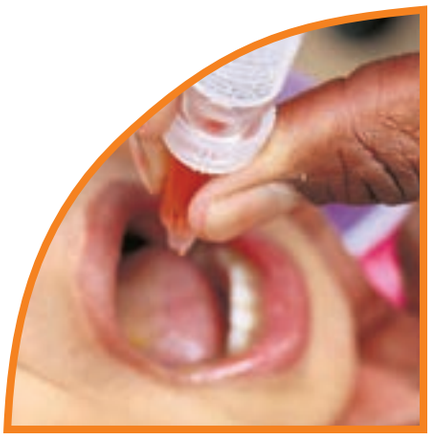
ANNUAL
PERFORMANCE PLAN
2023 - 2024



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

health

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Health
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ANNUAL
PERFORMANCE PLAN
2023 - 2024

TABLE OF CONTENTS

FOREWORD BY THE MINISTER OF HEALTH

Dr MJ PHAAHLA
Minister of Health (MP)

The health system has positively impacted on the health status of the population which is demonstrated by improvements in the health outcomes over the years. Remarkable progress has been made on the MTSF commitments which were briefly disrupted by Covid-19. The total life expectancy dropped from an estimated 64.6 years in 2018 to 62.8 years in 2022 and slight gains have been notable in the post Covid pandemic. The 5th generation National Strategic Plan for HIV, TB and STIs (2023-2028) is being finalized, and will be launched in 2023 to drive 95-95-95, which includes scale up of paediatric HIV treatment that is more effective and easier for care givers to administer. All provinces will be initiating HIV positive children up to 15 years on this regimen.

The National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022 - 2027 aims to accelerate the Departments response to curbing the rapidly escalating burden of non-communicable diseases including Cancer, Diabetes, Cardiovascular Diseases and Mental Health Conditions. Additional to changing behaviour, there is urgency for our citizens to become aware of their status regarding hypertension, diabetes and cholesterol and even when they are diagnosed and treated, many patients remain uncontrolled resulting in complications which are costly to treat and result in disabilities. The country is in need of a multi sectoral multi- approach to respond to the reproductive needs of the community and to address an increasing number of younger women who deliver babies in facilities which will require a change in societal morals, beliefs and practices to respond to the challenge.

National Health Insurance (NHI) remains a national priority with the Bill expected to complete its passage through Parliament during 2023/2024 and be voted into law. This legislation will enable reforms that will bring the many divergent parts of our health system together. Investment in strengthening various elements of the public health system, including the infrastructure and human resources. The Department is also in the process to develop and implement the Electronic Health Record (EHR) digital solution, where patient's health data and information from different information systems will be consolidated into one digital health record providing up-to-date, and complete information at the point of care.

In this Annual Performance Plan, the Ministry of Health endeavours to work with all relevant stakeholder to improve the quality of health services to provide a long and healthy life for all South Africans.

Dr MJ Phaahla
Minister of Health (MP)

STATEMENT BY THE DIRECTOR-GENERAL

Dr SSS Buthelezi
Director General: Health

The Annual Performance for 2023/2024 for the National Department of Health is tabled following reflections on the progress of the Medium-Term Strategic Framework for 2019 - 2024. Despite the disruptions presented by Covid-19 in the last two financial years, the Department remains committed to achieve the set targets and to contribute to the progressive realisation of the National Development Plan 2030 as well as the Goal 3 Objectives of the Sustainable Development Goals.

Driving national health and wellness and healthy lifestyle campaigns to reduce the burden of disease and ill-health will remain the focus of the department in this last term of the Medium-Term Strategic Framework. Non-communicable diseases (e.g. Diabetes, Hypertension, Cancer, respiratory diseases, mental health, etc) contribute to more than half of all deaths .This year, the Department will embark on a campaign to promote health and prevent diseases of lifestyle, scaling up screening for Non-Communicable Diseases, for early detection and treatment as well as to work towards strengthening capacity of the health system to respond to the needs of children and adolescent with psychosocial disabilities and mental disorders.

Community participation will be promoted through visits to health facilities and community engagement by hosting "Imbizos". The department will expand on youth zones in primary health facilities to aid the reduction of HIV amongst the youth as well as to increase capacity for HIV self-screening in health facilities. TB remains the leading cause of death according to StatsSA . More focused measures have been identified to ensure the achievement of 90-90-90 targets which are aimed at reduction of pre-mature mortality and onward transmission in order to transition to 95-95-95 targets for both HIV and TB to align to Global Strategies.

Infrastructure delivery remains key to the service delivery platform, and this will be achieved through the progressive implementation of the 10-year National Health Infrastructure Plan, including maintenance and refurbishments of health facilities to support service delivery.

The 2023/2024 Annual Performance Plan is a reflection of the Department's commitment in building a stronger and resilient national health system, fast tracking performance for the remainder of the implementation period.

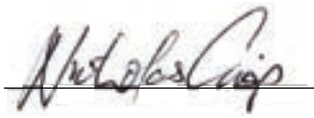
Dr SSS Buthelezi
Director General: Health

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the National Department of Health under the guidance of Dr MJ Phaahla
- Takes into account all the relevant policies, legislation and other mandates for which the National Department of Health is responsible
- Accurately reflects outputs which the National Department of Health will endeavor to achieve over the MTEF period 2023/24-2024/25

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

Dr N Crisp
Manager Programme 2: National Health Insurance — Signature: 

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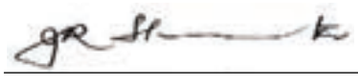
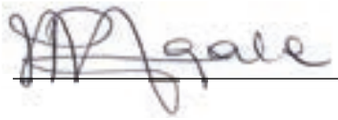
Ms J Hunter
Manager Programme 4: Primary Health Care — Signature: 

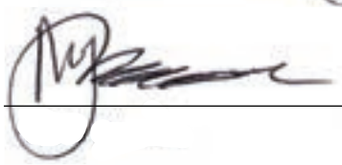
Dr P Mahlati
Manager Programme 5: Hospital Systems — Signature: 

Dr P Mahlati
Acting Manager Programme 6: Health System Governance and Human Resources — Signature: 

Mr P Mamogale
Chief Financial Officer — Signature: 

Approved by:

Dr SSS Buthelezi
Director-General — Signature: 

Dr M J Phaahla
Minister of Health, MP — Signature: 

PART A
OUR MANDATE

OUR MANDATE

1. Constitutional Mandate

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

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

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

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

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

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

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

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and

(3) No one may be refused emergency medical treatment.

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

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

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

2.1 Legislative falling under the Department of Health's Portfolio

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

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national

guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;

- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;

- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and

- create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

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

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

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

2.2 Other legislation applicable to the Department

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

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

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

Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

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

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

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

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

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

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

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

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

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

Promotion of Administrative Justice Act, 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000) Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

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

3.1 National Health Insurance Bill

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

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

Notable progress has been made with regards to the legislative process, oral submission to the Portfolio Committee on Health on the NHI Bill took place, and the committee voted on the NHI Bill and declared it as a desirable Bill. The clause by clause review by the Portfolio Committee has been completed and all that is left is for the Chief State Law Adviser and the Parliamentary Legal Officer to finalise the A list (of supported amendments) and B-Bill for voting in the National Assembly. From there the Bill will go to the NCOP and it is expected to return to Parliament for a vote at the end of 2023. Passage of the Bill will fundamentally reform the landscape of the national health system over many years to come.

3.2 National Development Plan: Vision 2030

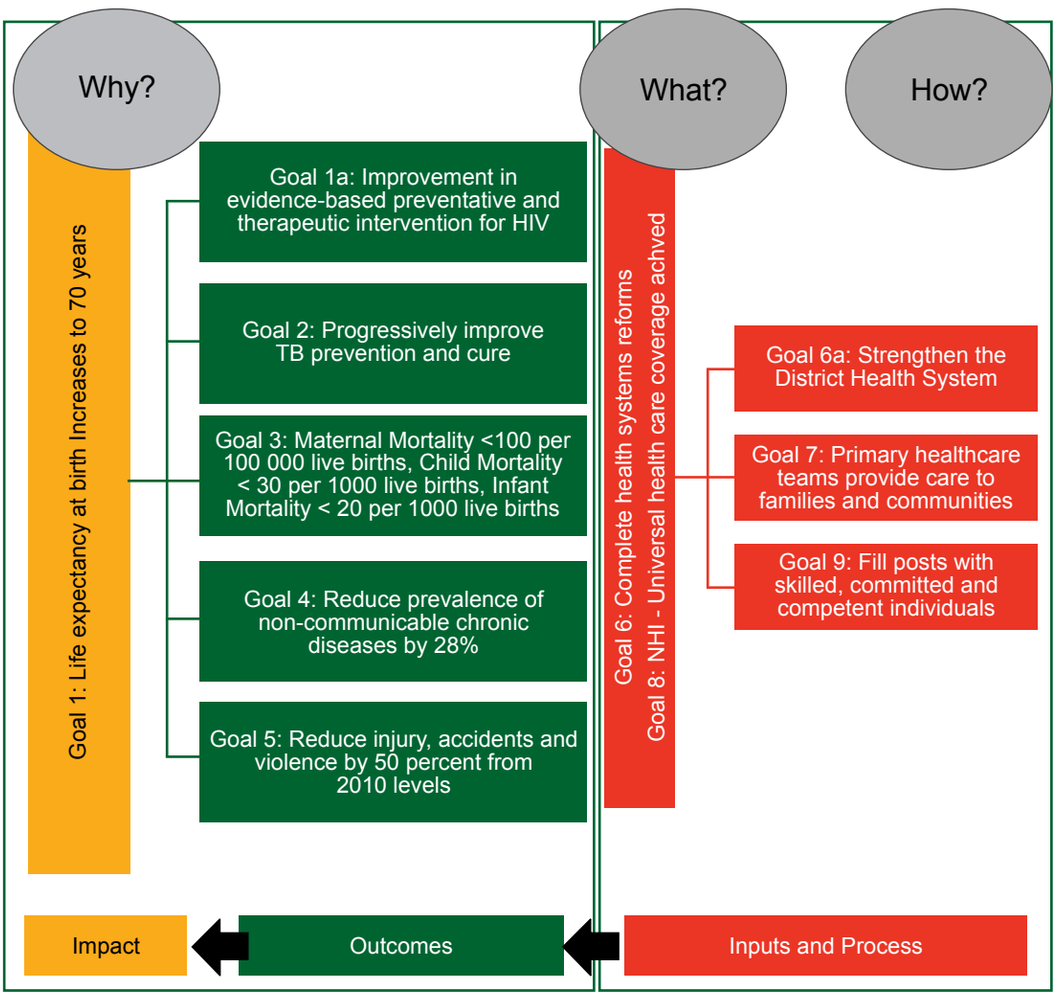
The strategic intent of the National Development Plan (NDP) 2030 for the health sector is the achievement of a health system that works for everyone and produces positive health outcomes and is accessible to all.

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

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

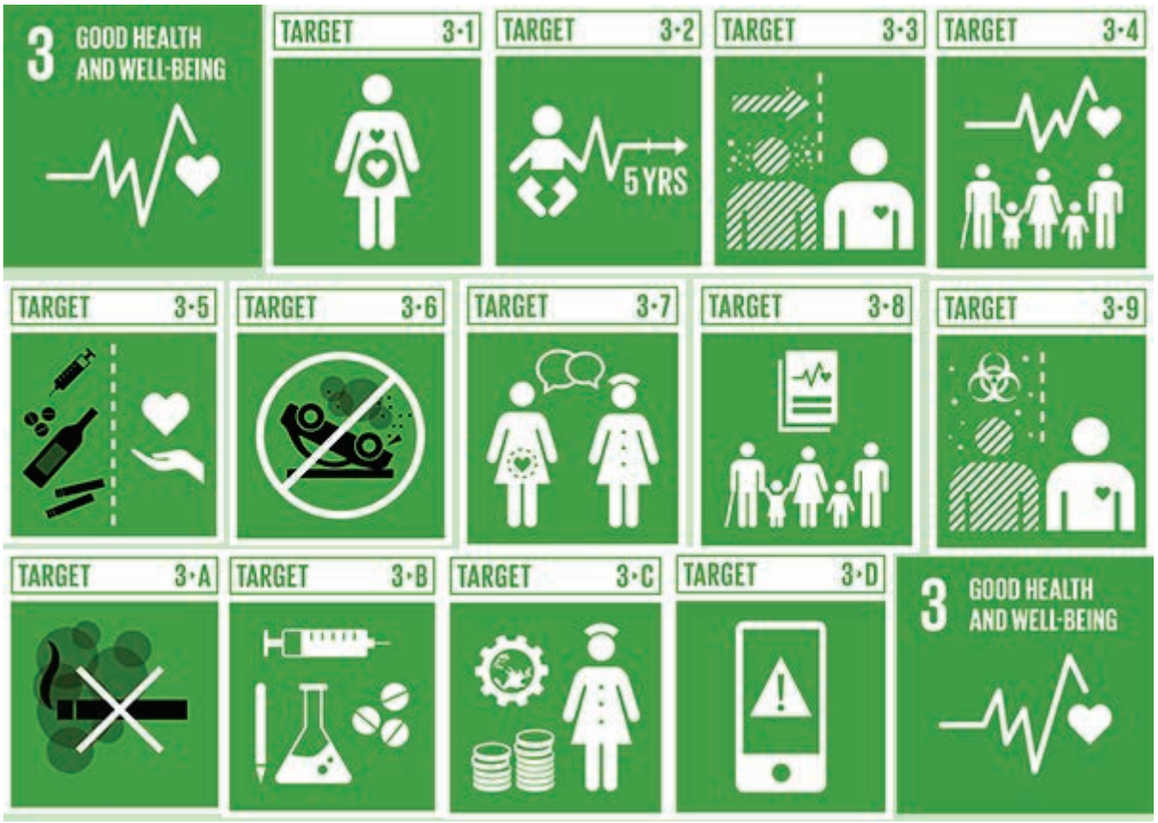
The NDP vision is that by 2030 it is possible for South Africa to have: (a) raised the life expectancy of South Africans to at least 70 years; (b) produced a generation of under-20 year olds that is largely free of HIV; (c) reduced the burden of disease; (d) achieved an infant mortality rate of less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

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

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



The following goals pertain to health, goal 3:

3.1 - By 2030, reduce the global maternal **mortality ratio to less than 70 per 100,000 live births**

3.2 - By 2030, end **preventable deaths of newborns and children under 5 years of age,** with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 - By 2030, end **the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases

3.4 - By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being

3.5 - Strengthen the **prevention and treatment of substance abuse,** including narcotic drug abuse and harmful use of alcohol

3.6 - By 2020, **halve the number of global deaths and injuries from road traffic accidents**

3.7 - By 2030, **ensure universal access to sexual and reproductive health-care services,** including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 - Achieve **universal health coverage, including financial risk protection,** access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 - By **2030, substantially reduce the number of deaths and illnesses from hazardous chemicals** and air, water and soil pollution and contamination

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

3.b **- Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

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

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

Progress on the Sustainable Development Goals for Health:

- According to the latest SDG 2022 report[3] :COVID-19 continues to pose challenges to people's health and well-being globally and is impeding progress in meeting Goal 3 targets.
- As of mid-2022, more than 500 million people worldwide had been infected by COVID-19.
- Between 2015- 2021 globally it is estimated that 84% of births were assisted by medical doctors, nurses and midwives however the coverage was 20% lower in Sub-Sharan African than the global average (A key driver in the reduction of maternal and morbidity and mortality is competent skilled birth attendance)
- The COVID-19 disruptions resulted in an increased number of TB deaths to 1.3 million 2020 from 1.2 million in 2019, progress in the reduction of TB incidence was also negative affected in 2020, to less than 2 % per year, lower than 4-5% annual decline required to achieve the target to end End TB strategy.
- TB treatment reached 20 million people which is only half of the global target.
- An estimated 241 million malaria cases and 627,000 deaths from malaria were reported worldwide in 2020. This means that 14 million more people contracted malaria and 69,000 more people died from it than in 2019.
- About two thirds of the additional deaths were linked to disruptions in the provision of malaria services during the pandemic.

3.4 Presidential Health Compact

The Presidential Health Summit was convened in October 2018, to diagnose and propose solutions to end identified crises in the health system in the Country, that are hampering progress towards a unified, people centered and responsive health system[4].

[3] 2022 Sustainable development report, Cambridge 2022

[4] Presidential Health Compact, 2019

The Presidential Health Compact, an agreement and commitment by key stakeholders signed in July 2019, was developed to identify primary focus areas towards establishing a unified, integrated and responsive health system. Partners committed themselves to a 5-year program of partnering with government in improving healthcare services in our Country.

In the first quarter of 2023/2024, the Department together with The Presidency will convene the second Presidential Health Summit to review the progress made since inception. Notably, the 9 pillars of the Health Compact deliverables were integrated into the Strategic Plan of the Department and implemented in line with the Medium-Term Strategic Framework.

3.5 Medium Term Strategic Framework 2019-2024

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

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

The MTSF 2019-2014 entails 11 interventions by the National Department of Health aimed at strengthening the health system and improving health outcomes. These (2019- 2024), interventions are aligned to the Pillars of the Presidential Health Summit compact and the United Nations' three broad objectives of the Sustainable Development Goals (SDGs) for health as outlined in the table below:

Table 1: Alignment of Key Strategies

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

Progress on deliverables of the Medium-Term Strategic Framework:

The department has made significant progress in line with the targets for the MTSF period which were reached as per the Bi-Annual MTSF report[5].

- Human Resources for Health (HRH) Strategy 2030 and HRH Plan 2020/21-2024/25 completed in 2020.
- One nursing college per province (with satellite campuses) established by 2020 and fully operational in all nine provinces.
- Number of people screened for Tuberculosis (TB).
- Number of people screened annually for high blood pressure.
- Number of people screened annually for elevated blood glucose levels.
- Number of community health workers (CHWs) contracted by Provincial DOHs.
- Proportion of people living with HIV who know their status.

Outputs that are lagging behind by the health sector includes proportion of facilities implementing the National Quality improvement Programme; Number of clinics attaining Ideal Clinic status, Reduction of contingent liability for Medico-legal claims; TB treatment success rate; number of HIV tests done, HIV positivie people initiated on Anti-retroviral therapy; Maternal and Child indicators related to Immunisation coverage; antenatal visit of pregnant women and Child indicators for pneumonia; malnutrition and diarrhoea. The Annual Performance Plans for both National and Provincial departments aim to address the above concerns with relevant indicators aimed to reach the targets or include efforts to address the current challenges.

[5] Synopsis of the DPME'S Review of The Bi-Annual Progress Report on the MTSF: October 2021- March 2022.

PART B

OUR STRATEGIC FOCUS

OUR STRATEGIC FOCUS

4. Vision

A long and healthy life for all South Africans

5. Mission

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

6. Values

The Department subscribes to the Batho Pele principles and values.

- **"Consultation:** Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice regarding the services offered;
- **Service Standards:** Citizens should be told what level and quality of public service they will receive so that they are aware of what to expect;
- **Access:** All citizens have equal access to the services to which they are entitled;
- **Courtesy:** Citizens should be treated with courtesy and consideration;
- **Information:** Citizens should be given full, accurate information about the public services to which they are entitled;
- **Openness and transparency:** Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge;
- **Redress:** If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic, positive response; and
- **Value for money:** Public services should be provided economically and efficiently in order to give citizens the best value for money;"[6]

7. Situational Analysis

7.1 External Environmental Analysis

7.1.1 Demographic profile

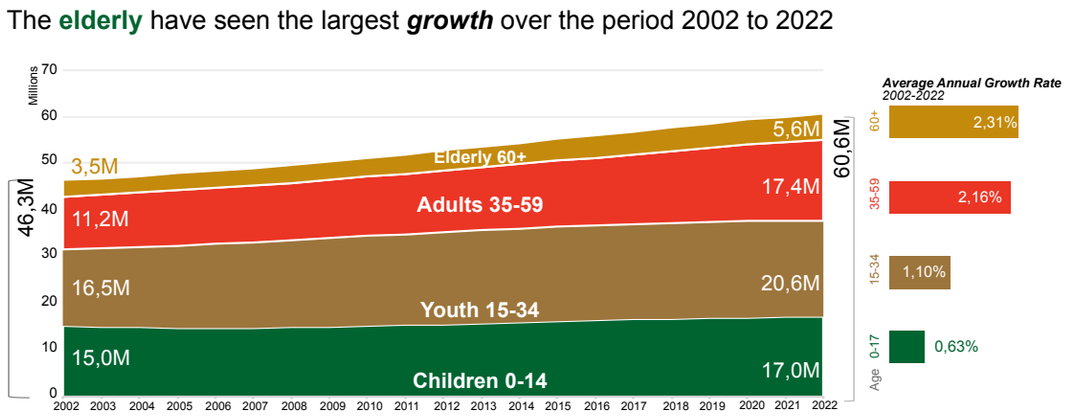
Statistics South Africa (Stats SA)[7] estimates the population in 2022 at 60.6 million, up by 640 074 (with an annual rate growth of 1,06%); with the male population presenting 48.9% (approximately 29.7 million) of the population and 51.1% (approximately 30.9 million) female, with 4 in 5 people in South Africa being Black African. About 28,07% of the population is aged younger than 15 years (17,01 million) and the proportion of elderly persons aged 60 years and older in South Africa is increasing over time, currently at approximately 9,2% (5,59 million). The percentage of older persons is the highest in the Gauteng province (24,14%), followed by the KwaZulu-Natal province (17,27%); Eastern Cape province (14,21%); Western Cape province (13,31%); Limpopo province (9,65%); Mpumalanga province (6,82%); North West province (6,80%); Free State province (5,37%); and Northern Cape province (2,43%). A further breakdown of the older persons population in South Africa is as follows; males 39% and females 61%. Breakdown per population group; blacks 62,37%; whites 23,09%; coloureds 10,29% and Indians 4,25%.

The age profile of the Country is reflective of a youthful population with a significant prominence in the 15 - 34 aged groups. Children and youth account for 37.6 million people in SA, with the median age at 28 years. See Figure 1 below.

[6] Service Charter, Government of South Africa, 2013

[7] Mid-Year Population Estimates, StatsSA 2022

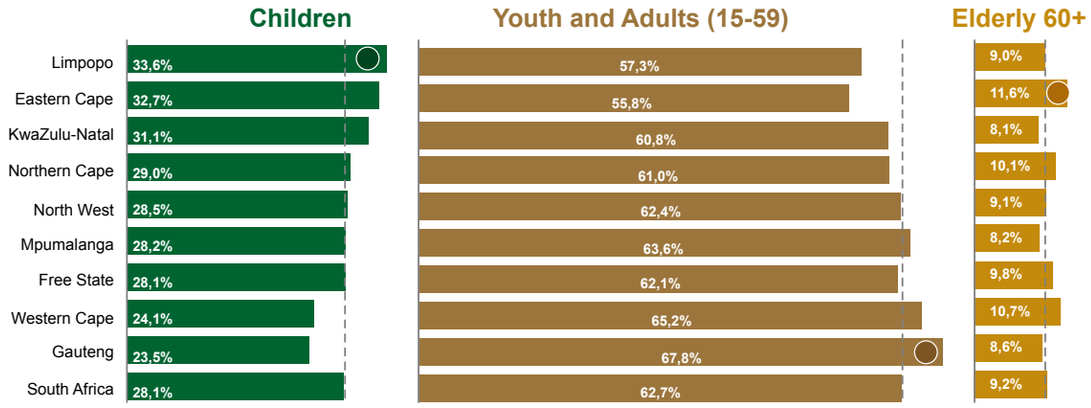
Figure 1: Population growth rates by age groups over time, 2002-2022



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

Significant differences in the age categories are noted within provinces. For example, Limpopo province has a higher proportion of children under 15 at 33.6%, Gauteng province has the higher proportion of youth and adults (15-59) at 67.8% and Eastern Cape province has the higher proportion of the elderly (60+) at 11.6%. see Figure 2 below.

Figure 2: Age categories in South Africa per province



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

Migration patterns

Migration is an important demographic process in shaping the age structure and distribution of provincial population[8]. The highest proportion of youth are found in the urban provinces of Gauteng (21%) and Western Cape (18%), whilst the lowest proportion of youth are found in the Limpopo (15%) and Eastern Cape (14,4%) and these proportions are reflective of migratory patterns between provinces.

According to latest data by Department of Home Affairs, foreign travellers arriving in South Africa decreased by 88,8% in February 2021 when compared to February 2020, whilst departures from the Country decreased by 89,3% when comparing February 2020 to February 2021. These patterns are likely to change significantly following the removal of all COVID-19 restrictions including entry requirements at the borders from the 23 June 2022.According to Stats SA, in 2020-2021 the overall growth rate declined to 1,03%, which is attributed to the decline in migration. Data for the period 2021-2026 indicate that international migration are led by African migrants coming into the Country with Gauteng province attracting the most migrants of approximately 1 443 978 over the 5-year period, which also comprises of the largest share of the South African population of 26.6% of the population.

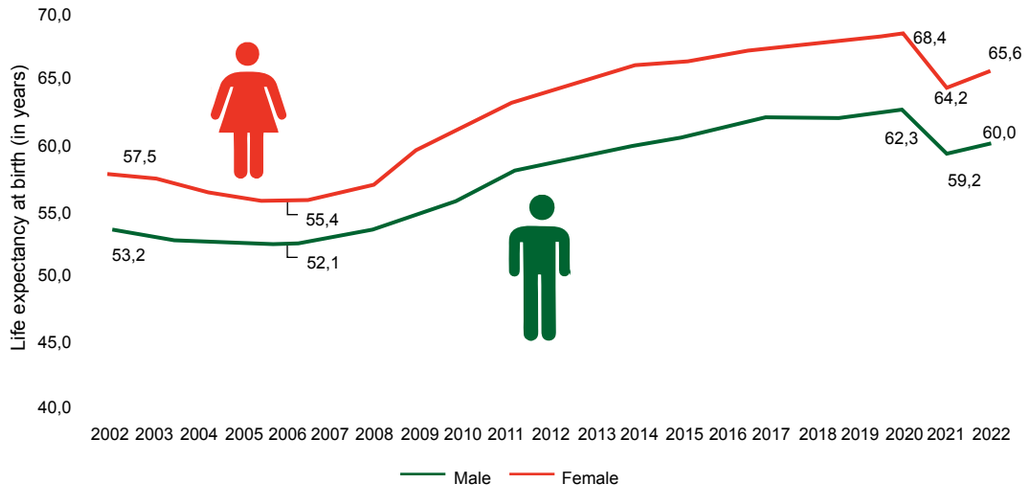
Life Expectancy

Life expectancy at birth for males declined from 62,3 in 2020 to 59,2 in 2021 (3,1-year drop) and from 68,4 in 2020 to 64,2 for females (4,2-year drop). In 2022, life expectancy at birth improved by 0,8 years for males (60,0 years) and 1,4 years for females (65,6 years). The gains could be attributed to the decline in infant mortality rate (IMR) from an estimated 55,2 infant deaths per 1 000 live births in 2002 to 24,3 infant deaths per 1 000 live births in 2022. The under-five mortality rate (U5MR) declined from 74,7 child deaths per 1 000 live births to 30,7 child deaths per 1 000 live births between 2002 and 2022.Despite these improvements, life expectancy is still lower than pre-pandemic levels. See Figure 3 below.

