      |              |            | Medium-term expenditure estimate 2022/23 |              |            | 2023/24      |              |            | Average growth rate (%) | Average Salary level/ Total (%) |
|                     |   |   | Number   | Cost         | Unit cost  | Number                   | Cost         | Unit cost  | Number       | Cost         | Unit cost  | Number                                   | Cost         | Unit cost  | Number       | Cost         | Unit cost  |                         |                                 |
|                     |   |   |  |              |            |                          |              |            |              |              |            |  |              |            |              |              |            |                         |                                 |
| <b>Health</b>       |   |   | <b>1,488</b>   | <b>830.9</b> | <b>0.6</b> | <b>1,484</b>             | <b>928.3</b> | <b>0.6</b> | <b>1,366</b> | <b>845.3</b> | <b>0.6</b> | <b>1,411</b>                             | <b>843.0</b> | <b>0.6</b> | <b>1,409</b> | <b>850.5</b> | <b>0.6</b> | <b>-1.7%</b>            | <b>100.0%</b>                   |
| <b>Salary level</b> |   |   |  |              |            |                          |              |            |              |              |            |  |              |            |              |              |            |                         |                                 |
| 1 – 6               |   | 572   | 572  | 168.7        | 0.3        | 572                      | 181.6        | 0.3        | 588          | 192.8        | 0.3        | 618                                      | 191.8        | 0.3        | 615          | 190.7        | 0.3        | 2.4%                    | 42.2%                           |
| 7 – 10              |   | 636   | 636  | 347.4        | 0.5        | 634                      | 401.2        | 0.6        | 565          | 360.1        | 0.6        | 569                                      | 350.7        | 0.6        | 561          | 346.1        | 0.6        | -4.0%                   | 41.1%                           |
| 11 – 12             |   | 167   | 167  | 161.7        | 1.0        | 165                      | 179.5        | 1.1        | 123          | 145.7        | 1.2        | 126                                      | 144.0        | 1.1        | 126          | 144.0        | 1.1        | -8.6%                   | 9.5%                            |
| 13 – 16             |   | 111   | 111  | 148.2        | 1.3        | 111                      | 161.1        | 1.5        | 88           | 141.1        | 1.6        | 96                                       | 150.9        | 1.6        | 105          | 164.2        | 1.6        | -1.8%                   | 7.1%                            |
| Other               |   | 2   | 2  | 4.8          | 2.4        | 2                        | 4.9          | 2.4        | 2            | 5.5          | 2.8        | 2  | 5.5          | 2.8        | 2            | 5.5          | 2.8        | -                       | 0.1%                            |
| <b>Programme</b>    |   | <b>1,488</b>                                    | <b>1,488</b>   | <b>830.9</b> | <b>0.6</b> | <b>1,484</b>             | <b>928.3</b> | <b>0.6</b> | <b>1,366</b> | <b>845.3</b> | <b>0.6</b> | <b>1,411</b>                             | <b>843.0</b> | <b>0.6</b> | <b>1,409</b> | <b>850.5</b> | <b>0.6</b> | <b>-1.7%</b>            | <b>100.0%</b>                   |
| Programme 1         |   | 483   | 483  | 249.3        | 0.5        | 483                      | 257.2        | 0.5        | 443          | 243.7        | 0.6        | 447                                      | 248.5        | 0.6        | 454          | 257.1        | 0.6        | -2.0%                   | 32.2%                           |
| Programme 2         |   | 63  | 63   | 43.0         | 0.7        | 62                       | 44.7         | 0.7        | 54           | 44.0         | 0.8        | 57                                       | 44.5         | 0.8        | 58           | 46.1         | 0.8        | -2.2%                   | 4.1%                            |
| Programme 3         |   | 233   | 233  | 138.4        | 0.6        | 232                      | 165.3        | 0.7        | 180          | 147.0        | 0.8        | 185                                      | 147.4        | 0.8        | 177          | 142.7        | 0.8        | -8.6%                   | 13.7%                           |
| Programme 4         |   | 381   | 381  | 192.0        | 0.5        | 379                      | 252.4        | 0.7        | 332          | 188.4        | 0.6        | 325                                      | 189.5        | 0.6        | 328          | 193.4        | 0.6        | -4.7%                   | 24.1%                           |
| Programme 5         |   | 48  | 48   | 23.7         | 0.5        | 48                       | 24.2         | 0.5        | 47           | 29.1         | 0.6        | 45                                       | 28.1         | 0.6        | 39           | 24.8         | 0.6        | -6.7%                   | 3.2%                            |
| Programme 6         |   | 280   | 280  | 184.5        | 0.7        | 280                      | 184.5        | 0.7        | 310          | 193.2        | 0.6        | 352                                      | 185.0        | 0.5        | 353          | 186.4        | 0.5        | 8.0%                    | 22.8%                           |

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

2. Rand million.



## 7.4. Expenditure trends and budgets of the National DoH

### Health Vote expenditure trends and estimates by programme and economic classification

#### Programmes

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

| Programme   | Audited outcome |                 |                 | Adjusted appropriation<br>2020/21 | Average growth rate (%)<br>2017/18 - 2020/21 | Average: Expenditure/ Total (%) | Medium-term expenditure estimate |                 |                 | Average growth rate (%)<br>2020/21 - 2023/24 | Average: Expenditure/ Total (%) |
|---|-----------------|-----------------|-----------------|-----------------------------------|--|---------------------------------|----------------------------------|-----------------|-----------------|--|---------------------------------|
|   | 2017/18         | 2018/19         | 2019/20         |                                   |  |                                 | 2021/22                          | 2022/23         | 2023/24         |  |                                 |
| R million   |                 |                 |                 |                                   |  |                                 |                                  |                 |                 |  |                                 |
| Programme 1   | 527.8           | 551.2           | 542.4           | 647.9                             | 7.1%   | 1.1%                            | 816.3                            | 818.4           | 858.3           | 9.8%   | 1.3%                            |
| Programme 2   | 641.5           | 1 192.3         | 1 840.0         | 1 236.0                           | 24.4%  | 2.5%                            | 1 340.5                          | 1 437.0         | 1 448.7         | 5.4%   | 2.3%                            |
| Programme 3   | 18 351.0        | 20 688.3        | 22 713.5        | 28 137.4                          | 15.3%  | 45.4%                           | 32 605.4                         | 30 674.2        | 27 756.6        | -0.5%  | 49.3%                           |
| Programme 4   | 208.1           | 199.4           | 216.9           | 277.8                             | 10.1%  | 0.5%                            | 222.3                            | 223.5           | 226.1           | -6.6%  | 0.4%                            |
| Programme 5   | 18 043.1        | 19 189.9        | 20 413.7        | 21 219.6                          | 5.6%   | 39.9%                           | 21 372.3                         | 22 439.9        | 23 064.8        | 2.8%   | 36.5%                           |
| Programme 6   | 4 653.2         | 4 773.5         | 5 046.2         | 6 533.9                           | 12.0%  | 10.6%                           | 6 186.5                          | 6 062.5         | 6 032.0         | -2.6%  | 10.3%                           |
| <b>Total</b>  | <b>42 424.7</b> | <b>46 594.6</b> | <b>50 772.8</b> | <b>58 052.6</b>                   | <b>11.0%</b>                                 | <b>100.0%</b>                   | <b>62 543.3</b>                  | <b>61 655.4</b> | <b>59 386.5</b> | <b>0.8%</b>                                  | <b>100.0%</b>                   |
| Change to 2020 Budget estimate                      |                 |                 |                 | 2 536.6                           |  |                                 | 1 905.0                          | (1 835.6)       | (4 736.2)       |  |                                 |
| <b>Economic classification</b>                      |                 |                 |                 |                                   |  |                                 |                                  |                 |                 |  |                                 |
| <b>Current payments</b>                             | <b>2 481.8</b>  | <b>2 582.0</b>  | <b>2 114.8</b>  | <b>3 090.4</b>                    | <b>7.6%</b>                                  | <b>5.2%</b>                     | <b>7 290.4</b>                   | <b>5 212.7</b>  | <b>3 187.4</b>  | <b>1.0%</b>                                  | <b>7.8%</b>                     |
| Compensation of employees                           | 856.3           | 793.2           | 830.9           | 928.3                             | 2.7%   | 1.7%                            | 845.3                            | 843.0           | 850.5           | -2.9%  | 1.4%                            |
| Goods and services <sup>1</sup>                     | 1 625.6         | 1 788.8         | 1 283.8         | 2 162.1                           | 10.0%  | 3.5%                            | 6 445.1                          | 4 369.7         | 2 336.9         | 2.6%   | 6.3%                            |
| of which:   |                 |                 |                 |                                   |  |                                 |                                  |                 |                 |  |                                 |
| Consultants: Business and advisory services         | 272.8           | 289.3           | 345.2           | 247.1                             | -3.2%  | 0.6%                            | 256.4                            | 380.2           | 387.2           | 16.2%  | 0.5%                            |
| Contractors   | 561.9           | 509.8           | 357.8           | 711.1                             | 8.2%   | 1.1%                            | 797.9                            | 745.9           | 749.2           | 1.8%   | 1.2%                            |
| Agency and support/outsourced services              | 34.9            | 351.4           | 3.4             | 219.9                             | 84.7%  | 0.3%                            | 133.6                            | 177.0           | 176.3           | -7.1%  | 0.3%                            |
| Inventory: Medicine                                 | 86.4            | 44.0            | 0.0             | 2.0                               | -71.4%                                       | 0.1%                            | 4 350.0                          | 2 100.0         | 0.0             | -72.3%                                       | 2.7%                            |
| Operating leases                                    | 134.1           | 121.6           | 104.2           | 180.3                             | 10.4%  | 0.3%                            | 151.0                            | 168.1           | 177.7           | -0.5%  | 0.3%                            |
| Travel and subsistence                              | 90.4            | 79.8            | 3.8             | 95.5                              | 1.8%   | 0.1%                            | 153.6                            | 146.2           | 152.2           | 16.8%  | 0.2%                            |
| Transfers and subsidies <sup>1</sup>                | 39 254.6        | 43 247.0        | 47 863.5        | 54 166.5                          | 11.3%  | 93.3%                           | 54 073.6                         | 55 007.7        | 54 518.6        | 0.2%   | 90.1%                           |
| Provinces and municipalities                        | 37 570.2        | 41 364.1        | 45 863.4        | 52 106.6                          | 11.5%  | 89.4%                           | 52 061.6                         | 53 067.8        | 52 617.3        | 0.3%   | 86.8%                           |
| Departmental agencies and accounts                  | 1 518.5         | 1 719.6         | 1 830.3         | 1 886.2                           | 7.5%   | 3.5%                            | 1 829.0                          | 1 750.8         | 1 711.5         | -3.2%  | 3.0%                            |
| Foreign governments and international organisations | -               | -               | -               | 0.4                               | 0.0%   | 0.0%                            | -                                | -               | -               | -100.0%                                      | 0.0%                            |
| Non-profit institutions                             | 155.4           | 161.2           | 167.3           | 173.4                             | 3.7%   | 0.3%                            | 183.0                            | 189.0           | 189.8           | 3.1%   | 0.3%                            |
| Households  | 10.5            | 2.2             | 2.5             | -                                 | -100.0%                                      | 0.0%                            | -                                | -               | -               | 0.0%   | 0.0%                            |
| <b>Payments for capital assets</b>                  | <b>688.0</b>    | <b>765.6</b>    | <b>794.5</b>    | <b>795.6</b>                      | <b>5.0%</b>                                  | <b>1.5%</b>                     | <b>1 179.3</b>                   | <b>1 435.0</b>  | <b>1 680.4</b>  | <b>28.3%</b>                                 | <b>2.1%</b>                     |
| Buildings and other fixed structures                | 577.1           | 591.0           | 592.0           | 472.1                             | -6.5%  | 1.1%                            | 935.7                            | 1 083.5         | 1 325.5         | 41.1%  | 1.6%                            |
| Machinery and equipment                             | 110.9           | 174.6           | 202.5           | 323.5                             | 42.9%  | 0.4%                            | 243.6                            | 351.5           | 354.9           | 3.1%   | 0.5%                            |
| Payments for financial assets                       | 0.2             | -               | -               | -                                 | -100.0%                                      | 0.0%                            | -                                | -               | -               | 0.0%   | 0.0%                            |
| <b>Total</b>  | <b>42 424.7</b> | <b>46 594.6</b> | <b>50 772.8</b> | <b>58 052.6</b>                   | <b>11.0%</b>                                 | <b>100.0%</b>                   | <b>62 543.3</b>                  | <b>61 655.4</b> | <b>59 386.5</b> | <b>0.8%</b>                                  | <b>100.0%</b>                   |

1. Tables with expenditure trends, annual budget, adjusted appropriation and audited outcome are available at [www.treasury.gov.za](http://www.treasury.gov.za) and [www.vulekamali.gov.za](http://www.vulekamali.gov.za).





**MEASURING  
OUR PERFORMANCE**

**PART C**

## 8. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

### 8.1. Programme 1: Administration

#### Purpose

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

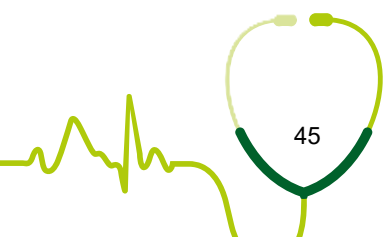
#### Outcomes, outputs, performance indicators and targets

| Outcome  | Output   | Output Indicator   | Audited Performance       |                           |                           | Estimated Performance  | MTEF Targets  |  |  |  |  |  |  |  |
|--|--|--|---------------------------|---------------------------|---------------------------|--|---|--|--|--|--|--|--|--|
|  |  |  | 2017/18                   | 2018/19                   | 2019/20                   |  | 2020/21   | Quarterly Targets  |  |  |  |  |  |  |
|  |  |  |                           |                           |                           |  |   | Q1   | Q2   | Q3   | Q4   |  |  |  |
| Financial Management strengthened in the health sector             | Audit outcome of National DoH  | Audit outcome of National DoH  | Unqualified audit opinion | Unqualified audit opinion | Unqualified audit opinion | Unqualified audit opinion for 2019/20 FY received  | Unqualified audit opinion for 2020/21 FY received   | Unqualified Audit Opinion from Auditor General of SA                                 | Not Applicable   | Unqualified Audit Opinion from Auditor General of SA | Unqualified audit opinion for 2021/22 received                                       | Unqualified audit opinion for 2022/23 received                                       | Unqualified audit opinion for 2023/24 received                                       |  |
| Management of Medico-legal cases in the health system strengthened | A policy and legal framework to manage medico-legal claims in South Africa | A policy and legal framework to manage medico-legal claims in South Africa developed | Not Applicable            | Not Applicable            | Not Applicable            | A policy and legal framework developed to manage medico-legal claims in South Africa drafted | A policy and legal framework developed to manage medico-legal claims in South Africa circulated to stakeholders and final draft completed | A policy and legal framework developed to manage medico-legal claims in South Africa | A policy and legal framework developed to manage medico-legal claims in South Africa tabled at NHC | Gazette for the policy and legal framework drafted   | A policy and legal framework developed to manage medico-legal claims in South Africa | A policy and legal framework developed to manage medico-legal claims in South Africa | A policy and legal framework developed to manage medico-legal claims in South Africa | A policy and legal framework developed to manage medico-legal claims in South Africa |





| Outcome   | Output  | Output Indicator  | Audited Performance |                |                | Estimated Performance   | MTEF Targets   |  |  |  |  |   |   |
|---|---|---|---------------------|----------------|----------------|---|--|--|--|--|--|---|---|
|   |   |   | 2017/18             | 2018/19        | 2019/20        |   | 2020/21  | 2021/22  | Quarterly Targets  |  |  | 2022/23   | 2023/24   |
|   |   |   |                     |                |                |   |  |  | Q1   | Q2   | Q3   |   |   |
| Contingent liability reduced to under 60% of the backlog in value | A secure case management system developed and implemented to streamline case management and reduce contingent liability | A secure case management system developed and implemented to streamline case management                       | Not Applicable      | Not Applicable | Not Applicable | Case Management system developed and implemented in 3 provinces | Case Management System used to manage new medico legal claims in 7 provinces | Case Management System used to manage all new medico legal claims in 2 provinces | Case Management System used to manage all new medico legal claims in 4 provinces | Case Management System used to manage all new medico legal claims in 6 provinces | Case Management System used to manage all new medico legal claims in 7 provinces | Not Applicable  | Not Applicable  |
| Premature mortality due to NCDs reduced to 26% (10% reduction)    | 100 Health Promotion messages actively marketed through social media  | Number of Health promotion messages broadcasted on Social Media to supplement other channels of communication | Not Applicable      | Not Applicable | Not Applicable | 100 health promotion messages broadcasted on social media       | 100 health promotion messages broadcasted on social media                    | 25 health promotion messages broadcasted on social media                         | 25 health promotion messages broadcasted on social media                         | 25 health promotion messages broadcasted on social media                         | 25 health promotion messages broadcasted on social media                         | 100 health promotion messages broadcasted on social media | 100 health promotion messages broadcasted on social media |