According to the Stats SA Midyear Population Estimates, life expectancy at birth is estimated at 68,5 years for females and 62,5 for males. The presence of the COVID-19 pandemic has hampered the ability of the health sector to extend life expectancy in South Africa in the year 2021. Approximately 34% rise in deaths in adults in the year 2021, significantly affected the life expectancy at birth in South Africa. A notable gain was the 5% reduction in deaths which has improved life expectancy at birth in 2022. Western Cape (WC) is the province with the highest life expectancy, for females at 71.7 and males at 66.3 respectively. Free State province has the lowest provincial life expectancy, for females at 62.2 and males at 56.6 years respectively.

[8] The South African Health Reforms 2009 - 2014

Figure 3: Life expectancy by Gender over time, 2002-2022

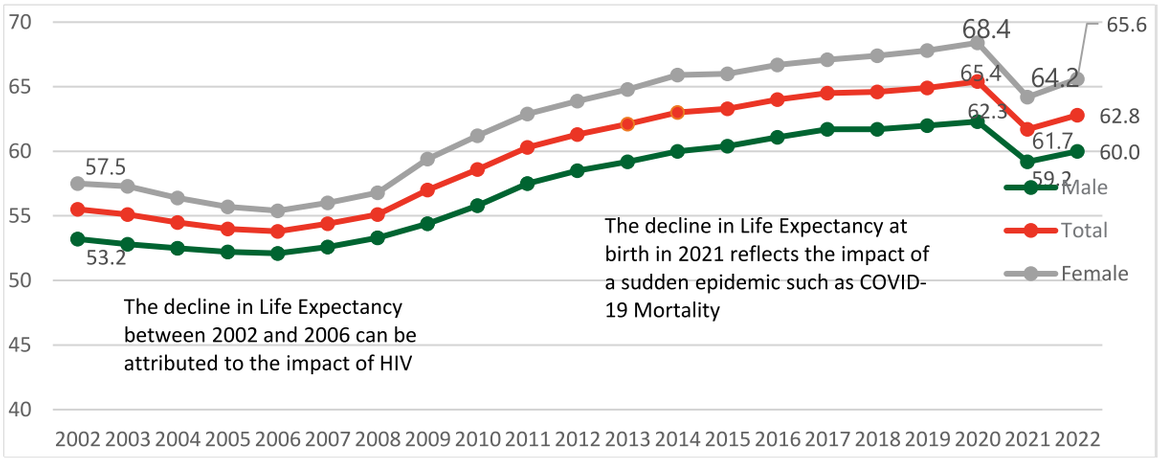


Source: Mid-year population estimates, presentation Stats SA, 2022

Impact of Covid-19 on life expectancy

South Africa's first COVID-19 related death occurred on 27th March 2020. As the spread of the disease occurred over time, there was a rise in the number of direct and indirect deaths in the population due to COVID-19. By 1 July 2020, approximately 152 000 confirmed COVID19 infection cases and 2 700 confirmed COVID-19 related deaths were reported in South Africa. By end of June 2022, these numbers had drastically increased with almost 4 million confirmed COVID-19 infections reported in the Country. By 01 July 2021, just over 60 000 people had lost their lives to COVID-19 and by the end of June 2022 cumulatively more than 101 000 confirmed COVID-19 deaths were reported (NICD, 2022). The improvement in life expectancy across all provinces is indicative of the decrease in deaths occurring between the 1st July 2021 and 30th June 2022 due to decline in COVID-19 related deaths, but also the assumption of an increase in life expectancy due to continual reduction in overall deaths including COVID-19 related deaths in South Africa. See Figure 4 below.

Figure 4: Life expectancy trends for South Africa over time, 2002 – 2022 – Showing the effect of HIV and the COVID epidemic on the life expectancy of the Country.



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

Impact of fertility rate on life expectancy

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

7.1.2 Social Determinants of Health for South Africa

Empirical evidence shows that socio economic status is a key determinant of health status. 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.

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

Water and Sanitation

Data indicates that 88,7% of households in South Africa have access to improved water sources, with around 14% of households relying on a communal or neighbour's tap as a main source of drinking water. "Three-fifths (59,1%) of households indicated that their members washed hands with soap after using the toilet, while one-third only rinsed their hands with water." General Household Survey, presentation, 2021. Limpopo Province had the lowest % of flush toilets at 25.6%. Almost one-third (28.5%) of households used their own refuse dumps in the absence of refuse removal services, with 60.3% with refuse removal at least once per week.

Socio-economic status of South Africa

The official unemployment rate was 34.5% in the first quarter of 2022, the first decline in 7 quarters.[9] The unemployment rate includes the number of people actively looking for a job as a percentage of the labour force. There was a quarterly increase of 42 000 jobs (0.4%) in Q1 of 2022.

Household characteristics of South Africa

Female headed households for the Country is 42.1% with the Eastern Cape province the highest at 50.6%, with the prevalence of female headed households more prevalent in Rural communities at 47.7% compared to 39.6% in urban communities.[10] Nationally, one-third of children lived with both parents whilst 43.4% lives with mothers only. Eastern Cape province also has the highest percentage of paternal orphans at9.0%.

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

[9] Quarterly Labour Force Survey (QLFS), StatsSA, 2022

[10] General Household Survey, StatsSA. 2021

Medical Insurance Coverage

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

Persons with Disabilities

According to the WHO report on Disability and health[11], people with disability are "three times more likely to be denied health care". The Stats SA[12] published findings for Census 2011 data to profile persons with disabilities in the Country indicating national disability prevalence at 7.5%, with less than 1 % of employees with disabilities employed in the workforce. Free State and Northern Cape provinces presented highest proportion of persons with disabilities atc11% and Gauteng and Western Cape provinces had the lowest percentage of persons with disabilities (5%). Amongst disability prevalence by sex, females had a higher prevalence at 8.3% compared to males at 6.5%. Amongst population groups, there are also differences across the four population groups, with Indian/Asian community, reported 12.3% mild disability in seeing (visual impairment) compared to 10.3% of whites, with the latter group reporting more hearing and walking disabilities. Furthermore, the data showed that the proportion of persons with disabilities increases with age, more than half of persons aged 85+ reported having disability. Unfortunately, people with disabilities are most often stigmatized which can lead to inadequate access to appropriate health services.

[11] Disability and Health, WHO, 24 Nov 2021, https://www.who.int/news-room/fact-sheets/detail/disability-and-health, accessed 10 January 2022.

[12] Census 2011: Profile of persons with disabilities in South Africa, StatsSA, 2014

[13] Profiling health challenges faced by adolescents (10-19 years) in South Africa, StatsSA, 2022

Health challenges faced by adolescents (10-19 years) in South Africa

Pre-eclampsia, anaemia, low birth weight, preterm delivery amongst others were some of the negative outcomes identified in teenage pregnancies.[13] In KwaZulu-Natal province the highest number and percentage of adolescent births were recorded at 28,0%. Nationally the rate of Termination of Pregnancy (TOP) amongst teenagers was around 12% for 2017 to 2019, with Limpopo province reporting the highest TOPs at 16.7%.

In South Africa, about 20% of teenagers have a detected or untreated mental health disorder. Nationally, almost six percent of children below 18 years attended mental health services in 2019 and 2020, with Gauteng and Free State provinces at 10.8% and 10.2% respectively. The results from the South African National Youth Risk Behaviour Survey showed that 24% of youths surveyed between Grades 8 and 11 had experienced feelings of depression, hopelessness and sadness, whilst 21% had attempted suicide at least once.

In response to the social determinants discussed above, a person-centeredness and Life course approach has been adopted for the delivery of social services[14]. The National Development Plan has identified at least three strategies to address social determinants of health. These are:

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

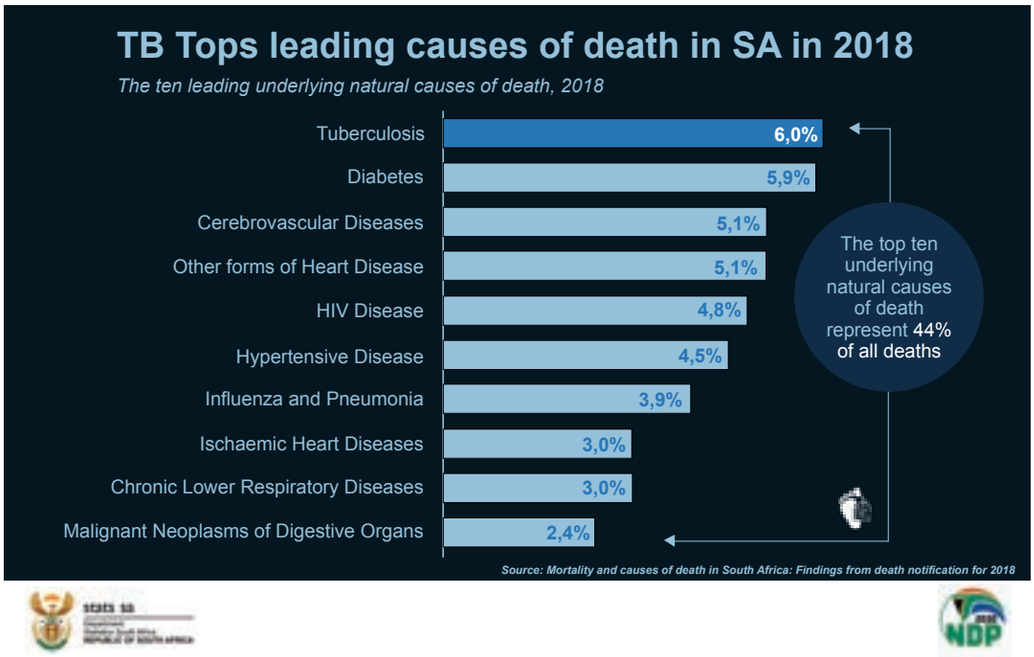
[14] NDP Implementation Plan 2019-2024 for Outcome 2 "A long and heal thy life for all South Africans"
* (Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation).

7.1.3 Epidemiology and Quadruple Burden of Disease

Mortality and Morbidity

According to the latest mortality and causes of death in South Africa report[15] the highest number of deaths in 2018 occurred among the 65–69-year-olds (8.4%) excluding COVID-19 deaths not recorded in this report. Tuberculosis (TB) remains the leading cause of death for 3 years since 2016 – 2018, albeit a 0.5% drop in the proportion of death. KwaZulu Natal province has the highest number of deaths amongst adolescents from TB (3312) and HIV (1466) by province.[16] The proportion of deaths due to diabetes mellitus increased consistently over the three years and is now at 5.9%. Diabetes falls into group II which is categorized as non-communicable diseases (with cancer, heart disease and asthma). These diseases are now the leading causes of diseases and deaths in the Country and indicate a shift in epidemiology priorities for the Country, Figure 5 below.

Figure 5: Top 10 leading causes of death in the Country, 2018



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

Gauteng province has the highest proportion of deaths at 20% followed by KwaZulu-Natal and Eastern Cape provinces at 18.7% and 14.8% respectively, following a similar pattern as in 2017. KwaZulu-Natal (13,5%) and Western Cape (13,0%) had the highest proportion of deaths due to non-natural causes. Non-natural causes of death are defined as deaths caused by external causes, e.g., accidents, homicide, and suicide. The age group 15-19 had the highest percentage of non-natural causes at 49.2% followed by the age group 10-14 at 44.2%.

[15] Mortality and causes of death in South Africa: Findings from death notification for 2018, StatsSA
[16] Source: Mortality and causes of death, 2008-2018

Maternal, Infant and Child Mortality

- **Maternal mortality**

Maternal mortality in Facility Ratio (MMFR) in South Africa for 2020/2021 was ranging between 178.8 deaths per 100 000 live births highest by Free State province and the lowest was 80.6 per 100 000 live births in Northern Cape province.[17] The latest data for 2021/2022 shows a significant increase of maternal mortality in facility ratio across all provinces with significant variances ranging between 157 per 100 000 live births in Northern Cape province and 75 per 100 000 per live births in Western Cape province (Figure 6 below). The national Maternal mortality facility ratio has been on the increase since 2019/2020 however, Western Cape province has recorded the lowest MMFR in 2021/2022 at 75.1 deaths per 100 000 live births followed by KwaZulu-Natal province at 100.6 deaths per 100 000 live births. The Free State and Northern Cape provinces showed an increase in MMFR in 2021/2022 at 156.5 and 157.5 deaths per 100 000 live births respectively. Table 1 below.

Hypertension, HIV and post-partum haemorrhage account for majority of the maternal deaths. **The SDG 3 requires South Africa to reduce maternal mortality to below 70 per 100 000 live births by 2030,** which currently at 125 deaths per 100 000 live births. 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.

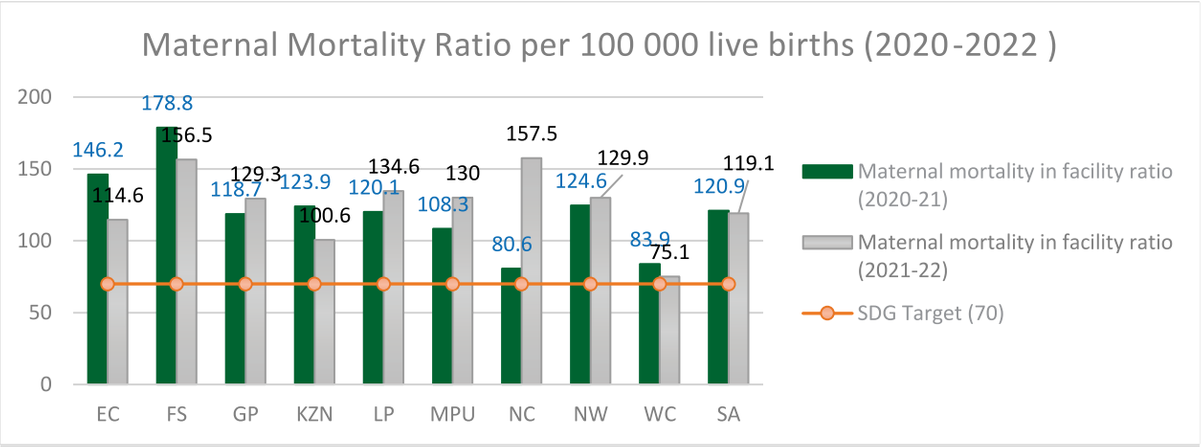
Table 1: Maternal Mortality in South Africa (Data 2020-2022)

Programme	Maternal mortality in facility ratio (2020-21)	Maternal mortality in facility ratio (2021-22)
EC	146.2	114.6
FS	178.8	156.5
GP	118.7	129.3
KZN	123.9	100.6
LP	120.1	134.6
MPU	108.3	130
NC	80.6	157.5
NW	124.6	129.9
WC	83.9	75.1
SA	**120.9**	**119.1**

Source: District Health Information System, 2022[18]

[17] DHIS Data, 2020
[18] DHIS, 2022, accessed Aug, 2022

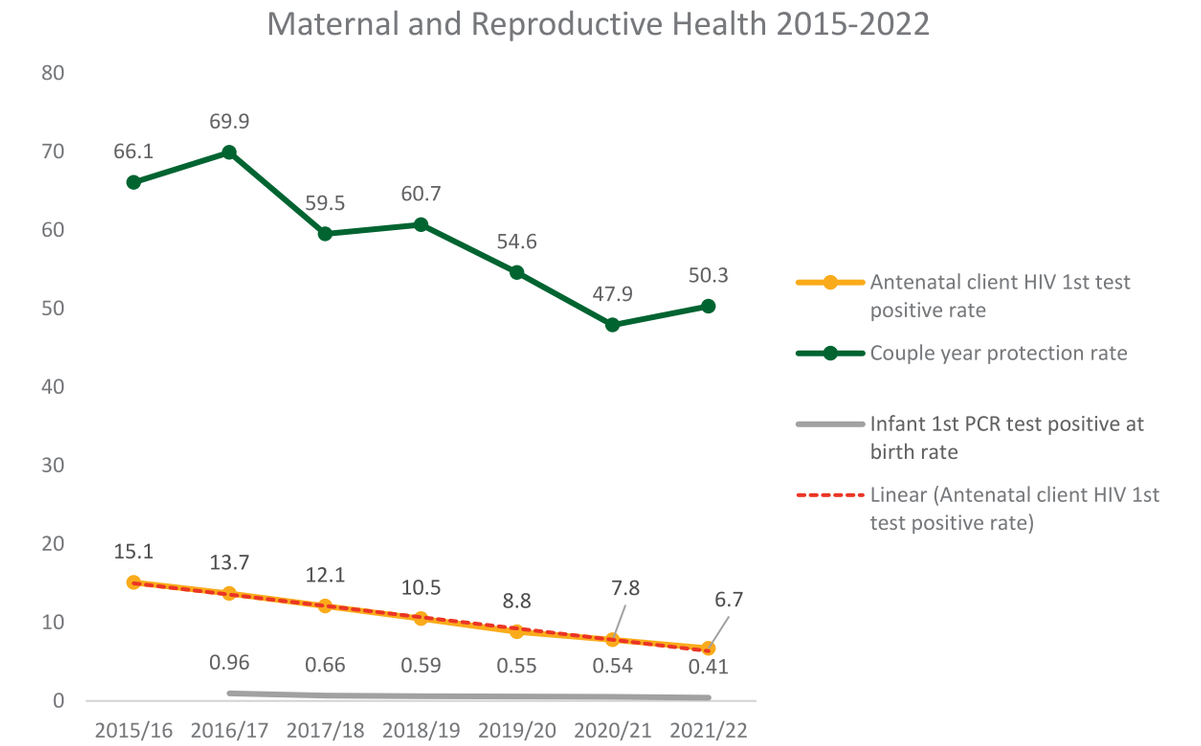
Figure 6 Maternal Mortality in South Africa



Source: DHIS Data, 2022[18]

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 6.7 in 2021/22.Figure 7 below.

Figure 7 Maternal and Reproductive Health 2015-2022



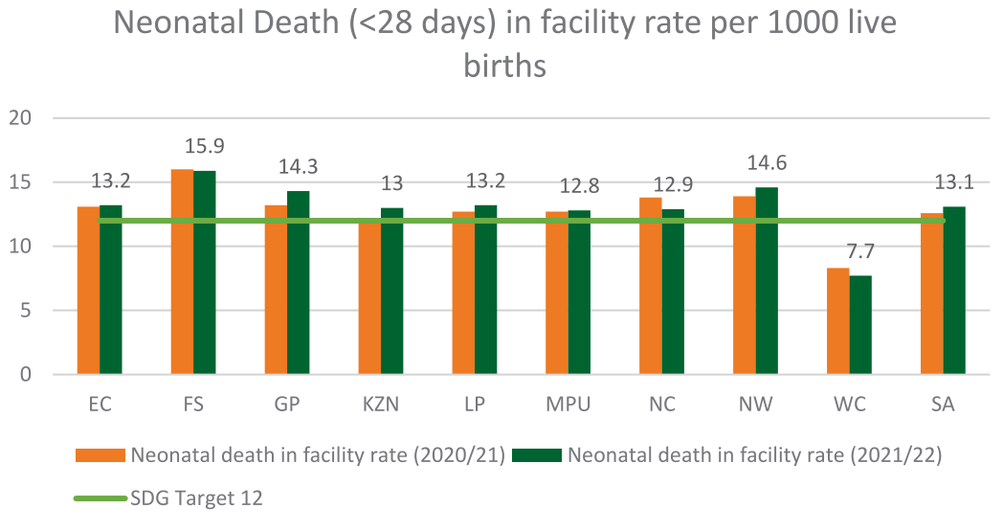
Source: DHIS, 2022[18]

[18] DHIS, 2022, accessed Aug, 2022

- **Neonatal mortality** (child deaths within the first 28 days)

South Africa stands at 13.1 deaths per 1000 live births, which is worse than 12.6 in 2021 and 11.9 for 2020. Neonatal mortality accounts for about half of infant mortality, and one third of child (under 5 years) mortality. According to Stats SA's latest data[19], the leading cause of death in neonates were respiratory and cardiovascular disorders in the early neonatal period (the first 7 days of life), accounting for just over one third(30.1%) of deaths, followed by deaths caused by other disorders originating in the perinatal period; infections and disorders related to length of gestation and foetal growth (30%). The SDG target of 12 deaths per 1000 live births were achieved in 2020 and 2021, however these gains were reversed since 2021 .The Western Cape province has been performing well at 7.7 deaths per 1000 live births, whereas Free State, Gauteng and North West provinces have performance of 15.9; 14.3 and 14.6 respectively. Figure 8 below

Figure 8 Neonatal Mortality Rate (NMR)



Source: DHIS Data, 2022[18]

- **Child Health**

The most recent comparable data for 2019 to 2022 is presented in the **table 2** below. There was a significant decline **immunisation under 1 year** national coverage at 80 % for 2021 compared to 84.5% for 2019, however it improved to 85.5% in 2022. **Measles 2nd dose coverage** also declined slightly during 2021. The coverage was at 77.7% in 2021 compared to 80.8% for 2019 but improved again to 84% in 2022.

There was improvement in **severe malnutrition under 5 years death rate** which dropped from 17.7 to 14.4 % for 2020/21, however, Free State (25%), and Kwa-Zulu Natal (18.7%) provinces showed an increase in **Severe Acute Malnutrition death under 5 years rate**, with Northern Cape province (19.1%) showing an improvement since 2019, albeit also significantly higher than the average (14.4) for the Country. The 2022 DHIS data indicated a slight increase for South Africa overall at 15.9%, Free State and Northern Cape provinces had the highest death rate at 28.4% and 29.7% respectively.

[19] Mortality and Causes of death,2018, StatsSA 2021

Table 2 Selected indicators for Child Health from 2019 - 2022

Indicator	Provincial DoH	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022
Child under 5 years diarrhoea case fatality rate				
	EC	2.8	4	3.4
	FS	0.94	2.7	2.3
	GP	1.7	2.7	1.8
	KZN	1.7	2.6	1.8
	LP	2.8	3.8	2.4
	MPU	2.1	2.5	1.9
	NC	1.5	2.3	2.1
	NW	2.8	2.7	2.3
	WC	0.24	0.18	0.32
	za South Africa	**1.8**	**2.5**	**1.8**
Child under 5 years pneumonia case fatality rate				
	EC	3.4	3.3	3.3
	FS	1.8	3.1	3.2
	GP	1.8	2.3	1.5
	KZN	2	2.3	2.2
	LP	2.7	4.2	2.3
	MPU	2.3	5.3	2.2
	NC	1.7	2.1	3
	NW	1.2	3.2	2.3
	WC	0.22	0.23	0.23
	za South Africa	**1.6**	**2.1**	**1.7**
Immunisation under 1 year coverage				
	EC	88.8	83.4	88.7
	FS	77.5	78.2	83.6
	GP	87.4	83.1	88
	KZN	94.5	89.2	94.8
	LP	73.8	62.5	69.2
	MPU	88.9	83.8	97.3
	NC	72.6	65.3	72.8
	NW	60.5	70.3	62.8
	WC	82	82.9	83.2
	za South Africa	**84.5**	**80.7**	**85.5**

Indicator	Provincial DoH	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022
Measles 2nd dose coverage				
	EC	86.2	79.2	83.3
	FS	74.2	75.4	77.5
	GP	78.8	75.8	83.2
	KZN	86.7	84.3	91.3
	LP	79.5	77.8	83.2
	MPU	87.4	78	91.6
	NC	72.9	68.1	72.2
	NW	65.2	63.9	71.5
	WC	77.2	78.1	79.2
	za South Africa	**80.8**	**77.7**	**84**
Severe acute malnutrition death under 5 years rate				
	EC	18.7	13.2	17.7
	FS	23.9	25	28.4
	GP	10.3	9.2	12
	KZN	15.8	18.7	17
	LP	19.2	12.8	14.2
	MPU	18.3	13.9	15.7
	NC	25.9	19.1	29.7
	NW	35.2	27.1	19.6
	WC	2.5	2.9	4.5
	za South Africa (National Government)	**17.5**	**14.4**	**15.9**

(Cells in red is below the National Average)

Source: DHIS Data, 2022[20]

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[21]. 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 68.9% of pregnant women presenting for a 1st visit in a public facility for antenatal care for the period April 2021 to Mar 2022[22]. Northern Cape (56.3%) and Free State (60.5%) provinces have the lowest percentage of antenatal 1st visit coverage.

[20] DHIS, 2022, accessed Sept, 2022
[21] Reducing neonatal deaths in South Africa: Progress and challenges, S Afr Med J 2018
[22] DHIS data, April 2021 – Mar 2022, accessed 28 Sept 2022

Communicable Diseases

- **HIV/AIDS**

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

It is estimated overall HIV prevalence is approximately 13.7% in the Country, with a total number of approximately 8,2 million people living with HIV (PLWHIV) in 2021.[23] HIV prevalence among the youth aged 15–24 has remained stable over time. The latest prevalence figure is 5,79 in 2022, down from 6.24 in 2002. Number of AIDS-related deaths declined consistently since 2009 from 202 573 to 85 796 in 2022. The HIV prevention interventions have resulted in a steady decline of HIV incidence. The rapid scale up of Antiretroviral Treatment (ART) services can also be attributed to significant increase in the number of people receiving ART between 2011 and 2020. South Africa aims to continue to scale up ART to ensure that 90% of those who know their status, receive lifelong ART. Table 3 below.

Table 3: HIV mortality, incidence estimates and the number of people living with HIV, 2011-2022

Year[24]	Number of Births	Number of deaths	Number of AIDS related deaths	Percentage of AIDS deaths
2011	1 191 786	561 287	158 309	28,2
2012	1 184 121	542 479	141 111	26,0
2013	1 179 890	535 947	133 785	25,0
2014	1 177 790	521 842	113 260	21,7
2015	1 184 554	524 567	112 060	21,4
2016	1 186 863	519 084	98 366	18,9
2017	1 185 832	517 909	93 063	18,0
2018	1 182 200	517 533	83 065	16,1
2019	1 178 178	517 618	79 744	15,4
2020	1 174 320	515 804	79 625	15,4
2021	1 180 303	701 360	87 915	12,5
2022	1 175 776	663 075	85 796	12,9

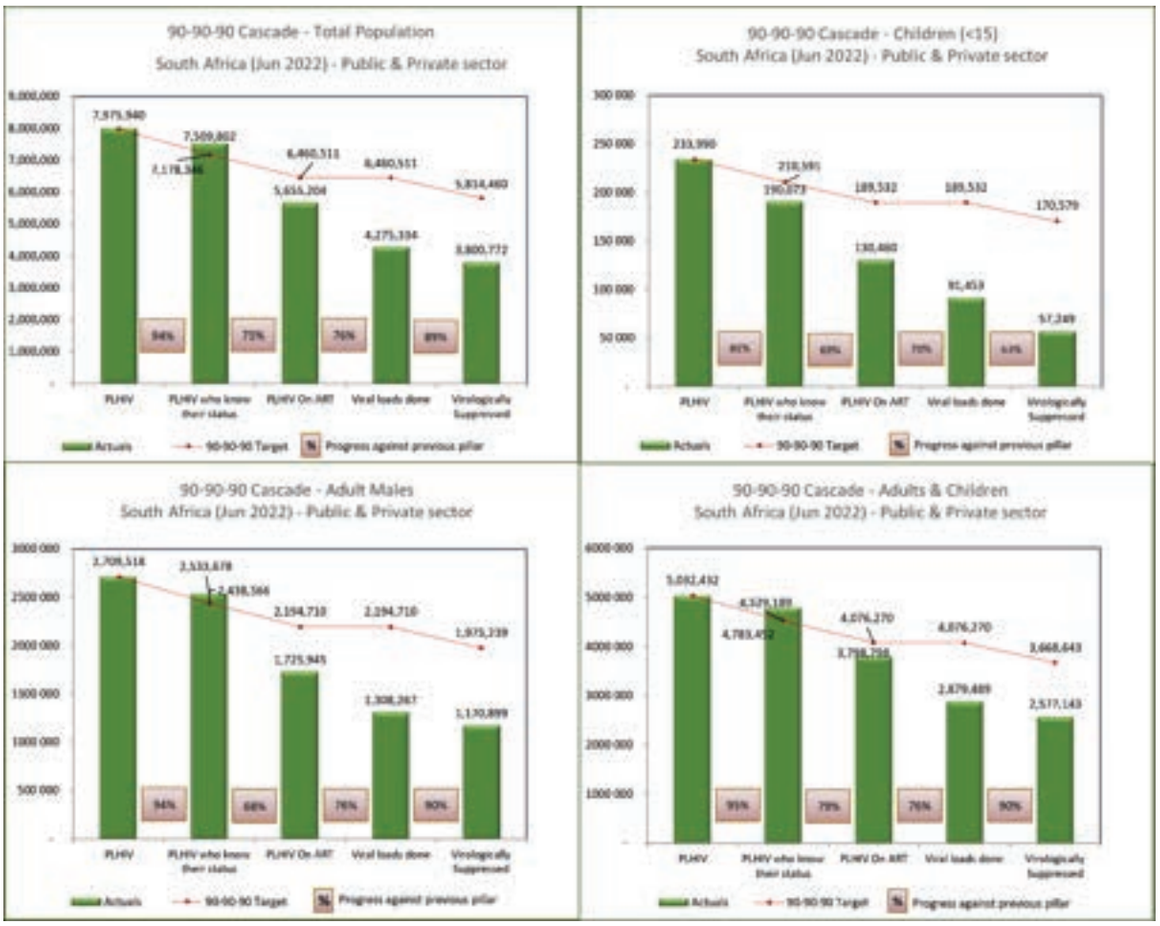
Source: Mid-Year Population estimates, StatsSA, 2022

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

[23] Mid-Year Population estimates, StatsSA, 2021

[24] *Data is for a 12- month period from July of the previous year to June of that year*

Figure 9: 90-90-90 HIV Treatment cascades for Total Population, Children under 15 years, Adult Males and Adult Females



Source: HIV treatment cascade tool, June 2022

As of Jun 2022, South Africa is at 94-75-89 in terms of performance against the 90-90-90 targets across its total population using data available in the Public & Private sector. Data available from the private sector suggest that a total of 346 552 clients receive ART through private medical aid schemes in South Africa. For Adult Females and Adult Males this number is 210 796 and 131 706 respectively.

Results for each of the sub-populations vary. With Adult Females being at 95-79-90, Adult Males at 94-68-90, and Children (<15) at 81-69-63. There are gaps across the cascade for Adults and Children. Case finding, ART initiation and retention have all underperformed and should be addressed through focused interventions in this sub-population. The 5th generation National Strategic Plan for HIV and TB and STIs (2023-2028) is planned to be launched in 2023 to drive "95-95-95" targets which includes scale up plans of pediatric HIV treatment that is more effective and easier for care givers to administer. All provinces will be initiating HIV positive children up to 15 years on this regimen in the next financial year.

To achieve the current 90-90-90 targets, South Africa must increase the number of clients on ART with 805 307. For Adult Females the required increase is 277 471, whereas an increase of 468 764 ART Adult Males are required.

- **COVID-19 impact on HIV and AIDS response**

HIV and AIDS programmes are globally disrupted by changes in the external environment, posing both threats and opportunities to their future relevance. COVID-19 lockdowns and other restrictions have caused major disruption on HIV testing, and in many countries led to steep drops in diagnoses and referrals to HIV treatment.

- **Tuberculosis**

The (TB) incidence rate has decreased from 834 per 100 000 in 2015 to 554 per 100 000 in 2020. This translates to a change in incidence rate of -44%. The TB notifications have also been on a decline from the peak in 2009 when a total of 406 082 people were reported to have TB to 208 000 in 2020. This is largely attributable to the improvement in Antiretroviral Treatment coverage and treatment for latent TB infection (TPT) for people living with HIV who do not have active TB disease. A downward trend in the TB mortality rate has been noted from 46 per 100 000 in 2015 to 42 per 100 000 in 2020, a change in mortality rate of -4.9%. However, the mortality rates remain high among PLHIV with 36 000 people dying of TB disease compared to 25 000 in HIV negative population[25].

The national TB Prevalence survey estimated the prevalence of all TB in 2018 to be 737 per 100 000 which translates to an incidence of 390 000. The TB notifications in 2018 were 235 652, which means 154 348 people who have TB disease in the communities were not diagnosed and started on treatment. In 2020, 208 000 people were notified with TB, against an estimated incidence of 328 000 meaning that 120 000 people with TB were missed. The population groups who are missed are youth in the age group 15 - 24 years and the elderly ≥ 65 years[26]. The prevalence was found to be higher in men than women, about 57.8% of people found to have TB were asymptomatic and 28.8% were HIV positive. The TB treatment coverage (notified/ estimated incidence) in 2020 remained the same as in 2019 at 58% (CI 43-83). To reduce morbidity, mortality, and ongoing transmission of TB in the communities the health sector needs to find and treat everyone with TB disease.

South Africa committed to ending the TB epidemic by adopting the Global End TB strategy in 2014 and the Sustainable Development goals for 2030 in 2015. The End TB Strategy aims to reduce the number of deaths caused by TB by 75% by 2025, and 90% by 2030, when compared against 2015 baselines. This translates to a target of not more than 8 510 TB deaths by 2025, and 3 404 by 2030. The UN General Assembly held its first high-level meeting on TB on 26 September 2018. The political declaration from this meeting reaffirmed commitments to the SDGs and the End TB Strategy. New global targets and commitments to action were established.

TB targets for South Africa are as follows:

[25] Global tuberculosis report 2021. Geneva: World Health Organization; 2021.
[26] The first National TB Prevalence Survey Report- South Africa 2018. NDOH; 2020

Table 4: TB targets 2018-2022

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

Source: Mid-Year Population estimates, StatsSA, 2022

To ensure that South Africa achieves its targets the 90-90-90 targets were adopted for 2022/3 see table 5 below. These targets aim to reach at least 90% of the population with TB screening and testing services, link at least 90% of people diagnosed with TB to treatment services and successfully treat at least 90% of those started on treatment.

Table 5 National Targets for the current TB Recovery Plan 2022/23

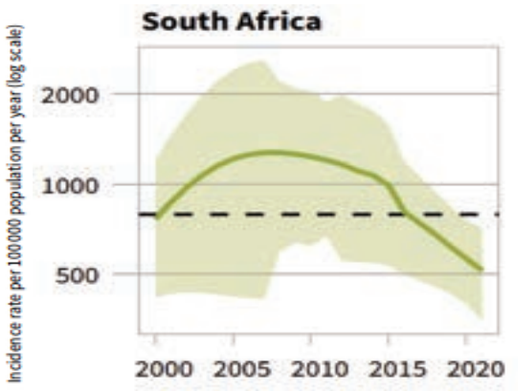
	INDICATOR	ANNUAL TARGET 2022/23
1	Total number of TB cases notified	215,900
2	Number of Xpert tests undertaken	2,963,327
3	Number of urinary-LAM tests conducted	56,236
4	Number of people screened with CXR	300,000
5	Number of screens undertaken on TB Health Check	1 million
6	Proportion of laboratory diagnosed TB patients. started on treatment	85%
7	Number of people started on 3HP	200,000
8	Number of household contacts on TPT	215,000

South Africa is one of the six high burden countries that are estimated to have reached the 2020 End TB Strategy target of 20% reduction in the TB incidence. The reduction in the TB incidence is estimated at 34% in 2020. However, there is still a high notification gap that needs to be addressed[27]. This is not the case with TB mortality, the reduction has been 9% against a target of 35%.

[27] Global tuberculosis report 2021. Geneva: World Health Organization; 2021

Figure 10: Country progress against the 2021 Milestone for TB Incidence

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



The Country has attained the first milestone of the End TB Strategy, which was to reduce the TB incidence rate by 20% between 2015 and 2020. The Country is lagging on the UN High-Level Meeting (UNHLM) targets and unlikely to meet the cumulative five-year targets for 2022.

Table 6: Country progress against the UNHLM targets

Indicators	Targets 2019	Achieved 2019	Targets 2020	Achieved 2020	Targets 2021	Achieved 2021	Targets 2022
Childhood TB Diagnosis and Treatment	18 300	16 461	20 700	13 679	21 100	12 933	21 100
MDR-TB Diagnosis and Treatment	10 100	8 743	11 100	6 138	12 100	6 514	11 100
Preventative Therapy for under 5 years	23 900	22 689	31 000	15 392	35 000	17 012	38 500
Preventative Therapy (PT) in contacts more than 5 years of age	39 867	Data not collected	85 485	Data not collected	116 347	Data not collected	138 379
Preventative Therapy in PLHIV	459 797	509 762	506 359	356 872	437 928	306 598	344 891
TB Diagnosis and Treatment	221 600	222 350	216 400	208 032	194 900	174 625	178 300
Total TPT	**523 600**	**532 451**	**622 800**	**600 113**	**589 300**	**323 610**	**521 800**

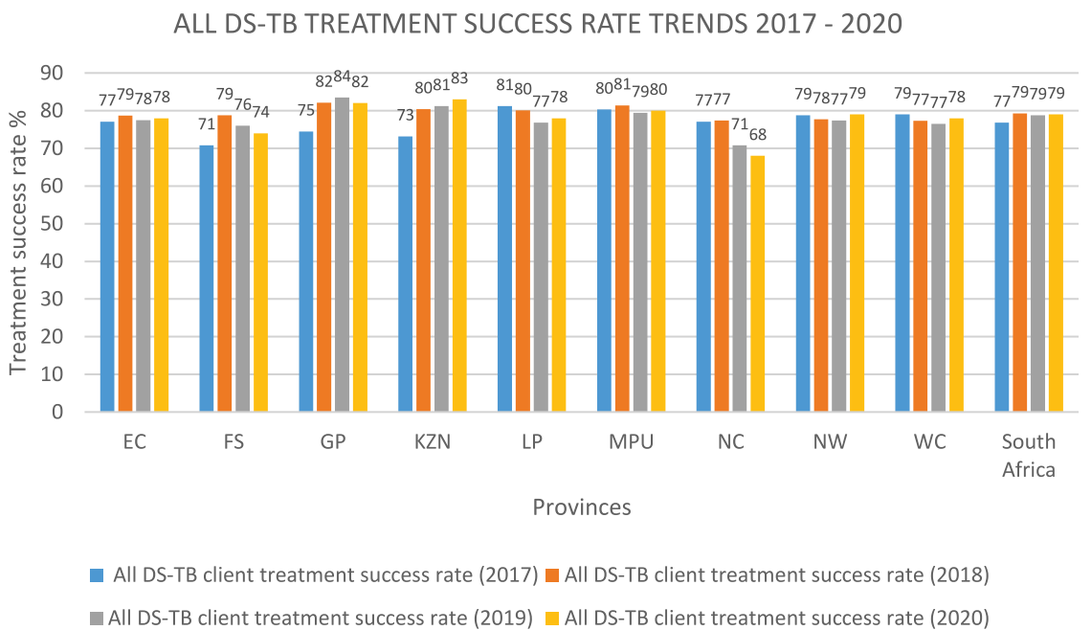
The emergence of COVID-19 in 2020 has negatively affected the response to the TB epidemic in the Country. Recovery to post Covid-19 levels has been slow, with fewer people screened and tested for TB and a high loss to follow up for people diagnosed with TB and those already on treatment being major challenges.

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

In 2020, none of the provinces met the treatment success rate target of 85%, Gauteng, Mpumalanga and KwaZulu-Natal provinces reported treatment success rates ≥80%. None of the provinces have attained the loss to follow up target of <5% and three provinces namely, Northern Cape, Free State and Eastern Cape had a loss to follow up rate >10%.

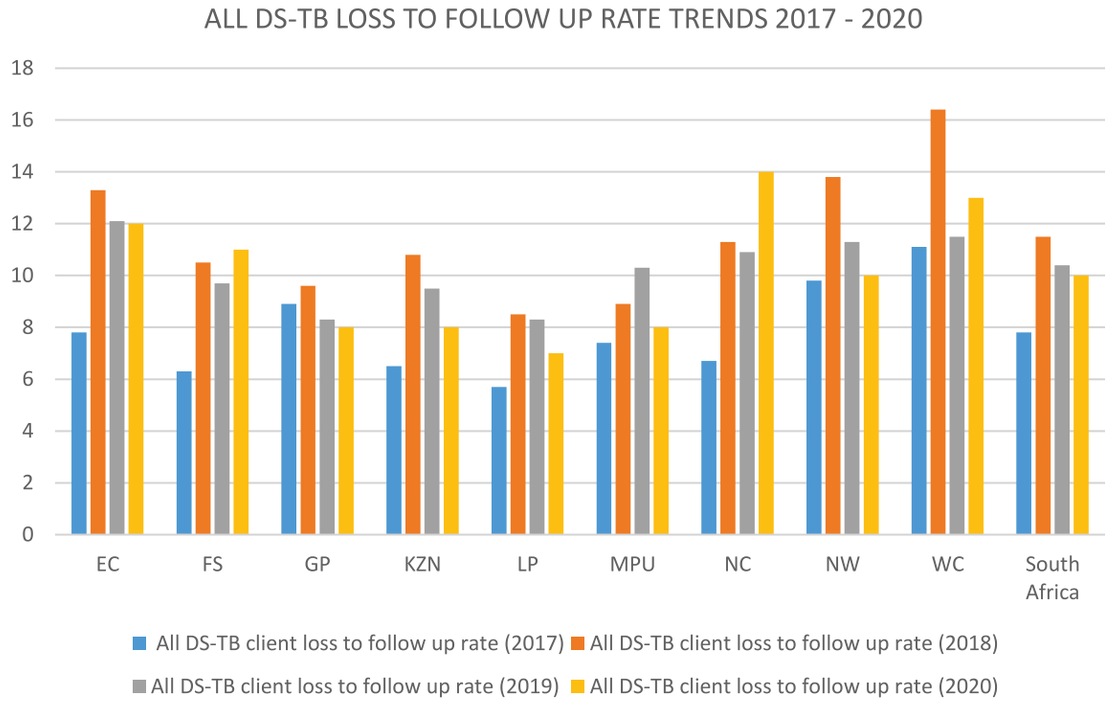
Four provinces reported death rates above 10%, namely; North West, Mpumalanga, Limpopo and Free State. Limpopo province had the highest death rate in the Country at 13.7% (1.3 % higher than in 2019), followed by Free State province at 12.5% (1.3% higher than in 2019). The lowest death rate of 4% was reported in the Western Cape province. The national averages for the three indicators are well below the set targets for 2020 which are 85% treatment success rate, 5% loss to follow up rate and 5% death rate. In response to these challenges, root cause analyses will be conducted on an ongoing basis using the quality improvement methodology to improve performance at the different levels of care. **The provincial breakdown for the key TB treatment outcome indicators is shown in Figures 11-16 below.**

Figure 11. TB Treatment Success rate, Trends from 2017 – 2020



Source: District Health Information System (DHIS 2)

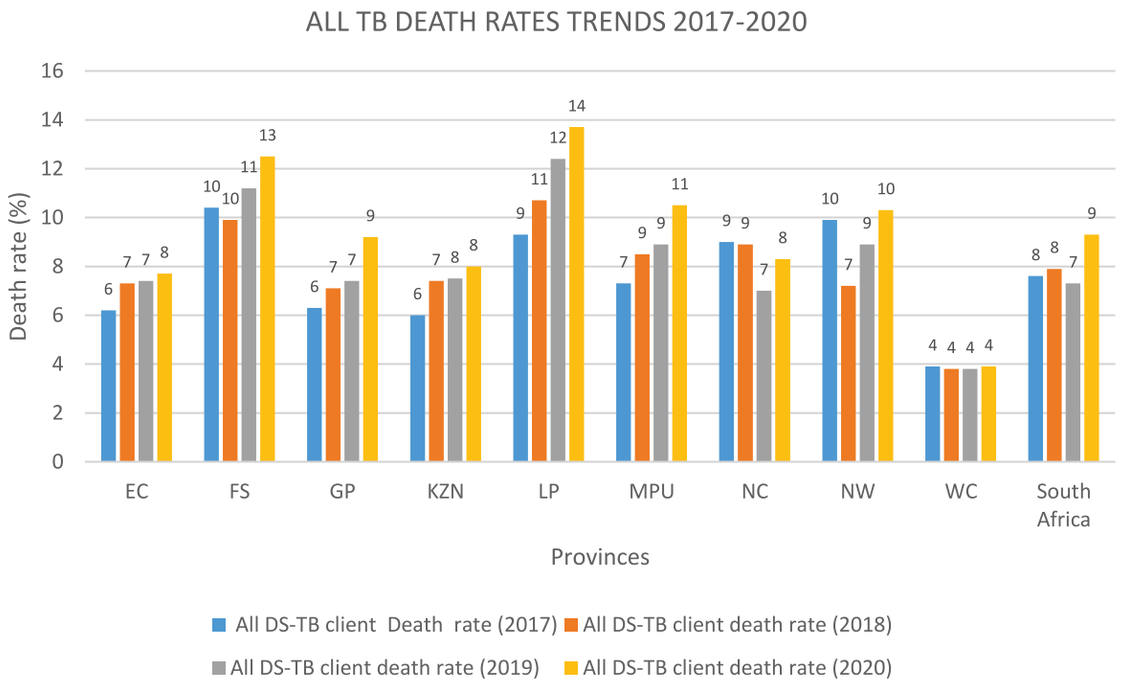
Figure 12: TB Loss to follow up rate, Trends from 2017 – 2020



Source: District Health Information System (DHIS 2)

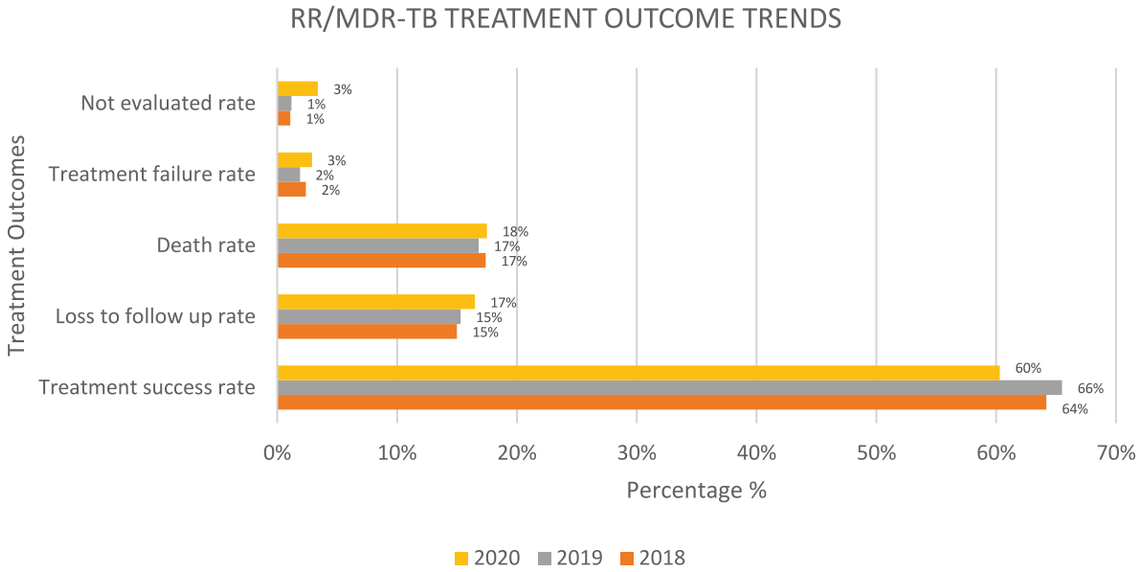
16 772 DS-TB patients were lost to follow up, which translated to a loss to follow up rate of 10.1% in 2020. This has decreased slightly from 10.5% reported in 2019, this against a target of less than 5%.

Figure 13: TB Death rate, Trends from 2017 – 2020



Source: District Health Information System (DHIS 2)

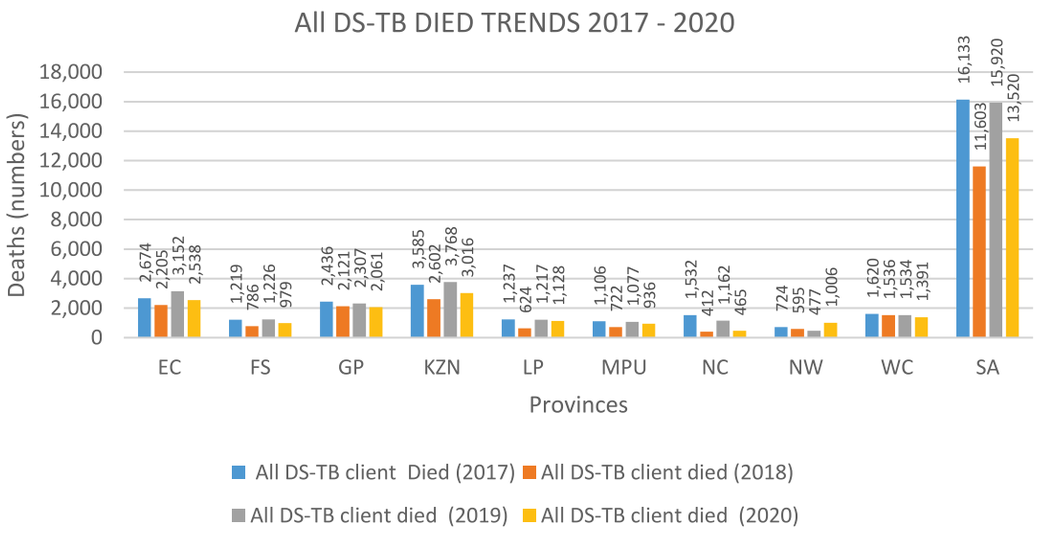
Figure 14: RR/MDR-TB Treatment outcome Trends from 2018 – 2020



Source: District Health Information System (DHIS 2)

Drug resistant, RR/MDR-TB death rate increased to 18% compared to 2019 when the death rate was 17%. The loss to follow up rate also increased 15% in 2019 to 17% in 2020. This was mainly due to decanting of hospitalized patients and disruption of TB services during the Covid-19 pandemic.

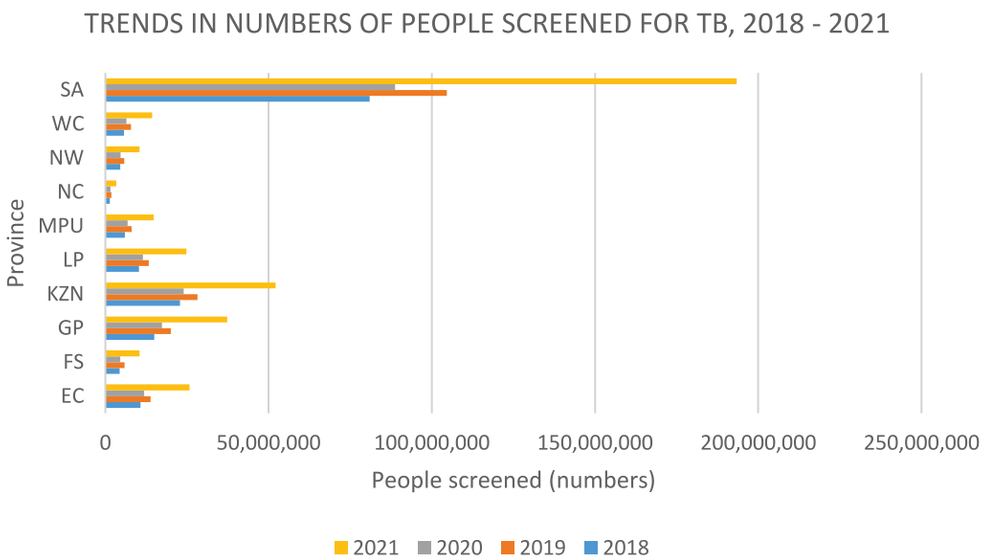
Figure 15: Number of TB Deaths, Trends from 2017 – 2020



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

The number of DS-TB patients who died in 2020 was 13 520, which translated to a death rate of 8.2%, against a target of less than 5%.

Figure 16: Number of people screened for TB symptoms, Trends from 2018 – 2021



The country has now transitioned to the 95-95-95 targets of the UNAIDS in order to align to the new Global AIDS Strategy 2021-2026. To achieve these targets, the department will implement the National Strategic Plan, for HIV/AIDS and TB 2023-2028 through interventions such as expansion of pre-exposure prophylaxis (oral PrEP), implementation of the youth zones in the public health facilities, implementation of men's health programme, focused attention to key populations among others including those tailored for sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prisons.

The other priority is the implementation of the TB recovery plan with a focus on four areas: Finding undiagnosed people with TB; Improving systems that link people to care; Improving systems that retain people in care and Increase efforts to prevent TB. To date, in South Africa we have introduced new all-oral, shorter treatment regimens for MDR-TB and XDR-TB, and we have significantly increased the proportion of patients successfully treated while decreasing the death rate in this group of patients. This has been possible because we were first in adopting new TB diagnostics, the parallel process of research and implementation and decentralization of complex services for easy access by community members.

- **Malaria**

South Africa's malaria cases showed a 5% increase from 6 005 cases in 2020/21 to 6 329 cases in 2021/22 financial year. However, a 4 % decrease in malaria deaths was observed with 48 deaths reported in 2020/21 to 46 deaths reported in 2021/22 financial year. Delays in health seeking behaviour (due to lockdown restrictions and fear of contracting COVID-19) by communities attributed to increased reported malaria deaths. Integration and strengthening of interventions such as advocacy/health promotion and case management at the community level would contribute to averted malaria deaths, especially as COVID-19 presents similar symptoms as that of malaria.

Eliminating malaria in South Africa is still attainable but can only be achieved through a concerted cross-border effort by harmonizing malaria polices, investing in thorough intervention coverage and by synchronizing operations. Resources have been made available through the conditional grant to accelerate malaria elimination in South Africa, targeting endemic provinces (Limpopo, KwaZulu Natal and Mpumalanga). It also incorporated a regional approach aiming at source reduction, as 65% of malaria cases reported in South Africa are imported from Mozambique, therefore the co-financing initiative supports implementation of malaria elimination activities in targeted Southern Mozambique high burden districts. This aids to complement global funding at a regional level to move forward the malaria elimination agenda

- **COVID-19 Epidemic**

Since the outbreak of the first COVID-19 case, in March 2020, South Africa has reached a turning point in the pandemic. The population has now enhanced immunity, due to a previous infection or vaccination or a combination thereof. In addition, most of the COVID-related restrictions have been removed.

The National Department of Health has learnt from the pandemic and developed various guidelines and strategies to mitigate risks of COVID-19 available on the National website[28]. The National Institute for Communicable diseases[29] provides extensive information about COVID-19, vaccination and related information.

Vaccination for COVID-19 and variants are now integrated into the service delivery package of primary health care and forms part of routine care.

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[30.] According to WHO, 80% of the priority NCDs are avoidable as they are due to preventable risk factors including use of tobacco, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution. Diabetes is increasing in proportion as the underlying cause of death, which increased from 5.5% in 2016 to 5.9% in 2018. According to StatsSA, NCDs contribute 59.3% of all deaths[31].