## Budget Allocations

### Administration expenditure trends and estimates by subprogramme and economic classification

| Subprogramme  | Audited outcome |              |              | Adjusted appropriation<br>2020/21 | Average growth rate (%)<br>2017/18 - 2020/21 | Average Expenditure/ Total (%)<br>2020/21 | Medium-term expenditure estimate |              |              | Average growth rate (%)<br>2020/21 - 2023/24 | Average Expenditure/ Total (%)<br>2020/21 - 2023/24 |
|---|-----------------|--------------|--------------|-----------------------------------|--|---|----------------------------------|--------------|--------------|--|---|
|   | 2017/18         | 2018/19      | 2019/20      |                                   |  |   | 2021/22                          | 2022/23      | 2023/24      |  |   |
| <b>Total</b>  | <b>527.8</b>    | <b>551.2</b> | <b>542.4</b> | <b>647.9</b>                      | <b>7.1%</b>                                  | <b>100.0%</b>                             | <b>816.3</b>                     | <b>818.4</b> | <b>858.3</b> | <b>9.8%</b>                                  | <b>100.0%</b>                                       |
| Change to 2020 Budget estimate                                |                 |              |              | (24.3)                            |  |   | 88.7                             | 96.2         | 134.3        |  |   |
| <b>Economic classification</b>                                |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Current payments</b>                                       | <b>522.9</b>    | <b>546.0</b> | <b>533.3</b> | <b>640.4</b>                      | <b>7.0%</b>                                  | <b>98.8%</b>                              | <b>799.8</b>                     | <b>800.6</b> | <b>846.1</b> | <b>9.7%</b>                                  | <b>98.3%</b>  |
| Compensation of employees                                     | 195.4           | 239.8        | 249.3        | 257.2                             | 9.6%   | 41.5%                                     | 243.7                            | 248.5        | 257.1        | -  | 32.0%   |
| Goods and services <sup>1</sup>                               | 327.6           | 306.2        | 284.0        | 383.1                             | 5.4%   | 57.3%                                     | 556.1                            | 552.1        | 589.0        | 15.4%  | 66.2%   |
| <i>of which:</i>  |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <i>Audit costs: External</i>                                  | 22.2            | 17.2         | 18.6         | 29.1                              | 9.4%   | 3.8%                                      | 53.5                             | 53.5         | 53.5         | 22.5%  | 6.0%  |
| <i>Computer services</i>                                      | 33.8            | 39.0         | 11.0         | 10.1                              | -33.1%                                       | 4.1%                                      | 53.5                             | 51.4         | 57.4         | 78.4%  | 5.5%  |
| <i>Consultants: Business and advisory services</i>            | 5.2             | 6.4          | 27.4         | 4.5                               | -4.9%  | 1.9%                                      | 43.6                             | 42.9         | 44.9         | 115.8%                                       | 4.3%  |
| <i>Operating leases</i>                                       | 122.4           | 109.7        | 92.1         | 173.3                             | 12.3%  | 21.9%                                     | 147.5                            | 150.8        | 160.3        | -2.6%  | 20.1%   |
| <i>Property payments</i>                                      | 28.0            | 32.7         | 28.7         | 14.4                              | -20.0%                                       | 4.6%                                      | 51.9                             | 52.4         | 56.2         | 57.5%  | 5.6%  |
| <i>Travel and subsistence</i>                                 | 34.1            | 27.8         | 3.4          | 47.6                              | 11.8%  | 5.0%                                      | 55.0                             | 54.4         | 57.1         | 6.2%   | 6.8%  |
| <b>Transfers and subsidies<sup>1</sup></b>                    | <b>3.2</b>      | <b>2.8</b>   | <b>3.3</b>   | <b>3.4</b>                        | <b>2.4%</b>                                  | <b>0.6%</b>                               | <b>2.5</b>                       | <b>2.5</b>   | <b>2.6</b>   | <b>-9.1%</b>                                 | <b>0.4%</b>   |
| Departmental agencies and accounts                            | 2.3             | 2.5          | 2.6          | 3.0                               | 9.4%   | 0.5%                                      | 2.5                              | 2.5          | 2.6          | -5.4%  | 0.3%  |
| Foreign governments and international organisations           | -               | -            | -            | 0.4                               | -  | -   | -                                | -            | -            | -100.0%                                      | -   |
| Households  | 0.9             | 0.3          | 0.6          | -                                 | -100.0%                                      | 0.1%                                      | -                                | -            | -            | -  | -   |
| <b>Payments for capital assets</b>                            | <b>1.6</b>      | <b>2.4</b>   | <b>5.8</b>   | <b>4.2</b>                        | <b>37.3%</b>                                 | <b>0.6%</b>                               | <b>14.0</b>                      | <b>15.2</b>  | <b>9.7</b>   | <b>32.4%</b>                                 | <b>1.4%</b>   |
| Machinery and equipment                                       | 1.6             | 2.4          | 5.8          | 4.2                               | 37.3%  | 0.6%                                      | 14.0                             | 15.2         | 9.7          | 32.4%  | 1.4%  |
| Payments for financial assets                                 | 0.1             | -            | -            | -                                 | -100.0%                                      | -   | -                                | -            | -            | -  | -   |
| <b>Total</b>  | <b>527.8</b>    | <b>551.2</b> | <b>542.4</b> | <b>647.9</b>                      | <b>7.1%</b>                                  | <b>100.0%</b>                             | <b>816.3</b>                     | <b>818.4</b> | <b>858.3</b> | <b>9.8%</b>                                  | <b>100.0%</b>                                       |
| Proportion of total programme expenditure to vote expenditure | 1.2%            | 1.2%         | 1.1%         | 1.1%                              | -  | -   | 1.3%                             | 1.3%         | 1.4%         | -  | -   |
| <b>Details of transfers and subsidies</b>                     |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Households</b>   |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Social benefits</b>  |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Current</b>  | <b>0.9</b>      | <b>0.3</b>   | <b>0.6</b>   | <b>-</b>                          | <b>-100.0%</b>                               | <b>0.1%</b>                               | <b>-</b>                         | <b>-</b>     | <b>-</b>     | <b>-</b>                                     | <b>-</b>  |
| Employee social benefits                                      | 0.9             | 0.3          | 0.6          | -                                 | -100.0%                                      | 0.1%                                      | -                                | -            | -            | -  | -   |
| <b>Departmental agencies and accounts</b>                     |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Departmental agencies (non-business entities)</b>          |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Current</b>  | <b>2.3</b>      | <b>2.5</b>   | <b>2.6</b>   | <b>3.0</b>                        | <b>10.1%</b>                                 | <b>0.5%</b>                               | <b>2.5</b>                       | <b>2.5</b>   | <b>2.6</b>   | <b>-5.4%</b>                                 | <b>0.3%</b>   |
| Health and Welfare Sector Education and Training Authority    | 2.3             | 2.5          | 2.6          | 3.0                               | 10.1%  | 0.5%                                      | 2.5                              | 2.5          | 2.6          | -5.4%  | 0.3%  |
| <b>Foreign governments and international organisations</b>    |                 |              |              |                                   |  |   |                                  |              |              |  |   |
| <b>Current</b>  | <b>-</b>        | <b>-</b>     | <b>-</b>     | <b>0.4</b>                        | <b>-</b>                                     | <b>-</b>                                  | <b>-</b>                         | <b>-</b>     | <b>-</b>     | <b>-100.0%</b>                               | <b>-</b>  |
| World Health Organisation                                     | -               | -            | -            | 0.4                               | -  | -   | -                                | -            | -            | -100.0%                                      | -   |



## Personnel information

### Administration personnel numbers and cost by salary level<sup>1</sup>

| Number of posts estimated for 31 March 2021 |   |          | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |              |            |                  |              |            |                                  |              |            |            |              |            | Number                  |                                |            |                   |               |
|---|---|----------|--|--------------|------------|------------------|--------------|------------|----------------------------------|--------------|------------|------------|--------------|------------|-------------------------|--------------------------------|------------|-------------------|---------------|
| Number of funded posts                      | Number of posts additional to the establishment |          | Actual   |              |            | Revised estimate |              |            | Medium-term expenditure estimate |              |            |            |              |            | Average growth rate (%) | Average Salary level/Total (%) |            |                   |               |
|   |   |          | 2019/20  |              | Unit cost  | 2020/21          |              | Unit cost  | 2021/22                          |              | Unit cost  | 2022/23    |              | Unit cost  |                         |                                | 2023/24    |                   | Unit cost     |
|   |   |          | Number   | Cost         | Unit cost  | Number           | Cost         | Unit cost  | Number                           | Cost         | Unit cost  | Number     | Cost         | Unit cost  | Number                  | Cost                           | Unit cost  | 2020/21 - 2023/24 |               |
| <b>Administration</b>                       |   |          |  |              |            |                  |              |            |                                  |              |            |            |              |            |                         |                                |            |                   |               |
| <b>Salary level</b>                         | <b>483</b>                                      | <b>–</b> | <b>483</b>   | <b>249.3</b> | <b>0.5</b> | <b>483</b>       | <b>257.2</b> | <b>0.5</b> | <b>443</b>                       | <b>243.7</b> | <b>0.6</b> | <b>447</b> | <b>248.5</b> | <b>0.6</b> | <b>454</b>              | <b>257.1</b>                   | <b>0.6</b> | <b>-2.0%</b>      | <b>100.0%</b> |
| 1 – 6                                       | 254   | –        | 254  | 66.2         | 0.3        | 254              | 69.8         | 0.3        | 253                              | 76.6         | 0.3        | 254        | 77.0         | 0.3        | 255                     | 77.3                           | 0.3        | 0.1%              | 55.6%         |
| 7 – 10                                      | 139   | –        | 139  | 77.0         | 0.6        | 139              | 79.4         | 0.6        | 125                              | 77.3         | 0.6        | 125        | 77.3         | 0.6        | 125                     | 77.3                           | 0.6        | -3.5%             | 28.1%         |
| 11 – 12                                     | 50  | –        | 50   | 50.0         | 1.0        | 50               | 51.1         | 1.0        | 35                               | 40.0         | 1.1        | 36         | 41.2         | 1.1        | 37                      | 42.3                           | 1.1        | -9.5%             | 8.6%          |
| 13 – 16                                     | 38  | –        | 38   | 51.3         | 1.3        | 38               | 52.1         | 1.4        | 28                               | 44.2         | 1.6        | 30         | 47.5         | 1.6        | 35                      | 54.7                           | 1.6        | -2.7%             | 7.2%          |
| Other                                       | 2   | –        | 2  | 4.8          | 2.4        | 2                | 4.9          | 2.4        | 2                                | 5.5          | 2.8        | 2          | 5.5          | 2.8        | 2                       | 5.5                            | 2.8        | –                 | 0.4%          |

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

#### Purpose

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

#### Sub-programmes

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

#### Outcomes, outputs, performance indicators and targets

| Outcome   | Output   | Output Indicator                               | Audited Performance |                |                |  | Estimated Performance  | MTEF Targets   |   |   |  |                                    |
|---|--|--|---------------------|----------------|----------------|--|--|--|---|---|--|------------------------------------|
|   |  |  | 2017/18             | 2018/19        | 2019/20        | 2020/21  |  | Quarterly Targets  |   |   |  |                                    |
|   |  |  |                     |                |                |  |  | Q1   | Q2  | Q3  | Q4   |                                    |
| Package of services available to the population is expanded on the basis of cost-effectiveness and equity | NHI Bill purchasing Health Services by 2023/24 | NHI Fund purchasing health services by 2023/24 | Not Applicable      | Not Applicable | Not Applicable | Portfolio Committee public hearings on the NHI Bill in Parliament attended | Portfolio Committee public hearings on the NHI Bill in Parliament attended | Portfolio Committee public hearings on the NHI Bill in Parliament attended | NCOP public hearings on the NHI Bill in Parliament attended | NCOP public hearings on the NHI Bill in Parliament attended | NHI Fund established as a public entity      | NHI Bill purchasing Health service |
|   | Medical Aid Beneficiaries registered on HPRS   | Medical Aid Beneficiaries registered on HPRS   | Not Applicable      | Not Applicable | Not Applicable | Medical Aid Beneficiaries registered on HPRS                               | Medical Aid Beneficiaries registered on HPRS                               | Medical Aid Beneficiaries registered on HPRS                               | Commence with the Import of the Data                        | Agreement reached with the Medical Aid Groups               | Medical Aid Beneficiaries registered on HPRS | None                               |



| Outcome   | Output   | Output Indicator   | Audited Performance |                |                | Estimated Performance  | MTEF Targets                                 |   |   |  |   |  |             |
|---|--|--|---------------------|----------------|----------------|--|--|---|---|--|---|--|-------------|
|   |  |  | 2017/18             | 2018/19        | 2019/20        |  | 2020/21                                      | 2021/22   | Quarterly Targets   |  |   |  |             |
|   |  |  |                     |                |                |  |  |   | Q1  | Q2   | Q3  | Q4   | 2022/23     |
| Package of services available to the population is expanded on the basis of cost-effectiveness and equity                 | Technical Working Group appointed to draft the Service benefit framework for PHC   | Technical Working Group appointed to draft the Service benefit framework for PHC               | Not Applicable      | Not Applicable | Not Applicable | Technical Working Group appointed to draft the Service benefit framework for PHC | Service benefits framework for PHC completed | Service benefits framework for PHC reviewed based on feedback from stakeholders | Service benefits framework for PHC tabled at NHC for approval | Service benefits framework for PHC completed | Service benefit framework for Regional and Specialist Hospitals developed | Service benefit framework for District, Central and Tertiary Hospitals developed |             |
|   | 4.5 million Patients registered to receive medicines through the centralised chronic medicine dispensing and distribution (CCMDD) system | Total number of patients registered to receive medicines through the CCMDD system              | 2.2 million         | 2.55 million   | 3 million      | 4 million  | 4.5 million                                  | 4.15 million  | 4.25 million  | 4.3 million                                  | 4.5 million   | 5 million  | 5.5 million |
| Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs | 3830 health facilities reporting stock availability at national surveillance centre  | Total number of health facilities reporting stock availability at national surveillance centre | 3 492               | 3 598          | 3 650          | 3 788<br>(3310 Clinics/CHC/CDC, 379 Hospitals, 99 Other medicine storage sites)  | 3830   | 3790  | 3810  | 3820   | 3830  | 3850   | 3860        |
|   |  |  |                     |                |                |  |  |   |   |  |   |  |             |



## Budget Allocations

### National Health Insurance expenditure trends and estimates by subprogramme and economic classification

| Subprogramme  | Audited outcome |                |                | Adjusted appropriation<br>2020/21 | Average growth rate (%)<br>2017/18 - 2020/21 | Average: Expenditure/Total (%)<br>2020/21 | Medium-term expenditure estimate |                |                | Average growth rate (%)<br>2020/21 - 2023/24 | Average: Expenditure/Total (%)<br>2020/21 - 2023/24 |
|---|-----------------|----------------|----------------|-----------------------------------|--|---|----------------------------------|----------------|----------------|--|---|
|   | 2017/18         | 2018/19        | 2019/20        |                                   |  |   | 2021/22                          | 2022/23        | 2023/24        |  |   |
| <b>R million</b>  |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Programme Management  | 3.3             | 4.2            | 4.3            | 4.8                               | 12.8%  | 0.3%                                      | 6.0                              | 5.8            | 4.8            | -0.1%  | 0.4%  |
| Affordable Medicine   | 39.5            | 76.7           | 35.4           | 45.8                              | 5.1%   | 4.0%                                      | 51.8                             | 52.1           | 46.9           | 0.8%   | 3.6%  |
| Health Financing and National Health Insurance                | 598.8           | 1 111.4        | 1 800.4        | 1 185.4                           | 25.6%  | 95.6%                                     | 1 282.7                          | 1 379.1        | 1 397.0        | 5.6%   | 96.0%   |
| <b>Total</b>  | <b>641.5</b>    | <b>1 192.3</b> | <b>1 840.0</b> | <b>1 236.0</b>                    | <b>24.4%</b>                                 | <b>100.0%</b>                             | <b>1 340.5</b>                   | <b>1 437.0</b> | <b>1 448.7</b> | <b>5.4%</b>                                  | <b>100.0%</b>                                       |
| Change to 2020 Budget estimate                                |                 |                |                | (156.4)                           |  |   | (159.0)                          | (88.3)         | (113.7)        |  |   |
| <b>Economic classification</b>                                |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| <b>Current payments</b>                                       | <b>641.1</b>    | <b>1 073.3</b> | <b>568.6</b>   | <b>934.0</b>                      | <b>13.4%</b>                                 | <b>65.5%</b>                              | <b>1 052.4</b>                   | <b>1 110.5</b> | <b>1 121.8</b> | <b>6.3%</b>                                  | <b>77.2%</b>  |
| Compensation of employees                                     | 41.3            | 45.1           | 43.0           | 44.7                              | 2.7%   | 3.5%                                      | 44.0                             | 44.5           | 46.1           | 1.1%   | 3.3%  |
| Goods and services <sup>1</sup>                               | 599.9           | 1 028.1        | 525.7          | 889.3                             | 14.0%  | 62.0%                                     | 1 008.4                          | 1 066.0        | 1 075.6        | 6.5%   | 74.0%   |
| <i>of which:</i>  |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Advertising   | –               | –              | 0.9            | 21.1                              | –  | 0.4%                                      | 26.2                             | 26.6           | 26.6           | 8.1%   | 1.8%  |
| Computer services   | 3.8             | 24.9           | 16.1           | 6.3                               | 18.2%  | 1.0%                                      | 4.9                              | 14.2           | 31.0           | 69.9%  | 1.0%  |
| Consultants: Business and advisory services                   | 31.5            | 78.4           | 128.9          | 82.6                              | 37.9%  | 6.5%                                      | 65.9                             | 98.2           | 96.9           | 5.4%   | 6.3%  |
| Contractors   | 548.7           | 493.8          | 324.2          | 646.2                             | 5.6%   | 41.0%                                     | 756.5                            | 698.6          | 695.2          | 2.5%   | 51.2%   |
| Agency and support/outsourced services                        | –               | 343.0          | –              | 96.2                              | –  | 8.9%                                      | 100.1                            | 144.7          | 142.4          | 14.0%  | 8.8%  |
| Travel and subsistence  | 6.1             | 11.9           | 0.2            | 6.8                               | 3.6%   | 0.5%                                      | 23.4                             | 23.5           | 23.6           | 51.5%  | 1.4%  |
| Transfers and subsidies <sup>1</sup>                          | –               | 0.0            | 1 195.0        | 246.5                             | –  | 29.4%                                     | 268.7                            | 272.0          | 272.1          | 3.4%   | 19.4%   |
| Provinces and municipalities                                  | –               | –              | 1 195.0        | 246.5                             | –  | 29.4%                                     | 268.7                            | 272.0          | 272.1          | 3.4%   | 19.4%   |
| Households  | –               | 0.0            | 0.2            | –                                 | –  | –   | –                                | –              | –              | –  | –   |
| Payments for capital assets                                   | 0.4             | 119.0          | 76.2           | 55.5                              | 426.2%                                       | 5.1%                                      | 19.4                             | 54.4           | 54.8           | -0.5%  | 3.4%  |
| Machinery and equipment                                       | 0.4             | 119.0          | 76.2           | 55.5                              | 426.2%                                       | 5.1%                                      | 19.4                             | 54.4           | 54.8           | -0.5%  | 3.4%  |
| Payments for financial assets                                 | 0.0             | –              | –              | –                                 | -100.0%                                      | –   | –                                | –              | –              | –  | –   |
| <b>Total</b>  | <b>641.5</b>    | <b>1 192.3</b> | <b>1 840.0</b> | <b>1 236.0</b>                    | <b>24.4%</b>                                 | <b>100.0%</b>                             | <b>1 340.5</b>                   | <b>1 437.0</b> | <b>1 448.7</b> | <b>5.4%</b>                                  | <b>100.0%</b>                                       |
| Proportion of total programme expenditure to vote expenditure | 1.5%            | 2.6%           | 3.6%           | 2.1%                              | –  | –   | 2.1%                             | 2.3%           | 2.4%           | –  | –   |
| <b>Details of transfers and subsidies</b>                     |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Households  |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Social benefits   |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Current   | –               | 0.0            | 0.2            | –                                 | –  | –   | –                                | –              | –              | –  | –   |
| Employee social benefits                                      | –               | 0.0            | 0.2            | –                                 | –  | –   | –                                | –              | –              | –  | –   |
| Provinces and municipalities                                  |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Provinces   |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Provincial revenue funds                                      |                 |                |                |                                   |  |   |                                  |                |                |  |   |
| Current   | –               | –              | 1 195.0        | 246.5                             | –  | 29.4%                                     | 268.7                            | 272.0          | 272.1          | 3.4%   | 19.4%   |
| National health insurance grant                               | –               | –              | 289.3          | 246.5                             | –  | 10.9%                                     | 268.7                            | 272.0          | 272.1          | 3.4%   | 19.4%   |
| Human resources capacitation grant                            | –               | –              | 905.7          | –                                 | –  | 18.4%                                     | –                                | –              | –              | –  | –   |

## Personnel information

### National Health Insurance personnel numbers and cost by salary level<sup>1</sup>

| National Health Insurance        | Number of posts estimated for 31 March 2021 |   | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |             |            |                  |             |            |                                  |             |            |           |             |            | Number                                       |                                 |            |              |               |
|----------------------------------|---|---|--|-------------|------------|------------------|-------------|------------|----------------------------------|-------------|------------|-----------|-------------|------------|--|---------------------------------|------------|--------------|---------------|
|                                  | Number of funded posts                      | Number of posts additional to the establishment | Actual   |             |            | Revised estimate |             |            | Medium-term expenditure estimate |             |            |           |             |            | Average growth rate (%)<br>2020/21 - 2023/24 | Average: Salary level/Total (%) |            |              |               |
|                                  |   |   | 2019/20  | 2020/21     | 2021/22    | 2022/23          | 2023/24     | 2020/21    | 2021/22                          | 2022/23     | 2023/24    |           |             |            |  |                                 |            |              |               |
|                                  |   |   | Number   | Cost        | Unit cost  | Number           | Cost        | Unit cost  | Number                           | Cost        | Unit cost  | Number    | Cost        | Unit cost  | Number                                       | Cost                            | Unit cost  |              |               |
| <b>National Health Insurance</b> | <b>63</b>                                   | <b>–</b>  | <b>63</b>  | <b>43.0</b> | <b>0.7</b> | <b>62</b>        | <b>44.7</b> | <b>0.7</b> | <b>54</b>                        | <b>44.0</b> | <b>0.8</b> | <b>57</b> | <b>44.5</b> | <b>0.8</b> | <b>58</b>                                    | <b>46.1</b>                     | <b>0.8</b> | <b>-2.2%</b> | <b>100.0%</b> |
| Salary level                     |   |   |  |             |            |                  |             |            |                                  |             |            |           |             |            |  |                                 |            |              |               |
| 1–6                              | 15  | –   | 15   | 4.3         | 0.3        | 15               | 4.5         | 0.3        | 15                               | 5.5         | 0.4        | 16        | 5.5         | 0.3        | 16   | 5.5                             | 0.3        | 2.2%         | 26.8%         |
| 7–10                             | 25  | –   | 25   | 12.4        | 0.5        | 25               | 13.3        | 0.5        | 23                               | 14.3        | 0.6        | 23        | 13.1        | 0.6        | 23   | 13.1                            | 0.6        | -2.7%        | 40.7%         |
| 11–12                            | 13  | –   | 13   | 12.3        | 0.9        | 12               | 12.1        | 1.0        | 8                                | 9.7         | 1.2        | 9         | 10.3        | 1.1        | 9  | 10.3                            | 1.1        | -9.1%        | 16.5%         |
| 13–16                            | 10  | –   | 10   | 13.9        | 1.4        | 10               | 14.8        | 1.5        | 8                                | 14.4        | 1.8        | 9         | 15.6        | 1.7        | 10   | 17.2                            | 1.7        | -0.0%        | 16.0%         |

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

#### **Purpose**

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

#### **Subprogrammes**

- *Programme Management* is responsible for ensuring that efforts by all stakeholders are harnessed to support the overall purpose of the programme. This includes ensuring that the efforts and resources of provincial departments of health, development partners, donors, academic and research organisations, non-governmental and civil society organisations all contribute in a coherent, integrated way.
- *HIV, AIDS and STIs* is responsible for policy formulation, coordination, and the monitoring and evaluation of HIV and sexually transmitted disease services. This entails ensuring the implementation of the health sector components of the 2017-2022 national strategic plan on HIV, TB and STIs. Other important functions of this subprogramme are the management and oversight of the HIV and AIDS component of the HIV, TB, malaria and community outreach grant implemented by provinces, and the coordination and direction of donor funding for HIV and AIDS, in particular 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.
- *Tuberculosis Management* develops national policies and guidelines, sets norms and standards for TB services, and monitors their implementation in line with the vision of reducing TB transmission, morbidity, mortality, stigma and discrimination a result of TB as outlined in the 2017-2022 national strategic plan on HIV, TB and STIs.
- *Women's Maternal and Reproductive Health* develops and monitors policies and guidelines and sets norms and standards for maternal and women's health services, and monitors the implementation of these services.
- *Child, Youth and School Health* is responsible for the policy formulation, coordination, 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.
- *Communicable Diseases* develops policies and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination.
- *Non-communicable Diseases* establishes policy, strategy, legislation and guidelines, and assists provinces in implementing and monitoring services for chronic non-communicable diseases, disability, eye care, palliative care, cancer, oral health, mental health and substance abuse, and forensic mental health
- *Health Promotion and Nutrition* formulates and monitors policies, guidelines, and norms and standards for health promotion and nutrition. Focusing on South Africa's quadruple burden of disease with a special focus on Non- Communicable diseases. The cluster implements various strategies to reduce risk factors for disease, and promotes an integrated approach to working towards an optimal health and nutritional status for all South Africans. Priority risk factors for the cluster, include tobacco control, healthy eating and increasing physical activity. The cluster also contributes to patient's care by improving nutrition of hospitalised patients.