Deaths due to non-communicable diseases rise dramatically at older ages for both sexes due to the increasing incidence of neoplasms, cardiovascular diseases, ischaemic heart diseases and diabetes mellitus. Numerous studies recently showed a correlation exists between experiencing severe Coronavirus (SARS-CoV-2) illness and even death when having one or more comorbidities like diabetes, obesity, hypertension, cardiovascular diseases, chronic pulmonary disease, cancer and chronic renal disease.

- **Hypertension and Diabetes**

Hypertension (26.2%) and diabetes (16.9%) were the most commonly reported comorbidities. Obesity, defined by body mass index where available or by the subjective opinion of the attending health care provider, while not consistently reported for all COVID-19 admissions, was recorded as a risk factor in 3.6% of all patients hospitalized. This trend reveals gaps in health systems when delivering services for the prevention, management and control of NCDs as well as a large proportion of persons with NCDs who are not diagnosed or treated. Furthermore, the rapid escalation in NCDs is due to the high impact of the social, economic and commercial determinants of health.

Over the period 1997 – 2017, the percentage of deaths due to non-communicable diseases show significant increase in comparison to communicable diseases and injury and trauma. . A Statistics South Africa Mortality Report (2017) showed a three-year trend analysis for selected main groups of underlying causes of deaths for the years 2015 to 2017. Among Non-Communicable Diseases, diseases of the circulatory system increased in proportion from 17,8% in 2015 to 18,4% in 2017 in contrast to infectious diseases which declined from 19,5% in 2015 to 17,6% in 2017.This situation is exacerbated by rapidly increasing co- and multi-morbidities especially between NCDs, HIV, AIDS and TB which contribute to mortality, morbidity and disability[32].

Most recently, SADHS 2016, revealed that 46% of women and 44% of men aged 15 years and older have hypertension[33] (Table 9). Since 1998 the prevalence of hypertension has nearly doubled, from 25% to 46% among women and from 23% to 44% among men. 22% percent of women and 15% of men report that they are taking medication to lower their blood pressure.

[28] National Department of Health Website: www. Health.gov.za
[29] National Institute for communicable diseases website: https://www.nicd.ac.za/nmc-overview/overview/
[30] Dorrington RE, Bradshaw D, Laubscher R, Nannan N (2019). Rapid mortality surveillance report 2017. Cape Town: South African Medical Research Council. ISBN: 978-1-928340-36-2.
[31] Mortality and Causes of Death in South Africa 2018, Statistics South Africa, 2021 * Q1 Jan Feb Mar 2019
[32] Integrating mental health with other non-communicable diseases, Stein, BMJ, 2019
[33] South African Demographic and Health Survey in South Africa,

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

Table 7 Non-Communicable Diseases (Hypertension and Diabetes)

Indicators		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[34]	%	13	18	14	9	17	15	12	9	12	12
Men age 15+ with diabetes[35]	%	8	10	8	7	9	10	7	4	7	13

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

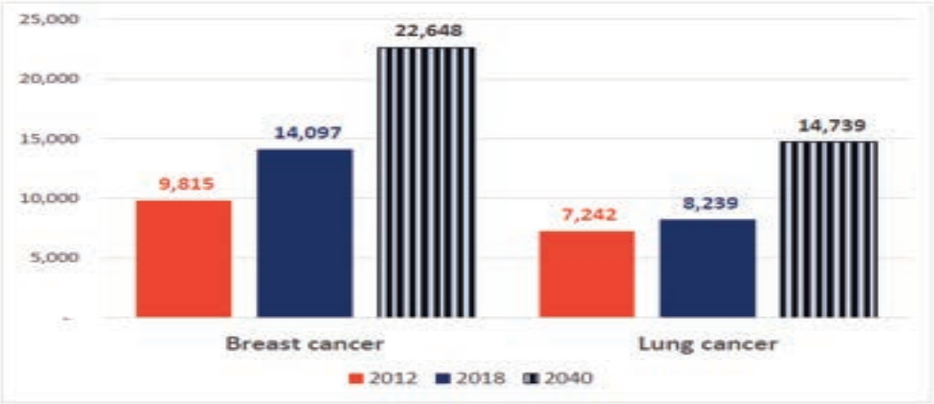
The table above provides a provincial breakdown of the prevalence of hypertension and diabetes. Free State, Northern Cape and Western Cape provinces have the highest prevalence of hypertension in females aged 15 years and older, whilst Western Cape and Northern Cape provinces had the highest prevalence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

- **Cancer**

Overall, the leading cancers in South African men and women remain largely unchanged across a 5-year period from 2013 - 2017. In 2019, 85 302 new cases of cancer were registered with the National Cancer Registry (NCR). According to the WHO, cancer is a leading cause of death in the world. Around 10 million people die from cancer a year. The WHO Country profile of 2020 showed that cancers cause 23% of all non-communicable diseases (NCD) premature deaths (2016 data). The 2019 NCR report indicates that the most common female cancer sites were breast, cervix, colorectal, uterine and Non Hodgkin Lymphoma. Breast cancer is the leading cancer among women for all the race groups, except in black women where cervical cancer is the leading cancer. Top male cancers were prostate, colorectal, lung, Non-Hodgkin Lymphoma and melanoma. Prostate cancer remains the cancer with the highest incidence in South African men of all races.

[34] (% with adjusted HbA1c> and equal6.5%)
[35] (% with adjusted HbA1c> and equal6.5%)

Figure 17: Estimated past and future trends in total cases per year (breast and lung):



Source: WHO Country Cancer profile, 2020

- **Palliative care**

Palliative care brings dignity, reduces pain and suffering, and enables children and adults diagnosed with a life limiting and threatening diseases to live a quality life for as long as possible. With the quadruple burden of disease in South Africa, the importance of integrating palliative care as an essential component in the continuum of health service delivery, across the life course, levels of care and across all health programs cannot be overlooked. In 2017, an estimated figure of more than 225 835 people needed palliative care services. Using the Murtagh group indicator for SA as a middle-income Country, the need for palliative care ranges from 38-74% (based on death and its contributory causes). Table 6 below.

Table 8 Mortality numbers in South Africa in 2014 due to diagnoses identified as requiring palliative care services (NPFSPC, 2017-2022)

Underlying Cause of Death	Number	Percentage
Total Deaths	453 360	100
	405 599	89
Malignant Neoplasm	37 812	8.2
Heart Disease	75963	16.8
Renal Disease	6848	1.5
Liver Disease	4173	0.9
Respiratory Disease	16685	3.7
Neurodegenerative Disease	531	0.1
Alzheimer's, dementia and senility	1260	0.3
HIV/AIDS	21938	4.8
TB	37878	8.4
Total	203088	44.7
Diabetes Mellitus (not included in Murtagh method)	22747	5.0
Total including diabetes mellitus	225835	49.7

COVID-19 interrupted all health programs across the Country, and this highlighted a critical gap in the equitable access to Palliative Care services due to reduced health seeking behaviours, interruption of transport services and hard lockdown among other factors. Patients at highest risk were already vulnerable through experiencing existing NCDs, life-threatening conditions like kidney failure and cancer, including vulnerable populations like older persons, children, refugees, patients in frail care facilities and persons with disabilities

Despite these interruptions, several activities were implemented to strengthen palliative care services including:

- Surveillance and monitoring of morphine is now done at the national level and survey reports are shared quarterly with provincial pharmacists,
- Development of the Adult Clinical Guideline and User Guide for children documents have commenced and these documents should be completed by end of November 2022,
- Basic in-service training for health workers is ongoing through collaborative support from Stakeholders (Basic In-Service Training is a 5-day basic palliative care course which is comprehensive of all components of palliative care)
- Provinces are developing policy implementation plans as commitments towards the adoption of the National Policy Framework and Strategy for Palliative Care (NPFSPC) 2017-2022[36]

- **Ageing Population**

Older persons are living longer, they live well into their sixties resulting in an increase in the number of older persons in the Country. It is critical that the health system together with other government departments and external stakeholders respond to the complex needs of older persons. The ageing population has been on global agendas for more than three decades and it has recently sparked global call for action with the announcement of the United Nations Decade of Healthy Ageing 2021- 2030.

The ageing process is accompanied by loss of abilities and the onset of multiple chronic health problems that affects older persons' functional abilities. Older persons' functional abilities are important because it determines their independence and quality of life. Providing older persons with integrated person-centred care and services responsive to their special needs will support their functional abilities. This together with providing them with a supportive (age-friendly) environment and community will assist them to live independently and a quality life.

The Decade of Healthy Ageing addresses the following four action areas needed to strengthen healthy ageing - Change how we think, feel and act towards age and ageing; Ensure that communities foster the abilities of older persons; Deliver person-centred integrated care and primary health services responsive to older persons; and Access to long-term care for older persons who need it.

The National Department of Health is in the process of developing a National Strategy on Ageing and Health for Older Persons that aims to strengthen older persons access to health care and to improve the quality of care provided to them. The Strategy also addresses "Ageism" which is stereotyping, judging and discriminating against others based on their age. Health care providers and the community need to be made aware of "Ageism" and be sensitised around older persons' rights, treating them with dignity and respect.

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

- **Mental health**

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

Mental wellbeing also requires that multidimensional interventions be implemented with other sectors to address the socio-economic determinants of mental disorders. The review of the status of mental health care in South Africa conducted by the South African Human Rights Commission came up with a number of findings and made recommendations that the health sector as well as other relevant sectors need to implement to address the identified gaps. The Department is using this report and other evidence to strengthen mental health services in the Country in collaboration with other sectors. The COVID-19 pandemic has brought about other challenges on the mental health of people. Diverse neuropsychiatric and cognitive complications following COVID-19 infection have been found to affect a large proportion of individuals previously suffering from COVID-19. COVID-19 has also been associated with high levels of stress, anxiety and depression. The pandemic may lead to an increase in the incidence and prevalence of mental disorders.

During 22/23 financial year the situation in the Country started to stabilise gradually following the interruptions as a result of the COVID-19 containment measures. Despite these interruptions, several activities were implemented to strengthen mental health services including:

- Mental Health Review Boards are in place in all provinces;
- Members of the Ministerial Advisory Committee on Mental Health were appointed. The Committee is established in terms of Section 71 of the Mental Health Care Act,2002;
- The process of reviewing the Mental Health Policy Framework and Strategic Plan is underway
- Strengthening integration of mental health into Primary Health Care through training and skills development to ensure that all health providers can detect, support and refer people with mental disorders;
- Conducting training of medical doctors and professional nurses working in designated psychiatric units attached to district and regional hospitals as well as in facilities that are listed to conduct 72-hours assessment of involuntary mental health care users in terms of the Mental Health Care Act, 2002 to improve their skills in clinical management of mental disorders;
- Implementation of the Health Sector Drug Master Plan;
- Providing funding and support to the South African Federation for Mental Health to run a mental health information and support desk;
- Deployment of specialist mental health care practitioners to provide personal mental health services at primary health care clinics utilizing the National Health Insurance mental health conditional Grant to further strengthen mental health services delivery at primary care for improved access; and

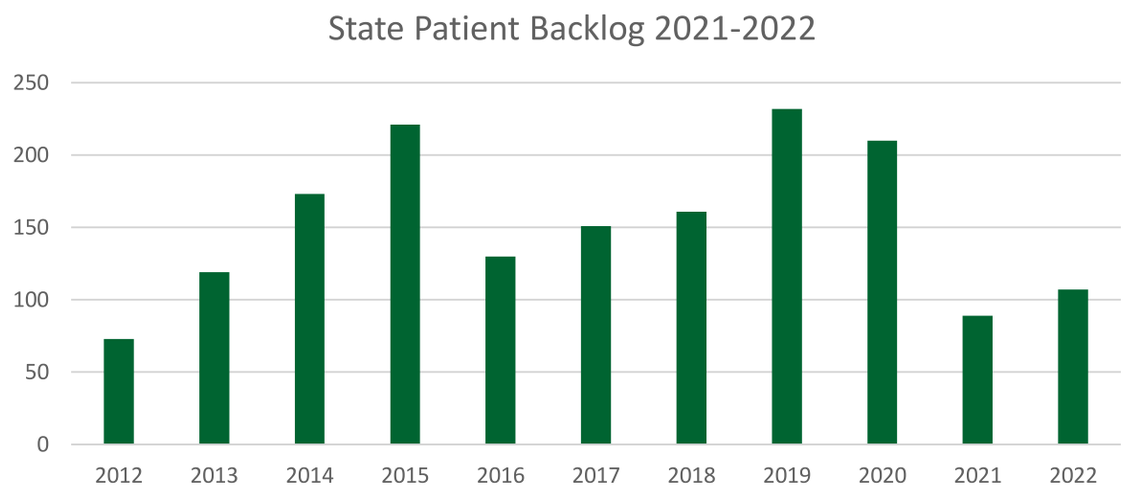
- Strengthening of mental health infrastructure; amongst others.

The conditional grant for personal mental health services that was made available by the National Treasury to contract private mental health professionals to complement the staff at primary health care has further immensely contributed to improving access to and quality of mental health services and strengthened integration of mental health services into primary health care in all provinces as envisaged by the Mental Health Care Act, 2002. The grant has also been utilised to contract specialists to assist with forensic mental observations.

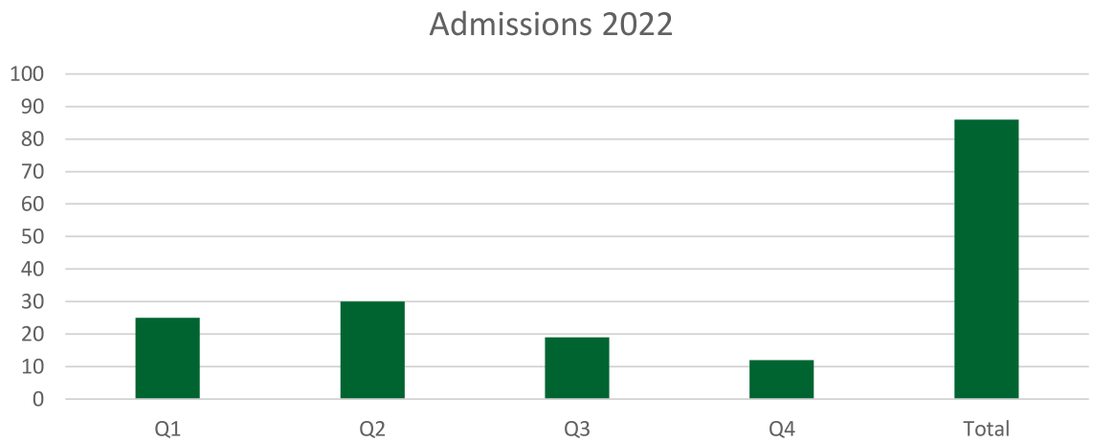
- **Forensic Mental Health**

Forensic mental health is a critical service rendered by the Department of Health. It contributes significantly to the criminal justice system. According to the data collated by the department, there is continual efforts to reduce the backlog in state patients waiting for hospital admissions in detention centres. As shown below, the total admissions for 2022 was at 86,[37] The result to date is shown in the figure below:

Figure 18: Backlog for forensic psychiatric evaluations and admissions for 2022



[37] Data reflective of reports up to January 2023.



There is still a high backlog for forensic psychiatric evaluations (mental observations). Reports from psychiatric hospitals indicate that the total number of people in the waiting list for forensic mental observation in the country is at 1543,[38] To improve the efficiencies of this service and reduce the backlogs, intersectoral interventions collaboration with stakeholder departments such as Correctional Services, Social Development, Justice and Constitutional Development, Legal Aid South Africa, NPA and SAPS remain critical. Other initiatives include expanding the service delivery platform for this service, improving infrastructure and human resource capacity, strengthening management of mental disorders at primary health care to reduce relapses as well as strengthening mental health prevention and promotion strategies.

[38] Source: Reports from Psychiatric Hospitals, 2023.

- **Rehabilitation and Disability Services**

Disability and rehabilitation have received global attention through the international instruments like the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which South Africa has ratified. The UNCRPD focuses on the rights of persons with disabilities and the obligations that states parties should fulfil to address the situation of persons with disabilities. The World Health Organization released a World Disability Report (2010) which identified gaps in service delivery, and limited access to a range of assistive technology. The WHO Action Plan on disability and rehabilitation also places emphasis on access to rehabilitation and assistive technology, or lack thereof. Our own data from DHIS shows that of 41000 requests for hearing aids received in 2018, only about 17000 received their devices. The picture is not any different for wheelchairs; approximately 23000 wheelchairs were issued in 2018, whilst almost 40 000 requests for wheelchairs were received.

The main challenge is funding for services at provincial level which seems to get worse every financial year. On the positive side is the ease of procuring assistive technology which are made possible by transversal contracts for all the major devices. Work is in progress for devices for blind and partially sighted persons on the transversal contracts.

The Department developed a Framework and Strategy for Disability and Rehabilitation services 2015-2020 (FSDR) to identify priority areas for disability and rehabilitation. The FSDR contains eight goals which include integration of rehabilitation services into priority programmes like HIV/AIDS and TB, referral systems, intersectoral collaboration, human resources and monitoring and evaluation. A process to evaluate the implementation of the FSDR is underway and will guide the way forward in the review of the document. Some WHO guidelines are being adapted for South African conditions to improve rehabilitation services as well as prevention, early detection, and intervention. A hearing screening strategy is under development in line with the WHO hearing screening document this strategy will address childhood screening in the first year of life, children of school going age, and older people. The strategy will give action plans which consider local conditions. Over the 2021/2022 year, various interventions toward the prevention and control of NCDS which are supported by related programs including Health Promotion, Nutrition and Food Control were implemented, The Chronic Diseases Directorate developed and is in the process of implementing various initiatives.

- National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022- 2027
- The National Non-Communicable Diseases Campaign
- The User Guide for Hypertension

7.1.4 Quality of care, health system improvement and Universal Health Coverage

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

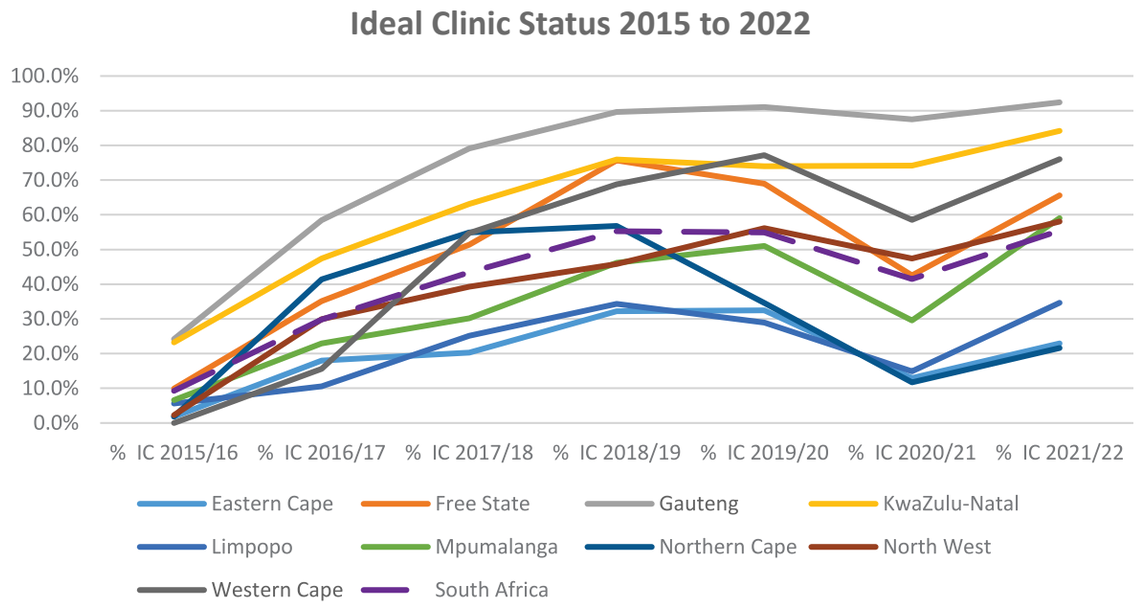
A quality health system is one that offers reliable clinical care; that is compliant with the norms and standards set out the by the Office of Health Standards Compliance (OHSC); and one that is positively perceived by the patients. Over the MTSF period, the health sector will ensure "Quality Improvement in the Provision of Care" by providing integrated patient centred and respectful care that is well co-ordinated (across levels of care) and of high quality throughout the life course to build confidence in the public health system thereby ensuring public health facilities are the provider of choice under NHI".

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

- **Ideal Clinic Realisation and Maintenance**

The Ideal Clinic Realisation and Maintenance Programme was introduced in 2015/16 in all provinces with the exception of Western Cape province that joined the programme in 2016/17. The Ideal Clinic Framework is a quality assessment tool that is used to measure the quality of services provided by health facilities.

Figure 19 - Ideal Clinics



Source: Ideal Clinic Software Information System, 2021/2022

The figure above and table below indicate the Ideal Clinic status since 2015. At the end of 2021/22, 55% (1928 of 3497) of PHC facilities in the Country had attained Ideal clinic status. There was a decline in performance from the 2019/20 to 2020/21 financial years. During this period the Ideal Clinic Framework was aligned with the Norms and Standards Regulations applicable to different categories of Health Establishments. Some provinces have improved rapidly over the 7 years. Example, Gauteng province has improved from 24% of ideal clinics in 2015/16 to 92% Ideal Clinics in 2021/22, KwaZulu-Natal province from 23% to 84% and Western Cape province from 15% to 76%. The Ideal Clinic status of some provinces remains low, i.e. Eastern Cape province (23%), Limpopo province (34%) and Northern Cape province (21%).

Table 9 Ideal Clinic status as of 2015 to 2022

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

- **Quality of Care from Patients' Perspective**

The Department has implemented various tools to monitor patient experience of care. One of the systems is to track the resolution of patient safety incidents and patient complaints. The National Guideline for Patient Safety Incident (PSI) Reporting and Learning and the National Guideline for the Management of Complaints, Compliments and Suggestions (CCS) with the accompanying web-based information system (https://www.idealhealthfacility.org.za) was rolled out to provinces in November and December 2017. The implementation date for both Guidelines was 1 April 2018. Every complaint and patient safety incident in the health facilities should be captured on a form on the web-based information system. The data captured on the form is used to auto-generate registers and statistical data on the indicators and categories for PSI and CCS.

Table 10 Country and Provincial data on complaints logged for 2020/2021

Indicator/Category	Total	EC	FS	GP	KZN	LP	MPU	NW	NC	WC
% Compliance rate	67%	75%	41%	92%	85%	2%	93%	61%	54%	89%
# Complaints received	19476	2173	1201	3413	5445	305	1295	1260	111	4273
# Complaints resolved	18098	1965	964	3179	5195	297	1159	1203	93	4043
% Complaints resolved	93%	90%	80%	93%	95%	97%	89%	95%	84%	95%
# Complaints resolved within 25 working days	17156	1884	864	3025	4917	285	1089	1158	81	3853
% of Complaints resolved within 25 working days	95%	96%	90%	95%	95%	96%	94%	96%	87%	95%
Patient care	34%	32%	32%	33%	27%	32%	33%	32%	38%	46%
Staff attitude	28%	23%	31%	30%	24%	30%	30%	29%	49%	33%
Waiting times	24%	19%	25%	22%	26%	21%	30%	26%	16%	25%
Other	12%	17%	10%	13%	12%	13%	14%	9%	12%	7%
Access to information	11%	8%	13%	14%	9%	9%	8%	11%	6%	15%
Safe and secure environment	6%	8%	5%	4%	6%	5%	6%	7%	8%	4%
Waiting list	4%	3%	5%	5%	4%	3%	5%	3%	3%	4%
Physical access	4%	4%	4%	6%	4%	2%	4%	3%	10%	3%
Availability of medicines	4%	3%	4%	2%	3%	2%	3%	3%	4%	5%
Hygiene and cleanliness	3%	5%	2%	2%	2%	5%	4%	4%	5%	2%

The Compliance Report generated from the web-based information system (where facilities capture the complaints lodged at the facility) is used as a proxy to measure progress made with implementation of the National guideline for Complaints. A health facility is viewed as compliant if they have captured a complaint or a Null Report for the specific month on the web-based information system. Since the implementation of the web-based information in April 2018, the compliance rate for reporting for South Africa has increased from 47% to 67% in 2021/2002. Limpopo and Free State provinces had compliance rates below 50% (Table 10). Quarterly Complaints reports are submitted to Provincial Quality Assurance managers and a National annual report is submitted to Provincial Heads of Departments, through the office of the Director-General for Health. The reports should be used to inform quality improvement plans at provincial, district, sub-district levels to address the issues that contributes to the high percentage of some types of complaints categories.

The results indicated that for the Country the categories perceived "patient care"; "staff attitude" and "waiting times"; received the most complaints logged during the 2021-2022, similar to the three previous financial years.

- **Health system improvement**

In 2020/2021 the department began with the implementation of the national health quality improvement programme in the Quality learning Centres. Quality Learning centres (QLCs) is made up of a cluster of facilities in a geographic area, the QLCs drive the implementation of the quality improvement plan in the identified facilities with the objective of ensuring that they meet quality standards required for certification by the Office of Health Standards Compliance. Twenty-one (21) QLCs have been identified comprising on 67 hospitals, 90 PHC facilities and 25 EMS facilities. The national target for 2021/2022 was implementation of the quality improvement programme by 100 PHC facilities and 80 hospitals.

- **Infrastructure**

Infrastructure as a key enabler to better health care for all and crucial for more effective health services delivery, is a focal point of the NDP implementation goals. In the 2021/2022 financial year the 56 Primary Health Care facilities have been constructed and/or revitalised, 6 hospitals revitalised and/or constructed and 46 facilities maintained.

Being more Intune to the needs of the community and aware of the status of our health infrastructure portfolio stays a key priority of the National Department of Health. Towards strengthening the ability to achieve such lies the proposed adjustments to the Ten-Year infrastructure plan that is to be put into production in the 2023/2024 financial year.

The direct health facility revitalisation grant, as the largest source of funds for public health infrastructure, with an allocation of R7.1 billion for the 2023/2024 financial year, through the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme, is responsible for addressing the bulk of the infrastructure needs in the provinces. To enable the acceleration of maintenance, renovations and upgrades Furthermore, the health facility revitalisation component of the national health insurance indirect grant, with an allocation of R1.3 billion for the 2023/2024 financial year, focused on universal health access through phased implementation of projects for National Health Insurance by the National Department of Health's Infrastructure Unit in line with the National Infrastructure Plan, 2050. Part of the allocation will be used to execute ringfenced funds towards the

construction of the Limpopo Central Hospital that is to start with ground works before the end of the financial year.