Outcomes, outputs, performance indicators and targets

| Outcome  | Output   | Output Indicator   | Audited Performance |                |                | Estimated Performance                 | MTEF Targets   |   |  |   |  |   |   |
|--|--|--|---------------------|----------------|----------------|---------------------------------------|--|---|--|---|--|---|---|
|  |  |  | 2017/18             | 2018/19        | 2019/20        |                                       | 2020/21  | Quarterly Targets   |  |   |  |   |   |
|  |  |  |                     |                |                |                                       |  | Q1  | Q2   | Q3  | Q4   |   |   |
|  |  |  | 2017/18             | 2018/19        | 2019/20        | 2020/21                               | 2021/22  | Q1  | Q2   | Q3  | Q4   | 2022/23   | 2023/24   |
| Morbidity and Mortality due to Covid-19 reduced                | 40 million persons vaccinated against Covid-19   | Number of persons vaccinated against Covid-19              | New Indicator       | New Indicator  | New Indicator  | New Indicator                         | 40 million persons vaccinated against covid-19                               | 5.5 million persons vaccinated against covid-19                             | 17 million persons vaccinated against Covid-19   | 28.5 million persons vaccinated against Covid-19  | 40 million persons vaccinated against covid-19   | Not Applicable  | Not Applicable  |
| Quality and Safety of Care Improved                            | 98 hospitals obtain 75% and above on the food service policy assessment tool                 | Number of hospitals compliant with the food service policy | Not Applicable      | Not Applicable | Not Applicable | Not Applicable                        | 98 hospitals obtain 75% and above on the food service policy assessment tool | Planning with Prov-inces and updating food ser-vice policy assess-ment tool | 25 hospitals (including 2 Tertiary Hospitals) obtain 75% and above on the food service policy as-sessment tool | 35 hospi-tals (including 3 tertiary hospitals) obtain 75% and above on the food service policy as-sessment tool | 38 hospitals (including 4 Tertiary Hospitals) obtain 75% and above on the food service policy as-sessment tool | 196 hospi-tals obtain 75% and above on the food service policy as-sessment tool | 296 hospi-tals obtain 75% and above on the food service policy as-sessment tool |
| HIV incidence among youth reduced                              | 800 additional PHC facilities with youth zones   | Number of PHC facilities with youth zones                  | Not Applicable      | Not Applicable | Not Applicable | 800 PHC facilities with youth zones   | 1600 PHC facilities with youth zones   | 1000 PHC facilities with youth zones  | 1200 PHC facilities with youth zones   | 1400 PHC facilities with youth zones  | 1600 PHC facilities with youth zones   | 2400 PHC facilities with youth zones  | 3200 PHC facilities with youth zones  |
| Premature mortality due to NCDs reduced to 26% (10% reduction) | National Strategic Plan (NSP) for Non-Com-municable Diseases (NCDs) developed and pub-lished | NSP for NCDs developed and pub-lished                      | Not Applicable      | Not Applicable | Not Applicable | NSP for NCDs developed and pub-lished | NSP for NCDs developed and pub-lished  | Final Draft developed   | NSP for NCDs presented to Tech NHC and NHC for approval  | NSP for NCDs published  | Not Applicable   | NSP for NCDs implemented; and 4 quarterly reports produced                      | NSP for NCDs implemented; and 4 quarterly reports produced                      |





| Outcome  | Output  | Output Indicator  | Audited Performance |                |                |                | Estimated Performance   | MTEF Targets   |   |  |   |   |   |
|--|---|---|---------------------|----------------|----------------|----------------|---|--|---|--|---|---|---|
|  |   |   | 2017/18             | 2018/19        | 2019/20        | 2020/21        |   | 2021/22  | Quarterly Targets   |  |   |   |   |
|  |   |   |                     |                |                |                |   |  | Q1  | Q2   | Q3  | Q4  | 2022/23   |
| Premature mortality due to NCDs reduced to 26% (10% reduction) | Multi-sectoral strategy to guide implementation of National strategy for tobacco control intervention                     | National strategy for tobacco control developed   | Not Applicable      | Not Applicable | Not Applicable | Not Applicable | Draft Multi-sectoral strategy to guide implementation of National tobacco control interventions                         | Concept document developed                                       | Consulted with various stakeholders including Government Departments  | Development of the multi-sectoral strategy to guide implementation of National strategy for tobacco control intervention | Consultative processes on the multi-sectoral strategy   | Approval and partial implementation of the multi-sectoral strategy  | Continue with implementation of the strategy                      |
|  | 75 State patients* admitted into designated psychiatric hospitals   | Number of State patients admitted into designated psychiatric hospitals   | Not applicable      | Not applicable | Not applicable | Not applicable | 75 State patients admitted into designated psychiatric hospitals  | 10 State patients admitted into designated psychiatric hospitals | 30 State patients admitted into designated psychiatric hospitals  | 50 State patients admitted into designated psychiatric hospitals   | 75 State patients admitted into designated psychiatric hospitals  | 100 State patients admitted into designated psychiatric hospitals   | 125 State patients admitted into designated psychiatric hospitals |
| Improve quality and safety of care                             | 500 medical officers and professional nurses** trained to improve their skills in clinical management of mental disorders | Number of medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | Not applicable      | Not applicable | 1120           | Not applicable | 500 medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | Training plan developed  | 100 medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | 150 medical officers and professional nurses trained to improve their skills in clinical management of mental disorders  | 250 medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | 500 medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | Not Applicable  |
|  |   |   |                     |                |                |                |   |  |   |  |   |   |   |

\* State patients are defined as persons who allegedly committed a criminal offence due to mental illness and declared by the Court.

\*\* Working in units that are listed to conduct 72 hours assessment and psychiatric units attached to general hospitals.



| Outcome  | Output                    | Output Indicator                   | Audited Performance |                |                | Estimated Performance             | MTEF Targets                       |   |   |  |   |  |  |
|--|---------------------------|------------------------------------|---------------------|----------------|----------------|-----------------------------------|------------------------------------|---|---|--|---|--|--|
|  |                           |                                    | 2017/18             | 2018/19        | 2019/20        |                                   | 2020/21                            | 2021/22   | Quarterly Targets   |  |   | 2022/23  | 2023/24  |
|  |                           |                                    |                     |                |                |                                   |                                    |   | Q1  | Q2   | Q3  |  |  |
| Maternal, Child, Infant and neonatal mortalities reduced | Maternity care guidelines | Maternity care guidelines approved | Not Applicable      | Not Applicable | Not Applicable | Not Applicable                    | Maternity care guidelines approved | Maternity care guidelines drafted               | Consultative workshop with various stakeholders                             | Maternity care guidelines reviewed on the basis of stakeholder consultations | Maternity care guidelines approved                    | Maternity care guidelines monitored for implementation | Maternity care guidelines monitored for implementation |
|  | Neonatal care guidelines  | Neonatal care guidelines approved  | Not Applicable      | Not Applicable | Not Applicable | Neonatal care guidelines approved | Neonatal care guidelines drafted   | Consultative workshop with various stakeholders | Neonatal care guidelines reviewed on the basis of stakeholder consultations | Neonatal care guidelines approved  | Neonatal care guidelines monitored for implementation | Neonatal care guidelines monitored for implementation  |  |



## Budget Allocations

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

| Subprogramme   | Audited outcome |                 |                 | Adjusted appropriation<br>2020/21 | Average growth rate (%)<br>2017/18 - 2020/21 | Average: Expenditure/ Total (%)<br>2020/21 | Medium-term expenditure estimate |                 |                 | Average growth rate (%)<br>2020/21 - 2023/24 | Average: Expenditure/ Total (%)<br>2020/21 - 2023/24 |
|--|-----------------|-----------------|-----------------|-----------------------------------|--|--|----------------------------------|-----------------|-----------------|--|--|
|  | 2017/18         | 2018/19         | 2019/20         |                                   |  |  | 2021/22                          | 2022/23         | 2023/24         |  |  |
| <b>R million</b>   |                 |                 |                 |                                   |  |  |                                  |                 |                 |  |  |
| Programme Management   | 5.3             | 5.1             | 5.5             | 4.0                               | -9.0%  | –  | 5.5                              | 5.4             | 5.6             | 12.2%  | –  |
| HIV, AIDS and STIs   | 18,014.1        | 20,336.9        | 22,374.9        | 27,642.3                          | 15.3%  | 98.3%                                      | 27,993.7                         | 28,317.2        | 27,507.7        | -0.2%  | 93.5%  |
| Tuberculosis Management  | 25.5            | 21.6            | 23.4            | 23.2                              | -3.2%  | 0.1%                                       | 28.5                             | 27.0            | 27.2            | 5.5%   | 0.1%   |
| Women's Maternal and Reproductive Health                             | 14.2            | 14.3            | 13.4            | 15.3                              | 2.4%   | 0.1%                                       | 18.4                             | 18.1            | 18.3            | 6.2%   | 0.1%   |
| Child, Youth and School Health                                       | 220.8           | 248.9           | 181.0           | 23.6                              | -52.5%                                       | 0.8%                                       | 30.9                             | 31.2            | 28.6            | 6.7%   | 0.1%   |
| Communicable Diseases  | 18.4            | 15.6            | 51.2            | 347.0                             | 166.2%                                       | 0.5%                                       | 4,401.2                          | 2,152.6         | 50.9            | -47.3%                                       | 5.8%   |
| Non-communicable Diseases  | 21.2            | 28.5            | 35.4            | 51.1                              | 34.0%  | 0.2%                                       | 90.3                             | 86.4            | 87.2            | 19.5%  | 0.3%   |
| Health Promotion and Nutrition                                       | 31.4            | 17.4            | 28.8            | 30.9                              | -0.5%  | 0.1%                                       | 36.9                             | 36.4            | 31.1            | 0.2%   | 0.1%   |
| <b>Total</b>   | <b>18,351.0</b> | <b>20,688.3</b> | <b>22,713.5</b> | <b>28,137.4</b>                   | <b>15.3%</b>                                 | <b>100.0%</b>                              | <b>32,605.4</b>                  | <b>30,674.2</b> | <b>27,756.6</b> | <b>-0.5%</b>                                 | <b>100.0%</b>  |
| Change to 2020 Budget estimate                                       |                 |                 |                 | 2,949.0                           |  |  | 3,822.5                          | 394.9           | (3,065.6)       |  |  |
| <b>Economic classification</b>                                       |                 |                 |                 |                                   |  |  |                                  |                 |                 |  |  |
| <b>Current payments</b>  | <b>584.6</b>    | <b>387.5</b>    | <b>330.9</b>    | <b>717.5</b>                      | <b>7.1%</b>                                  | <b>2.2%</b>                                | <b>4,805.7</b>                   | <b>2,552.9</b>  | <b>455.5</b>    | <b>-14.1%</b>                                | <b>7.2%</b>  |
| Compensation of employees  | 130.3           | 122.7           | 138.4           | 165.3                             | 8.2%   | 0.6%                                       | 147.0                            | 147.4           | 142.7           | -4.8%  | 0.5%   |
| Goods and services <sup>1</sup>                                      | 454.3           | 264.8           | 192.5           | 552.2                             | 6.7%   | 1.6%                                       | 4,658.7                          | 2,405.4         | 312.8           | -17.3%                                       | 6.7%   |
| <i>of which:</i>   |                 |                 |                 |                                   |  |  |                                  |                 |                 |  |  |
| <i>Consultants: Business and advisory services</i>                   | 115.4           | 91.1            | 59.2            | 47.6                              | -25.6%                                       | 0.3%                                       | 51.5                             | 50.8            | 51.7            | 2.8%   | 0.2%   |
| <i>Agency and support/outsourced services</i>                        | 31.9            | 5.5             | 2.3             | 23.0                              | -10.3%                                       | 0.1%                                       | 30.3                             | 29.0            | 30.3            | 9.7%   | 0.1%   |
| <i>Inventory: Medical supplies</i>                                   | 81.4            | 74.0            | 34.7            | 97.1                              | 6.0%   | 0.3%                                       | 98.7                             | 99.8            | 101.1           | 1.4%   | 0.3%   |
| <i>Inventory: Medicine</i>   | 86.4            | –               | –               | 1.6                               | -73.6%                                       | 0.1%                                       | 4,350.0                          | 2,100.0         | –               | -100.0%                                      | 5.4%   |
| <i>Travel and subsistence</i>  | 20.6            | 20.7            | –               | 27.2                              | 9.8%   | 0.1%                                       | 46.7                             | 40.1            | 41.9            | 15.4%  | 0.1%   |
| <i>Operating payments</i>  | 43.7            | 30.2            | 5.0             | 20.2                              | -22.7%                                       | 0.1%                                       | 33.9                             | 33.8            | 34.4            | 19.4%  | 0.1%   |
| <b>Transfers and subsidies<sup>1</sup></b>                           | <b>17,750.9</b> | <b>20,300.7</b> | <b>22,382.2</b> | <b>27,413.9</b>                   | <b>15.6%</b>                                 | <b>97.7%</b>                               | <b>27,797.4</b>                  | <b>28,118.8</b> | <b>27,299.6</b> | <b>-0.1%</b>                                 | <b>92.8%</b>   |
| Provinces and municipalities   | 17,577.7        | 20,121.7        | 22,196.2        | 27,222.4                          | 15.7%  | 96.9%                                      | 27,585.5                         | 27,910.4        | 27,089.6        | -0.2%  | 92.1%  |
| Departmental agencies and accounts                                   | 17.5            | 17.1            | 18.1            | 18.1                              | 1.1%   | 0.1%                                       | 28.9                             | 19.4            | 20.2            | 3.8%   | 0.1%   |
| Non-profit institutions  | 155.4           | 161.2           | 167.3           | 173.4                             | 3.7%   | 0.7%                                       | 183.0                            | 189.0           | 189.8           | 3.1%   | 0.6%   |
| Households   | 0.3             | 0.8             | 0.7             | –                                 | -100.0%                                      | –  | –                                | –               | –               | –  | –  |
| <b>Payments for capital assets</b>                                   | <b>15.3</b>     | <b>0.1</b>      | <b>0.3</b>      | <b>6.0</b>                        | <b>-26.9%</b>                                | <b>–</b>                                   | <b>2.4</b>                       | <b>2.5</b>      | <b>1.5</b>      | <b>-37.2%</b>                                | <b>–</b>   |
| Machinery and equipment  | 15.3            | 0.1             | 0.3             | 6.0                               | -26.9%                                       | –  | 2.4                              | 2.5             | 1.5             | -37.2%                                       | –  |
| Payments for financial assets  | 0.1             | –               | –               | –                                 | -100.0%                                      | –  | –                                | –               | –               | –  | –  |
| <b>Total</b>   | <b>18,351.0</b> | <b>20,688.3</b> | <b>22,713.5</b> | <b>28,137.4</b>                   | <b>15.3%</b>                                 | <b>100.0%</b>                              | <b>32,605.4</b>                  | <b>30,674.2</b> | <b>27,756.6</b> | <b>-0.5%</b>                                 | <b>100.0%</b>  |
| <b>Proportion of total programme expenditure to vote expenditure</b> | <b>43.3%</b>    | <b>44.4%</b>    | <b>44.7%</b>    | <b>48.5%</b>                      | <b>–</b>                                     | <b>–</b>                                   | <b>52.1%</b>                     | <b>49.8%</b>    | <b>46.7%</b>    | <b>–</b>                                     | <b>–</b>   |



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

| Details of transfers and subsidies  | Audited outcome |          |          | Adjusted appropriation<br>2020/21 | Average growth rate (%) |         | Medium-term expenditure estimate |          |          | Average growth rate (%) |                   |
|---|-----------------|----------|----------|-----------------------------------|-------------------------|---------|----------------------------------|----------|----------|-------------------------|-------------------|
|   | 2017/18         | 2018/19  | 2019/20  |                                   | 2017/18 - 2020/21       | 2020/21 | 2021/22                          | 2022/23  | 2023/24  | 2020/21 - 2023/24       | 2020/21 - 2023/24 |
| <b>R million</b>  |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Households</b>   |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Social benefits</b>  |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Current</b>  | 0.3             | 0.8      | 0.7      | -                                 | -100.0%                 | -       | -                                | -        | -        | -                       | -                 |
| Employee social benefits  | 0.3             | 0.8      | 0.7      | -                                 | -100.0%                 | -       | -                                | -        | -        | -                       | -                 |
| <b>Departmental agencies and accounts</b>   |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Departmental agencies (non-business entities)</b>                                  |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Current</b>  | 17.5            | 17.1     | 18.1     | 18.1                              | 1.1%                    | 0.1%    | 28.9                             | 19.4     | 20.2     | 3.8%                    | 0.1%              |
| South African National AIDS Council   | 17.5            | 17.1     | 18.1     | 18.1                              | 1.1%                    | 0.1%    | 28.9                             | 19.4     | 20.2     | 3.8%                    | 0.1%              |
| <b>Provinces and municipalities</b>   |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Provinces</b>  |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Provincial revenue funds</b>   |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Current</b>  | 17,577.7        | 20,121.7 | 22,196.2 | 27,222.4                          | 15.7%                   | 96.9%   | 27,585.5                         | 27,910.4 | 27,089.6 | -0.2%                   | 92.1%             |
| Human papillomavirus vaccine grant  | -               | 200.0    | 157.2    | -                                 | -                       | 0.4%    | -                                | -        | -        | -                       | -                 |
| Comprehensive HIV/AIDS and TB conditional grant                                       | 17,577.7        | 19,921.7 | -        | -                                 | -100.0%                 | 41.7%   | -                                | -        | -        | -                       | -                 |
| HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component | -               | -        | -        | 221.0                             | -                       | 0.2%    | 220.3                            | 224.9    | 225.5    | 0.7%                    | 0.7%              |
| HIV, TB, malaria and community outreach grant: HIV and AIDS component                 | -               | -        | 19,963.3 | 20,377.5                          | -                       | 44.9%   | 22,563.8                         | 23,346.7 | 23,408.7 | 4.7%                    | 75.3%             |
| HIV, TB, malaria and community outreach grant: Malaria elimination component          | -               | -        | 90.4     | 116.2                             | -                       | 0.2%    | 104.2                            | 108.0    | 108.3    | -2.3%                   | 0.4%              |
| HIV, TB, malaria and community outreach grant: Community outreach services component  | -               | -        | 1,500.0  | 2,577.8                           | -                       | 4.5%    | 2,480.2                          | 2,587.5  | 2,597.5  | 0.3%                    | 8.6%              |
| HIV, TB, malaria and community outreach grant: TB component                           | -               | -        | 485.3    | 507.8                             | -                       | 1.1%    | 506.1                            | 524.5    | 525.9    | 1.2%                    | 1.7%              |
| HIV, TB, malaria and community outreach grant: Mental health services component       | -               | -        | -        | -                                 | -                       | -       | 103.4                            | 106.7    | 107.0    | -                       | 0.3%              |
| HIV, TB, malaria and community outreach grant: Oncology services component            | -               | -        | -        | -                                 | -                       | -       | 107.5                            | 112.1    | 116.8    | -                       | 0.3%              |
| HIV, TB, malaria and community outreach grant: COVID-19 component                     | -               | -        | -        | 3,422.2                           | -                       | 3.8%    | 1,500.0                          | 900.0    | -        | -100.0%                 | 4.9%              |
| <b>Non-profit institutions</b>  |                 |          |          |                                   |                         |         |                                  |          |          |                         |                   |
| <b>Current</b>  | 155.4           | 161.2    | 167.3    | 173.4                             | 3.7%                    | 0.7%    | 183.0                            | 189.0    | 189.8    | 3.1%                    | 0.6%              |
| Non-governmental organisations: Lifeline  | 22.0            | 23.3     | 24.6     | 27.2                              | 7.3%                    | 0.1%    | 28.0                             | 28.9     | 29.0     | 2.2%                    | 0.1%              |
| Non-governmental organisations: loveLife  | 61.2            | 64.8     | 68.4     | 75.5                              | 7.3%                    | 0.3%    | 62.0                             | 64.3     | 64.6     | -5.1%                   | 0.2%              |
| Non-governmental organisations: Soul City   | 19.2            | 20.3     | 21.3     | 23.6                              | 7.0%                    | 0.1%    | 24.3                             | 25.1     | 25.2     | 2.2%                    | 0.1%              |
| Non-governmental organisations: HIV and AIDS  | 41.5            | 49.7     | 49.7     | 43.5                              | 1.6%                    | 0.2%    | 65.6                             | 67.5     | 67.8     | 15.9%                   | 0.2%              |
| Public Universities South Africa  | 8.5             | -        | -        | -                                 | -100.0%                 | -       | -                                | -        | -        | -                       | -                 |
| South African Renal Registry  | 0.4             | 0.4      | 0.4      | 0.4                               | 7.4%                    | -       | 0.4                              | 0.5      | 0.5      | 2.1%                    | -                 |
| South African Federation for Mental Health  | 0.4             | 0.4      | 0.4      | 0.5                               | 7.4%                    | -       | 0.5                              | 0.5      | 0.5      | 2.2%                    | -                 |
| South African National Council for the Blind  | 0.8             | 0.9      | 0.9      | 1.0                               | 7.2%                    | -       | 1.1                              | 1.1      | 1.1      | 2.2%                    | -                 |
| South African Medical Research Council  | 0.5             | 0.6      | 0.6      | 0.6                               | 7.3%                    | -       | -                                | -        | -        | -100.0%                 | -                 |
| National Council Against Smoking  | 0.8             | 0.9      | 1.0      | 1.1                               | 9.0%                    | -       | 1.1                              | 1.2      | 1.2      | 2.2%                    | -                 |



## Personnel information

### Communicable and Non-communicable Diseases personnel numbers and cost by salary level<sup>1</sup>

| Number of posts estimated for 31 March 2021       |   | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |          |            |                  |            |            |                                  |            |            |              |            |            | Number<br>Average growth rate (%)<br>Average Salary level/ Total (%) |            |            |                   |            |              |               |
|---|---|--|----------|------------|------------------|------------|------------|----------------------------------|------------|------------|--------------|------------|------------|--|------------|------------|-------------------|------------|--------------|---------------|
|   |   | Actual   |          |            | Revised estimate |            |            | Medium-term expenditure estimate |            |            |              |            |            |  |            |            |                   |            |              |               |
| Number of funded posts                            | Number of posts additional to the establishment | 2019/20  |          |            | 2020/21          |            |            | 2021/22                          |            |            | 2022/23      |            |            | 2023/24  |            |            | 2020/21 - 2023/24 |            |              |               |
|   |   | Number   | Cost     | Unit cost  | Number           | Cost       | Unit cost  | Number                           | Cost       | Unit cost  | Number       | Cost       | Unit cost  | Number   | Cost       | Unit cost  |                   |            |              |               |
| <b>Communicable and Non-communicable Diseases</b> |   | <b>233</b>   | <b>-</b> | <b>233</b> | <b>138.4</b>     | <b>0.6</b> | <b>232</b> | <b>165.3</b>                     | <b>0.7</b> | <b>180</b> | <b>147.0</b> | <b>0.8</b> | <b>185</b> | <b>147.4</b>   | <b>0.8</b> | <b>177</b> | <b>142.7</b>      | <b>0.8</b> | <b>-8.6%</b> | <b>100.0%</b> |
| <b>Salary level</b>                               |   |  |          |            |                  |            |            |                                  |            |            |              |            |            |  |            |            |                   |            |              |               |
| 1-6   | 37  | -  | 37       | 9.4        | 0.3              | 37         | 11.3       | 0.3                              | 38         | 14.1       | 0.4          | 39         | 14.0       | 0.4  | 37         | 13.3       | 0.4               | -          | 19.5%        |               |
| 7-10  | 116   | -  | 116      | 56.5       | 0.5              | 116        | 68.0       | 0.6                              | 87         | 60.6       | 0.7          | 88         | 60.2       | 0.7  | 83         | 57.2       | 0.7               | -10.6%     | 48.3%        |               |
| 11-12   | 53  | -  | 53       | 45.6       | 0.9              | 52         | 53.8       | 1.0                              | 36         | 44.7       | 1.2          | 36         | 41.2       | 1.1  | 35         | 40.0       | 1.1               | -12.4%     | 20.5%        |               |
| 13-16   | 27  | -  | 27       | 26.9       | 1.0              | 27         | 32.2       | 1.2                              | 19         | 27.6       | 1.5          | 22         | 32.1       | 1.5  | 22         | 32.1       | 1.5               | -6.6%      | 11.6%        |               |

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

#### Purpose

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

#### Sub-programmes

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

#### Outcomes, outputs, performance indicators and targets

| Outcome                             | Output  | Output Indicator  | Audited Performance                          |  |  | Estimated Performance   | MTEF Targets  |  |  |  |   |   |   |
|-------------------------------------|---|---|--|--|--|---|---|--|--|--|---|---|---|
|                                     |   |   | 2017/18                                      | 2018/19                                      | 2019/20                                      |   | Quarterly Targets   |  |  |  |   |   |   |
|                                     |   |   |  |  |  |   | 2020/21   | 2021/22  | Q1   | Q2   | Q3  | Q4  |   |
| Quality and Safety of Care Improved | 100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme | Number of health facilities implementing the National Quality Improvement Programme | Not Applicable                               | Not Applicable                               | Not Applicable                               | 350 PHC Facilities and 50 Hospitals implementing the National Quality Improvement Programme | 100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme | 25 PHC Facilities and 20 Hospitals implementing the National Quality Improvement Programme | 50 PHC Facilities and 40 Hospitals implementing the National Quality Improvement Programme | 75 PHC Facilities and 60 Hospitals implementing the National Quality Improvement Programme | 100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme | 2022/23   | 2023/24   |
|                                     | 2100 PHC facilities that qualify as Ideal Clinics   | Number of primary health care facilities that qualify as ideal clinics              | 1507 PHC facilities qualify as ideal clinics | 1920 PHC facilities qualify as ideal clinics | 2000 PHC facilities qualify as ideal clinics | 1908 PHC facilities qualify as ideal Clinics  | 2100 PHC facilities qualify as ideal Clinics  | Baseline status termination is conducted on 3400 Primary Health care facilities            | Baseline status determination is conducted on 3400 Primary Health care facilities          | Development of the scale up plan in preparation for the peer reviews                       | District Peer reviews and Peer review updates conducted for 2100 facilities                 | 2200 PHC facilities that qualify as Ideal Clinics | 2250 PHC facilities that qualify as Ideal Clinics |



| Outcome  | Output   | Output Indicator   | Audited Performance |                |                | Estimated Performance  | MTEF Targets   |   |   |   |   |   |   |
|--|--|--|---------------------|----------------|----------------|--|--|---|---|---|---|---|---|
|  |  |  | 2017/18             | 2018/19        | 2019/20        |  | Quarterly Targets  |   |   |   |   |   |   |
|  |  |  |                     |                |                |  | 2020/21  | 2021/22   | Q1  | Q2  | Q3  | Q4  |   |
| 2022/23  | 2023/24  |  |                     |                |                |  |  |   |   |   |   |   |   |
| Quality and Safety of Care Improved  | Policy on Traditional Medicine approved and implementation commenced                     | Policy on Traditional Medicine approved and implementation commenced                               | Not Applicable      | Not Applicable | Not Applicable | Draft Policy and implementation guidelines on Traditional Medicine presented to the interim traditional practitioners council for consultation | Policy and implementation guidelines on Traditional Medicine approved and implementation commenced | Policy and implementation guidelines on Traditional Medicine reviewed based on feedback from NHC and approved | Policy and implementation guidelines on Traditional Medicine tabled at NHC for adoption     | Policy and implementation guidelines on Traditional Medicine commenced                      | Policy on Traditional Medicine Implemented and Monitored                          | Policy on Traditional Medicine Implemented and Monitored                                    |   |
|  | 18 Ports of entry services compliant with international health regulations per year      | Number of ports of entry compliant with international health regulations based on self-assessments | Not Applicable      | Not Applicable | Not Applicable | 9 ports of entry compliant with international health regulations   | 18 ports of entry compliant with international health regulations based on self-assessments        | 4 Points of entry compliant with IHR based on self-assessments  | 5 Points of entry compliant with IHR based on self-assessments                              | 5 Points of entry compliant with IHR based on self-assessments                              | 4 Points of entry compliant with IHR based on self-assessments                    | 25 ports of entry compliant with international health regulations based on self-assessments | 30 ports of entry compliant with international health regulations based on self-assessments |
| Community participation promoted to ensure health system responsiveness and effective management of their health needs | Monitoring system for measuring effectiveness of clinic committees tested in 200 clinics | Number of clinics testing the guidelines for measuring effectiveness of clinic committees          | Not Applicable      | Not Applicable | Not Applicable | Guidelines for monitoring effectiveness of clinic committees piloted.  | 200 clinics testing the guideline for measuring effectiveness of clinic committees                 | Guidelines for measuring effectiveness of clinic committees tested in 100 clinics                             | 4 Provincial DoH trained on the Guidelines for measuring effectiveness of clinic committees | 5 Provincial DoH trained on the Guidelines for measuring effectiveness of clinic committees | Guidelines for measuring effectiveness of clinic committees tested in 200 clinics | 500 clinic committees compliant to measurement guidelines                                   | Not Applicable  |



| Outcome                             | Output   | Output Indicator   | Audited Performance |  |  | Estimated Performance   | MTEF Targets   |  |  |  |  |  |
|-------------------------------------|--|--|---------------------|--|--|---|--|--|--|--|--|--|
|                                     |  |  | 2017/18             | 2018/19  | 2019/20  |   | 2020/21  | Quarterly Targets  |  |  |  |  |
|                                     |  |  |                     |  |  |   |  | Q1   | Q2   | Q3   | Q4   | 2022/23  |
| Quality and Safety of Care Improved | 250,000 clients lost to follow up for treatment traced by CHWs   | Number of clients lost to follow up for treatment traced by CHWs   | Not Applicable      | Not Applicable   | Not Applicable   | 250,000   | 100,000  | 50,000   | 50,000   | 50,000   | 400,000  | 200,000  |
|                                     | 1,250 PHC Facilities with Ward Based Outreach teams  | Number of PHC Facilities with Ward Based Outreach Teams  | Not Applicable      | Not Applicable   | Not Applicable   | 1,250   | 500  | 250  | 250  | 250  | 3,000  | 3,467  |
| Quality and Safety of Care Improved | 11 districts and metropolitan municipalities compliant with National Environmental Health Norms and Standards. | Number of Metropolitan and District Municipalities that performed below 65% assessed for compliance to National Environmental Health Norms and Standards | Not Applicable      | 30 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards | 22 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards | Not Applicable  | Assessment tool developed.   | Workshop conducted with Municipal Health Services Managers and Provincial EH Managers on Norms and Standards and the monitoring tool | 05 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards | 11 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards | 21 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards | 20 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards |
|                                     | 9 Provinces assessed for compliance with Emergency Medical Services Regulations                                | Number of provinces assessed for compliance with Emergency Medical Services Regulations  | Not Applicable      | Not Applicable   | Not Applicable   | 9 Provinces assessed for compliance with Emergency Medical Services Regulations | 3 provinces assessed for compliance with Emergency Medical Services Regulations, | 2 provinces assessed for compliance with Emergency Medical Services Regulations,   | 2 provinces assessed for compliance with Emergency Medical Services Regulations,   | 2 provinces assessed for compliance with Emergency Medical Services Regulations,   | Quality improvement plans of 9 Provincial DoH monitored  | Quality improvement plans of 9 Provincial DoH monitored  |





## Budget Allocations

### Primary Health Care expenditure trends and estimates by subprogramme and economic classification

| Subprogramme  | Audited outcome |              |              | Adjusted appropriation | Average growth rate (%) | Average: Expenditure/ Total (%) | Medium-term expenditure estimate |              |              | Average growth rate (%) | Average: Expenditure/ Total (%) |
|---|-----------------|--------------|--------------|------------------------|-------------------------|---------------------------------|----------------------------------|--------------|--------------|-------------------------|---------------------------------|
|   | 2017/18         | 2018/19      | 2019/20      |                        |                         |                                 | 2020/21                          | 2021/22      | 2022/23      |                         |                                 |
| R million   |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| Programme Management  | 4.0             | 4.7          | 4.8          | 3.9                    | -0.1%                   | 1.9%                            | 4.2                              | 4.2          | 4.4          | 3.6%                    | 1.8%                            |
| District Health Services                                      | 43.2            | 15.0         | 16.7         | 21.0                   | -21.3%                  | 10.6%                           | 19.9                             | 21.2         | 18.4         | -4.3%                   | 8.5%                            |
| Environmental and Port Health Services                        | 153.9           | 173.1        | 187.3        | 244.5                  | 16.7%                   | 84.1%                           | 190.0                            | 190.2        | 195.2        | -7.2%                   | 86.3%                           |
| Emergency Medical Services and Trauma                         | 7.1             | 6.6          | 8.1          | 8.3                    | 5.5%                    | 3.3%                            | 8.2                              | 7.9          | 8.1          | -1.2%                   | 3.4%                            |
| <b>Total</b>  | <b>208.1</b>    | <b>199.4</b> | <b>216.9</b> | <b>277.8</b>           | <b>10.1%</b>            | <b>100.0%</b>                   | <b>222.3</b>                     | <b>223.5</b> | <b>226.1</b> | <b>-6.6%</b>            | <b>100.0%</b>                   |
| Change to 2020  |                 |              |              | 39.5                   |                         |                                 | (31.9)                           | (41.9)       | (27.4)       |                         |                                 |
| Budget estimate   |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| <b>Economic classification</b>                                |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| <b>Current payments</b>                                       | <b>201.8</b>    | <b>198.3</b> | <b>215.9</b> | <b>277.2</b>           | <b>11.2%</b>            | <b>99.0%</b>                    | <b>219.9</b>                     | <b>221.0</b> | <b>224.2</b> | <b>-6.8%</b>            | <b>99.2%</b>                    |
| Compensation of employees                                     | 160.2           | 176.4        | 192.0        | 252.4                  | 16.4%                   | 86.6%                           | 188.4                            | 189.5        | 193.4        | -8.5%                   | 86.7%                           |
| Goods and services <sup>1</sup>                               | 41.5            | 21.9         | 23.8         | 24.8                   | -15.8%                  | 12.4%                           | 31.5                             | 31.5         | 30.8         | 7.6%                    | 12.5%                           |
| of which:   |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| Communication   | 1.9             | 1.6          | 1.2          | 1.3                    | -10.9%                  | 0.7%                            | 1.9                              | 1.9          | 1.9          | 11.2%                   | 0.7%                            |
| Contractors   | 0.4             | 0.8          | 0.5          | 0.5                    | 8.5%                    | 0.2%                            | 0.8                              | 0.8          | 0.8          | 16.5%                   | 0.3%                            |
| Fleet services (including government motor transport)         | 9.0             | 10.0         | 10.6         | 6.9                    | -8.4%                   | 4.0%                            | 13.9                             | 13.6         | 13.5         | 25.0%                   | 5.0%                            |
| Inventory: Clothing material and accessories                  | 0.8             | 0.2          | 2.3          | -                      | -100.0%                 | 0.4%                            | 1.7                              | 1.6          | 1.6          | -                       | 0.5%                            |
| Travel and subsistence  | 12.8            | 5.7          | 0.0          | 2.7                    | -40.7%                  | 2.3%                            | 8.9                              | 9.1          | 8.7          | 48.2%                   | 3.1%                            |
| Venues and facilities   | 3.7             | 1.0          | -            | 1.2                    | -30.2%                  | 0.7%                            | 1.4                              | 1.5          | 1.4          | 3.6%                    | 0.6%                            |
| Transfers and subsidies <sup>1</sup>                          | 0.3             | 0.4          | 0.4          | -                      | -100.0%                 | 0.1%                            | -                                | -            | -            | -                       | -                               |
| Departmental agencies and accounts                            | 0.0             | -            | -            | -                      | -100.0%                 | -                               | -                                | -            | -            | -                       | -                               |
| Households  | 0.2             | 0.4          | 0.4          | -                      | -100.0%                 | 0.1%                            | -                                | -            | -            | -                       | -                               |
| Payments for capital assets                                   | 6.1             | 0.6          | 0.6          | 0.6                    | -52.9%                  | 0.9%                            | 2.4                              | 2.5          | 1.9          | 44.9%                   | 0.8%                            |
| Machinery and equipment                                       | 6.1             | 0.6          | 0.6          | 0.6                    | -52.9%                  | 0.9%                            | 2.4                              | 2.5          | 1.9          | 44.9%                   | 0.8%                            |
| <b>Total</b>  | <b>208.1</b>    | <b>199.4</b> | <b>216.9</b> | <b>277.8</b>           | <b>10.1%</b>            | <b>100.0%</b>                   | <b>222.3</b>                     | <b>223.5</b> | <b>226.1</b> | <b>-6.6%</b>            | <b>100.0%</b>                   |
| Proportion of total programme expenditure to vote expenditure | 0.5%            | 0.4%         | 0.4%         | 0.5%                   | -                       | -                               | 0.4%                             | 0.4%         | 0.4%         | -                       | -                               |
| <b>Details of transfers and subsidies</b>                     |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| Households  |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| Social benefits   |                 |              |              |                        |                         |                                 |                                  |              |              |                         |                                 |
| Current   | 0.2             | 0.4          | 0.4          | -                      | -100.0%                 | 0.1%                            | -                                | -            | -            | -                       | -                               |
| Employee social benefits                                      | 0.2             | 0.4          | 0.4          | -                      | -100.0%                 | 0.1%                            | -                                | -            | -            | -                       | -                               |

## Personnel information

### Primary Health Care personnel numbers and cost by salary level<sup>1</sup>

| Primary Health Care | Number of posts estimated for 31 March 2021 |   | Number and cost <sup>2</sup> 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 |       |     |     |       |     |                         |                                  |     |        |        |
|                     |   |   | 2019/20  | 2020/21 | 2021/22 | 2022/23          | 2023/24 | 2020/21 - 2023/24 |                                  |       |     |     |       |     |                         |                                  |     |        |        |
| Salary level        | 381   | -   | 381  | 192.0   | 0.5     | 379              | 252.4   | 0.7               | 332                              | 188.4 | 0.6 | 325 | 189.5 | 0.6 | 328                     | 193.4                            | 0.6 | -4.7%  | 100.0% |
| 1-6                 | 87  | -   | 87   | 20.4    | 0.2     | 87               | 27.1    | 0.3               | 86                               | 24.2  | 0.3 | 85  | 24.4  | 0.3 | 85                      | 24.4                             | 0.3 | -0.8%  | 25.1%  |
| 7-10                | 248   | -   | 248  | 125.4   | 0.5     | 246              | 164.2   | 0.7               | 214                              | 126.0 | 0.6 | 208 | 124.6 | 0.6 | 209                     | 125.5                            | 0.6 | -5.3%  | 64.3%  |
| 11-12               | 30  | -   | 30   | 27.4    | 0.9     | 30               | 36.2    | 1.2               | 21                               | 22.8  | 1.1 | 21  | 24.0  | 1.1 | 21                      | 24.0                             | 1.1 | -11.2% | 6.8%   |
| 13-16               | 16  | -   | 16   | 18.8    | 1.2     | 16               | 24.8    | 1.5               | 11                               | 15.5  | 1.4 | 11  | 16.5  | 1.5 | 13                      | 19.5                             | 1.5 | -6.7%  | 3.7%   |

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

### **Purpose**

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

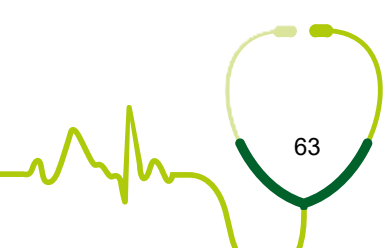
### **Subprogrammes**

- *Programme Management* supports and provides leadership for the development of national policy on hospital services, including the management of health facility infrastructure and hospital systems.
- *Health Facilities Infrastructure Management* coordinates and funds health care infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care. This sub-programme is 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 that should serve as centres of excellence for disseminating quality improvements, and is responsible for the management of the national tertiary services grant.