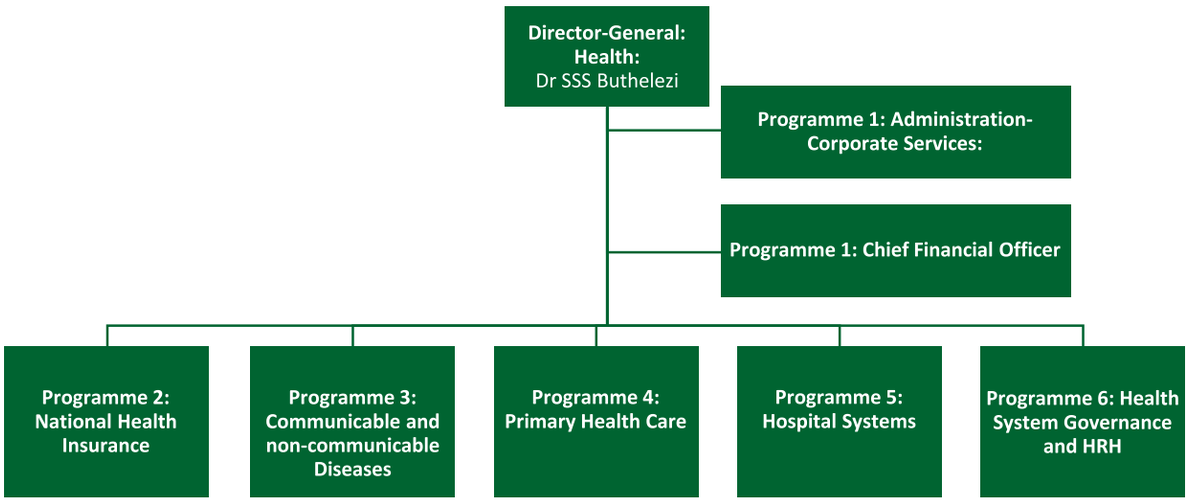
- **Human Resources for Health**

The 2030 HRH Strategy for South Africa was published in October 2020, it sets out the overall vision, goals and actions required to advance South Africa's progress in addressing persistent issues of inequity and inefficiencies in the health workforce. The department will be facilitating the implementation of the strategy in the remaining period of the medium term. An example is that current HR information systems are fragmented, inefficient, and unable to inform health resource allocations accurately. Under the Health System Strengthening (HSS) Programme, the National Department of Health (NDoH), supported by CDC/PEPFAR, has initiated a process of integrating human resources information systems. NDOH's strategic vision for an HRIS is to provide managers with easy access to a comprehensive HR information range and has welcomed the HRIS project support from CDC/PEPFAR to develop a national HR data warehouse. The purpose is to enhance the use of Human Resources for Health (HRH) data for evidence-based decision making on health workforce management and strategic planning within the South African National and Provincial Departments of Health. The Conditional grant (Direct and Indirect Grant) is assisting with the Internship and Community Service Placement Programme as noted below to manage the Internship and Community Service Programme (ICSP) online System that annually places the eligible applicants to statutory positions in the health sector for systematic realization of the human resources for health strategy and the phase-in

7.2. Internal Environmental Analysis

The budget programme structure shown below, depicts the transitional organizational structure of the National Department of Health. The Department's organisational structure, which was endorsed by DPSA in 2012, is currently under review. A new organisational structure with the focus of realigning functions will be implemented once approved by DPSA. Thereafter, the budget Programme structure of the Department will also be reviewed, based on the approved realigned structure. Figure 19: Organisational structure (currently under review)

Figure 20:Organisational Structure



7.3 Personnel

Table: Personnel numbers and cost by salary level and programme

Personnel numbers and cost by salary level and programme[1]

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 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate							2022/23 - 2025/26	
			2021/22			2022/23			2023/24			2024/25			2025/26			
Health			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**1 473**	**15**	**1 412**	**848.2**	**0.6**	**1 281**	**811.7**	**0.6**	**1 046**	**682.1**	**0.7**	**1 031**	**710.0**	**0.7**	**1 054**	**744.3**	**0.7**	**-6.3%**	**100.0%**
1 – 6	491	3	502	160.3	0.3	430	142.6	0.3	359	116.0	0.3	355	122.1	0.3	360	126.8	0.4	-5.8%	34.1%
7 – 10	625	6	602	346.8	0.6	557	333.1	0.6	367	208.9	0.6	362	218.6	0.6	367	226.4	0.6	-13.0%	37.5%
11 – 12	207	1	185	181.0	1.0	175	176.7	1.0	191	187.1	1.0	188	195.2	1.0	193	203.4	1.1	3.3%	16.9%
13 – 16	148	5	122	155.0	1.3	117	153.9	1.3	128	164.7	1.3	125	168.4	1.4	132	181.8	1.4	4.2%	11.4%
Other	2	–	2	5.2	2.6	2	5.4	2.7	2	5.5	2.7	2	5.8	2.9	2	5.9	2.9	–	0.2%
Programme	**1 473**	**15**	**1 412**	**848.2**	**0.6**	**1 281**	**811.7**	**0.6**	**1 046**	**682.1**	**0.7**	**1 031**	**710.0**	**0.7**	**1 054**	**744.3**	**0.7**	**-6.3%**	**100.0%**
Programme 1	454	4	410	246.2	0.6	399	247.6	0.6	403	249.4	0.6	399	261.3	0.7	405	270.9	0.7	0.5%	36.4%
Programme 2	144	11	81	42.7	0.5	88	52.0	0.6	139	93.0	0.7	137	97.5	0.7	140	101.4	0.7	16.7%	11.4%
Programme 3	217	–	189	127.4	0.7	197	140.9	0.7	200	140.0	0.7	196	146.3	0.7	200	153.2	0.8	0.5%	18.0%
Programme 4	412	–	395	223.3	0.6	395	232.5	0.6	100	60.8	0.6	98	62.0	0.6	101	67.8	0.7	-36.5%	15.7%
Programme 5	42	–	28	23.3	0.8	36	30.4	0.8	36	30.2	0.8	35	31.0	0.9	37	33.0	0.9	0.9%	3.3%
Programme 6	204	–	309	185.5	0.6	165	108.3	0.7	169	108.6	0.6	167	111.9	0.7	171	117.9	0.7	1.1%	15.2%

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

2. Rand million.

7.3.1 Employment Equity

The Department has made progress towards in response to the employment equity targets for Women, Youth and People with Disabilities.. During the 2022/2023, the employment equity indicators were added to measure women employed in SMS positions and the percentage of youth and persons with disabilities employed by the department. The current performance for women employed at the National Department of Health is at 47.3% (45/95 of SMS core), youth employment at 17.8% (213/1197) and 0.4% (5/1197) for people with disabilities. Noted challenges amongst others are related to:

- Financial constraints;
- Delays in Internal Recruitment Processes
- Unique challenges related to People with disabilities such as no suitable candidates for post requirements and non-disclosure of disability on application forms.

In response to the challenges, the department is considering to institute the following measures;

- Targeted recruitment for suitable candidates;
- Relaxation of recruitment requirements to accommodate People with disabilities (PWD);
- Liaise with the PWD organizations and establish

relations with Academic Institutions to create a pool and source of suitable PWD candidates;
- o Develop the leadership pipeline strategy;
- o Develop the PWD empowerment strategy, Coaching and Mentoring Plan;
- o Develop Youth Empowerment Strategy;
- o Identify a specific Unit to coordinate Youth Programs;
- o Dedicated Unit that focuses on Youth Empowerment, Youth Development and retention;
- o Address the fragmented state of youth programs

7.4 Expenditure trends and budgets of the National Department of Health

7.4.1 Expenditure overview

The department's focus over the medium term will be on preventing and treating communicable and non-communicable diseases, overseeing primary health care services, strengthening the health system, supporting tertiary health care services, improving health infrastructure, and developing human resources for the health sector.

An estimated 89.2 per cent (R169 billion) of the department's budget over the MTEF period will be transferred to provincial departments of health through conditional grants. Total spending is projected to increase at an average annual rate of 0.4 per cent, from R64.6 billion in 2022/23 to R65.4 billion in 2025/26. This nominal increase is due to baseline reductions implemented in the 2021 Budget and one-off allocations to the department in 2020/21 and 2022/23 for government's response to the COVID-19 pandemic, including the vaccination programme. The baseline reductions in the 2021 Budget included the conditional grants for HIV and AIDS and tertiary services. These may need to be reviewed in future budgets. The COVID-19 vaccination programme is increasingly being integrated into routine services and does not have dedicated budget allocations over the medium term.

Preventing and treating communicable and non-communicable diseases

South Africa has a heavy burden of communicable and non-communicable diseases, many of which require dedicated and targeted prevention and treatment programmes. The comprehensive HIV and AIDS component of the *district health programmes grant* in the *Communicable and Non-communicable Diseases* programme is allocated an average of R25 billion per year to fund the prevention and treatment of HIV and TB. These funds are expected to ensure that a targeted 7 million people per year receive antiretroviral treatment by 2025/26. During the COVID-19 pandemic, adherence to antiretroviral treatment decreased and the budget for this programme may need to be reviewed over the MTEF period as performance improves. Allocations of R10 million per year in 2023/24 and 2024/25 have been reprioritised from the *Administration* programme to the *Communicable Diseases* subprogramme to provide for the COVID-19 vaccine no-fault compensation scheme, which was established by the department to provide compensation to individuals who suffered severe injury from adverse reactions to COVID-19 vaccinations. The large variability in spending across the *Communicable and Non-communicable Diseases* programme relates mostly to the large allocations for the COVID-19 vaccine programme, mainly from 2020/21 to 2022/23.

Overseeing primary health care services

From 1 April 2023, the department's port health services function will be shifted from the *Primary Health Care* programme to the Border Management Authority, a newly established entity of the Department of Home Affairs. This involves shifting R162 million in 2023/24, R171.1 million in 2024/25 and R178.9 million in 2025/26; and 295 employees from the programme to the authority. The department will continue to provide policy guidance to the authority for port health services. The district health component

of the *district health programmes* grant is allocated R9.2 billion over the medium term to fund the prevention and treatment of malaria, human papillomavirus, and outreach services provided by community health workers. The large one-off increase in the *Primary Health Care* programme in 2022/23 was to support provinces to roll out COVID-19 vaccinations.

Strengthening the health system and planning for national health insurance

The National Health Insurance Bill is being considered by Parliament. If enacted, it will have considerable implications for how health care in South Africa is funded and organised. An amount of R2.2 billion over the medium term is allocated to the direct *national health insurance grant* for provincial health departments to contract health professionals and health care services, including primary health care doctors, oncology services and mental health services. The department also manages the *national health insurance indirect grant,* which has 3 components and a budget of R6.9 billion over the medium term. The non-personal services component of R2 billion over the next 3 years supports activities aimed at strengthening the health system, such as health information systems, quality improvement initiatives and the dispensing and distribution of chronic medicines. The personal services component is allocated R299.9 million over the MTEF period and is aimed at piloting the establishment of contracting units for primary care, through which public and private health care providers will be contracted. The third component of the grant, which seeks to revitalise health facilities, falls within the department's infrastructure interventions.

Supporting tertiary health care services

The *national tertiary services grant* is allocated R14 billion in 2023/24, R14.7 billion in 2024/25 and R15.3 billion in 2025/26 in the Hospital Systems programme to subsidise highly specialised services at the Country's 31 tertiary and central hospitals. These hospitals are generally in urban areas and are unequally distributed across provinces, resulting in a large number of referrals of patients from rural provinces to provinces with greater tertiary services capacity. The grant aims to compensate these provinces for providing hospital care and has a developmental allocation earmarked to establish tertiary services in provinces with limited access to them. For example, oncology services are planned to be rolled out in Mpumalanga and Limpopo to reduce referrals to Gauteng.

Improving health infrastructure

South Africa's public health infrastructure has many shortcomings, including old and often poorly maintained health facilities in need of repair, refurbishment and sometimes replacement. There is also a need to invest in new infrastructure where there are gaps in service delivery because of historical inequities or demographic changes. In an effort to address this, the department plans to invest a projected R26.9 billion in the *Hospital Systems* programme over the medium term. Of this amount, R22.2 billion is set to be transferred to provinces through the *health facility revitalisation grant,* and the remainder through the health facility revitalisation component of the *national health insurance indirect grant*. This includes provisions for continuing with the construction of the Limpopo Central Hospital in Polokwane, which will be the first central hospital in the province.

Developing human resources for the health sector

Compared to other middle-income countries, South Africa has a shortage of medical doctors and specialists. To improve the Country's doctor-to-patient ratio, government has increased the number of doctors trained at domestic medical schools through a combination of bursary schemes that target students from underprivileged areas; and has increased the general intake at medical schools. As a supplementary measure, government has also funded training for South African doctors in other

countries such as Cuba. As part of the final stages of their training, medical students must complete statutory internships and community service in the public sector. In line with the increased training, the number of medical interns appointed by provinces has increased from 1 500 in 2015 to 2 625 in 2022, and community service doctors from 1 322 to 2 369 over the same period. This increase was funded in the 2022 Budget. Provinces are partially compensated for employing these interns and doctors through the statutory human resources component of the human resources and training grant, which is allocated R7.8 billion over the medium term in the Health System Governance and Human Resources programme. A further R8.7 billion is allocated to the grant's training component for doctors to pursue specialist training.

7.5 Expenditure trends and estimates

Table: Expenditure trends and estimates by programme and economic classification

Expenditure trends and estimates by programme and economic classification

Programmes

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

Programme	**Audited outcome**			**Adjusted appropriation**	**Average growth rate (%)**	**Average: Expenditure/ Total (%)**	**Medium-term expenditure estimate**			**Average growth rate (%)**	**Average: Expenditure/ Total (%)**
R million	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2019/20 - 2022/23**		**2023/24**	**2024/25**	**2025/26**	**2022/23 - 2025/26**	
Programme 1	542.4	551.0	672.7	786.1	13.2%	1.1%	800.9	840.2	879.6	3.8%	1.3%
Programme 2	934.4	1 023.2	1 216.5	1 534.1	18.0%	2.0%	1 542.6	1 617.9	1 692.1	3.3%	2.5%
Programme 3	20 965.9	25 455.4	32 819.7	26 916.7	8.7%	44.5%	24 641.7	25 745.5	26 890.9	0.0%	41.3%
Programme 4	1 964.5	3 206.7	3 056.2	5 153.6	37.9%	5.6%	3 007.4	3 141.1	3 281.5	-14.0%	5.8%
Programme 5	20 413.7	21 188.5	21 011.8	22 641.6	3.5%	35.7%	22 582.0	23 585.2	24 759.4	3.0%	37.1%
Programme 6	5 951.9	6 661.3	6 360.5	7 523.5	8.1%	11.1%	7 536.8	7 514.4	7 854.4	1.4%	12.1%
Total	**50 772.8**	**58 086.1**	**65 137.4**	**64 555.7**	**8.3%**	**100.0%**	**60 111.4**	**62 444.3**	**65 357.9**	**0.4%**	**100.0%**
Change to 2022 Budget estimate[1]				24.8			(509.0)	286.7	415.6		
Economic classification											
Current payments	**2 114.8**	**2 966.5**	**9 976.9**	**4 792.8**	**31.4%**	**8.3%**	**2 553.0**	**2 559.2**	**2 680.7**	**-17.6%**	**5.0%**
Compensation of employees	830.9	927.3	848.2	812.1	-0.8%	1.4%	682.1	710.0	744.3	-2.9%	1.2%
Goods and services[1]	1 283.8	2 039.2	9 128.6	3 980.8	45.8%	6.9%	1 870.9	1 849.2	1 936.4	-21.4%	3.8%
of which:											
Consultants: Business and advisory services	*345.2*	*400.6*	*335.6*	*299.0*	*-4.7%*	*0.6%*	*303.2*	*216.9*	*226.4*	*-8.9%*	*0.4%*
Contractors	*357.8*	*556.5*	*404.0*	*590.1*	*18.1%*	*0.8%*	*601.2*	*638.6*	*666.9*	*4.2%*	*1.0%*
Inventory: Medical supplies	*34.8*	*39.9*	*38.3*	*107.1*	*45.5%*	*0.1%*	*115.7*	*118.2*	*123.5*	*4.9%*	*0.2%*
Operating leases	*104.2*	*111.3*	*160.5*	*127.2*	*6.9%*	*0.2%*	*130.1*	*139.9*	*146.1*	*4.7%*	*0.2%*
Travel and subsistence	*3.8*	*100.0*	*47.1*	*133.9*	*229.0%*	*0.1%*	*139.2*	*141.6*	*155.0*	*5.0%*	*0.2%*
Operating payments	*15.5*	*120.8*	*189.9*	*99.5*	*86.0%*	*0.2%*	*105.5*	*110.6*	*115.5*	*5.1%*	*0.2%*
Transfers and subsidies[1]	**47 863.5**	**54 288.5**	**54 491.9**	**58 330.9**	**6.8%**	**90.1%**	**56 251.3**	**58 333.5**	**60 939.3**	**1.5%**	**92.6%**
Provinces and municipalities	45 863.4	52 082.0	52 462.2	56 251.5	7.0%	86.6%	54 183.4	56 170.8	58 687.2	1.4%	89.2%
Departmental agencies and accounts	1 830.3	2 033.8	1 842.1	1 890.3	1.1%	3.2%	1 869.2	1 954.9	2 044.9	2.7%	3.1%
Non-profit institutions	167.3	170.6	181.4	189.0	4.2%	0.3%	189.8	198.3	207.2	3.1%	0.3%
Households	2.5	2.1	6.2	–	-100.0%	0.0%	9.0	9.5	–	0.0%	0.0%
Payments for capital assets	**794.5**	**831.1**	**660.3**	**1 432.0**	**21.7%**	**1.6%**	**1 307.1**	**1 551.7**	**1 737.8**	**6.7%**	**2.4%**
Buildings and other fixed structures	592.0	740.1	591.3	1 083.5	22.3%	1.3%	1 194.7	1 406.8	1 571.3	13.2%	2.1%
Machinery and equipment	202.5	91.0	69.0	347.3	19.7%	0.3%	112.4	144.9	166.5	-21.7%	0.3%
Software and other intangible assets	–	–	–	1.2	0.0%	0.0%	–	–	–	-100.0%	0.0%
Payments for financial assets	–	–	**8.4**	–	**0.0%**	**0.0%**	–	–	–	**0.0%**	**0.0%**
Total	**50 772.8**	**58 086.1**	**65 137.4**	**64 555.7**	**8.3%**	**100.0%**	**60 111.4**	**62 444.3**	**65 357.9**	**0.4%**	**100.0%**

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

7.6 Transfers and subsidies expenditure trends and estimates

Table: Transfers and subsidies trends and estimates

Transfers and subsidies trends and estimates

	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R thousand	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Households											
Social benefits											
Current	**2 454**	**1 928**	**6 181**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	2 454	1 928	6 181	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**1 826 249**	**2 029 761**	**1 840 663**	**1 888 800**	**1.1%**	**3.5%**	**1 867 454**	**1 953 038**	**2 042 996**	**2.7%**	**3.3%**
Health and Welfare Sector Education and Training Authority	2 642	679	2 536	2 530	-1.4%	–	2 552	2 667	2 786	3.3%	–
South African National AIDS Council	18 066	18 106	28 901	19 380	2.4%	–	20 234	21 143	22 090	4.5%	–
South African Medical Research Council	688 312	854 643	855 214	780 623	4.3%	1.5%	797 597	833 489	870 829	3.7%	1.4%
National Health Laboratory Service	791 497	855 583	643 547	772 521	-0.8%	1.4%	725 255	757 891	791 845	0.8%	1.3%
Office of Health Standards Compliance	136 471	137 648	157 997	157 509	4.9%	0.3%	162 726	171 599	181 749	4.9%	0.3%
Council for Medical Schemes	5 987	6 530	6 181	6 272	1.6%	–	6 537	6 831	7 137	4.4%	–
South African Health Products Regulatory Authority	183 274	156 572	146 287	149 965	-6.5%	0.3%	152 553	159 418	166 560	3.6%	0.3%
Households											
Other transfers to households											
Current	**9**	**160**	**–**	**–**	**-100.0%**	**–**	**9 000**	**9 500**	**–**	**–**	**–**
Employee social benefits	–	160	–	–	–	–	–	–	–	–	–
Gifts to households	9	–	–	–	-100.0%	–	–	–	–	–	–
No-fault compensation scheme	–	–	–	–	–	–	9 000	9 500	–	–	–
Non-profit institutions											
Current	**167 285**	**170 574**	**181 401**	**189 000**	**4.2%**	**0.3%**	**189 786**	**198 309**	**207 194**	**3.1%**	**0.3%**
Non-governmental organisations: LifeLine	24 579	27 150	28 030	28 875	5.5%	0.1%	28 986	30 288	31 645	3.1%	0.1%
Non-governmental organisations: loveLife	68 376	59 527	61 976	64 327	-2.0%	0.1%	64 635	67 538	70 564	3.1%	0.1%
Non-governmental organisations: Soul City	21 336	23 567	24 331	25 065	5.5%	–	25 161	26 291	27 469	3.1%	–
Non-governmental organisations: HIV and AIDS	49 687	58 796	63 989	67 529	10.8%	0.1%	67 788	70 832	74 005	3.1%	0.1%
South African Renal Registry	391	433	447	460	5.6%	–	461	482	504	3.1%	–
South African Federation for Mental Health	415	459	473	488	5.5%	–	490	512	535	3.1%	–
South African National Council for the Blind	929	–	1 060	1 092	5.5%	–	1 096	1 145	1 196	3.1%	–
South African Medical Research Council	581	642	–	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	991	–	1 095	1 164	5.5%	–	1 169	1 221	1 276	3.1%	–

Provinces and municipalities											
Provincial revenue funds											
Current	**39 517 135**	**45 766 702**	**46 027 032**	**49 471 990**	**7.8%**	**84.1%**	**47 063 505**	**48 809 610**	**50 996 280**	**1.0%**	**84.0%**
Human resources capacitation grant	905 696	–	–	–	-100.0%	0.4%	–	–	–	–	–
Human papillomavirus vaccine grant	157 200	–	–	–	-100.0%	0.1%	–	–	–	–	–
District health programmes grant: Comprehensive HIV/AIDS component	–	–	–	24 134 521	–	11.2%	23 934 604	25 009 495	26 129 920	2.7%	42.4%
District health programmes grant: District health component	–	–	–	4 888 597	–	2.3%	2 931 257	3 062 899	3 200 117	-13.2%	6.0%
National tertiary services grant	13 185 528	14 013 153	13 707 798	14 306 059	2.8%	25.7%	14 023 946	14 653 754	15 310 242	2.3%	24.9%
Human resources and training grant	–	4 309 290	4 297 681	5 449 066	–	6.5%	5 479 023	5 366 517	5 606 937	1.0%	9.4%
Health professionals training and development grant	2 940 428	–	–	–	-100.0%	1.4%	–	–	–	–	–
National health insurance grant	289 288	246 464	268 677	693 747	33.9%	0.7%	694 675	716 945	749 064	2.6%	1.2%
HIV, TB, malaria and community outreach grant: Mental health services component	–	–	143 401	–	–	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Oncology services component	–	–	234 933	–	–	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: HIV and AIDS component	19 963 270	20 376 176	22 563 773	–	-100.0%	29.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: TB component	485 300	507 780	506 117	–	-100.0%	0.7%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: COVID-19 component	–	3 422 157	1 500 000	–	–	2.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	–	218 781	220 258	–	–	0.2%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Malaria elimination component	90 425	116 234	104 181	–	-100.0%	0.1%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Community outreach services component	1 500 000	2 556 667	2 480 213	–	-100.0%	3.0%	–	–	–	–	–
Capital	**6 346 273**	**6 315 281**	**6 435 188**	**6 779 546**	**2.2%**	**12.0%**	**7 119 860**	**7 361 181**	**7 690 962**	**4.3%**	**12.4%**
Health facility revitalisation grant	6 346 273	6 315 281	6 435 188	6 779 546	2.2%	12.0%	7 119 860	7 361 181	7 690 962	4.3%	12.4%
Departmental agencies and accounts											
Social security funds											
Current	**4 050**	**4 058**	**1 437**	**1 544**	**-27.5%**	**–**	**1 735**	**1 813**	**1 894**	**7.0%**	**–**
Mines and Works Compensation Fund	4 050	4 058	1 437	1 544	-27.5%	–	1 735	1 813	1 894	7.0%	–
Total	**47 863 455**	**54 288 464**	**54 491 902**	**58 330 880**	**6.8%**	**100.0%**	**56 251 340**	**58 333 451**	**60 939 326**	**1.5%**	**100.0%**

PART C

MEASURING OUR PERFORMANCE

MEASURING OUR PERFORMANCE

Programme 1: Administration

Programme Purpose

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

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

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

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

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

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

Outcomes, outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		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 for 2019/20 FY received	Qualified audit opinion for 2020/21 FY received	Unqualified audit opinion	Unqualified audit opinion	Not Aplicable	Not Aplicable	Unqualified Audit Opinion	Not Aplicable	Unqualified audit opinion for	Unqualified audit opinion for
Financial Management Strengthened in the health Sector	Payment of Suppliers within 30 days from the date of receipt of invoices	Number of valid invoices paid after 30 days of receiving valid invoices from suppliers	New Indicator	New Indicator	New Indicator	New Indicator	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers
Management of Medico-legal cases in the health system strengthened	A policy and legal framework to manage medico-legal claims in South Africa	Draft Bill to manage medico-legal claims in South Africa developed	New Indicator	A policy and legal framework developed to manage medi-colegal claims in South Africa (also referred to as Litigation Strategy) drafted	New Indicator	Finalisation of the draft discussion paper by the SALRC	Draft Bill to manage medico-legal claims in South Africa is finalised	Draft Discussion Paper from SALRC	Review the draft Discussion Paper from SALRC	Review the final Discussion Paper from SALRC	Draft Bill to manage medico-legal claims in South Africa developed	Bill to manage medico-legal claims in South Africa is taken through Cabinet process	Bill to manage medico-legal claims in South Africa is taken through Parliamentary process

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Management of Medico-legal cases in the health system strengthened	Case management system is piloted to streamline case management	Number of provinces participating in the case management system pilot	New Indicator	Case Management system developed and implemented in 3 provinces	Case Management System used to manage new medico legal claims in 4 Provinces, FS, KZN, NC and NW	Case Management system implemented (rollout) in the remaining four of eight (4/8) participating provinces, excluding Western Cape.	Case Management system piloted in at least 4 participating Provinces	Reports of captured cases from at least 4 participating Provinces	Reports of captured cases from a tleast 4 participating Provinces.	Reports of captured cases from at least 4 participating Provinces.	Reports of captured cases from at least 4 participating Provinces.	Case Management system piloting reviewed	Recommendations of the review process of the pilot project on the case management system are implemented.
Premature mortality due to NCDs reduced to 26% (10% reduction)	Health Promotion messages actively marketed through social media	Number of Health promotion messages broadcasted on social media to supplement other channels of communication	New Indicator	213 (4 per week) health promotion messages broadcasted on social media	443 health promotion messages broadcasted on social media	100 health promotion messages on NDOH social media placed	100 health promotion messages on NDOH social media placed	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	150 health promotion messages on NDOH social media placed	200 health promotion messages on NDOH social media placed
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Unannounced visits to health facilities	Number of Unannounced visits to health facilities by NDOH/ Minister/ Deputy Minister/DG /DDGs	New Indicator	New Indicator	New Indicator	New Indicator	8 unannounced visits to health facilities NDOH/ Minister Deputy Minister/ DG/DDGs to observe service delivery	2 unannounced visits to health facilities	2 unannounced visits to health facilities	2 unannounced visits to health facilities	2 unannounced visits to health facilities	8 unannounced visits to health facilities	8 unannounced visits to health facilities

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Community participation promoted to ensure health system responsive-ness and effective manage-ment of their health needs	Health Imbizos with com-munities	Number of Health Imbizos with com-munities	New Indicator	New Indicator	New Indicator	2 Health Imbizos with communities	2 Health Imbizos with com-munities	0 Health Imbizos with com-munities	1 Health Imbizo with com-munities	0 Health Imbizo with com-munities	1 Health Imbizo with com-munities	2 Health Imbizo with com-munities	2 Health Imbizo with com-munities
Staff equitably distributed and have riight skills and attitude	Employ-ment of women in line with equity targets	Percentage of Women, employed at SMS level according to the equity targets	New Indicator	63.4% Women at SMS level appointed at NDoH accor-dingly to the equity targets	New Indicator	50% of Women at SMS level, employed accor-dingly to the equity targets	50% of Women employed at SMS level in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	50% of Women employed at SMS level in NDOH	50% of Women employed at SMS level in NDOH	50% of Women employed at SMS level in NDOH
Staff equitably distributed and have right skills and attitude	Employ-ment of Youth in line with equity targets	Percentage of Youth employed according to the equity targets	New Indicator	19.4 %Youth appointed at NDoH accor-dingly to the equity targets	New Indicator	30% Youth appointed at NDoH accordingly to the equity targets	30% Youth employed in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	30 % of Youth employed in NDOH	30 % of Youth employed in NDOH	30 % of Youth employed in NDOH
Staff equitably distributed and have riight skills and attitude	Employ-ment of People with disabil-ities in line with equity targets	Percentage of People with disabilities employed according to the equity targets	New Indicator	0.39 % People with Disabilities appointed at NDoH accor-dingly to the equity targets	New Indicator	7% of People with disabilities appointed at NDoH accordingly to the equity targets	7% of People with disabilities employed in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	7% of People with disabilities employed in NDOH	7% of People with disabilities employed in NDOH	7% of People with disabilities employed in NDOH

Explanation of planned performance over the medium-term period

The Case Management system will be piloted in at least 4 provinces to streamline the management of case management towards a uniform system. Community participation will be encouraged through unannounced visits to health facilities and by hosting Imbizo with community, to ensure that the efforts of the department are responsive to the needs and challenges on the ground. Human Resources management will continue with efforts to reach the minimum equity targets for appointment of women, youth and persons with disabilities.