Outcomes, outputs, performance indicators and targets

| Outcome  | Output   | Output Indicator   | Audited Performance |                |                | Estimated Performance  | MTEF Targets   |         |                   |    |    |  |  |
|--|--|--|---------------------|----------------|----------------|--|--|---------|-------------------|----|----|--|--|
|  |  |  | 2017/18             | 2018/19        | 2019/20        |  | 2020/21  | 2021/22 | Quarterly Targets |    |    |  |  |
|  |  |  |                     |                |                |  |  |         | Q1                | Q2 | Q3 | Q4   |  |
| Financing and Delivery of infrastructure projects improved | 40 PHC facilities constructed or revitalised   | Number of PHC facilities constructed or revitalised  | Not Applicable      | Not Applicable | Not Applicable | 38 PHC facilities constructed or revitalised   | 40 PHC facilities constructed or revitalised   | 0       | 5                 | 10 | 25 | 40 PHC facilities constructed or revitalised   | 45 PHC facilities constructed or revitalised   |
|  | 21 Hospitals constructed or revitalised  | Number of Hospitals constructed or revitalised   | Not Applicable      | Not Applicable | Not Applicable | 21 Hospitals constructed or revitalised  | 21 Hospitals constructed or revitalised  | 0       | 0                 | 2  | 19 | 30 Hospitals constructed or revitalised  | 50 Hospitals constructed or revitalised  |
|  | 120 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 | Not Applicable      | Not Applicable | Not Applicable | 115 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished | 120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished | 3       | 10                | 15 | 92 | 150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished | 200 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished |



## Budget Allocations

### Hospital Systems expenditure trends and estimates by subprogramme and economic classification

| Subprogramme  | Audited outcome |                 |                 | Adjusted appropriation<br>2020/21 | Average growth rate (%)<br>2017/18 - 2020/21 | Average Expenditure/ Total (%)<br>2020/21 | Medium-term expenditure estimate |                 |                 | Average growth rate (%)<br>2020/21 - 2023/24 | Average Expenditure/ Total (%)<br>2023/24 |
|---|-----------------|-----------------|-----------------|-----------------------------------|--|---|----------------------------------|-----------------|-----------------|--|---|
|   | 2017/18         | 2018/19         | 2019/20         |                                   |  |   | 2021/22                          | 2022/23         | 2023/24         |  |   |
| R million   |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Programme Management  | 1.0             | 1.0             | 1.1             | 1.2                               | 7.9%   | -   | 1.1                              | 1.1             | 1.1             | -4.3%  | -   |
| Health Facilities Infrastructure Management                   | 6 356.3         | 6 779.7         | 7 219.0         | 7 195.7                           | 4.2%   | 34.9%                                     | 7 651.5                          | 8 427.0         | 9 029.7         | 7.9%   | 36.7%                                     |
| Hospital Systems  | 11 685.8        | 12 409.2        | 13 193.6        | 14 022.7                          | 6.3%   | 65.1%                                     | 13 719.8                         | 14 011.8        | 14 034.0        | -  | 63.3%                                     |
| <b>Total</b>  | <b>18 043.1</b> | <b>19 189.9</b> | <b>20 413.7</b> | <b>21 219.6</b>                   | <b>5.6%</b>                                  | <b>100.0%</b>                             | <b>21 372.3</b>                  | <b>22 439.9</b> | <b>23 064.8</b> | <b>2.8%</b>                                  | <b>100.0%</b>                             |
| Change to 2020 Budget estimate                                |                 |                 |                 | (555.1)                           |  |   | (1 490.8)                        | (1 513.1)       | (1 145.6)       |  |   |
| <b>Economic classification</b>                                |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Current payments  | 105.1           | 105.2           | 173.0           | 184.3                             | 20.6%  | 0.7%                                      | 101.3                            | 219.3           | 221.7           | 6.3%   | 0.8%                                      |
| Compensation of employees                                     | 20.0            | 21.1            | 23.7            | 24.2                              | 6.6%   | 0.1%                                      | 29.1                             | 28.1            | 24.8            | 0.8%   | 0.1%                                      |
| Goods and services <sup>1</sup>                               | 85.1            | 84.2            | 149.3           | 160.1                             | 23.4%  | 0.6%                                      | 72.3                             | 191.2           | 196.9           | 7.1%   | 0.7%                                      |
| of which:   |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Minor assets  | 0.1             | 0.9             | 2.1             | 6.0                               | 279.2%                                       | -   | 2.3                              | 2.5             | 2.4             | -26.3%                                       | -   |
| Consultants: Business and advisory services                   | 80.1            | 78.4            | 87.2            | 77.1                              | -1.3%  | 0.4%                                      | 43.5                             | 135.5           | 139.3           | 21.8%  | 0.4%                                      |
| Contractors   | -               | 0.2             | 0.1             | 2.7                               | -  | -   | 0.9                              | 1.0             | 1.0             | -27.8%                                       | -   |
| Fleet services (including government motor transport)         | 0.2             | 0.3             | 0.7             | 1.6                               | 86.6%  | -   | 1.0                              | 0.9             | 1.1             | -12.3%                                       | -   |
| Consumable supplies   | 0.0             | 0.1             | 53.7            | 0.0                               | 7.7%   | 0.1%                                      | 17.1                             | 44.0            | 45.2            | 1982.6%                                      | 0.1%                                      |
| Travel and subsistence  | 3.8             | 3.9             | 0.1             | 6.6                               | 20.8%  | -   | 6.0                              | 6.0             | 6.5             | -0.9%  | -   |
| Transfers and subsidies <sup>1</sup>                          | 17 360.6        | 18 457.9        | 19 532.0        | 20 328.4                          | 5.4%   | 96.0%                                     | 20 153.0                         | 20 886.4        | 21 258.8        | 1.5%   | 93.8%                                     |
| Provinces and municipalities                                  | 17 360.6        | 18 457.9        | 19 531.8        | 20 328.4                          | 5.4%   | 96.0%                                     | 20 153.0                         | 20 886.4        | 21 258.8        | 1.5%   | 93.8%                                     |
| Households  | -               | -               | 0.1             | -                                 | -  | -   | -                                | -               | -               | -  | -   |
| Payments for capital assets                                   | 577.3           | 626.8           | 708.8           | 706.8                             | 7.0%   | 3.3%                                      | 1 118.0                          | 1 334.2         | 1 584.3         | 30.9%  | 5.4%                                      |
| Buildings and other fixed structures                          | 577.1           | 591.0           | 592.0           | 472.1                             | -6.5%  | 2.8%                                      | 935.7                            | 1 083.5         | 1 325.5         | 41.1%  | 4.3%                                      |
| Machinery and equipment                                       | 0.1             | 35.8            | 116.7           | 234.7                             | 1123.9%                                      | 0.5%                                      | 182.3                            | 250.7           | 258.8           | 3.3%   | 1.1%                                      |
| Payments for financial assets                                 | 0.0             | -               | -               | -                                 | -100.0%                                      | -   | -                                | -               | -               | -  | -   |
| <b>Total</b>  | <b>18 043.1</b> | <b>19 189.9</b> | <b>20 413.7</b> | <b>21 219.6</b>                   | <b>5.6%</b>                                  | <b>100.0%</b>                             | <b>21 372.3</b>                  | <b>22 439.9</b> | <b>23 064.8</b> | <b>2.8%</b>                                  | <b>100.0%</b>                             |
| Proportion of total programme expenditure to vote expenditure | 42.5%           | 41.2%           | 40.2%           | 36.6%                             | -  | -   | 34.2%                            | 36.4%           | 38.8%           | -  | -   |
| <b>Details of transfers and subsidies</b>                     |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Households  |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Social benefits   |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Current   | -               | -               | 0.1             | -                                 | -  | -   | -                                | -               | -               | -  | -   |
| Employee social benefits                                      | -               | -               | 0.1             | -                                 | -  | -   | -                                | -               | -               | -  | -   |
| Provinces and municipalities                                  |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Provinces   |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Provincial revenue funds                                      |                 |                 |                 |                                   |  |   |                                  |                 |                 |  |   |
| Current   | 11 676.1        | 12 400.7        | 13 185.5        | 14 013.2                          | 6.3%   | 65.0%                                     | 13 707.8                         | 14 000.4        | 14 023.9        | -  | 63.3%                                     |
| National tertiary services grant                              | 11 676.1        | 12 400.7        | 13 185.5        | 14 013.2                          | 6.3%   | 65.0%                                     | 13 707.8                         | 14 000.4        | 14 023.9        | -  | 63.3%                                     |
| Capital   | 5 684.5         | 6 057.2         | 6 346.3         | 6 315.3                           | 3.6%   | 30.9%                                     | 6 445.2                          | 6 886.0         | 7 234.9         | 4.6%   | 30.5%                                     |
| Health facility revitalisation grant                          | 5 684.5         | 6 057.2         | 6 346.3         | 6 315.3                           | 3.6%   | 30.9%                                     | 6 445.2                          | 6 886.0         | 7 234.9         | 4.6%   | 30.5%                                     |

## Personnel information

### Hospital Systems personnel numbers and cost by salary level<sup>1</sup>

| Hospital Systems        | Number of posts estimated for 31 March 2021 |   | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |         |           |                  |         |           |                                  |         |           |        | Number                                       |                                 |    |      |     |       |        |
|-------------------------|---|---|--|---------|-----------|------------------|---------|-----------|----------------------------------|---------|-----------|--------|--|---------------------------------|----|------|-----|-------|--------|
|                         | Number of funded posts                      | Number of additional posts to the establishment | Actual   |         |           | Revised estimate |         |           | Medium-term expenditure estimate |         |           |        | Average growth rate (%)<br>2020/21 - 2023/24 | Average Salary level/ Total (%) |    |      |     |       |        |
|                         |   |   | 2019/20  | 2020/21 | 2021/22   | 2022/23          | 2023/24 | 2020/21   | 2021/22                          | 2022/23 | 2023/24   |        |  |                                 |    |      |     |       |        |
|                         |   |   | Number   | Cost    | Unit cost | Number           | Cost    | Unit cost | Number                           | Cost    | Unit cost | Number | Cost   | Unit cost                       |    |      |     |       |        |
| <b>Hospital Systems</b> |   |   |  |         |           |                  |         |           |                                  |         |           |        |  |                                 |    |      |     |       |        |
| <b>Salary level</b>     | 48  | -   | 48   | 23.7    | 0.5       | 48               | 24.2    | 0.5       | 47                               | 29.1    | 0.6       | 45     | 28.1   | 0.6                             | 39 | 24.8 | 0.6 | -6.7% | 100.0% |
| 1 - 6                   | 13  | -   | 13   | 3.3     | 0.3       | 13               | 3.4     | 0.3       | 12                               | 3.9     | 0.3       | 12     | 4.0  | 0.3                             | 10 | 3.2  | 0.3 | -8.4% | 26.3%  |
| 7 - 10                  | 28  | -   | 28   | 13.7    | 0.5       | 28               | 14.0    | 0.5       | 28                               | 17.0    | 0.6       | 27     | 16.8   | 0.6                             | 23 | 14.2 | 0.6 | -6.3% | 59.2%  |
| 11 - 12                 | 5   | -   | 5  | 4.5     | 0.9       | 5                | 4.6     | 0.9       | 5                                | 5.6     | 1.1       | 4      | 4.6  | 1.1                             | 4  | 4.6  | 1.1 | -7.2% | 10.1%  |
| 13 - 16                 | 2   | -   | 2  | 2.1     | 1.1       | 2                | 2.2     | 1.1       | 2                                | 2.6     | 1.3       | 2      | 2.8  | 1.4                             | 2  | 2.8  | 1.4 | -     | 4.5%   |

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

### Purpose

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

### Subprogrammes

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



Outcomes, outputs, performance indicators and targets

| Outcome   | Output  | Output Indicator  | Audited Performance |                |                | Estimated Performance   | MTEF Targets  |   |   |   |   |  |                |
|---|---|---|---------------------|----------------|----------------|---|---|---|---|---|---|--|----------------|
|   |   |   | 2017/18             | 2018/19        | 2019/20        |   | Quarterly Targets   |   |   |   |   |  |                |
|   |   |   |                     |                |                |   | 2020/21   | 2021/22   | Q1  | Q2  | Q3  | Q4   |                |
|   |   |   | 2017/18             | 2018/19        | 2019/20        | 2020/21   | 2021/22   | Q1  | Q2  | Q3  | Q4  | 2022/23  | 2023/24        |
| Quality and safety of care improved                             | All 9 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | Number of Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | Not Applicable      | Not Applicable | Not Applicable | 9 Public nursing colleges accredited and registered to offer basic nursing and midwifery programmes | 9 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | 2 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | 2 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | 2 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | 3 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and mid-wifery programmes | Not applicable                                     | Not applicable |
|   | 9 Provinces supported to develop implementation plans for strengthening clinical governance                                 | Number of Provinces supported to develop implementation plans for strengthening clinical governance                             | Not Applicable      | Not Applicable | Not Applicable | Clinical governance system assessed, and 3 provinces supported to develop implementation plans      | 9 Provinces supported to develop implementation plans for strengthening clinical governance                             | 3 Provinces supported to develop implementation plans for strengthening clinical governance                             | 5 Provinces supported to develop implementation plans for strengthening clinical governance                             | 7 Provinces supported to develop implementation plans for strengthening clinical governance                             | 9 Provinces supported to develop implementation plans for strengthening clinical governance                             | Not Applicable                                     | Not Applicable |
| Staff equitably distributed and have right skills and attitudes | Community service policy published  | Community service policy published;   | Not Applicable      | Not Applicable | Not Applicable | Community service policy reviewed   | Community Service Policy Published  | Policy review process commenced   | Outcome/s of policy review process discussed  | Draft policy developed  | Community Service Policy Published  | Community service policy implemented and monitored | Not applicable |



| Outcome   | Output  | Output Indicator   | Audited Performance |                |                |  | Estimated Performance  | MTEF Targets  |  |  |  |   |   |
|---|---|--|---------------------|----------------|----------------|--|--|---|--|--|--|---|---|
|   |   |  | 2017/18             | 2018/19        | 2019/20        | 2020/21  |  | 2021/22   | Quarterly Targets  |  |  |   |   |
|   |   |  |                     |                |                |  |  |   | Q1   | Q2   | Q3   | Q4  |   |
|   | 90% eligible students allocated to a health facility for community service  | Percentage of eligible students allocated to a health facility for community service                         | Not Applicable      | Not Applicable | Not Applicable | Not Applicable                                 | 90% eligible students allocated to a health facility for community service                             | Not Applicable  | 90% eligible students allocated to a health facility for community service                             | 90% eligible students allocated to a health facility for community service                             | 90% eligible students allocated to a health facility for community service                             | 90% eligible students allocated to a health facility for community service                      | 2023/24   |
| Information systems are responsive to local needs to enhance data use and improve quality of care   | 500 Covid-19 vaccination sites registered on the EVDS to use the Electronic Vaccination Data System (EVDS)            | Number of Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | Not Applicable      | Not Applicable | Not Applicable | Not Applicable                                 | 500 Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | 50 Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | 150 Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | 200 Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | 500 Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | 1500 Covid-19 vaccination sites registered to use the Electronic Vaccination Data System (EVDS) | 2000 Covid-19 vaccination sites registered to use the Electronic Vaccination Data System (EVDS) |
| Adaptive learning and decision making is improved through use of strategic information and evidence | National Health Research Priorities identified to generate the required knowledge for the South African health system | Revised set of Health research priorities produced   | Not Applicable      | Not Applicable | Not Applicable | National Health Research Priorities identified | Revised set of Health research priorities produced   | Health Research priorities reviewed   | Health Research priority setting matrix developed  | Stakeholder consultation   | Revised Health research priorities produced  | National Health Research priorities implemented   | Not applicable  |



| Outcome   | Output  | Output Indicator  | Audited Performance |                |                | Estimated Performance   | MTEF Targets  |  |                                     |   |   |   |                |
|---|---|---|---------------------|----------------|----------------|---|---|--|-------------------------------------|---|---|---|----------------|
|   |   |   | 2017/18             | 2018/19        | 2019/20        |   | 2020/21   | 2021/22                                  | Quarterly Targets                   |   |   |   |                |
|   |   |   |                     |                |                |   |   |  | Q1                                  | Q2  | Q3  | Q4  |                |
| Information systems are responsive to local needs to enhance data use and improve quality of care | Alpha version of networked TB/HIV Plus Information System developed | Alpha version of networked TB/HIV Plus Information System developed | Not Applicable      | Not Applicable | Not Applicable | Prototype of networked TB/HIV Plus Information System developed | Alpha version of networked TB/HIV Plus Information System developed | Business Requirements document finalised | Technical Design document finalised | Project plan developed, encompassing the entire scope of the work developed for the Alpha version of the information system | Alpha version of networked TB/HIV Plus Information System developed | Networked TB/HIV Plus Information System tested and implemented | Not applicable |