Programme 1: Budget Allocations

Table: Administration 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 (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23	- 2025/26
Ministry	39.1	32.2	33.0	44.0	4.0%	5.8%	42.0	39.5	41.3	-2.1%	5.0%
Management	8.6	7.1	7.2	10.2	5.7%	1.3%	10.1	11.4	11.9	5.4%	1.3%
Corporate Services	273.5	310.9	356.2	391.4	12.7%	52.2%	428.3	448.3	470.4	6.3%	52.6%
Property Management	120.0	112.9	172.9	163.7	10.9%	22.3%	168.9	180.4	188.5	4.8%	21.2%
Financial Management	101.1	87.9	103.4	176.9	20.5%	18.4%	151.6	160.6	167.5	-1.8%	19.9%
Total	**542.4**	**551.0**	**672.7**	**786.1**	**13.2%**	**100.0%**	**800.9**	**840.2**	**879.6**	**3.8%**	**100.0%**
Change to 2022 Budget estimate				4.4			(11.5)	(11.9)	(10.7)		
Economic classification											
Current payments	**533.3**	**546.7**	**653.6**	**767.9**	**12.9%**	**98.0%**	**788.7**	**827.4**	**866.2**	**4.1%**	**98.3%**
Compensation of employees	249.3	245.9	246.2	250.1	0.1%	38.8%	249.4	261.3	270.9	2.7%	31.2%
Goods and services	284.0	300.7	407.4	517.8	22.2%	59.2%	539.3	566.1	595.3	4.8%	67.1%
of which:											
Computer services	*11.0*	*23.0*	*51.7*	*51.4*	*67.2%*	*5.4%*	*58.2*	*59.9*	*60.7*	*5.7%*	*7.0%*
Consultants: Business and advisory services	*27.4*	*39.1*	*42.7*	*42.9*	*16.1%*	*6.0%*	*50.9*	*53.2*	*55.6*	*9.0%*	*6.1%*
Operating leases	*92.1*	*99.3*	*150.9*	*123.8*	*10.4%*	*18.3%*	*126.6*	*136.1*	*142.2*	*4.7%*	*16.0%*
Property payments	*28.7*	*18.2*	*24.2*	*52.4*	*22.2%*	*4.8%*	*56.2*	*58.8*	*61.4*	*5.4%*	*6.9%*
Travel and subsistence	*3.4*	*6.8*	*27.8*	*47.5*	*140.9%*	*3.3%*	*51.0*	*53.6*	*62.3*	*9.5%*	*6.5%*
Operating payments	*1.6*	*51.8*	*26.8*	*39.8*	*193.9%*	*4.7%*	*44.5*	*46.5*	*48.6*	*6.9%*	*5.4%*
Transfers and subsidies	**3.3**	**1.8**	**4.9**	**2.5**	**-8.2%**	**0.5%**	**2.6**	**2.7**	**2.8**	**3.3%**	**0.3%**
Departmental agencies and accounts	2.6	0.7	2.5	2.5	-1.4%	0.3%	2.6	2.7	2.8	3.3%	0.3%
Households	0.6	1.1	2.3	–	-100.0%	0.2%	–	–	–	–	–
Payments for capital assets	**5.8**	**2.5**	**7.8**	**15.7**	**39.0%**	**1.2%**	**9.7**	**10.1**	**10.6**	**-12.4%**	**1.4%**
Machinery and equipment	5.8	2.5	7.8	15.7	39.0%	1.2%	9.7	10.1	10.6	-12.4%	1.4%
Payments for financial assets	–	–	**6.5**	–	–	**0.3%**	–	–	–	–	–
Total	**542.4**	**551.0**	**672.7**	**786.1**	**13.2%**	**100.0%**	**800.9**	**840.2**	**879.6**	**3.8%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**1.1%**	**0.9%**	**1.0%**	**1.2%**	–	–	**1.3%**	**1.3%**	**1.3%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current											
Employee social benefits	**0.6**	**1.1**	**2.3**	–	**-100.0%**	**0.2%**	–	–	–	–	–
Households	0.6	1.1	2.3	–	-100.0%	0.2%	–	–	–	–	–
Other transfers to households											
Current											
Gifts to households											
Departmental agencies and accounts											
Departmental agencies (non-business entit	**0.0**	–	–	–	**-100.0%**	–	–	–	–	–	–
	0.0	–	–	–	-100.0%	–	–	–	–	–	–
	ies)										
Current	**2.6**	**0.7**	**2.5**	**2.5**	**-1.4%**	**0.3%**	**2.6**	**2.7**	**2.8**	**3.3%**	**0.3%**
Health and Welfare Sector Education and Training Authority	2.6	0.7	2.5	2.5	-1.4%	0.3%	2.6	2.7	2.8	3.3%	0.3%

Personnel Information

Table: Administration personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate								
			2021/22			2022/23			2023/24			2024/25			2025/26			2022/23 - 2025/26	
Administratio			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level 1 –	**454**	**4**	**410**	**246.2**	**0.6**	**399**	**247.6**	**0.6**	**403**	**249.4**	**0.6**	**399**	**261.3**	**0.7**	**405**	**270.9**	189 **0.7**	**0.5%**	**100.0%**
6	197	–	191	62.9	0.3	188	64.7	0.3	188	63.3	0.3	186	66.7	0.4	69.5		0.4	0.2%	46.8%
7 – 10	155	–	131	80.2	0.6	129	82.7	0.6	130	82.6	0.6	130	87.7	0.7	131	90.3	0.7	0.5%	32.5%
11 – 12	55	1	48	49.4	1.0	47	50.6	1.1	49	52.6	1.1	48	54.6	1.1	49	56.7	1.2	1.4%	12.0%
13 – 16	45	3	38	48.5	1.3	33	44.2	1.3	34	45.4	1.3	33	46.5	1.4	34	48.5	1.4	0.4%	8.3%
Other	2	–	2	5.2	2.6	2	5.4	2.7	2	5.5	2.7	2	5.8	2.9	2	5.9	2.9	–	0.5%

Programme 2: National Health Insurance

Programme Purpose

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

There are two budget sub-programmes:

- Health Financing and National Health Insurance
- Affordable Medicines

Subprogrammes

- *Programme Management* provides leadership to the programme to improve access to high-quality health care services by developing and implementing universal health coverage policies and health financing reform.
- *Affordable Medicine* is responsible for developing systems to ensure the sustained availability of and equitable access to pharmaceutical commodities. This is achieved through the development of the governance frameworks to support: the selection and use of essential medicines, the development of standard treatment guidelines, the administration and management of pharmaceutical tenders, the development of provincial pharmaceutical budgets, the reformation of the medicine supply chain, and the licensing of people and premises that deliver pharmaceutical services.
- *Health Financing and National Health Insurance* designs and tests policies, legislation and frameworks to achieve universal health coverage and to inform proposals for national health insurance. It develops health financing reforms, including policies affecting the medical schemes environment; provides technical oversight of the Council for Medical Schemes; and manages the direct *national health insurance grant* and the *national health insurance indirect grant*. It also implements the single exit price regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees. This subprogramme will increasingly focus on evolving health financing functions, such as user and provider management, health care benefits and provider payment, digital health information, and risk identification and fraud management.

Outcomes, outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
An equitable budgeting system progressively imple-mented, and fragmen-tation reduced	Model Contrac-ting Units for Primary Health Care (CUPs) established	Model for CUPs developed and docu-mented, and model concepts tested in identified CUPs	New Indicator	New Indicator	New Indicator	Model for PHC contracting developed and commence testing of concepts in 5 CUPs	Model for PHC contracting developed and docu-mented, identiefied concepts (from the model) tested in 9 CUPs	Not Aplicable	Not Aplicable	Not Aplicable	Model for contrac-ting developed and concepts tested in 9 CUPs	9 more CUPs identified and established (one in each province)	50 more CUPs identified and established
Package of service available to the population is expanded on the basis of cost effectiveness and equity	Expand the access to chronic medication for stable patients	Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) programme	New Indicator	New Indicator	New Indicator	New Indicator	5 million Parcels delivered to (Pick up points) PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	5.5 million parcels	6 million parcels

Explanation of planned performance over the medium-term period

The National Department of Health has no control over the Parliamentary process, no mandate until there is a law, and no funds to purchase health benefits. The Branch is being established to design and develop the functions that will be executed by the NHI Fund as public entity. Until there is an agency the Branch will use conditional grant funding to establish proofs of concept Contracting Units for PHC (CUPs). The CUPs are the smallest service delivery purchasing of primary healthcare services.

The human resource capacity to support the NHI implementation includes about 50 incumbents in posts of the existing NDOH. These posts are being formally moved to the Branch (Programme 2) as the NDOH engages in redevelopment of its organogram. A further 44 new posts have been approved and will be filled in the last quarter of 2023/24. As posts are filled they will be created in Persal. The target is that 90% of the funded post in the organogram are filled by the end of 2023/24. The important thing is not only to fill posts but to recruit competent and committed people to these technical jobs.

Additional facilities will be registered on the national surveillance centre to report stock availability, this information is used to support the planning processes for responsive and resilient medicine supply chain.

The chronic medication dispensing and distribution programme (CCMDD) is targeted at long-term therapy for convenient access to chronic medication. It is important that NDOH and NHI monitors how many people are not using the OutPatient Departments and clinics but rather using CCMDD PUPs. This shift frees up the busy facilities for care of sicker patients.

The digital system for the NHI Fund (and the entire health system) is being developed in this programme.

Programme 2: Budget Allocations

Table: National Health Insurance 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 (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Programme Management	4.3	3.3	4.6	6.9	17.0%	0.4%	3.4%	7.1	9.3	9.6	11.5 %	0.5 %
Affordable Medicine	35.4	32.4	37.3	56.0	16.5%			56.0	47.9	50.0	□3.7%	3.3 %
Health Financing and National Health Insurance	894.7	987.5	1 174.5	1 471.2	18.0%		96.2%	1 479.5	1 560.7	1 632.5	3.5 %	96.2 %
Total	**934.4**	**1 023.2**	**1 216.5**	**1 534.1**	**18.0%**		**100.0%**	**1 542.6**	**1 617.9**	**1 692.1**	**3.3%**	**100.0%**
Change to 2022 Budget estimate				6.7				4.5	5.0	6.9		

Table: National Health Insurance expenditure trends and estimates by subprogramme and economic classification (continued)

Economic classification	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Current payments	**568.6**	**760.9**	**553.6**	**784.8**	**11.3%**	**56.7%**	**793.1**	**843.8**	**883.2**	**4.0%**	**51.7%**
Compensation of employees	43.0	42.1	42.7	51.9	6.5%	3.8%	93.0	97.5	101.4	25.0%	5.4%
Goods and services	525.7	718.8	511.0	732.8	11.7%	52.9%	700.1	746.3	781.8	2.2%	46.4%
of which:											
Advertising	*0.9*	*0.1*	*0.1*	*18.9*	*175.2%*	*0.4%*	*19.2*	*20.4*	*21.3*	*4.1%*	*1.2%*
Minor assets	*3.5*	*3.2*	*0.9*	*10.7*	*45.7%*	*0.4%*	*10.8*	*11.5*	*12.1*	*4.1%*	*0.7%*
Consultants: Business and advisory services	*128.9*	*126.9*	*4.4*	*48.0*	*-28.1%*	*6.5%*	*46.7*	*49.7*	*54.0*	*4.0%*	*3.1%*
Contractors	*324.2*	*538.2*	*381.4*	*547.3*	*19.1%*	*38.0%*	*554.3*	*593.2*	*619.8*	*4.2%*	*36.2%*
Agency and support/outsourced services	–	–	–	*72.4*	–	*1.5%*	*31.7*	*31.9*	*33.3*	*-22.8%*	*2.7%*
Travel and subsistence	*0.2*	*2.2*	*0.3*	*18.9*	*331.4%*	*0.5%*	*19.3*	*20.4*	*21.3*	*4.1%*	*1.2%*
Transfers and subsidies	**289.5**	**246.5**	**647.3**	**693.7**	**33.8%**	**39.9%**	**694.7**	**716.9**	**749.1**	**2.6%**	**44.7%**
Provinces and municipalities	289.3	246.5	647.0	693.7	33.9%	39.9%	694.7	716.9	749.1	2.6%	44.7%
Households	0.2	0.0	0.3	–	□100.0	–	–	–	–	–	–
Payments for capital assets	**76.2**	**15.9**	**15.5**	**55.6**	**-10.0%**	**3.5%**	**54.8**	**57.2**	**59.8**	**2.4%**	**3.6%**
Machinery and equipment	76.2	15.9	15.5	54.4	□10.6%	3.4%	54.8	57.2	59.8	3.2%	3.5 %
Software and other intangible assets	–	–	–	1.2	–	–	–	–	–	□100.0	–
Total	**934.4**	**1 023.2**	**1 216.5**	**1 534.1**	**18.0%**	**100.0%**	**1 542.6**	**1 617.9**	**1 692.1**	**3.3%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**1.8%**	**1.8%**	**1.9%**	**2.4%**	–	–	**2.6%**	**2.6%**	**2.6%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current											
Employee social benefits	**0.2**	**0.0**	**0.3**	–	**-100.0%**	–	–	–	–	–	–
Provinces and municipalities	0.2	0.0	0.3	–	□100.0	–	–	–	–	–	–
Provinces											
Provincial revenue funds											
Current											
National health insurance grant	**289.3**	**246.5**	**647.0**	**693.7**	**33.9%**	**39.9%**	**694.7**	**716.9**	**749.1**	**2.6%**	**44.7%**
	289.3	246.5	268.7	693.7	33.9%	31.8%	694.7	716.9	749.1	2.6%	44.7%
HIV, TB, malaria and community outreach grant: Mental health services component	–	–	143.4	–	–	3.0%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Oncology services component	–	–	234.9	–	–	5.0%	–	–	–	–	–

Personnel Information

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

	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment												Average growth rate (%)	Average: Salary level/ Total (%)
			Actual			Revised estimate			Medium-term expenditure estimate							
	Number of funded posts	Number of posts additional to the establish-ment	2021/22			2022/23			2023/24			2024/25			2025/26			2022/23 - 2025/26	
National Health Insurance			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**144**	**11**	**81**	**42.7**	**0.5**	**88**	**52.0**	**0.6**	**139**	**93.0**	**0.7**	27	7.0		**137**	**97.5**	26 **0.7**	**140**	**101.4**	**0.7**	**16.7%**	**100.0%**
1 – 6	29	3	25	6.4	0.3	26	7.0	0.3	0.3				7.1				0.3	26	7.3	0.3	–	20.8%
7 – 10	44	6	34	15.3	0.4	34	16.0	0.5	42	19.3	0.5		42	20.5	0.5		44	22.1	0.5	9.0%	32.1%
11 – 12	42	–	14	11.9	0.8	14	12.4	0.9	43	36.8	0.9		42	38.1	0.9		42	38.7	0.9	44.2%	28.0%
13 – 16	29	2	8	9.1	1.1	14	16.6	1.2	27	29.9	1.1		27	31.7	1.2		28	33.3	1.2	26.0%	19.0%

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

Rand million.

Programme 3: Communicable and Non-communicable Diseases

Programme Purpose

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

Programme Management is responsible for ensuring that efforts by all stakeholders are harnessed to support the overall purpose of the programme. This includes ensuring that the efforts and resources of provincial departments of health, development partners, donors, academic and research organisations, and non-governmental and civil society organisations all contribute in a coherent and integrated way.

HIV, AIDS and STIs is responsible for policy formulation for HIV and sexually transmitted disease services, and monitoring and evaluation of these services. This entails ensuring the implementation of the health sector's national strategic plan on HIV, TB and STIs. This subprogramme also manages and oversees the comprehensive HIV and AIDS component of the *district health programmes grant* implemented by provinces, and the coordination and direction of donor funding for HIV and AIDS. This includes the United States President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the United States Centres for Disease Control and Prevention.

Tuberculosis Management develops national policies and guidelines for TB services, sets norms and standards, and monitors their implementation in line with the vision of eliminating infections, mortality, stigma and discrimination. This subprogramme is also responsible for the coordination and management of the national response to the TB epidemic, and incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB and drug-resistant TB.

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

Child, Youth and School Health is responsible for policy formulation and coordination for, and the monitoring and evaluation of, child, youth and school health services. This subprogramme is also responsible for the management and oversight of the human papillomavirus vaccination programme, and coordinates stakeholders outside of the health sector to play key roles in promoting improved health and nutrition for children and young people. It supports provincial units responsible for the implementation of policies and guidelines, and focuses on recommendations made by the ministerial committee on morbidity and mortality in children. These are aimed at reducing mortality in children younger than 5, increasing the number of HIV-positive children on treatment, strengthening the expanded programme on immunisation, and ensuring that health services are friendly to children and young people.

Communicable Diseases develops policies and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases, a division of the National Health Laboratory Service. It improves surveillance for disease detection; strengthens preparedness and core response capacity for public health emergencies in line with international health regulations; and facilitates the implementation of

influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination. This subprogramme comprises 2 components – communicable disease control, and malaria and other vector-borne diseases.

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

Health Promotion and Nutrition formulates and monitors policies, guidelines, norms and standards for health promotion and nutrition. Focusing on South Africa's quadruple burden of disease (TB, HIV and AIDS; maternal and child mortality; non-communicable diseases; and violence), this subprogramme implements the health-promotion strategy of reducing risk factors for disease and promotes an integrated approach to working towards an optimal nutritional status for all South Africans.

Outcomes, outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Facilities offering HIV Self Screening (HIVSS)	Number of facilities offering HIV self screening	Not Aplicable	Not Aplicable	Not Aplicable	200 facilities offering HIV Self Screening	340	230	260	300	340	380	500
HIV incidence among youth reduced	PHC facilities with youth zones	Number of PHC facilities with youth zones	Not Aplicable	652 PHC facilities with youth zones	1264 PHC facilities with youth zones	2000 PHC facilities with youth zones	2100 PHC facilities with youth zones	2025 PHC facilities with youth zones	2050 PHC facilities with youth zones	2075 PHC facilities with youth zones	2100 PHC facilities with youth zones	2200 PHC facilities with youth zones	2300 PHC facilities with youth zones
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Improved TB Treatment adherence	Drug-susceptible (DS) - TB Treatment Success Rate	New Indicator	New Indicator	New Indicator	85%	90%	87%	88%	89%	90%	95%	95%
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	IV Improved TB Treatment adherence	RR/MDF-TB clients treatment success rate	New Indicator	New Indicator	New Indicator	73%	78%	78%	78%	78%	78%	80%	82%

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Progressive improvement in the total life expectancy of South Africans	Find and Treat people with TB disease	Number of people started TB treatment	New Indicator	New Indicator	New Indicator	190000	223654	55913	111826	167740	223654	220837	220000
Maternal, Child, Infant and neonatal mortalities reduced	Districts introduced HPV screening for cervical cancer	Number of Districts introduced HPV screening for cervical cancer	New Indicator	New Indicator	New Indicator	New Indicator	4	1	2	3	4	8	16
Maternal, Child, Infant and neonatal mortalities reduced	Regular monitoring of Sexual and Reproductive Health (SRH) skilled capacity in rural districts to improve access to integrated SRH services	Number of clinicians trained and certified competent in any of the 14 SRH modules	New Indicator	New Indicator	New Indicator	New Indicator	128 clinicians trained and certified competent in any of the 14 SRH modules	32 clinicians trained and certified competent in any of the 14 SRH modules	64 clinicians trained and certified competent in any of the 14 SRH modules	96 clinicians trained and certified competent in any of the 14 SRH modules	128 clinicians who completed one of the SRH module online.	256	384
Maternal, Child, Infant and neonatal mortalities reduced	Improved surveillance for Vaccine-Preventable diseases (polio)	Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 4 per 100,000 amongst children < 15 years	New Indicator	New Indicator	New Indicator	30 districts	42 districts	33 districts	36 districts	39 districts	42 districts	45 districts	48 districts

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Maternal, Child, Infant and neonatal mortalities reduced	Praziquantel Mass Drug Administration (MDA) among school attending children (SAC) in Schistosomiasis endemic districts.	Number of Schistosomiasis endemic districts administering Praziquante for school attending children (SAC)	Not Applicable	Not Applicable	Not Applicable	Schistosomiasis Mass Drug Implementation Plan in place	5 Schistosomiasis endemic districts administering Praziquante for school attending children (SAC)	Schistosomiasis stakeholders engagement	Training of Trainers workshop	Pilot MDA in one endemic district	Roll out Praziquante MDA for school attending children (SAC) in 5 schistosomiasi endemic districts	Roll out Praziquante MDA for school attending children (SAC) in 10 schistosomisis endemic districts	Roll out Praziquante MDA for school attending children (SAC) in 20 Schistosomiaisisendemic districts
Morbidity and Mortality due to malaria reduced	Monitoring the implementation of the FOCI clearing programme to accelerate interruption of local malaria transmission in the targeted sub-districts.	Number of subdistricts implementing the FOCI clearing programme	Not Applicable	Not Applicable	Not Applicable	2 targeted subdistricts reporting zero local malaria cases	2 subdistricts implementing the Foci clearing programme	Quarterly review of the implementation of the foci clearing programme	Quarterly review of the implementation of the foci clearing programme	Quarterly review of the implementation of the foci clearing programme	2 Sub Districts implementing the FOCI Clearing programme	4 subdistricts implementing the Foci clearing programme	6 subdistricts implementing the Foci clearing programme
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for hypertension	Percentage of Clients 18+ screened for hypertension	Not Applicable	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	9 provinces progress reports on the implementation of provincial plans on the NSP for NCDS	9 provinces screen overall 60% of clients 18+ for hypertension	30% of clients 18+ screened for hypertension	40% of clients 18+ screened for hypertension	50% of clients 18+ screened for hypertension	60% of clients 18+ screened for hypertension	9 provinces screen overall 65 % of clients 18+ for hypertension	9 provinces screen overall 70% of clients 18+ for hypertension

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for diabetes	Percentage of Clients 18+ screened for diabetes	Not Applicable	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	9 provinces progress reports on the imple-mentation of provincial plans on the NSP for NCDS	9 provinces screen overall 60% of clients 18+ for diabetes	30% of clients 18+ screened for diabetes	40% of clients 18+ screened for diabetes	50% of clients 18+ screened for diabetes	60% of clients 18+ screened for diabetes	9 provinces screen overall 65 % of clients 18+ for diabetes	9 provinces screen overall 70% of clients 18+ for diabetes
Premature mortality due to NCDs reduced to 26% (10% reduction)	National NCD Campaigns conducted	Number of National NCD Campaigns conducted	New indicator	New indicator	New indicator	New indicator	4 National NCD Campaigns conducted	1 National Campaign to create awareness on the risk of tobacco and related product use	1 National Campaign to create awareness on the risk of physical inactivity	1 National Campaign to create awareness on prevention and manage-ment of diabetes	1 National Campaign to create awareness on the risk of overweight and obesity	4 National NCD Campaigns conducted	4 National NCD Campaigns conducted
Premature mortality due to NCDs reduced to 26% (10% reduction)	Restricting advertising of unhealthy food to children	Position paper on restricting advertising of unhealthy food targeted at Children	New indicator	New indicator	New indicator	New indicator	Position paper on restricting advertising of unhealthy food during children TV times and on other children's platform developed	Draft position paper on restricting advertising of unhealthy foods to children developed	Relevant govern-ment depart-ments consulted on the draft position paper and inputs collated	Non-govern-ment organi-sations consulted on the draft position paper and inputs collated	Final position paper on restricting advertising of unhealthy foods to children developed	Stakeholder consul-tations sessions on the position paper conducted	Draft Regulatory framework developed

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Premature mortality due to NCDs reduced to 26% (10% reduction)	New State patients admitted into designated psychiatric hospitals	Number of new State patients admitted into designated psychiatric hospitals	Not Applicable	75 new State patients admitted into designated psychiatric hospitals	290 state patients admitted into designated psychiatric hospitals	100 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	40 new State patients admitted into designated psychiatric hospitals	90 new State patients admitted into designated psychiatric hospitals	150 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals
Premature mortality due to NCDs reduced to 26% (10% reduction)	National Mental Health Policy Framework and Strategic Plan implemented by provinces	An implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents developed	New indicator	New indicator	New indicator	New indicator	A draft national implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescent developed	A preliminary report of the study to determine the public mental health system's capacity to cater for the needs of children and adolescents with psychosocial disabilities and mental disorders	A final report of the study to determine the public mental health system's capacity to cater for the needs of children and adolescents with psychosocial disabilities and mental disorders	A stakeholder's workshop to disseminate the finding of the study	A draft national implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents	A national implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents implemented by provinces	A national implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents implemented by provinces

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Quality and Safety of Care Improved	Hospitals obtain 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	Not Applicable	Not Applicable	100 hospitals obtain 75% nd above on the food service policy assessment tool	200 Hospitals (Additional 100 hospitals including 7 Tertiary Hospitals) obtain 75% and above on the food service policy assessment	296 hospitals (Additional 96) obtain 75% and above on the food service policy assessment tool	16 hospitals obtain 75% and above on the food service policy assessment tool	46 hospitals obtain 75% and above on the food service policy assessment tool	71 hospitals obtain 75% and above on the food service policy assessment tool	96 hospitals obtain 75% and above on the food service policy assessment tool	349 hospitals (additional 53) obtain 75% and above on the food service policy assessment tool	100 hospitals assessed in 2021/22 that obtain 75% and above on the food service policy assessment tool

Explanation of planned performance over the medium-term period

The number of facilities offering Self screening for HIV will be increased. Additionaly, 2100 PHC facilities are targeted in 23/24 to have youth zones intended at reducing HIV and AIDS and teenage pregnancy amongst the youth. The success rate for Drug-Susceptible (DS) – TB is targeted to increase gradually to 90% in line with strategies to end TB by 2035. To improve the clinical skills of health care practitioners on maternal and neonatal services, more clinicians will be enrolled in the Sexual and Reproductive Health training conducted online through the Knowledge Hub. The Department also wants to improve surveillance for Vaccine-Preventable diseases (polio) by performing surveyllance tests across 42 Districts.

The establishment of focussed targets on screening for hypertension and diabetes is contained in the newly launched National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022 - 2027 as a key initiative to identify persons with hypertension and diabetes but who are unaware of their condition. The intention of the Indicator is to demonstrate an increase in the number of persons who are identified through screening and linked to care which is the first component of the proposed new cascades approach toward managing hypertension and diabetes.

Programme 3: Budget Allocations

Table: Communicable and Non-communicable Diseases 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 (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Programme Management	5.5	3.1	2.9	7.9	13.0%	–	7.9	8.2	8.5	2.3%	–
HIV, AIDS and STIs	20 784.5	24 635.9	24 932.1	24 568.2	5.7%	89.4%	24 379.8	25 474.7	26 616.3	2.7%	97.0 %
Tuberculosis Management	23.4	14.2	16.7	27.6	5.6%	0.1%	28.6	28.4	29.7	2.5%	0.1 %
Women's Maternal and Reproducti	13.4	9.8	10.6	17.4	9.2%	–	17.6	19.6	20.5	5.6%	0.1 %
Health											
Child, Youth and School Health	23.8	18.0	22.6	28.3	5.9%	0.1%	28.0	29.9	31.3	3.4%	0.1 %
Communicable Diseases	51.2	718.8	7 778.5	2 151.3	247.7%	10.1%	60.5	63.1	55.5	-70.4%	2.2%
Non□communicable Diseases	35.4	31.9	28.7	83.9	33.3%	0.2%	86.6	89.1	95.2	4.3%	0.3%
Health Promotion and Nutrition	28.8	23.8	27.6	32.2	3.8%	0.1%	32.6	32.5	33.9	1.8%	0.1%
Total	**20 965.9**	**25 455.4**	**32 819.7**	**26 916.7**	**8.7%**	**100.0%**	**24 641.7**	**25 745.5**	**26 890.9**	**–**	**100.0%**
Change to 2022 Budget estimate				3.6			12.4	12.5	5.0		
Economic classification											
Current payments	**330.9**	**949.6**	**8 036.6**	**2 555.0**	**97.6%**	**11.2%**	**466.6**	**505.5**	**530.0**	**-40.8%**	**3.9%**
Compensation of employees	138.4	131.9	127.4	140.4	0.5%	0.5%	140.0	146.3	153.2	2.9%	0.6%
Goods and services	192.5	817.6	7 909.2	2 414.5	132.3%	10.7%	326.5	359.2	376.9	-46.2%	3.3%
of which:											
Consultants: Business and advisory services	*59.2*	*135.5*	*58.2*	*42.5*	*-10.5%*	*0.3%*	*36.6*	*38.0*	*41.5*	*-0.8%*	*0.2%*
Agency and support/outsourced services	*2.3*	*2.3*	*0.1*	*13.5*	*81.3%*	–	*1.4*	*22.4*	*23.4*	*20.1%*	*0.1%*
Inventory: Medical supplies	*34.7*	*39.9*	*38.0*	*106.9*	*45.5%*	*0.2%*	*115.5*	*118.0*	*123.2*	*4.9%*	*0.4%*
Inventory: Medicine	–	*462.8*	*7 588.6*	*2 120.5*	–	*9.6%*	*37.7*	*39.4*	*41.2*	*-73.1%*	*2.1%*
Travel and subsistence	–	*81.7*	*8.9*	*35.0*	–	*0.1%*	*38.3*	*39.8*	*41.4*	*5.8%*	*0.1%*
Operating payments	*5.0*	*62.8*	*157.7*	*53.1*	*120.0%*	*0.3%*	*54.5*	*57.2*	*59.8*	*4.0%*	*0.2%*
Transfers and subsidies	**20 634.6**	**24 495.5**	**24 781.3**	**24 342.9**	**5.7%**	**88.8%**	**24 153.6**	**25 238.4**	**26 359.2**	**2.7%**	**96.1%**
Provinces and municipalities	20 448.6	24 306.1	24 569.9	24 134.5	5.7%	88.0%	23 934.6	25 009.5	26 129.9	2.7%	95.2%
Departmental agencies and accounts	18.1	18.1	28.9	19.4	2.4%	0.1%	20.2	21.1	22.1	4.5%	0.1%
Non-profit institutions	167.3	170.6	181.4	189.0	4.2%	0.7%	189.8	198.3	207.2	3.1%	0.8%
Households	0.7	0.8	1.1	–	-100.0%	–	9.0	9.5	–	–	–
Payments for capital assets	**0.3**	**10.3**	**–**	**18.9**	**284.9%**	**–**	**21.5**	**1.5**	**1.6**	**-56.0%**	**–**
Machinery and equipment	0.3	10.3	–	18.9	284.9%	–	21.5	1.5	1.6	-56.0%	–
Payments for financial assets	–	–	**1.9**	–	–	–	–	–	–	–	–
Total	**20 965.9**	**25 455.4**	**32 819.7**	**26 916.7**	**8.7%**	**100.0%**	**24 641.7**	**25 745.5**	**26 890.9**	**–**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**41.3%**	**43.8%**	**50.4%**	**41.7%**	**–**	**–**	**41.0%**	**41.2%**	**41.1%**	**–**	**–**

Table: Communicable and Non-communicable Diseases expenditure trends and estimates by subprogramme and economic classification (continued)

Details of transfers and subsidies	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Households											
Social benefits											
Current											
Employee social benefits	**0.7**	**0.6**	**1.1**	–	**-100.0%**	–	–	–	–	–	–
Households	0.7	0.6	1.1	–	-100.0%	–	–	–	–	–	–
Other transfers to households	–										
Current											
Employee social benefits			–								
		0.2		–	–	–	**9.0**	**9.5**	–	–	–
	–	0.2	–	–	–	–	–	–	–	–	–
No-fault compensation scheme	–	–	–	–	–	–	9.0	9.5	–	–	–
Non-profit institutions											
Current											
Non-governmental organisations	**167.3**	**170.6**	**181.4**	**189.0**	**4.2%**	**0.7%**	**189.8**	**198.3**	**207.2**	**3.1%**	**0.8%**
LifeLine	24.6	27.2	28.0	28.9	5.5%	0.1%	29.0	30.3	31.6	3.1%	0.1%
Non-governmental organisations loveLife	68.4	59.5	62.0	64.3	-0.2%	0.2%	64.6	67.5	70.6	3.1%	0.3%
Non-governmental organisations Soul City	21.3	23.6	24.3	25.1	5.5%	0.1%	25.2	26.3	27.5	3.1%	0.1%
Non-governmental organisations HIV and AIDS	49.7	58.8	64.0	67.5	10.8%	0.2%	67.8	70.8	74.0	3.1%	0.3%
South African Renal Registry	0.4	0.4	0.4	0.5	5.6%	–	0.5	0.5	0.5	3.1%	–
South African Federation for Mental Health	0.4	0.5	0.5	0.5	5.5%	–	0.5	0.5	0.5	3.1%	–
South African National Council for the Blind	0.9	–	1.1	1.1	5.5%	–	1.1	1.1	1.2	3.1%	–
South African Medical Research Council	0.6	0.6	–	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	1.0	–	1.1	1.2	5.5%	–	1.2	1.2	1.3	3.1%	–
Departmental agencies and accounts Departmental agencies (non-business entities)											
Current	**18.1**	**18.1**	**28.9**	**19.4**	**2.4%**	**0.1%**	**20.2**	**21.1**	**22.1**	**4.5%**	**0.1%**
South African National AIDS Council	18.1	18.1	28.9	19.4	2.4%	0.1%	20.2	21.1	22.1	4.5%	0.1%
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current											
District health programmes grant: Comprehensive HIV and AIDS component	**20 448.6**	**24 306.1**	**24 569.9**	**24 134.5**	**5.7%**	**88.0%**	**23 934.6**	**25 009.5**	**26 129.9**	**2.7%**	**95.2%**
	–	–	–	24 134.5	–	22.7%	23 934.6	25 009.5	26 129.9	2.7%	95.2%
HIV, TB, malaria and community outreach grant: HIV and AIDS component	19 963.3	20 376.2	22 563.8	–	-100.0%	59.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: TB component	485.3	507.8	506.1	–	-100.0%	1.4%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: COVID-19 component	–	3 422.2	1 500.0	–	–	4.6%	–	–	–	–	–

Personnel Information

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

	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment										Average growth rate (%)	Average: Salary level/ Total (%)
			Actual			Revised estimate			Medium-term expenditure estimate					
	Number of funded posts	Number of posts additional to the establishment	2021/22			2022/23			2023/24			2024/25		2025/26			2022/23 - 2025/26	
Communicable and Noncommunicable Diseases			**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**		
Salary level	**217**	**–**	**189**	**127.4**	**0.7** 21	**197**	**140.9**	**0.7** 21	**200**	**140.0**	**0.7** 24	**196**	**146.3**	**0.7** 23	**200**	**153.2**	**0.8** 23	**0.5%**	**100.0%**
1 – 6	38	–	7.1		0.3	7.4	0.3		8.2	0.3		8.4	0.4		8.6	0.4		3.1%	11.6%
7 – 10	103	–	91	47.7	0.5	96	51.9	0.5	96	51.2	0.5	93	52.5	0.6	93	53.5	0.6	-1.0%	47.5%
11 – 12	49	–	55	48.9	0.9	55	51.1	0.9	55	50.8	0.9	55	53.9	1.0	58	57.8	1.0	1.8%	28.1%
13 – 16	27	–	22	23.7	1.1	26	30.5	1.2	25	29.8	1.2	25	31.6	1.3	26	33.3	1.3	0.9%	12.9%

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

Rand million.

Programme 4: Primary Health Care

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

There are three budget sub-programmes:

- District Health Services
- Environmental and Port Health Services
- Emergency Medical Services and Trauma

Programme Management supports and provides leadership for the development and implementation of legislation, policies, systems, norms and standards for a uniform district health system, and emergency, environmental and port health systems.

District Health Services promotes, coordinates and institutionalises the district health system, integrates programme implementation using the primary health care approach by improving the quality of care, and coordinates the traditional medicine programme. This subprogramme is responsible for managing the district health component of the district health programmes grant.

Environmental and Port Health Services coordinates the delivery of environmental health services, including the monitoring and delivery of municipal health services; and ensures compliance with international health regulations by coordinating port health services at all of South Africa's points of entry. This subprogramme provides oversight and support through policy development, support and implementation monitoring for district and metropolitan municipalities to deliver municipal health services.

Emergency Medical Services and Trauma is responsible for improving the governance, management and functioning of emergency medical services in South Africa by formulating policies, guidelines, norms and standards; strengthening the capacity and skills of emergency medical services personnel; identifying needs and service gaps; and providing oversight to emergency medical services in provinces.

Outcomes, outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	District Health System Policy framework and strategy for 2024-2029 developed	District Health System Policy framework and strategy for 2024-2029 developed	New Indicator	New Indicator	New Indicator	Evaluation Report on the review of the District Health System Policy framework for 2014-2019 available	District Health System Policy frame-work and strategy for 2024-2029 developed	1st Draft of the District Health System Policy frame-work and strategy for 2024-2029 developed	Stake-holder Consul-tation on the Draft District Health System Policy frame-work and strategy for 2024-2029	Stakeholder input incorpo-rated into the Draft District Health System Policy framework and strategy for 2024-2029	Final Draft of the District Health System Policy framework and strategy for 2024-2029 developed	District Health System Policy framework and strategy for 2024-2029 imple-mented and monitored	Imple-mentation of DHS District Health System Policy framework and strategy for 2024-2029 imple-mented and monitored
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	Revise District Health Manage-ment Office (DHMO) guidelines developed and approved	Revised District Health Manage-ment Office (DHMO) guidelines developed and approved	New Indicator	New Indicator	New Indicator	District Health Management Offices (DHMO) Guidelines tested in 18 Districts	Revised District Health Manage-ment Office (DHMO) guidelines developed and approved	1st Draft of the District Health Manage-ment Office (DHMO) guidelines developed	Stake-holder Consul-tation District Health Manage-ment Office (DHMO) guidelines	Final Draft of the District Health Manage-ment Office (DHMO) guidelines developed and submitted for approval	District Health Manage-ment Office (DHMO) guidelines published	DHMO Guidelines imple-mented and monitored	DHMO Guidelines imple-mented and monitored
Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care	Community Outreach Services to households -1st and follow-up visits conducted	Number of Community Outreach Services to households-1st and follow-up visits	New Indicator	New Indicator	New Indicator	20 446 655	20 500 000	5 125 000	5 125 000	5 125 000	5 125 000	20 500 000	20 500 000

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Community participation promoted to ensure health system responsive-ness and effective manage-ment of their health needs	PHC facilities with a Clinic Committee	Percentage of PHC facilities with a Clinic Committee	New Indicator	New Indicator	New Indicator	34%	50%	34%	40%	45%	50%	60%	70%
Environ-mental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Ports of entry services compliant with inter-national health regulations per year	Number of ports of entry compliant with inter-national health regulations	New Indicator	9 ports of entry self-assessed for compliance with inter-national health regulations	18 ports of entry compliant with inter-national health regulations based on self-assess-ments	25 ports of entry compliant with inter-national health regulations based on self-assess-ments	30 ports of entry compliant with inter-national health regulations	8 ports of entry compliant with inter-national health regulations	16 ports of entry compliant with inter-national health regulations	24 ports of entry compliant with inter-national health regulations	30 ports of entry compliant with inter-national health regulations	35 ports of entry compliant with inter-national health regulations	35 ports of entry compliant with inter-national health regulations

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Districts and metropolitan municipalities compliant with National Environmental Health Norms and Standards	Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	22 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	New Indicator	12 Metropolitan and District Municipalities (which performed below 65%) assessed for compliance to National Environmental Health Norms and Standards	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	4 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	10 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	18 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	52 Metropolitan and District Municipalities compliant with the National Enviro-nmental Health Norms and Standards based on Self Assessment/ Provincial Assessments.	52 Metropolitan and District Municipalities compliant with the National Environmental Health Norms and Standards based on Self Assessment/ Provincial Assessments.
Quality and Safety of Care Improved	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	New Indicator	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	3 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services

Explanation of planned performance over the medium-term period

Development of a District Health System Framework Strategy for 2022-2026 and the revision of the District Health Management Office guidelines will enable effective management at district level to improve district health services outcome. Community outreach services will expand by 20 000 000 million visit for 1st visit and follow up visit as part of integrated services for continuity of care. The community outreach services conducted by the Word Based Primary Health Care Outreach Teams (WBPHCOTs) are critical in the provision promotive and preventive services as part of primary health care as well as identifying patient who need to be reffred to clinics for further management. Community participation will be promoted through establishment of clinic committees in 50% of primary health care facilities.Compliance with international health regulations will be assessed in 24 ports of entries, Metropolitan and District Municipalities that had obtained less than 75% in 2021/2002 wil be reaasessed to ensure to improved quality of water, sanitation, waste management and food services .All 9 provinces will be assessed for compliance with Emergency Medical Services Regulation to improve quality and safety of care provided.

Programme 4: Budget Allocations

Table: 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 (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Programme Management	4.8	3.5	4.0	7.0	13.5%	0.1%	6.9	6.8	7.1	0.6%	0.2 %
District Health Services	1 764.3	2 905.7	2 819.1	4 909.9	40.7%	92.7%	2 951.1	3 082.9	3 221.0	-13.1%	97.1 %
Environmental and Port Health Services	187.3	290.6	226.4	228.4	6.8%	7.0%	40.8	43.0	8.6 44.7	-42.0%	2.4 %
Emergency Medical Services and Trauma	8.1	6.8	6.7	8.4	1.1%	0.2%		8.4	8.8	1.6%	0.2 %
Total	**1 964.5**	**3 206.7**	**3 056.2**	**5 153.6**	**37.9%**	**100.0%**	**3 007.4**	**3 141.1**	**3 281.5**	**-14.0%**	**100.0%**
Change to 2022 Budget estimate[1]				3.4			(158.5)	(167.4)	(175.2)		

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

Economic classification	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Current payments	**215.9**	**314.8**	**250.2**	**262.5**	**6.7%**	**7.8%**	**75.2**	**77.2**	**80.7**	**-32.5%**	**3.4%**
Compensation of employees	192.0	296.2	223.3	231.0	6.4%	7.0%	60.8	62.0	67.8	-33.5%	2.9%
Goods and services	23.8	18.6	27.0	31.5	9.7%	0.8%	14.4	15.2	12.8	-25.9%	0.5%
of which:											
Catering: Departmental activities	*0.4*	*0.0*	*0.0*	*0.5*	*8.2%*	*–*	*0.5*	*0.5*	*0.5*	*-3.0%*	*–*
Communication	*1.2*	*1.2*	*1.0*	*1.9*	*15.7%*	*–*	*0.6*	*0.7*	*0.3*	*-45.2%*	*–*
Fleet services (including government motor transport)	*10.6*	*10.9*	*19.4*	*13.7*	*8.7%*	*0.4%*	*4.9*	*5.4*	*2.1*	*-46.7%*	*0.2%*
Operating leases	*0.4*	*0.6*	*0.3*	*0.6*	*11.7%*	*–*	*0.6*	*0.6*	*0.7*	*3.4%*	*–*
Travel and subsistence	*0.0*	*2.8*	*1.5*	*9.1*	*787.9%*	*0.1%*	*5.2*	*5.2*	*6.4*	*-11.1%*	*0.2%*
Venues and facilities	*–*	*0.2*	*0.0*	*1.5*	*–*	*–*	*1.4*	*1.5*	*1.5*	*0.1%*	*–*
Transfers and subsidies	**1 748.1**	**2 891.7**	**2 805.7**	**4 888.6**	**40.9%**	**92.2%**	**2 931.3**	**3 062.9**	**3 200.1**	**-13.2%**	**96.6%**
Provinces and municipalities	1 747.6	2 891.7	2 804.7	4 888.6	40.9%	92.2%	2 931.3	3 062.9	3 200.1	-13.2%	96.6%
Households	0.4	0.0	1.1	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**0.6**	**0.2**	**0.2**	**2.5**	**65.2%**	**–**	**1.0**	**1.0**	**0.7**	**-34.0%**	**–**
Machinery and equipment	0.6	0.2	0.2	2.5	65.2%	–	1.0	1.0	0.7	-34.0%	–
Total	**1 964.5**	**3 206.7**	**3 056.2**	**5 153.6**	**37.9%**	**100.0%**	**3 007.4**	**3 141.1**	**3 281.5**	**-14.0%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**3.9%**	**5.5%**	**4.7%**	**8.0%**	**–**	**–**	**5.0%**	**5.0%**	**5.0%**	**–**	**–**
Details of transfers and subsidies											
Households											
Social benefits											
Current											
Employee social benefits	**0.4**	**0.0**	**1.1**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Provinces and municipalities	0.4	0.0	1.1	–	-100.0%	–	–	–	–	–	–
Provinces											
Provincial revenue funds											
Current											
Human papillomavirus vaccine grant	**1 747.6**	**2 891.7**	**2 804.7**	**4 888.6**	**40.9%**	**92.2%**	**2 931.3**	**3 062.9**	**3 200.1**	**-13.2%**	**96.6%**
	157.2	–	–	–	-100.0%	1.2%	–	–	–	–	–
District health programmes grant: District health component	–	–	–	4 888.6	–	36.5%	2 931.3	3 062.9	3 200.1	-13.2%	96.6%
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	–	218.8	220.3	–	–	3.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Malaria elimination component	90.4	116.2	104.2	–	-100.0%	2.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Community outreach services component	1 500.0	2 556.7	2 480.2	–	-100.0%	48.9%	–	–	–	–	–

1. The reduction compared to the 2022 Budget estimates is due to the function shift of port health services to the Border Man agement Authority.

Personnel Information

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

	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment												Average growth rate (%)	Average: Salary level/ Total (%)
		Number of posts additional to the establish-ment	Actual			Revised estimate			Medium-term expenditure estimate							
	Number of funded posts		2021/22			2022/23			2023/24			2024/25			2025/26			2022/23 - 2025/26	
Primary Health Care			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**412**	**–**	**395**	**223.3**	**0.6**	**395**	**232.5**	**0.6**	**100**	**60.8**		**98**	**62.0**	**0.6**	**101**	**67.8**		**-36.5%**	**100.0%**
1 – 6	123	–	118	37.1	0.3	118	37.9	0.3		**0.6** 39 11.2 0.3		39	11.9	0.3	39	**0.7** 12.2 0.3		-30.8%	34.0%
7 – 10	246	–	236	142.0	0.6	236	148.5	0.6	37	22.3	0.6	36	22.8	0.6	37	24.0	0.7	-46.2%	49.8%
11 – 12	27	–	26	25.1	1.0	26	26.2	1.0	11	10.5	1.0	11	11.1	1.0	11	11.3	1.1	-25.4%	8.3%
13 – 16	16	–	15	19.0	1.3	15	19.9	1.3	13	16.8	1.3	12	16.2	1.4	15	20.4	1.4	-1.5%	7.9%

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

Rand million.

Programme 5: Hospital Systems

Programme Purpose

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

There are two budget sub-programmes:

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

Programme Management supports and provides leadership for the development of national policy on hospital services, including the management of health facility infrastructure and hospital systems.

Health Facilities Infrastructure Management coordinates and funds health care infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care. This subprogramme is also responsible for the direct *health facility revitalisation grant* and the health facility revitalisation component of the *national health insurance indirect grant*.

Hospital Systems focuses on the modernised and reconfigured provision of tertiary hospital services, identifies tertiary and regional hospitals to serve as centres of excellence for disseminating best practices for 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						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Packages of services available to the population is expanded on the basis of cost-effectiveness and equity	Hospital Strategy concept document	Hospital Strategy concept document developed	Not Applicable	Not Applicable	Not Applicable	Regulations relating to designation / classification of Hospitals reviewed and published for comment	Hospital Strategy concept document is finalised for NHC approval	Draft concept document	Finalise concept document for internal consultation with provincial health departments	Hospital Strategy concept document ready for consultation	Hospital Strategy concept document is finalised and submitted to NHC for approval	Draft strategy document consulted, approved and process of revising regulations commenced and approved	Monitoring implementation of the hospital strategy.
Financing and Delivery of infrastructure projects improved	PHC facilities constructed or revitalised	Number of PHC facilities constructed or revitalised	Not Applicable	55 PHC facilities constructed or revitalised (according to UAMPs assessed)	52 PHC facilities constructed or revitalised	40 facilities constructed or revitalised (according to UAMPs assessed)	45 PHC facilities constructed or revitalised	0 PHC Facilities revitalised or constructed	3 PHC Facilities revitalised	10 (2 PHC facilities constructed and 8 PHC Facilities revitalised)	32 (PHC facilities constructed and 27 PHC Facilities Revitalised)	42 facilities constructed or revitalised	58 facilities constructed or revitalised
Financing and Delivery of infrastructure projects improved	Hospitals constructed or revitalised	Number of Hospitals constructed or revitalised	Not Applicable	25 Hospitals constructed or revitalised (according to IPMPs assessed)	21 Hospitals constructed or revitalised	21 Hospitals constructed or revitalised (according to IPMPs assessed)	30 Hospitals constructed or revitalised	0 Hospitals constructed or revitalised	2 Hospitals revitalised	5 Hospitals revitalised	23 (1 hospital constructed and 22 hospitals revitalised)	50 Hospitals constructed or revitalised	50 Hospitals constructed or revitalised)

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Financing and Delivery of infra-structure projects improved	Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Number of Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Not Applicable	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Main-tenance Plans assessed	121 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Main-tenance Plans assessed	120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/ or refurbished according to the Maintenance Plans assessed	300 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main-tained, repaired and/or refur-bished	20- public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	40 - public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main-tained, repaired and/or refur-bished	60- public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main-tained, repaired and/or refur-bished	180 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main-tained, repaired and/or refur-bished	400 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	600 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished

Explanation of planned performance over the medium-term period

A Hospital Strategy concept document will be developed to inform the review and amendment of hospital regulations. Financing and Delivery of infrastructure projects will be improved through revitalization and construction in 45 PHC facilities and 30 Hospitals and through the maintenance and refurbishments projects in 300 facilities including EMS stations. This will enhance the capacity and capability to deliver infrastructure for NHI and to accelerate the fulfilment of the requirements of occupational health and safety.