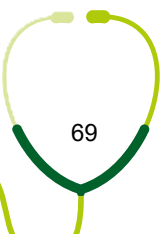




Budget Allocations

**Health System Governance and Human Resources expenditure trends and estimates by subprogramme and economic classification**

| Subprogramme  | Audited outcome |                |                | Adjusted appropriation | Average growth rate (%) | Average: Expenditure/ Total (%) | Medium-term expenditure estimate |                |                | Average growth rate (%) | Average Expenditure/ Total (%) |
|---|-----------------|----------------|----------------|------------------------|-------------------------|---------------------------------|----------------------------------|----------------|----------------|-------------------------|--------------------------------|
|   | 2017/18         | 2018/19        | 2019/20        |                        |                         |                                 | 2020/21                          | 2021/22        | 2022/23        |                         |                                |
| R million   |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| Programme Management  | 6.3             | 5.7            | 5.9            | 5.9                    | -2.0%                   | 0.1%                            | 5.4                              | 5.5            | 5.9            | 0.2%                    | 0.1%                           |
| Policy and Planning   | 82.8            | 6.0            | 6.1            | 7.0                    | -56.1%                  | 0.5%                            | 6.9                              | 6.6            | 6.8            | -1.2%                   | 0.1%                           |
| Public Entities Management and Laboratories                   | 1 810.6         | 1 897.7        | 1 986.7        | 2 090.9                | 4.9%                    | 37.1%                           | 2 015.4                          | 1 948.1        | 1 921.9        | -2.8%                   | 32.1%                          |
| Nursing Services  | 8.0             | 8.4            | 8.3            | 8.5                    | 1.9%                    | 0.2%                            | 9.4                              | 9.5            | 9.3            | 3.1%                    | 0.1%                           |
| Health Information, Monitoring and Evaluation                 | 56.0            | 54.3           | 59.5           | 59.2                   | 1.8%                    | 1.1%                            | 70.5                             | 70.6           | 70.0           | 5.8%                    | 1.1%                           |
| Human Resources for Health                                    | 2 689.5         | 2 801.2        | 2 979.8        | 4 362.5                | 17.5%                   | 61.1%                           | 4 078.9                          | 4 022.3        | 4 018.1        | -2.7%                   | 66.1%                          |
| <b>Total</b>  | <b>4 653.2</b>  | <b>4 773.5</b> | <b>5 046.2</b> | <b>6 533.9</b>         | <b>12.0%</b>            | <b>100.0%</b>                   | <b>6 186.5</b>                   | <b>6 062.5</b> | <b>6 032.0</b> | <b>-2.6%</b>            | <b>100.0%</b>                  |
| Change to 2020 Budget estimate                                |                 |                |                | 283.9                  |                         |                                 | (324.6)                          | (683.3)        | (518.1)        |                         |                                |
| <b>Economic classification</b>                                |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current payments</b>                                       | <b>426.2</b>    | <b>271.7</b>   | <b>293.0</b>   | <b>337.1</b>           | <b>-7.5%</b>            | <b>6.3%</b>                     | <b>311.4</b>                     | <b>308.5</b>   | <b>318.2</b>   | <b>-1.9%</b>            | <b>5.1%</b>                    |
| Compensation of employees                                     | 309.0           | 188.0          | 184.5          | 184.5                  | -15.8%                  | 4.1%                            | 193.2                            | 185.0          | 186.4          | 0.3%                    | 3.1%                           |
| Goods and services <sup>1</sup>                               | 117.2           | 83.6           | 108.5          | 152.5                  | 9.2%                    | 2.2%                            | 118.2                            | 123.4          | 131.8          | -4.8%                   | 2.1%                           |
| of which:   |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| Audit costs: External   | 3.4             | 2.7            | 4.2            | 3.7                    | 3.4%                    | 0.1%                            | 4.6                              | 5.1            | 5.5            | 14.3%                   | 0.1%                           |
| Consultants: Business and advisory services                   | 40.0            | 34.9           | 42.4           | 34.0                   | -5.2%                   | 0.7%                            | 51.8                             | 52.6           | 54.4           | 17.0%                   | 0.1%                           |
| Contractors   | 7.7             | 6.4            | 27.8           | 24.3                   | 46.7%                   | 0.3%                            | 11.3                             | 12.5           | 13.6           | -17.6%                  | 0.1%                           |
| Inventory: Other supplies                                     | 9.4             | 10.8           | 7.0            | 9.2                    | -0.9%                   | 0.2%                            | 12.0                             | 13.2           | 14.5           | 16.4%                   | 0.1%                           |
| Travel and subsistence  | 13.1            | 9.9            | -              | 4.5                    | -29.7%                  | 0.1%                            | 13.7                             | 13.2           | 14.5           | 47.3%                   | 0.1%                           |
| Operating payments  | 5.1             | 3.9            | 1.2            | 4.2                    | -6.4%                   | 0.1%                            | 5.0                              | 5.5            | 6.0            | 12.9%                   | 0.1%                           |
| <b>Transfers and subsidies<sup>1</sup></b>                    | <b>4 139.6</b>  | <b>4 485.1</b> | <b>4 750.3</b> | <b>6 174.3</b>         | <b>14.3%</b>            | <b>93.1%</b>                    | <b>5 852.0</b>                   | <b>5 727.9</b> | <b>5 685.5</b> | <b>-2.7%</b>            | <b>94.9%</b>                   |
| Provinces and municipalities                                  | 2 631.8         | 2 784.5        | 2 940.4        | 4 309.3                | 17.9%                   | 60.3%                           | 4 054.5                          | 3 999.0        | 3 996.8        | -2.5%                   | 65.1%                          |
| Departmental agencies and accounts                            | 1 498.6         | 1 700.0        | 1 809.6        | 1 865.0                | 7.6%                    | 32.7%                           | 1 797.6                          | 1 728.9        | 1 688.7        | -3.3%                   | 28.1%                          |
| Households  | 9.2             | 0.6            | 0.3            | -                      | -100.0%                 | -                               | -                                | -              | -              | -                       | -                              |
| <b>Payments for capital assets</b>                            | <b>87.3</b>     | <b>16.7</b>    | <b>2.9</b>     | <b>22.5</b>            | <b>-36.4%</b>           | <b>0.6%</b>                     | <b>23.1</b>                      | <b>26.1</b>    | <b>28.3</b>    | <b>7.9%</b>             | <b>0.1%</b>                    |
| Machinery and equipment                                       | 87.3            | 16.7           | 2.9            | 22.5                   | -36.4%                  | 0.6%                            | 23.1                             | 26.1           | 28.3           | 7.9%                    | 0.1%                           |
| <b>Payments for financial assets</b>                          | <b>0.1</b>      | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>-100.0%</b>          | <b>-</b>                        | <b>-</b>                         | <b>-</b>       | <b>-</b>       | <b>-</b>                | <b>-</b>                       |
| <b>Total</b>  | <b>4 653.2</b>  | <b>4 773.5</b> | <b>5 046.2</b> | <b>6 533.9</b>         | <b>12.0%</b>            | <b>100.0%</b>                   | <b>6 186.5</b>                   | <b>6 062.5</b> | <b>6 032.0</b> | <b>-2.6%</b>            | <b>100.0%</b>                  |
| Proportion of total programme expenditure to vote expenditure | 11.0%           | 10.2%          | 9.9%           | 11.3%                  | -                       | -                               | 9.9%                             | 9.8%           | 10.2%          | -                       | -                              |
| <b>Details of transfers and subsidies</b>                     |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Households</b>   |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Social benefits</b>  |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current</b>  | <b>2.2</b>      | <b>0.6</b>     | <b>0.3</b>     | <b>-</b>               | <b>-100.0%</b>          | <b>-</b>                        | <b>-</b>                         | <b>-</b>       | <b>-</b>       | <b>-</b>                | <b>-</b>                       |
| Employee social benefits                                      | 2.2             | 0.6            | 0.3            | -                      | -100.0%                 | -                               | -                                | -              | -              | -                       | -                              |
| <b>Departmental agencies and accounts</b>                     |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Departmental agencies (non-business entities)</b>          |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current</b>  | <b>1 494.9</b>  | <b>1 696.1</b> | <b>1 805.5</b> | <b>1 861.0</b>         | <b>7.6%</b>             | <b>32.6%</b>                    | <b>1 796.1</b>                   | <b>1 727.4</b> | <b>1 687.0</b> | <b>-3.2%</b>            | <b>28.1%</b>                   |
| South African Medical Research Council                        | 617.2           | 624.8          | 688.3          | 704.6                  | 4.5%                    | 12.5%                           | 851.7                            | 779.5          | 797.6          | 4.2%                    | 12.1%                          |
| National Health Laboratory Service                            | 746.5           | 810.8          | 791.5          | 855.6                  | 4.7%                    | 15.3%                           | 640.1                            | 634.1          | 577.6          | -12.3%                  | 10.1%                          |
| Office of Health Standards Compliance                         | 125.7           | 129.7          | 136.5          | 137.6                  | 3.1%                    | 2.5%                            | 151.9                            | 157.5          | 152.7          | 3.5%                    | 2.1%                           |
| Council for Medical Schemes                                   | 5.5             | 5.7            | 6.0            | 6.5                    | 5.9%                    | 0.1%                            | 6.2                              | 6.3            | 6.5            | -                       | 0.1%                           |
| South African Health Products Regulatory Authority            | -               | 125.2          | 183.3          | 156.6                  | -                       | 2.2%                            | 146.3                            | 150.0          | 152.6          | -0.9%                   | 2.1%                           |
| <b>Households</b>   |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Other transfers to households</b>                          |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current</b>  | <b>7.0</b>      | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>-100.0%</b>          | <b>-</b>                        | <b>-</b>                         | <b>-</b>       | <b>-</b>       | <b>-</b>                | <b>-</b>                       |
| Employee social benefits                                      | -               | -              | -              | -                      | -                       | -                               | -                                | -              | -              | -                       | -                              |
| University of the Witwatersrand                               | 7.0             | -              | -              | -                      | -100.0%                 | -                               | -                                | -              | -              | -                       | -                              |
| <b>Provinces and municipalities</b>                           |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Provinces</b>  |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Provincial revenue funds</b>                               |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current</b>  | <b>2 631.8</b>  | <b>2 784.5</b> | <b>2 940.4</b> | <b>4 309.3</b>         | <b>17.9%</b>            | <b>60.3%</b>                    | <b>4 054.5</b>                   | <b>3 999.0</b> | <b>3 996.8</b> | <b>-2.5%</b>            | <b>65.1%</b>                   |
| Health professions training and development grant             | 2 631.8         | 2 784.5        | 2 940.4        | -                      | -100.0%                 | 39.8%                           | -                                | -              | -              | -                       | -                              |
| Human resources and training grant                            | -               | -              | -              | 4 309.3                | -                       | 20.5%                           | 4 054.5                          | 3 999.0        | 3 996.8        | -2.5%                   | 65.1%                          |
| <b>Departmental agencies and accounts</b>                     |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Social security funds</b>                                  |                 |                |                |                        |                         |                                 |                                  |                |                |                         |                                |
| <b>Current</b>  | <b>3.7</b>      | <b>3.8</b>     | <b>4.1</b>     | <b>4.1</b>             | <b>3.0%</b>             | <b>0.1%</b>                     | <b>1.4</b>                       | <b>1.5</b>     | <b>1.7</b>     | <b>-24.7%</b>           | <b>-</b>                       |
| Compensation Commissioner                                     | 3.7             | 3.8            | 4.1            | 4.1                    | 3.0%                    | 0.1%                            | 1.4                              | 1.5            | 1.7            | -24.7%                  | -                              |



## Personnel information

### Health System Governance and Human Resources personnel numbers and cost by salary level<sup>1</sup>

| Number of posts estimated for 31 March 2021         |   | Number and cost <sup>2</sup> of personnel posts filled/planned for on funded establishment |            |              |                          |            |              |                                  |            |              |            |            |              | Number                  |                                  |              |                   |             |               |
|---|---|--|------------|--------------|--------------------------|------------|--------------|----------------------------------|------------|--------------|------------|------------|--------------|-------------------------|----------------------------------|--------------|-------------------|-------------|---------------|
| Number of funded posts                              | Number of posts additional to the establishment | Actual 2019/20   |            |              | Revised estimate 2020/21 |            |              | Medium-term expenditure estimate |            |              |            |            |              | Average growth rate (%) | Average: Salary level/ Total (%) |              |                   |             |               |
|   |   | Number   | Cost       | Unit cost    | Number                   | Cost       | Unit cost    | 2021/22                          |            | 2022/23      |            | 2023/24    |              |                         |                                  |              |                   |             |               |
|   |   | Number   | Cost       | Unit cost    | Number                   | Cost       | Unit cost    | Number                           | Cost       | Unit cost    | Number     | Cost       | Unit cost    | Number                  | Cost                             | Unit cost    | 2020/21 - 2023/24 |             |               |
| <b>Health System Governance and Human Resources</b> |   |  |            |              |                          |            |              |                                  |            |              |            |            |              |                         |                                  |              |                   |             |               |
| <b>Salary level</b>                                 | <b>280</b>                                      | –  | <b>280</b> | <b>184.5</b> | <b>0.7</b>               | <b>280</b> | <b>184.5</b> | <b>0.7</b>                       | <b>310</b> | <b>193.2</b> | <b>0.6</b> | <b>352</b> | <b>185.0</b> | <b>0.5</b>              | <b>353</b>                       | <b>186.4</b> | <b>0.5</b>        | <b>8.0%</b> | <b>100.0%</b> |
| 1 – 6   | 166   | –  | 166        | 65.2         | 0.4                      | 166        | 65.4         | 0.4                              | 184        | 68.6         | 0.4        | 212        | 66.9         | 0.3                     | 212                              | 66.9         | 0.3               | 8.5%        | 59.8%         |
| 7 – 10  | 80  | –  | 80         | 62.4         | 0.8                      | 80         | 62.4         | 0.8                              | 88         | 64.9         | 0.7        | 98         | 58.8         | 0.6                     | 98                               | 58.8         | 0.6               | 7.0%        | 28.1%         |
| 11 – 12   | 16  | –  | 16         | 21.8         | 1.4                      | 16         | 21.7         | 1.4                              | 18         | 23.0         | 1.3        | 20         | 22.9         | 1.1                     | 20                               | 22.9         | 1.1               | 7.7%        | 5.7%          |
| 13 – 16   | 18  | –  | 18         | 35.1         | 2.0                      | 18         | 35.1         | 1.9                              | 20         | 36.8         | 1.8        | 22         | 36.5         | 1.7                     | 23                               | 37.9         | 1.6               | 8.5%        | 6.4%          |

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

2. Rand million.



## 9. KEY RISKS

| Outcomes   | Risks  | Mitigation  |
|--|--|---|
| <ol style="list-style-type: none"> <li>1. Maternal, Child, Infant and neonatal mortalities reduced</li> <li>2. HIV incidence among youth reduced</li> <li>3. 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25</li> <li>4. Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies</li> <li>5. Premature mortality from Non-communicable diseases reduced by 10%</li> </ol> | Inadequate Financial Management (which may lead to Irregular, fruitless/wasteful and unauthorized expenditure and negative Audit Outcomes) | <ul style="list-style-type: none"> <li>• Implementation of approved Financial policies and procedures</li> <li>• Staff training on application and implementation of financial guidelines</li> <li>• Implement consequence management on transgressions with financial guidelines</li> <li>• Delegations and accountability framework implemented</li> <li>• Monitoring of action plans to address audit findings.</li> <li>• Enhanced collaboration with stakeholder departments on forensic mental health services</li> </ul> |
| <ol style="list-style-type: none"> <li>6. An equitable budgeting system progressively implemented and fragmentation reduced</li> <li>7. Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs</li> </ol>   | Fraud and Corruption   | <ul style="list-style-type: none"> <li>• NDoH Fraud Prevention policy and Strategy in place.</li> <li>• Established Ethics Committee</li> <li>• Conduct Fraud and Corruption awareness campaigns.</li> </ul>  |
| <ol style="list-style-type: none"> <li>8. Financial management strengthened in the health sector</li> </ol>  | Escalating Medico-Legal Fraudulent claims  | <ul style="list-style-type: none"> <li>• Development of a Case Management system</li> <li>• Collaborate with Special Investigative Unit (SIU) to investigate alleged fraudulent claims</li> </ul>   |
| <ol style="list-style-type: none"> <li>9. Management of Medico-legal cases in the health system strengthened</li> </ol>  | Lack of adequate funding (in order to meet health delivery service needs)  | <ul style="list-style-type: none"> <li>• Continue to engage with National Treasury and other relevant Stakeholders e.g. Donor Funders for additional funds.</li> </ul>  |
| <ol style="list-style-type: none"> <li>10. Package of services available to the population is expanded on the basis of cost-effectiveness and equity</li> <li>11. Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care</li> </ol>   | Ineffective Supply Chain Management processes which may have negative effect on service delivery due to procurement delays                 | <ul style="list-style-type: none"> <li>• Approved Procurement policy and Delegation of duties in place</li> <li>• Approved Standard Operating Procedures circulated to all branches.</li> <li>• Staff training on Supply Chain Management (SCM) processes</li> </ul>  |
| <ol style="list-style-type: none"> <li>12. Quality and safety of care improved</li> <li>13. Staff equitably distributed and have right skills and attitudes</li> </ol>   | Shortages of Pharmaceuticals leading to compromised provision of patient care  | <ul style="list-style-type: none"> <li>• Contracts with suppliers in place</li> <li>• Supplier performance management systems</li> <li>• Enforcement of penalty clauses on non-compliance with the delivery terms.</li> <li>• Implementation of electronic stock management systems</li> </ul>  |
| <ol style="list-style-type: none"> <li>14. Community participation promoted to ensure health system responsiveness and effective management of their health needs</li> </ol>   | Delays in finalisation and implementation of the NHI Bill/Act  | <ul style="list-style-type: none"> <li>• Seek Legal Opinion to address potential areas of Legal challenges</li> <li>• Address matters raised by Portfolio Committee of health and Provincial Legislatures</li> </ul>  |



| Outcomes   | Risks  | Mitigation   |
|--|--|--|
| 15. Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services<br>16. Financing and Delivery of infrastructure projects improved<br>17. Adaptive learning and decision making is improved through use of strategic information and evidence<br>18. Information systems are responsive to local needs to enhance data use and improve quality of care | Shortages of Human Resources in Critical positions   | <ul style="list-style-type: none"> <li>• Development of a comprehensive strategy and plan to address human resource requirements, including filling of critical vacant posts</li> <li>• Expansion of Primary Health Care system by strengthening the community Health Workers Programme</li> </ul>   |
|  | Resurgence of Covid-19 pandemic which may severely affect service delivery across value chain.                                       | <ul style="list-style-type: none"> <li>• Continue to implement Covid-19 guidelines</li> <li>• Develop and implement Business Continuity Plans</li> </ul>   |
|  | Inadequate Health Care Infrastructure (new or revitalisation of Old Hospitals and Clinics).  | <ul style="list-style-type: none"> <li>• 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.</li> </ul>   |
|  | Inadequate Health Prevention and Promotion   | <ul style="list-style-type: none"> <li>• Training of Community Health Workers (CHWs) for outreach programmes.</li> <li>• Health Promotion improved</li> </ul>  |
|  | Inadequate Information, Communication, Technology (ICT) Infrastructure   | <ul style="list-style-type: none"> <li>• Adequate ICT infrastructure made available to public health facilities, through the implementation of Digital Health Strategy 2019-2024</li> <li>• Development of a streamlined, integrated information system for decision-making, as required by the Digital Health strategy 2019-2024</li> </ul>   |
|  | Limited delivery of planned Healthcare Infrastructure due to non-performance of implementing agents/ service providers/ contractors. | <ul style="list-style-type: none"> <li>• Improve monitoring and oversight on the compliance/implementation of IDMS and relevant infrastructure legislation, regulation and policies;</li> <li>• Utilise the Project Management Information System to monitor the projects.</li> <li>• Strengthen enterprise contract management in order to effectively deal with non-performance of implementing agents/service providers/contractors;</li> </ul> |



## 10. PUBLIC ENTITIES

| Name of Public Entity  | Mandate  | Outcomes   |
|--|--|--|
| Council for Medical Schemes  | The Council for Medical Schemes was established in terms of the Medical Schemes Act (1998), as a regulatory authority responsible for overseeing the medical schemes industry in South Africa. Section 7 of the act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private health care, and advising the Minister of Health on any matter concerning medical schemes.   | <ul style="list-style-type: none"> <li>• The improvement of quality of care and the reduction of costs of in the private health care sector promoted</li> <li>• Effective risk pooling encouraged</li> <li>• Policy driven research, monitoring and evaluation of the medical schemes industry conducted</li> </ul>  |
| National Health Laboratory Service                                     | The National Health Laboratory Service was established in 2001 in terms of the National Health Laboratory Service Act (2000). The entity is mandated to support the Department of Health by providing cost effective diagnostic laboratory services to all state clinics and hospitals. It also provides health science training and education, and supports health research. It is the biggest diagnostic pathology service in South Africa, servicing more than 80 per cent of the population, through a national network of 268 laboratories. Its specialised divisions include the National Institute for Communicable Diseases, the National Institute for Occupational Health, the National Cancer Registry and the Anti-Venom Unit. | <ul style="list-style-type: none"> <li>• Clinical effectiveness and efficiencies improved</li> <li>• high-quality and cost-effective laboratory services offered</li> </ul>  |
| South African Medical Research Council                                 | The South African Medical Research Council (SAMRC) was established in terms of the South African Medical Research Council Act (1991). The SAMRC is mandated to promote the improvement of health and quality of life through research, development and technology transfers. Research and innovation are primarily conducted through funded research units located within the council (intramural units) and in higher education institutions (extramural units)   | <ul style="list-style-type: none"> <li>• Scientific excellence promoted to protect the reputation of South African health research;</li> <li>• Leadership in the generation of new knowledge in health provided;</li> <li>• Sustainability of health research in South Africa enhanced by funding and supervising the next generation of health researchers</li> </ul> |
| 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, to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs, and reimburse workers for loss of earnings incurred during tuberculosis treatment. The commissioner compensates the dependants of deceased workers and also administers pensions for qualifying ex-workers or their dependants.   | <ul style="list-style-type: none"> <li>• Management of the CCOD to administer the Mines and Works Fund strengthened</li> </ul>   |



| Name of Public Entity                                       | Mandate  | Outcomes   |
|---|--|--|
| Office of Health Standards Compliance                       | The Office of Health Standards Compliance was established in terms of the National Health Act (2003), as amended. The office is mandated to: monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner. The Minister appointed an ombudsman during 2016/17 financial year that makes it possible for patients to complain about public and private healthcare institutions in South Africa. | <ul style="list-style-type: none"> <li>• Ensure inspections are conducted and norms and standards are effectively monitored for different categories of health establishments;</li> <li>• Quality of health care services are improved for the users of health services</li> </ul> |
| South African Health Products Regulatory Authority (SAHPRA) | <p>The South African Health Products Regulatory Authority is established in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), as amended.</p> <p>SAHPRA is the regulatory authority responsible for the regulation and control of registration, licensing, manufacturing, importation, and all other aspects pertaining to active pharmaceutical ingredients, medicines, medical devices; and for conducting clinical trials in a manner compatible with the national medicines policy.</p>   | <ul style="list-style-type: none"> <li>• Financial sustainability enhanced through revenue generation and improving operational efficiencies;</li> <li>• Global best practices as the regulatory authority of health products by SAHPRA attained and maintained</li> </ul>         |

## 11. INFRASTRUCTURE PROJECTS

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

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

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



| Project Name  | Project Description   | Start Date | Finish Date | Total Project Cost (000's) | Total expenditure to date from previous years (000's) | Budget (Estimated expenditure for 2020/21) (000's) | Budget (Estimated expenditure for 2021/22) (000's) |
|---|---|------------|-------------|----------------------------|---|--|--|
| Limpopo: Tshilidzini hospital                                       | Replacement of hospital   | 17/06/2016 | 31/08/2027  | R96,452                    | R35,212   | R8,548   | R30,000  |
| Limpopo: Elim hospital  | Replacement of hospital and provision of a new gateway clinic in Vhembe District, Limpopo Province. | 01/07/2015 | 31/3/2029   | R3,155,000                 | R33,701   | R3,135   | R50,000  |
| Limpopo: Academic hospital  | Construction of new hospital  | 31/10/2018 | 31/12/2027  | R3,758,372                 | R139,899  | R169,000   | R252,511   |
| Limpopo: Siloam hospital  | Construction of new hospital  | 07/06/2016 | 30/9/2029   | R1,350,000                 | R87,434   | R6,338   | R50,000  |
| Gauteng: Soshanguve hospital  | Construction of new hospital  | 04/09/2017 | 31/01/2027  | R12,112                    | R8,524  | R3,588   | R5,000   |
| Eastern Cape: Bambisana hospital smart revitalisation               | Revitalisation of hospital  | 14/4/2015  | 31/06/2024  | R16,890                    | R10,246   | R6,337   | R40,000  |
| Eastern Cape: Zithulele hospital Smart Revitalisation               | Revitalisation of hospital  | 02/10/2015 | 01/07/2025  | R43,126                    | R17,184   | R20,942  | R40,000  |
| Free State: Dihlabeng hospital revitalisation                       | Replacement of hospital   | 26/10/2016 | 31/3/2024   | R260,000                   | R33,745   | R11,559  | R30,000  |
| Free State: Clocolan clinic   | Replacement of clinic   | 16/1/2015  | 21/04/2023  | R7,163                     | R6,454  | R709   | R5,000   |
| Free State: Borwa clinic  | Replacement of clinic   | 16/1/2015  | 21/04/2023  | R23,252                    | R3,803  | R0   | R3,200   |
| Free State: Lusaka community health centre                          | Replacement of community health centre  | 16/1/2015  | 28/07/2026  | R9,437                     | R7,337  | R2,100   | R6,400   |
| Limpopo: Magwedzha clinic   | Replacement of clinic   | 04/07/2015 | 30/6/2021   | R61,525                    | R41,201   | R8,741   | R5,000   |
| Limpopo: Thengwe clinic   | Replacement of clinic   | 16/1/2015  | 30/6/2021   | R59,000                    | R29,191   | R9,356   | R20,000  |
| Limpopo: Mulenzhe clinic  | Replacement of clinic   | 16/1/2015  | 30/6/2021   | R73,513                    | R49,380   | R11,845  | R2,000   |
| Limpopo: Makonde clinic   | Replacement of clinic   | 16/1/2015  | 29/06/2021  | R60,416                    | R39,645   | R8,633   | R5,000   |
| Limpopo: Chebeng community health centre                            | Replacement of community health centre  | 16/1/2015  | 30/06/2023  | R234,379                   | R9,709  | R69  | R8,000   |
| Mpumalanga: Msukaligwa community day centre                         | Replacement of clinic   | 05/07/2021 | 31/08/2021  | R22,476                    | R18,844   | R2,315   | R20,000  |
| Mpumalanga: Ethandakukhanya community day centre                    | Replacement of clinic   | 02/02/2015 | 17/09/2021  | R170,000                   | R47,699   | R27,555  | R45,000  |
| Mpumalanga: Vukuzakhe clinic  | Replacement of clinic   | 02/02/2015 | 30/8/2021   | R50,052                    | R48,373   | R1,652   | R0   |
| Mpumalanga: Balfour community health centre (24-hour mini-hospital) | Replacement of community health centre  | 02/02/2015 | 26/05/2022  | R325,000                   | R45,164   | R53,666  | R60,000  |
| Mpumalanga: Nhiazatshe 12 clinic                                    | Replacement of clinic   | 02/02/2015 | 30/11/2021  | R90,569                    | R46,526   | R1,399   | R0   |
| Gauteng: Chris Hani Baragwanath nursing college                     | Rehabilitation of existing nursing education institute facility                                     | 15/12/2014 | 31/06/2021  | R21,434                    | R1,118  | R168   | R0   |



| Project Name  | Project Description   | Start Date | Finish Date | Total Project Cost (000's) | Total expenditure to date from previous years (000's) | Budget (Estimated expenditure for 2020/21) (000's) | Budget (Estimated expenditure for 2021/22) (000's) |
|---|---|------------|-------------|----------------------------|---|--|--|
| Limpopo: Thohoyandou nursing college  | Rehabilitation of existing nursing education institute facility   | 15/12/2014 | 31/06/2021  | R23,854                    | R3,272  | R2,019   | R0   |
| Mpumalanga: Middelburg nursing college  | Rehabilitation of existing nursing education institute facility   | 15/12/2014 | 31/06/2021  | R36,722                    | R20,226   | R2,638   | R0   |
| Northern Cape: Henrietta nursing college  | Rehabilitation of existing nursing education institute facility   | 15/12/2014 | 31/06/2022  | R13,620                    | R202  | R0   | R0   |
| National health insurance backlog maintenance   | Various projects related to rehabilitation and maintenance at various facilities  | Ongoing    | Ongoing     | As required                | R451,056  | R120,774   | R66,331  |
| Non-capital infrastructure projects, including maintenance (national health insurance facilities) | Maintenance, provision of provincial management support units and project management information systems, conditional assessments of facilities in national health insurance scheme pilot districts, in loco supervision, monitoring of 10-year health infrastructure plan, estimated accruals, Project Management Office | Ongoing    | Ongoing     | As required                | R167,040  | R28,078  | R200,478   |
| Limpopo: Hayani hospital  | Upgrades and additions  | 14/11/2018 | 31/11/2024  | R86,123                    | R0  | R1,761   | R8,000   |
| Gauteng: Mamelodi hospital  | Rehabilitation  | 14/11/2018 | 01/11/2025  | R50,000                    | R0  | R403   | R10,000  |
| DBSA Backlog Maintenance Programme  | Backlog maintenance   | Ongoing    | Ongoing     | As required                | R38,456   | R106,613   | R0   |
| DBSA Boiler Programme   | Boiler Replacement  | 01/04/2019 | 31/03/2024  | As required                | R123,531  | R58,261  | R34,500  |
| Klerksdorp Hospital Emergency/ Maintenance Works  | Revitalisation  | 01/02/2020 | 31/06/2022  | R178,920                   | R0  | R65,724  | R108,000   |
| Oncology Unit at Nelson Mandela Academic Hospital   | Upgrades and additions  | 01/04/2021 | 31/03/2023  | As required*               | R0  | R0   | R10,000  |
| Tsholo Clinic   | Upgrades and additions  | 01/04/2021 | 31/03/2023  | As required*               | R0  | R0   | R5,000   |
| Mahlumvu Clinic   | Upgrades and additions  | 01/04/2021 | 31/03/2023  | As required*               | R0  | R0   | R5,000   |
| Christiana CHC  | Backlog maintenance   | 01/04/2021 | 31/03/2022  | R33,600                    | R0  | R0   | R51,000  |

\* Project still in identification and therefore the costs are still to be finalised







**TECHNICAL INDICATOR  
DESCRIPTION (TIDS)  
FOR APP**

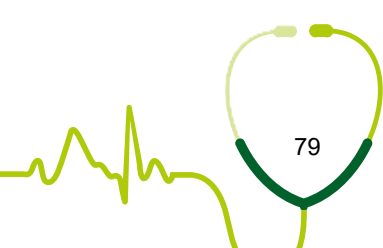
**PART D**

**PROGRAMME 1: ADMINISTRATION**

| 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 |
|---|---|--|--|--|---|--|--|---|-----------------------|-----------------|---|--------------------------|
| Audit outcome of National DoH   | Audit opinion from Auditor General for National Department of Health for the 2020/21 financial year           | Auditor General's Report confirming audit outcome for 2020/21 FY   | Not Applicable                               | Not Applicable                                 | Annual Report 2020/21   | Not Applicable   | Not Applicable                                     | Not Applicable                            | non-cumulative        | Annual          | Unqualified audit opinion for 2020/21 FY received                                   | Chief Financial Officer  |
| A policy and legal framework to manage medico-legal claims in South Africa developed                          | A policy and legal framework to manage medico-legal claims in South Africa developed                          | Policy and legal framework document to manage medico-legal claims in South Africa                              | Not Applicable                               | Not Applicable                                 | Evidence of Policy and legal framework presented to TechnHC and NHC   | Consultation with and approval from the Department of Health legal forum | Not Applicable                                     | All Districts                             | non-cumulative        | Quarterly       | A policy and legal framework gazetted to manage medico-legal claims in South Africa | DDG: Corporate Services  |
| A secure case management system developed and implemented to streamline case management of medico-legal cases | A secure case management system developed and implemented to streamline case management of medico-legal cases | System generated report from the medico-legal case management reflecting management of new medico legal claims | Not Applicable                               | Not Applicable                                 | System generated report from the medico-legal case management system reflecting management of new medico legal claims | A secure case management system will be successfully implemented         | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | Case Management System used to manage new medico legal claims in 7 provinces        | DDG: Corporate Services  |



| 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       |
|---|---|---|--|--|---|-----------------------|--|---|-----------------------|-----------------|---|--------------------------------|
| Number of Health promotion messages broadcasted on Social Media to supplement other channels of communication | Health promotion messages broadcasted on Social Media to supplement other channels of communication | Print out from the Departmental Social media page | Sum of health promotion messages broadcasted on social media | No Denominator                                 | Print out from the Departmental Social media page | Accuracy of reporting | Children   | All Districts                             | cumulative (year-end) | Quarterly       | 100 health promotion messages broadcasted on social media | Chief Director: Communications |



**Programme 2: National Health Insurance**

| 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                                     |
|--|--|--|---|---|--|--|--|---|------------------|-----------------|---|--|
| NHI Fund purchasing health services by 2023/24 | Public hearings on NHI Bill attended by the DoH to prepare comprehensive response to questions so that NHI fund is established and able to purchase health services once established | Documents confirming attendance of public hearings   | Not Applicable                                | Not Applicable                                  | Documents confirming attendance of public hearings   | Attendance of the Portfolio Committee public hearings on the Bill in Parliament; | Not Applicable                                     | All Districts                             | non-cumulative   | Quarterly       | Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended | DDG: National Health Insurance                               |
| Medical Aid Beneficiaries registered on HPRS   | Medical Aid Beneficiaries registered on Health Patient Registration System (HPRS)  | HPRS System generated aggregated report confirming the import of medical aid members onto HPRS | Not Applicable                                | No Denominator                                  | HPRS System generated aggregated report confirming the import of medical aid members onto HPRS | Not Applicable   | Not Applicable                                     | All Districts                             | Cumulative       | Quarterly       | Medical Aid Beneficiaries registered on HPRS  | Chief Director: Policy co-ordination and Integrated Planning |



| 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               |
|--|--|---|--|--|---|----------------|--|---|---------------------------|-----------------|--|--|
| Technical Working Group appointed to draft the Service benefit framework for PHC               | A technical working group for service benefit framework that details services, and care pathways applicable to PHCs appointed to draft the service benefit framework | Appointment letters to members of technical working group   | Not Applicable   | Not Applicable                                 | Appointment letters to members of technical working group   | None           | Not Applicable                                     | All Districts                             | non-cumulative            | Quarterly       | Service benefits framework for PHC completed | DDG: National Health Insurance         |
| Total number of patients registered to receive medicines through the CCMDD system              | Total number of patients registered to receive medicines through the centralised chronic medicine dispensing and distribution system                                 | Monthly reports from contracted suppliers that track patients enrolled into the CCMDD Programme                             | Total number of patients registered to receive medicines through the centralised chronic medicine dispensing and distribution system | No Denominator                                 | Monthly reports from contracted suppliers that track patients enrolled into the CCMDD Programme                             | Not Applicable | Not Applicable                                     | All Districts                             | cumulative (year-to-date) | Quarterly       | 4.5 million                                  | NHI: Technical specialist: Contracting |
| Total number of health facilities reporting stock availability at national surveillance centre | Number of Health facilities reporting stock availability at national surveillance centre   | Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability | Sum of health facilities with no stock outs on essential medicines   | No Denominator                                 | Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability | None           | Not Applicable                                     | All Districts                             | cumulative (year-to-date) | Quarterly       | 3830   | Director: Affordable Medicines         |



**Programme 3: Communicable and non-communicable diseases**

| 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                           |
|--|--|--|--|--|--|---|--|---|---------------------------|-----------------|--|--|
| Number of persons vaccinated against Covid-19              | Number of persons irrespective of the doses vaccinated against Covid-19          | Electronic Vaccine Data System (EVDS)                                | Number of persons vaccinated against Covid-19              | Not Applicable                                 | System generated report Electronic Vaccine Data System               | All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS) | Not Applicable                                     | All Districts                             | Cumulative                | Quarterly       | 40 million persons vaccinated against Covid-19                               | Chief Director: Child, Youth and School and Health |
| Number of hospitals compliant with the food service policy | Number of hospitals compliant with the food service policy                       | Assessment reports that measure compliance with food service policy  | Number of hospitals compliant with the food service policy | Not Applicable                                 | Assessment reports that measure compliance with food service policy  | Hospitals implementing the food service policy  | Not Applicable                                     | All Districts                             | Cumulative                | Quarterly       | 98 hospitals obtain 75% and above on the food service policy assessment tool | Chief Director: Health Promotion and Nutrition     |
| Number of PHC facilities with youth zones                  | Number of PHC facilities with designated area for youth to offer health services | Reports from PHC facilities confirming the activation of youth zones | Sum of PHC facilities with youth zones                     | No Denominator                                 | 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       | 1600 PHC facilities with youth zones   | Chief Director: HIV/AIDS Programme Manager         |
| NSP for NCDs developed and published                       | National Strategic Plan for non-communicable diseases developed and published    | Published National Strategic Plan for non-communicable diseases      | Not Applicable   | Not Applicable                                 | Published National Strategic Plan for non-communicable diseases      | NSP for NCDs approved by NHC timeously  | Not Applicable                                     | All Districts                             | non-cumulative            | Quarterly       | NSP for NCDs developed and published   | Chief Director: Non-communicable Diseases          |
| National strategy for tobacco control developed            | National strategy for tobacco control developed with consultation                | Draft of the National strategy for tobacco control                   | Not Applicable   | Not Applicable                                 | Draft of the National strategy for tobacco control                   | Not Applicable  | Not Applicable                                     | All Districts                             | Cumulative                | Quarterly       | National strategy for tobacco control developed                              | Chief Director: Health Promotion and Nutrition     |



| 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 |
|---|---|---|---|--|--|---|--|---|---------------------------|-----------------|---|--------------------------|
| Number of State patients admitted into designated psychiatric hospitals   | Number of State patients (defined as persons who allegedly committed a criminal offence due to mental illness and declared by the Court) admitted into designated psychiatric hospitals | Reports submitted from the designated psychiatric hospitals | Number of State patients admitted into designated psychiatric hospitals   | Not Applicable                                 | Reports submitted from the designated psychiatric hospitals; | The backlog for admission of State patients will be reduced | State patients with Court orders                   | Designated psychiatric hospitals          | Cumulative (year to date) | Quarterly       | 75 State patients admitted into designated psychiatric hospitals  | Chief Director: NCDs     |
| Number of medical officers and professional nurses trained to improve their skills in clinical management of mental disorders | Number of Medical officers and professional nurses** trained to improve their skills in clinical management of mental disorders   | Reports of trained medical officers and professional nurses | Number of Medical officers and professional nurses** trained to improve their skills in clinical management of mental disorders | Not Applicable                                 | Reports submitted from the general hospitals that qualify    | All training reports are completed adequately               | NA   | Designated hospitals                      | Cumulative                | Quarterly       | 500 medical officers and professional nurses** trained to improve their skills in clinical management of mental disorders | Chief Director NCDs      |
| Maternity care guidelines approved  | Maternity care guidelines developed for national implementation   | Approved Maternity care guidelines                          | Not Applicable  | Not Applicable                                 | Approved Maternity care guidelines                           | NHC will adopt guidelines during Q4 of 2021/22              | Women  | All districts                             | Non-cumulative            | Quarterly       | Maternity care guidelines approved  | Chief director WMRH      |
| Neonatal care guidelines approved   | Neonatal care guidelines developed for national implementation  | Approved Neonatal care guidelines                           | Not Applicable  | Not Applicable                                 | Approved Neonatal care guidelines                            | NHC will adopt guidelines during Q4 of 2021/22              | Children   | All Districts                             | Non-cumulative            | Quarterly       | Neonatal care guidelines approved   | Chief Director WMRH      |

\*\* Working in units that are listed to conduct 72 hours assessment and psychiatric units attached to general hospitals.



**Programme 4: Primary Health Care**

| 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                 |
|---|---|---|---|--|---|--|--|---|-----------------------|-----------------|--|--|
| Number of health facilities implementing the National Quality Improvement Programme | Number of health facilities implementing the National Quality Improvement Programme | Implementation reports from health facilities                         | Sum of facilities implementing the National Quality Improvement Programme | No Denominator                                 | Implementation reports from health facilities                         | Training material and tools to support and train public facilities on Quality Improvement as per the Quality Improvement Plan is readily available | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | 100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme        | Director: Quality Assurance              |
| Number of primary health care facilities that qualify as ideal clinics              | Number of primary health care facilities that qualify as ideal clinics              | Reports from the Ideal Clinic system                                  | Sum of PHC facilities that qualify as ideal clinics                       | No Denominator                                 | Reports from the Ideal Clinic system                                  | Not Applicable   | Not Applicable                                     | All Districts                             | Non-cumulative        | Quarterly       | 2100 PHC facilities qualify as ideal Clinics   | Director: Quality Assurance              |
| Policy on Traditional Medicine approved and implementation commenced                | Policy and implementation guidelines for Traditional Medicine developed             | Approved Policy and implementation guidelines on Traditional Medicine | Not Applicable  | Not Applicable                                 | Approved Policy and implementation guidelines on Traditional Medicine | Not applicable   | Not Applicable                                     | All Districts                             | Non-cumulative        | Quarterly       | Policy and implementation guidelines on Traditional Medicine approved and implementation commenced | Chief Director: District Health Services |





| 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                                      |
|---|---|--|--|--|--|--|--|---|---------------------------|-----------------|---|---|
| Number of ports of entry compliant with international health regulations based on self-assessments* | Number of ports of entry self-compliant with international health regulations based on self-assessments | Self-assessment reports reflecting compliance status | Sum of ports of entry where health services comply with international health regulations | No Denominator                                 | Self-assessment reports reflecting compliance status | Ports of entry assessed for compliance with international health regulations | Not Applicable                                     | All Districts                             | Non-cumulative            | Quarterly       | 18 ports of entry compliant with international health regulations based on self-assessments | Chief Director: Environmental Health and Port Health Services |
| Number of clinics testing the guidelines for measuring effectiveness of clinic committees           | Number of clinics testing the guidelines for measuring effectiveness of clinic committees               | Monitoring reports                                   | Not Applicable   | Not Applicable                                 | Monitoring reports                                   | Not Applicable   | Not Applicable                                     | All Districts                             | Cumulative (year to date) | Quarterly       | 200 clinics testing the guideline for measuring effectiveness of clinic committees          | Chief Director: District Health Services                      |
| Number of clients lost to follow up for treatment traced by CHWs                                    | Number of clients on TB and HIV treatment traced by community health workers                            | DORA report from Provincial DoH                      | Sum of clients traced by CHWs  | No Denominator                                 | DORA report from Provincial DoH                      | Not Applicable   | Not Applicable                                     | All Districts                             | cumulative (year-to-date) | Quarterly       | 250,000   | Chief Director: District Health Services                      |
| Number of PHC Facilities with Ward Based Outreach Teams   | Number of PHC Facilities with Ward Based Outreach Teams   | DHIS   | Sum of PHC facilities reporting on WBPHCOTs  | Sum of PHC facilities                          | DHIS reports   | Not applicable   | Not applicable                                     | All Districts                             | Cumulative (year to date) | Quarterly       | 1,250 PHC facilities with Ward Based Outreach Teams   | Chief Director: District Health Services                      |

\* Assessed against environmental health norms and standards in executing their environmental health functions and improvement plans



| 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               |
|--|---|--------------------|--|--|-----------------------|---|--|---|-----------------------|-----------------|---|--|
| Number of Metropolitan and District Municipalities that performed below 65% assessed for compliance to National Environmental Health Norms and Standards | Municipalities monitored against environmental health norms and standards in executing their environmental health functions and improvement plans | Assessment Reports | Number of Metropolitan and District Municipalities that performed below 65% assessed for compliance to National Environmental Health Norms and Standards | No Denominator                                 | Assessment Reports    | Assessment tool is accurately used and reports accurately completed     | NA   | All Districts                             | Non-Cumulative        | Quarterly       | 11 Metropolitan and District Municipalities that performed below 65% assessed for compliance to National Environmental Health Norms and Standards | Environmental and Port Health Services |
| Number of provinces assessed for compliance with Emergency Medical Services Regulations  | Number of provinces assessed for compliance with Emergency Medical Services Regulations   | Assessment reports | Sum of Provinces assessed for compliance with EMS Regulations  | No Denominator                                 | Assessment reports    | Assessment tools sensitive to the standards required by the regulations | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | 9 Provinces assessed for compliance with Emergency Medical Services Regulations   | Director: EMS                          |



**Programme 5: Hospital Systems**

| 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                                      |
|--|--|---|---|--|---|--|--|---|-----------------------|-----------------|--|---|
| Number of PHC facilities constructed or revitalised  | Number of PHC facilities constructed or revitalised  | Practical Project completion certificates | Sum of PHC facilities constructed or revitalised                            | No Denominator                                 | Practical Project completion certificates | Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | 40 PHC facilities constructed or revitalised   | Chief Director: Health Facilities and Infrastructure Planning |
| Number of Hospitals constructed or revitalised   | Number of Hospitals constructed or revitalised   | Practical Project completion certificates | Sum of Hospitals constructed or revitalised                                 | No Denominator                                 | Practical Project completion certificates | Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | 21 Hospitals constructed or revitalised  | Chief Director: Health Facilities and Infrastructure Planning |
| Number of 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 | Practical Project completion certificates | Sum of all public health facilities maintained, repaired and/or refurbished | No Denominator                                 | Practical Project completion certificates | Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished | Not Applicable                                     | All Districts                             | Cumulative (year-end) | Quarterly       | 120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished | Chief Director: Health Facilities and Infrastructure Planning |



**Programme 6: Health System Governance and Human Resources for Health**

| 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                   |
|---|---|--|---|--|---|----------------|--|---|---------------------------|-----------------|--|--|
| Number of Public nursing colleges supported* to achieve accreditation for basic and specialist nursing and midwifery programmes | Number of Public nursing colleges supported out of 9 to achieve accreditation for basic and specialist nursing and midwifery programmes | Agenda and minutes of Support meetings | Number of Public nursing colleges supported out of 9 to achieve accreditation for basic and specialist nursing and midwifery programmes | None   | Meeting workshop, consultation records of site visits | Not Applicable | Not Applicable                                     | All 9 provinces                           | cumulative (year-to-date) | Quarterly       | 9 Public nursing colleges supported to achieve accreditation for basic and specialist nursing and midwifery programmes | Chief Nursing Officer                      |
| Number of Provinces supported* to develop implementation plans for strengthening clinical governance                            | Number of Provinces supported to develop implementation plans for strengthening clinical governance                                     | Agenda of Support meetings             | Number of Public nursing colleges supported to develop implementation plans   | None   | Meeting workshop, consultation records of site visits | Not Applicable | Not Applicable                                     | Not Applicable                            | cumulative (year-to-date) | Quarterly       | 9 Provinces supported to develop implementation plans for strengthening clinical governance                            | Chief Nursing Officer                      |
| Community service policy published;   | Community service policy published on the DoH website   | Published Community service policy     | Not Applicable  | Not Applicable                                 | Published Community service policy                    | Not Applicable | Not Applicable                                     | All Districts                             | non-cumulative            | Quarterly       | Community Service Policy Published   | Chief Director: Human Resources for Health |

\* Support can take any of the following forms: discussions, meetings, workshops, electronic consultations, provision of supportive documentation, advice on management tools, etc and will differ from college to college and from time to time based on the outcome of the assessment done on need for support



| 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                                     |
|--|---|---|---|---|--|-------------|--|---|---------------------------|-----------------|--|--|
| Percentage of eligible students allocated to a health facility for community service                         | Percentage of eligible (passed their final year exams; qualify to register with regulator and compliant with employment regulations) students allocated formally to a health facility for community service and allocation letters issued | Numerator and Denominator:<br>ICSP (In-ternship and Community Service) Database | Number of students who are provided with allocation letters for their community service placement         | Number of eligible students (passed their final year exams; qualify to register with regulator and compliant with employment regulations) who applied for community service | Numerator:<br>Allocation letters<br>Denominator:<br>Electronic Applications on ICSP (In-ternship and Community Service) Database | None        | Not Applicable                                     | All Districts                             | Non-cumulative            | Quarterly       | 90% eligible students allocated to a health facility for community service                     | Chief Director: Human Resources for Health                   |
| Number of Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | Number of Covid-19 vaccination sites registered on the EVDS to use the Electronic Vaccination Data System (EVDS)  | EVDS Database   | Sum of Covid-19 vaccination sites registered on EVDS to use the Electronic Vaccination Data System (EVDS) | Not Applicable  | System generated report confirming site registrations on EVDS  | None        | Not Applicable                                     | All Districts                             | Cumulative (year-to-date) | Quarterly       | 500 Covid-19 vaccination sites registered to use the Electronic Vaccination Data System (EVDS) | Chief Director: Policy co-ordination and integrated Planning |



| 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   |
|---|---|--|--|--|--|--|--|---|------------------|-----------------|---|--|
| Revised set of Health research priorities produced                  | Revised Health research priorities produced                         | National Health Research priority framework  | Not Applicable                               | Not Applicable                                 | National Health Research priority framework  | Consensus of priorities among stakeholders                 | Not Applicable                                     | All districts                             | non-cumulative   | Quarterly       | Revised set of Health research priorities produced                  | Chief Director: Health Information Research, Monitoring and Evaluation |
| Alpha version of networked TB/HIV Plus Information System developed | Alpha version of networked TB/HIV Plus Information System developed | Prototype document detailing Alpha version of networked TB/HIV Plus Information System | Not Applicable                               | Not Applicable                                 | Prototype document detailing Alpha version of networked TB/HIV Plus Information System | Resource availability and stakeholder buy-in and consensus | Not Applicable                                     | Not Applicable                            | non-cumulative   | Quarterly       | Alpha version of networked TB/HIV Plus Information System developed | Chief Director: Health Information Research, Monitoring and Evaluation |





**CONDITIONAL GRANTS**

**ANNEXURE**

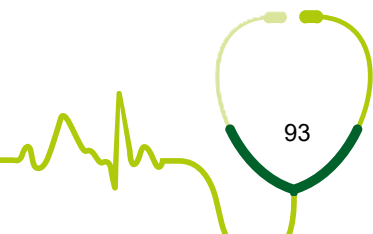
## 1. DIRECT GRANTS

| Name of Grant  | Purpose  | Output Indicators  | 2021/22 Targets | 2021/22 Annual Budget R'000 |
|--|--|--|-----------------|-----------------------------|
| <b>Statutory Human Resources &amp; HP Training &amp; Development</b> | <ul style="list-style-type: none"> <li>To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance</li> <li>Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform</li> </ul>  | Number of statutory posts funded from this grant (per category and discipline) and other funding sources | 4 630           | R4 054 458                  |
|  |  | Number of registrars posts funded from this grant (per discipline) and other funding sources             | 1 200           |                             |
|  |  | Number of specialists posts funded from this grant (per discipline) and other funding sources            | 400             |                             |
| <b>National Tertiary Services Grant</b>                              | <ul style="list-style-type: none"> <li>Ensure the provision of tertiary health services in South Africa</li> <li>To compensate tertiary facilities for the additional costs associated with the provision of these services</li> </ul>   | Number of inpatient separations  | 644 876         | R13 707 798                 |
|  |  | Number of day patient separations  | 388 399         |                             |
|  |  | Number of outpatients first attendances  | 1 210 403       |                             |
|  |  | Number of outpatient follow-up attendances   | 2 945 919       |                             |
|  |  | Number of inpatient days   | 4 055 840       |                             |
|  |  | Average length of stay   | 6,5 days        |                             |
|  |  | Bed utilization rate   | 110%            |                             |
| <b>Health Facility Revitalisation Grant</b>                          | <ul style="list-style-type: none"> <li>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance</li> <li>To enhance capacity to deliver health infrastructure</li> <li>To accelerate the fulfilment of the requirements of occupational health and safety</li> </ul> | Number of PHC facilities constructed or revitalised  | 38              | R6 445 188                  |
|  |  | Number of Hospitals constructed or revitalised   | 21              |                             |
|  |  | Number of Facilities maintained, repaired and/or refurbished   | 115             |                             |





| Name of Grant   | Purpose  | Output Indicators  | 2021/22 Targets | 2021/22 Annual Budget R'000 |
|---|--|--|-----------------|-----------------------------|
| <b>HIV, TB, COS, Malaria and HPV</b>                    |  |  |                 |                             |
| <b>HIV, TB, COS, Malaria and HPV HIV/AIDS Component</b> | <ul style="list-style-type: none"> <li>To enable the health sector to develop and implement an effective response to HIV and AIDS</li> <li>Prevention and protection of health workers from exposure to hazards in the work place</li> </ul> | Number of new patients started on ART  | 600,000         | R22 563 773                 |
|   |  | Total number of patients on ART remaining in care  | 6,000,000       |                             |
|   |  | Number of male condoms distributed   | 700,000,000     |                             |
|   |  | Number of female condoms distributed   | 30,000,000      |                             |
|   |  | Number of babies PCR tested at 10 weeks  | 220,108         |                             |
|   |  | Number of clients tested for HIV (including antenatal)                                     | 14,000,000      |                             |
|   |  | Number of medical male circumcisions performed   | 600,000         |                             |
|   |  | HIV new positive eligible client initiated on TPT (Tuberculosis Preventive Therapy)        | 600,000         |                             |
|   |  | Number of ART patients decanted to DMoC (Differentiated Models of Care)                    | 3 010 085       |                             |
| Name of the Component                                   | Purpose  | Output Indicators  | 2021/22 Targets | 2021/22 Annual Budget R'000 |
| <b>TB Component</b>                                     | <ul style="list-style-type: none"> <li>To enable the health sector to develop and implement an effective response to TB</li> </ul>   | TB symptom clients screened in facility rate (under 5yrs and 5 yrs and older)              | 90%             | R 506 117                   |
|   |  | Number of patients tested for TB using Xpert   | 2 916 760       |                             |
|   |  | Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay | 340 806         |                             |
|   |  | Client 5yrs and older start on treatment rate  | 90%             |                             |
|   |  | TB Rifampicin Resistant confirmed treatment start rate                                     | 90%             |                             |
|   |  | Number of eligible clients initiated on Delamanid containing regimen                       | 3 000           |                             |



| Name of the Component    | Purpose  | Output Indicators  | 2021/22 Targets | 2021/22 Annual Budget R'000 |
|--------------------------|--|--|-----------------|-----------------------------|
| <b>COS Component</b>     | <ul style="list-style-type: none"> <li>To ensure that every Community Health Worker contracted as part of the WBPHCOTs receives a remuneration, tools of trade and is strained to deliver on the approved scope of work.</li> </ul>    | Number of CHWs receiving a stipend   | 50 000          | R2 480 213                  |
|                          |  | Number of CHWs trained   | 5 229           |                             |
|                          |  | Number of HIV clients lost to follow-up for treatment traced   | 419 580         |                             |
|                          |  | Number of TB clients lost to follow-up for treatment traced  | 26 245          |                             |
|                          |  |  |                 |                             |
| <b>Malaria Component</b> | <ul style="list-style-type: none"> <li>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</li> </ul> | Number of malaria-endemic municipalities with >95 per cent indoor residual spray (IRS) coverage                            | 21              | R104 181                    |
|                          |  | Percentage confirmed cases notified within 24 hours of diagnosis   | 60%             |                             |
|                          |  | Percentage of confirmed cases investigated and classified within 72 hours in endemic areas                                 | 60%             |                             |
|                          |  | Percentage of identified health facilities with recommended treatment in stock   | 100%            |                             |
|                          |  | Percentage of identified health workers trained on malaria elimination   | 90%             |                             |
|                          |  | Percentage of population reached through malaria information education and communication (IEC) on prevention and treatment | 70%             |                             |
|                          |  | Number of malaria camps refurbished and/or constructed   | 13              |                             |
|                          |  |  |                 |                             |



| Name of the Component                   | Purpose  | Output Indicators   | 2021/22 Targets | 2021/22 Annual Budget R'000 |
|---|--|---|-----------------|-----------------------------|
| <b>HPV Component</b>                    | <ul style="list-style-type: none"> <li>To enable the health sector to prevent cervical cancer by making available HPV vaccination for grade five school girls in all public and special schools and progressive integration of HPV into ISHP.</li> </ul> | Percentage of grade five school girls aged 9 and above vaccinated for HPV   |                 | R220 258                    |
|   |  | 1st Dose  | 80%             |                             |
|   |  | 2nd Dose  | 80%             |                             |
|   |  | Percentage of schools with grade five girls reached by the HPV vaccination team   |                 |                             |
|   |  | 1st Dose  | 80%             |                             |
|   |  | 2nd Dose  | 80%             |                             |
| <b>Mental Health Services Component</b> | To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers   | Number of health professionals contracted (total and by discipline)   |                 | R103 401                    |
|   |  | Psychiatrists   | 10              |                             |
|   |  | Clinical Psychologist   | 20              |                             |
|   |  | Number increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions | 15 000          |                             |
|   |  | Percentage reduction in the backlog of forensic mental observations   | 25%             |                             |
| <b>Oncology Services Component</b>      | To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers   | Number of health professionals contracted (total and by discipline)   | 3               | R107 509                    |
|   |  | Number of patients seen per type of cancer  | 2 000           |                             |
|   |  | Percentage reduction in oncology treatment including radiation oncology backlog   | 10%             |                             |
| <b>Covid – 19 Component</b>             | To enable the health sector to rollout COVID-19 vaccine  | <ul style="list-style-type: none"> <li>Number of clients fully vaccinated for Covid-19</li> </ul>                             | 40 000 000      | R1 500 000                  |
| <b>National Health Insurance Grant</b>  | To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers   | <ul style="list-style-type: none"> <li>Number of health professionals contracted</li> </ul>                                   | 418             | R268 677                    |
|   |  | <ul style="list-style-type: none"> <li>Number of patients seen by contracted health professionals</li> </ul>                  | 650 000         |                             |

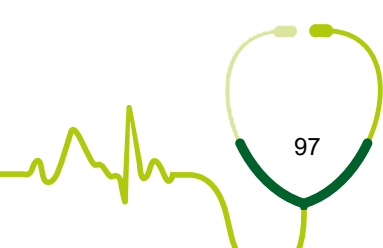


## 2. INDIRECT GRANTS

| Name of the Component                           | Purpose   | Output Indicators  | 2021/22 Targets | 2021/22 Annual Budget R'000 |
|---|---|--|-----------------|-----------------------------|
| <b>Health Facility Revitalisation Component</b> | <ul style="list-style-type: none"> <li>To create an alternative track to improve spending, performance as well as monitoring and evaluation on infrastructure in preparation for National Health Insurance (NHI)</li> </ul> | Number of PHC facilities constructed or revitalised          | 2               | R1 175 400                  |
|   | <ul style="list-style-type: none"> <li>To enhance capacity and capability to deliver infrastructure for NHI</li> </ul>  | Number of Hospitals constructed or revitalised               | 0               |                             |
|   | <ul style="list-style-type: none"> <li>To accelerate the fulfilment of the requirements of occupational health and safety</li> </ul>  | Number of Facilities maintained, repaired and/or refurbished | 5               |                             |



| Name of the Component  | Purpose  | Output Indicators  | 2021/22 Targets                     | 2021/22 Annual Budget R'000 |
|--|--|--|-------------------------------------|-----------------------------|
| <b>Non-Personal Services: CCMDD, Ideal Clinic, Medicine Stock Surveillance System, Health Patient Registration System, Quality Improvement</b> | <ul style="list-style-type: none"> <li>To expand the alternative models for the dispensing and distribution of chronic medication</li> </ul>   | Alternative chronic medicine dispensing and distribution model implemented               | Alternative CCMDD model implemented | R 613 882                   |
|  | <ul style="list-style-type: none"> <li>To develop and roll out new health information systems in preparation for NHI</li> <li>To enable the health sector to address the deficiencies in PHC facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme</li> </ul> | Number of new and number of total patients registered in the CCMDD programme             | 4 600 000                           |                             |
|  | <ul style="list-style-type: none"> <li>To maintain the Intern and Community Services Programme (ICSP) information systems which will be progressively integrated into the broader Human Resources for Health Information System/HRH Registry</li> </ul>  | Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards | 300                                 |                             |



| Name of the Component | Purpose  | Output Indicators  | 2021/22 Targets                                  | 2021/22 Annual Budget R'000 |
|-----------------------|--|--|--|-----------------------------|
|                       | Community Services Programme (ICSP) information systems which will be progressively integrated into the broader Human Resources for Health Information System/HRH Registry | Number and percentage of PHC facilities achieving an ideal status  | 2100   |                             |
|                       |  | Number of public health facilities implementing the health patient registration system (HPRS)              | 3 075 PHC<br>34 Hospitals                        |                             |
|                       |  | Number and percentage of the population registered on the health patient registration system               | 57 000 000                                       |                             |
|                       |  | National data centre hosting environment for NHI information systems established                           | NDC established                                  |                             |
|                       |  | Number of primary healthcare facilities implementing an electronic stock monitoring system                 | 3 290  |                             |
|                       |  | Number of hospitals implementing an electronic stock management system                                     | 400  |                             |
|                       |  | Number of fixed health establishments reporting medicines availability to the national surveillance centre | 3830   |                             |
|                       |  | Intern Community Service Programme (ICSP) system maintained and improvements effected                      | ICSP system maintained and improvements effected |                             |
|                       |  | Number of Quality Learning Centres established   | 180  |                             |
|                       |  | Number of facilities improving their baseline OHSC scores (or other approved quality metrics)              | 180  |                             |



| Name of the Component   | Purpose  | Output Indicators                        | 2021/22 Targets                          | 2021/22 Annual Budget R'000 |
|---|--|--|--|-----------------------------|
| <b>Personal Services<br/>GP Contracting<br/>(Capitation),<br/>Mental Health,<br/>Oncology</b> | <ul style="list-style-type: none"> <li>To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers</li> </ul> | Risk Adjusted capitation model developed | Risk Adjusted Capitation model developed | R 328 423                   |