Programme 5: Budget Allocations

Table: Hospital Systems expenditure trends and estimates by subprogramme and economic classification

Subprogramme R million	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Programme Management	1.1	1.0	1.0	5.0	66.6%	–	5.0	6.4	6.6	9.9%	–
Health Facilities Infrastructure Management	7 219.0	7 167.1	7 295.6	8 320.6	4.8%	35.2%	8 542.5	8 914.8	9 431.1	4.3%	37.6 %
Hospital Systems	13 193.6	14 020.4	13 715.2	14 316.0	2.8%	64.8%	14 034.5	14 664.0	15 321.7	2.3%	62.3 %
Total	**20 413.7**	**21 188.5**	**21 011.8**	**22 641.6**	**3.5%**	**100.0%**	**22 582.0**	**23 585.2**	**24 759.4**	**3.0%**	**100.0%**
Change to 2022 Budget estimate				2.5			(369.6)	434.4	571.4		
Economic classification											
Current payments	**173.0**	**76.2**	**232.2**	**221.8**	**8.6%**	**0.8%**	**226.1**	**97.0**	**102.0**	**-22.8%**	**0.7%**
Compensation of employees	23.7	23.5	23.3	30.2	8.4%	0.1%	30.2	31.0	33.0	3.0%	0.1%
Goods and services	149.3	52.6	208.9	191.6	8.7%	0.7%	195.9	66.0	69.0	-28.9%	0.6%
of which: Minor assets	*2.1*	–	–	*6.1*	*43.4%*	–	*6.3*	*4.6*	*4.8*	*-8.0%*	–
Consultants: Business and advisory services	*87.2*	*48.9*	*206.2*	*118.6*	*10.8%*	*0.5%*	*120.8*	*25.5*	*22.5*	*-42.5%*	*0.3%*
Contractors	*0.1*	*0.1*	–	*2.5*	*248.0%*	–	*2.6*	*1.9*	*1.9*	*-8.0%*	–
Fleet services (including government motor transport)	*0.7*	*0.2*	*0.1*	*1.7*	*36.5%*	–	*1.9*	*1.5*	*1.6*	*-2.1%*	–
Consumable supplies	*53.7*	*1.8*	–	*47.1*	*-4.2%*	*0.1%*	*47.9*	*19.8*	*24.8*	*-19.3%*	*0.1%*
Travel and subsistence	*0.1*	*1.4*	*1.7*	*13.0*	*383.0%*	–	*13.7*	*10.5*	*11.0*	*-5.3%*	*0.1%*
Transfers and subsidies	**19 532.0**	**20 328.4**	**20 143.2**	**21 085.6**	**2.6%**	**95.1%**	**21 143.8**	**22 014.9**	**23 001.2**	**2.9%**	**93.2%**
Provinces and municipalities	19 531.8	20 328.4	20 143.0	21 085.6	2.6%	95.1%	21 143.8	22 014.9	23 001.2	2.9%	93.2%
Households	0.1	–	0.2	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**708.8**	**783.9**	**636.4**	**1 334.2**	**23.5%**	**4.1%**	**1 212.1**	**1 473.3**	**1 656.2**	**7.5%**	**6.1%**
Buildings and other fixed structures	592.0	740.1	591.3	1 083.5	22.3%	3.5%	1 194.7	1 406.8	1 571.3	13.2%	5.6%
Machinery and equipment	116.7	43.8	45.1	250.7	29.0%	0.5%	17.4	66.5	84.9	-30.3%	0.4%
Total	**20 413.7**	**21 188.5**	**21 011.8**	**22 641.6**	**3.5%**	**100.0%**	**22 582.0**	**23 585.2**	**24 759.4**	**3.0%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**40.2%**	**36.5%**	**32.3%**	**35.1%**	**–**	**–**	**37.6%**	**37.8%**	**37.9%**	**–**	**–**

Table: Hospital Systems expenditure trends and estimates by subprogramme and economic classification (continued)

Details of transfers and subsidies R million	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Households											
Social benefits											
Current											
Employee social benefits	**0.1**	**–**	**0.2**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Provinces and municipalities	0.1	–	0.2	–	-100.0%	–	–	–	–	–	–
Provinces											
Provincial revenue funds											
Current											
National tertiary services grant											
Capital											
Health facility revitalisation grant			**13 707.8**								
	13 185.5	**14 013.2**		**14 306.1**	**2.8%**	**64.8%**	**14 023.9**	**14 653.8**	**15 310.2**	**2.3%**	**62.3%**
	13 185.5	14 013.2	13 707.8	14 306.1	2.8%	64.8%	14 023.9	14 653.8	15 310.2	2.3%	62.3%
	6 346.3	**6 315.3**	**6 435.2**	**6 779.5**	**2.2%**	**30.4%**	**7 119.9**	**7 361.2**	**7 691.0**	**4.3%**	**30.9%**
	6 346.3	6 315.3	6 435.2	6 779.5	2.2%	30.4%	7 119.9	7 361.2	7 691.0	4.3%	30.9%

Personnel Information

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

Hospital Systems	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment										Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate					
			2021/22			2022/23			2023/24			2024/25		2025/26			2022/23 - 2025/26	
			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level 1 – 6	**42**	**–**	**8**	**3.3**	**0.3**	**8**	**2.1**	**0.3**	**6**	**2.0**	**0.3**	**6**	**2.1**	**0.4**	**8**	**3.3**	**0.4**	–	16.7%
7 – 10	12	–	8	4.5	0.6	11	6.4	0.6	11	6.3	0.6	11	6.7	0.6	12	7.5	0.6	2.9%	31.3%
11 – 12	12	–	8	8.2	1.0	11	11.3	1.0	11	11.3	1.0	10	10.8	1.1	11	11.9	1.1	–	29.9%
13 – 16	10	–	7	8.9	1.3	8	10.7	1.3	8	10.7	1.3	8	11.3	1.4	8	11.5	1.4	–	22.2%

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

Programme 6: Health System Governance and Human Resources

Programme Purpose

Develop policies and systems for the planning, managing and training of health sector human resources, and for planning, monitoring, evaluation and research in the sector. Provide oversight to all public entities in the sector and statutory health professional councils in South Africa and promote good corporate governance practices over health entities and statutory councils by ensuring compliance to applicable legislative prescripts.

Programme Management supports and provides leadership for health workforce programmes, key governance functions such as planning and monitoring, public entity oversight, and forensic chemistry laboratories.

Policy and Planning provides advisory and strategic technical assistance on policy and planning, coordinates the planning system of the health sector, and supports policy analysis and implementation.

Public Entities Management and Laboratories supports the executive authority's oversight function and provides guidance to health entities and statutory councils that fall within the mandate of health legislation with regards to planning and budget procedures, performance and financial reporting, remuneration, governance and accountability.

Nursing Services develops and monitors the implementation of a policy framework for the development of required nursing skills and capacity to deliver effective nursing services.

Health Information, Monitoring and Evaluation develops and maintains an integrated national health information system, commissions and coordinates research, and monitors and evaluates departmental performance and strategic health programmes.

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

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

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

Outcomes, outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Quality and Safety of Care Improved	Improved corporate goverance practices through establish-ment of effective goverance structures for requlation of health practitioners and service delivery	Number of Boards/ Council appointment recom-mendations made prior expiry of the term of office	New Indicator	New Indicator	New Indicator	Two(2)Boards appointment recom-mendations made prior expiry of the term of office (SAMRC and OHSC)	Three (3) Boards/ Council appointed for the new term of office (SAPC, SANC and CMS	Call for nominations published in the National newspapers and in the Gazette for the SAPC and SANC	Call for nominations published in the National newspapers and in the Gazette for the CMS; Appointment of SAPC and SANC for the new term of office	CMS appointed for the new term of office	Not Applicable	(2) CMS and SADTC Board/ Council appointed for the new term of office	Not Applicable
Quality and Safety of Care Improved	Entities governance and performance monitored for compliance with applicable legislation, policies and guidelines	Statutory Health Professional Councils and Public Entities governance report produced	New Indicator	New Indicator	New Indicator	Bi-annual governance report produced	Bi-annual governance report produced	Not Applicable	Statutory Health Proffessional Council and Public Entities governance report produced	Not Applicable	Statutory Health Professional Council and Public Entities governance report produced	Bi- annual governance report produced	Bi- annual governance report produced
Quality and Safety of Care Improved	Nursing colleges supported to develop curricula for prioritized nurse/ midwife specialist training	Number of nursing colleges supported to develop curricula for nurse/ midwife specialist training	New Indicator	New Indicator	New Indicator	9 Nursing colleges supported to develop training plans for nurse/ midwife specialist	9 public Nursing Colleges supported to develop curricula for prioritized Nurse and Midwife Specialist training pro-grammes	To support 3 public Nursing Colleges in curriculum develop-ment for prioritized Nurse and Midwife Specialist training pro-grammes	To support 3 public Nursing Colleges in curriculum development for prioritized Nurse and Midwife Specialist training programmes	To support 3 public Nursing Colleges in curriculum develop-ment for prioritized Nurse and Midwife Specialist training pro-grammes	Develop a report for 9 public Nursing Colleges on curriculum develop-ment for prioritized nurse and midwife specialist training pro-grammes	Monitor and evaluate the curricula and training plan imple-mentation for prioritized nurse and midwife specialist training	Monitor and evaluate the training of nurse and midwife specialist

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Quality and Safety of Care Improved	PHC Facilities and Hospitals imple-menting the National Health Quality Improve-ment Programme	Number of health facilities imple-menting the National Health Quality Improve-ment Programme	Not Applicable	16 Quality Learning Centres identified to cover 80 hospitals and 64 PHC facilities	90 PHC Facilities, 102 Hospitals & 25 EMS imple-menting the National Quality Improve-ment Programme	100 PHC Facilities and 80 Hospitals imple-menting the National Health Quality Improve-ment Programme	200 PHC Facilities and 160 Hospitals imple-menting the National Health Quality Improve-ment Programme	50 PHC Facilities and 40 Hospitals imple-menting the National Health Quality Improve-ment Programme	100 PHC Facilities and 80 Hospitals imple-menting the National Health Quality Improve-ment Programme	150 PHC Facilities and 120 Hospitals imple-menting the National Health Quality Improve-ment Programme	200 PHC Facilities and 160 Hospitals imple-menting the National Health Quality Improve-ment Programme	300 PHC Facilities and 240 Hospitals imple-menting the National Health Quality Improve-ment Programme	400 PHC Facilities and 300 Hospitals imple-menting the National Health Quality Improve-ment Programme
Quality and Safety of Care Improved	PHC facilities that qualify as Ideal Clinics	Number of primary health care facilities that qualify as ideal clinics	2000 PHC facilities qualify as ideal clinics	1 444 PHC facilities in the districts qualify as Ideal Clinics	1928 PHC facilities qualify as Ideal Clinics	2200 PHC facilities that qualify as Ideal Clinics	2600 PHC facilities that qualify as Ideal Clinics	Baseline status deter-mination com-mencing for 3400 PHC facilities	Baseline status deter-mination completed for 3400 PHC facilities	Develop scale-up plan and conduct cross district peer reviews of Ideal clinic status	Peer review updated with 2600 PHC facilities that Qualify as Ideal Clinic	2800 PHC facilities that qualify as Ideal Clinics	2800 PHC facilities that qualify as Ideal Clinics
Quality and Safety of Care Improved	Food labelling legislation revised	Draft Food labelling regulations published	New Indicator	New Indicator	New Indicator	New Indicator	Review comments on Food Labelling Regulations	Review of written comments of draft regulations	Meetings with key stakeholders on comments	Prepare revisions to regulations for submission to Legal services	Legal services to review amend-ments on regulations	Gazette the final food labelling regulations	Implement food labelling regulations

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2023/24	Quarterly Targets				2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23		Q1	Q2	Q3	Q4		
Staff equitably distributed and have right skills and attitudes	Community Service Policy reviewed	Community Service Policy reviewed with recommen-dations	New Indicator	New Indicator	New Indicator	Amended Terms of Reference of the Community Service Policy review finalized	Reco-mmen-dations of the Reviewed Community service Policy finalised	Con-sultation with Provincial Human Resources for Health divisions on proposed reco-mmen-dations by NDOH	Broad consultation of key stakeholders on proposed policy changes	Alignment of the Professionals Regulator with the approved and adopted reviewed Policy outcomes	Reco-mmen-dations of the Reviewed Community service Policy finalised for NHC approval	Approval of the amended policy, imple-mentation	Monitoring of policy impact on health service provision and health professions
Staff equitably distributed and have right skills and attitudes	Roll-out the Human Resource Information System solution in Health Districts	Number of Health Districts Imple-menting the Human Resource Information solution (HRIS)	Not Applicable	Not Applicable	HR Information System operational and 41% of the Human Resource Information System transition / institution-alisation framework activities achieved	Utilization and functionality of HRIS for HRH planning extended	Roll-out the Human Resource information solution (HRIS) in 30 Health Districts	Develop-ment of change manage-ment plan for the imple-mentation of the HRIS by Health Districts	Roll-out the HRIS solution in 10 Health Districts	Roll-out the HRIS solution in 10 Health Districts	Roll-out the HRIS solution in 10 Health Districts	HRIS transitioned to the NDoH HRH unit	Imple-mentation and maintenance of the HRIS Solution

Explanation of planned performance over the medium-term period

To ensure effective governance of public entities and councils, recommendations of appointment of new board members will be made prior to expiry of term of office. In 2023/2024, 1 board and 2 council appointments namely, South African Pharmacy Council, South African Nursing Council and National Health Laboratory Services will be finalised. Compliance with applicable legislation by health professional councils and public entities will be monitored and 2 bi-annual reports will be produced to this effect. Additional 100 PHC and 80 hospitals will implement the national quality improvement plan by developing quality improvement plans to enable compliance with standards upon the assessment of the Office of Health Standards, for certification in preparation for the NHI. By March 2024, 2600 PHC facilities will qualify as ideal, meeting the standards for quality and safety. A consultation exercise will be undertaken in the review of the community servive policy to inform the revision of the policy. The implementation of the HRH plan 2020/2021 – 2024/2025 will be phased in gradually to enable the roll out of Human Resources Information System (HRIS) in 30 health districts through training personnel on the use of the HRIS solution.

Programme 6: Budget Allocations

Table: 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 (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Programme Management	5.9	5.3	5.4	8.2	12.0%	0.1%	8.1	8.5	8.8	2.1%	0.1 %
Policy and Planning	6.1	5.4	5.8	7.1	5.4%	0.1%	7.3	7.9	8.3	5.0%	0.1 %
Public Entities Management	1 986.7	2 234.2	1 982.3	1 954.6	-0.5%	30.8%	0.1%	1 936.7	2 025.7	2 120.0	2.7%	26.4 %
and Laboratories	8.3	7.4	8.6	10.3	7.5%			10.1	10.3	10.7	1.4%	%
Nursing Services												0.1
Health Information, Monitoring and Evaluation	59.5	49.0	37.8	71.9	6.5%	0.8%		72.5	73.2	76.5	2.1%	1.0%
Human Resources for Health	3 885.5	4 360.0	4 320.7	5 471.3	12.1%	68.1%		5 502.0	5 388.8	5 630.2	1.0%	72.3%
Total	**5 951.9**	**6 661.3**	**6 360.5**	**7 523.5**	**8.1%**	**100.0%**		**7 536.8**	**7 514.4**	**7 854.4**	**1.4%**	**100.0%**
Change to 2022 Budget estimate				4.2				13.7	14.1	18.2		
Economic classification												
Current payments	**293.0**	**318.5**	**250.6**	**200.9**	**-11.8%**	**4.0%**		**203.3**	**208.3**	**218.5**	**2.8%**	**2.7%**
Compensation of employees	184.5	187.7	185.5	108.3	-16.3%	2.5%		108.6	111.9	117.9	2.9%	1.5%
Goods and services	108.5	130.8	65.2	92.6	-5.2%	1.5%		94.7	96.3	100.6	2.8%	1.3%
of which:												
Audit costs: External	*4.2*	*2.8*	*2.6*	*2.5*	*-15.8%*	*–*		*2.8*	*3.0*	*3.1*	*6.8%*	*–*
Consultants: Business and advisory services	*42.4*	*50.2*	*24.0*	*46.9*	*3.4%*	*0.6%*		*48.2*	*50.3*	*52.6*	*3.9%*	*0.7%*
Contractors	*27.8*	*10.5*	*11.2*	*13.3*	*-21.8%*	*0.2%*		*9.1*	*7.1*	*7.4*	*-17.7%*	*0.1%*
Fleet services (including government motor transport)	*3.3*	*0.9*	*1.7*	*3.0*	*-2.8%*	*–*		*3.4*	*3.5*	*3.7*	*6.4%*	*–*
Travel and subsistence	*–*	*5.1*	*6.9*	*10.5*	*–*	*0.1%*		*11.6*	*12.1*	*12.6*	*6.2%*	*0.2%*
Operating payments	*1.2*	*2.3*	*2.5*	*2.8*	*33.9%*	*–*		*3.0*	*3.2*	*3.3*	*5.9%*	*–*
Transfers and subsidies	**5 656.0**	**6 324.5**	**6 109.6**	**7 317.5**	**9.0%**	**95.9%**		**7 325.4**	**7 297.6**	**7 627.0**	**1.4%**	**97.2%**
Provinces and municipalities	3 846.1	4 309.3	4 297.7	5 449.1	12.3%	67.6%		5 479.0	5 366.5	5 606.9	1.0%	72.0%
Departmental agencies and accounts	1 809.6	2 015.0	1 810.7	1 868.4	1.1%	28.3%		1 846.4	1 931.0	2 020.0	2.6%	25.2%
Households	0.3	0.2	1.2	–	-100.0%	–		–	–	–	–	–
Payments for capital assets	**2.9**	**18.3**	**0.3**	**5.1**	**21.6%**	**0.1%**		**8.1**	**8.5**	**8.9**	**20.1%**	**0.1%**
Machinery and equipment	2.9	18.3	0.3	5.1	21.6%	0.1%		8.1	8.5	8.9	20.1%	0.1%
Total	**5 951.9**	**6 661.3**	**6 360.5**	**7 523.5**	**8.1%**	**100.0%**		**7 536.8**	**7 514.4**	**7 854.4**	**1.4%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**11.7%**	**11.5%**	**9.8%**	**11.7%**	**–**	**–**		**12.5%**	**12.0%**	**12.0%**	**–**	**–**

Table: Health System Governance and Human Resources expenditure trends and estimates by subprogramme and economic classification (continued)

Details of transfers and subsidies	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2019/20	2020/21	2021/22	2022/23	2019/20 - 2022/23		2023/24	2024/25	2025/26	2022/23 - 2025/26	
Households											
Social benefits											
Current	**0.3**	**0.2**	**1.2**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.3	0.2	1.2	–	-100.0%	–	–	–	–	–	–
Departmental agencies and account Departmental agencies (non-business entities) [5]											
Current	**1 805.5**	**2 011.0**	**1 809.2**	**1 866.9**	**1.1%**	**28.3%**	**1 844.7**	**1 929.2**	**2 018.1**	**2.6%**	**25.2%**
South African Medical Research Council	688.3	854.6	855.2	780.6	4.3%	12.0%	797.6	833.5	870.8	3.7%	10.8%
National Health Laboratory Service	791.5	855.6	643.5	772.5	-0.8%	11.6%	725.3	757.9	791.8	0.8%	10.0%
Office of Health Standards Compliance	136.5	137.6	158.0	157.5	4.9%	2.2%	162.7	171.6	181.7	4.9%	2.2%
Council for Medical Schemes	6.0	6.5	6.2	6.3	1.6%	0.1%	6.5	6.8	7.1	4.4%	0.1%
South African Health Products Regulatory Authority	183.3	156.6	146.3	150.0	-6.5%	2.4%	152.6	159.4	166.6	3.6%	2.1%
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	**3 846.1**		**4 297.7**	**5 449.1**	**12.3%**	**67.6%**	**5 479.0**			**1.0%**	**72.0%**
Human resources capacitation grant		**4 309.3**						**5 366.5**	**5 606.9**		
Human resources and training grant Health professionals training and development grant	905.7	–	–	–	-100.0%	3.4%	–	–	–	–	–
Departmental agencies and account	–	4 309.3	4 297.7	5 449.1	–	53.0%	5 479.0	5 366.5	5 606.9	1.0%	72.0%
Social security funds	2 940.4	–	–	–	-100.0%	11.1%	–	–	–	–	–
Current											
Mines and Works Compensation Fund [5]											
	4.1	**4.1**	**1.4**	**1.5**	**-27.5%**	**–**	**1.7**	**1.8**	**1.9**	**7.0%**	**–**
	4.1	4.1	1.4	1.5	-27.5%	–	1.7	1.8	1.9	7.0%	–

Personnel Information

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

	Number of posts estimated for 31 March 2023		Number and cost[2] of personnel posts filled/planned for on funded establishment												Average growth rate (%)	Average: Salary level/ Total (%)
			Actual			Revised estimate			Medium-term expenditure estimate							
	Number of funded posts	Number of posts additional to the establishment	2021/22			2022/23			2023/24			2024/25			2025/26			2022/23 - 2025/26	
Health System Governance and Human Resources			**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**	**Number**	**Cost**	**Unit cost**		
Salary level	**204**	**–**	**309**	**185.5**	**0.6**	**165**	**108.3**	**0.7**	**169**	**108.6**	**0.6**	**167**	**111.9**	**0.7**	**171**	**117.9**	**0.7**	**1.1%**	**100.0%**
1 – 6	96	–	142	45.2	0.3	74	23.6	0.3	71	24.3	0.3	74	25.8	0.3	76	27.1	0.4	2.6%	44.0%
7 – 10	65	–	101	57.0	0.6	51	27.5	0.5	51	27.2	0.5	50	28.4	0.6	50	29.0	0.6	-0.7%	30.2%
11 – 12	22	–	34	37.5	1.1	22	25.2	1.1	22	25.1	1.1	22	26.6	1.2	22	27.0	1.2	–	13.3%
13 – 16	21	–	32	45.8	1.4	21	32.0	1.5	21	32.1	1.5	20	31.1	1.6	22	34.8	1.6	1.4%	12.6%

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

9. Key Risks

Outcomes	Risks	Mitigation
Outcome 8: Financial management strengthened in the health sector	Inadequate Financial Management (which may lead to Irregular, fruitless/wasteful and unauthorised expenditure and negative Audit Outcomes) Fraud and Corruption Ineffective Supply Chain Management processes which may have negative effect on service delivery due to procurement delays	Implementation of approved financial policies and procedures, including Supply Chain Management Protocols (Service Standards) Provide support to programmes for financial management capacity Staff training on application and implementation of financial guidelines Implement consequence management on transgressions with financial guidelines Delegations and accountability framework implemented Monitoring of action plans to address audit findings NDoH Fraud Prevention policy and Strategy Established Ethics Committee Conduct Fraud and Corruption awareness campaigns Staff training on Supply Chain Management (SCM) processes Approved Procurement policy and Delegation of duties in place Approved Standard Operating Procedures circulated to all branches.
Outcome 9: Management of Medico-legal cases in the health system strengthened	Escalating Medico-Legal Fraudulent claims	Pilot case management system to inform the uniform national policy practice Collaborate wth Special Investigative Unit (SIU) to investigate alleged fraudulent claims
Outcome 6: An equitable budgeting system progressively implemented, and fragmentation reduced	Lack of adequate funding (in order to meet health delivery service needs)	Continue to engage with National Treasury and other relevant Stakeholders e.g. Donor Funders for additional funds.
Outcome 10: Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Delays in finalisation and implementation of the National Health Insurance	Popularise and induce positive public discourse on NHI Build capacity in the NHI Branch for the implementation of the NHI

Outcomes	Risks	Mitigation
Outcome 1: Maternal, Child, Infant and neonatal mortalities reduced	Shortages of Human Resources in Critical positions Shortage of skills in maternal health	Identify key training areas Skills training in basic maternal services
Outcome 2: HIV incidence among youth reduced	Low uptake of preventative measures amongst the youth	Expand number of facilities with Youth Zones
Outcome 3: 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Inadequate Health Prevention and Promotion Resurgence of Covid-19 pandemic which may reverse the gains	Implement the monitoring framework for Conditional Grant Continue to implement Covid-19 guidelines
Outcome 4: Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Resurgence of Covid-19 pandemic which may reverse the gains	Implement the monitoring framework for Conditional Grant
Outcome 5: Premature mortality from non-communicable diseases reduced by 10%	Inadequate Health Prevention and Promotion	Establish effective preventative programmes
Outcome 12: Quality and safety of care improved	Shortages of Human Resources in Critical positions	Expansion of Primary Health Care system by strengthening the community Health Workers Programme
Outcome 13: Staff equitably distributed and have right skills and attitudes	Shortages of Human Resources in Critical positions	Development of a comprehensive strategy and plan to address human resource requirements, including filling critical vacant posts Expansion of Primary Health Care system by strengthening the community Health Workers Programme Training of Community Health Workers (CHWs) for outreach programmes Support Curricula development in Nusing Colleges
Outcome 14: Community participation promoted to ensure health system responsiveness and effective management of their health needs	Lack of community participation Inadequate Health Prevention and Promotion	Health promotion improved Community engagement activities

Outcomes	Risks	Mitigation
Outcome 17: Adaptive learning and decision making is improved through use of strategic information and evidence	Resurgence of Covid-19 pandemic which may severely affect service delivery across value chain	Continue to implement Covid-19 guidelines Develop and implement Business Continuity Plans
Outcome 7: Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Inadequate Health Care Infrastructure (new or revitalisation of Old Hospitals and Clinics) Poor spending on conditional grants	Ensure effective Implementation of the 10 year National Health Infrastructure Plan to improve health facility planning in order to ensure construction of appropriate health facilities on a need and sustainable basis.
Outcome 15: Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Inadequate Health Prevention and Promotion Poor compliance by Metropolitican and District Municipalitis	Re-assessment of Metropolitan and District municipaties socing less than 75% Health Promotion improved
Outcome 18: Information systems are responsive to local needs to enhance data use and improve quality of care	Inadequate Information, Communication, Technology (ICT) Infrastructure	Adequate ICT infrastructure made available to public health facilities, through the implementation of Digital Health Strategy 2019-2024 Development of a streamlined, integrated information system for decision-making, as required by the Digital Health strategy 2019-2024
Outcome 16: Financing and Delivery of infrastructure projects improved	Limited delivery of planned Healthcare Infrastructure due to non-performance of implementing agents/service providers/ contractors. Health Facility Revitalization	Improve monitoring and oversight on the compliance/implementation of IDMS and relevant infrastructure legislation, regulation and policies; Utilise the Project Management Information System to monitor the projects. Strengthen enterprise contract management in order to effectively deal with non-performance of implementing agents/service providers/contractors;

10. Public Entities: Outputs and Indicators

Name of Public Entity	Mandate	Outputs and Targets for 2023/24
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. Over the MTEF period, the council will continue to ensure the efficient and effective regulation of the medical scheme industry and support the department in its efforts towards the achievement of universal health coverage through national health insurance. The council aims to work towards this through measures such as developing the guidance framework for low-cost benefit options and Finalising the proposals for the Medical Schemes Amendment Bill, which incorporates relevant aspects of the national health insurance reforms and recommendations from the health market inquiry.	• 80% of interim rule amendments processed within 14 working days of receipt of all information per year • 90% of annual rule amendments processed before 31 December of each year • 80% of broker and broker organisation applications accredited within 39 working days per quarter on receipt of complete information per year • 70% of governance interventions implemented per year • 17 research projects and support projects published in support of the national health policy per year • 80% of category 2 complaints adjudicate within 120 calendar days and in accordance with complaints standard operating procedures per year
National Health Laboratory Service	The National Health Laboratory Service was established in terms of the National Health Laboratory Service Act (2000). The service operates 233 laboratories in South Africa and provides pathology services for most of its population; plays a significant role in the diagnosis and monitoring of HIV and TB, which are among the leading causes of death in the country; and is responsible for the surveillance of communicable diseases. The National Institute for Communicable Diseases, housed in the surveillance of communicable diseases programme, will continue to play a pivotal role in government's response to the COVID-19 pandemic in addition to providing surveillance and advice on other communicable diseases such as listeriosis and Ebola.	• 100% of outbreaks responded to per year within 24 hours after notification • 90% of occupational and environmental health laboratory tests conducted within the predefined turnaround time per year • 95% of CD4 tests performed within 40 hours • 94% of HIV viral load tests performed within 96 hours • 95% of cervical smear test per year performed within 5 weeks • 53 of national central laboratories that are accredited by the South African National Accreditation System • 94% of laboratories per year achieving proficiency testing scheme performance standards of 80% • 680 articles published n peer-reviewed journals per year

Name of Public Entity	Mandate	Outputs and Targets for 2023/24
South African Medical Research Council	The South African Medical Research Council (SAMRC) was established in terms of the South African Medical Research Council Act (1991). The SAMRC is mandated to promote the improvement of health and quality of life through research, development and technology transfers. Research and innovation are primarily conducted through funded research units located within the council (intramural units) and in higher education institutions (extramural units)	• 700 accepted and published journal articles, book chapters and books by authors affiliated with and funded by the SAMRC • 180 accepted and published journal articles by SAMRC grant-holders with acknowledgement of the SAMRC • 300 accepted and published journal articles where the first and/or last author is affiliated to the SAMRC • 160 research grants awarded by the SAMRC • 30 ongoing innovation and technology projects funded by the SAMRC aimed at developing, testing and/or implementing new or improved health solutions per year • 150 awards (scholarships, fellowships and grants) by the SAMRC for MSc, PhD, Postdocs and Early Career Scientists per year • 110 awards by the SAMRC to female MSc, PhD, Postdocs and Early Career Scientists per year • 110 awards by the SAMRC to Black South African citizens and permanent resident MSc, PhD, Postdocs and Early Career Scientists classified as African per year • 80 awards by the SAMRC to MSc, PhD, Postdocs and Early Career Scientists from historically disadvantaged institutions (HDIs) per year • 85 MSc and PhD students graduated or completed per year
Office of Health Standards Compliance	The Office of Health Standards Compliance was established in terms of the National Health Amendment Act (2013) to promote the safety of users of health services by ensuring that all health facilities in the country comply with prescribed norms and standards. This is achieved mainly by inspecting health facilities for compliance, conducting investigations into user complaints, and initiating enforcement actions in instances of noncompliance by facilities. Accordingly, over the medium term, the office plans to increase the percentage of	• 18.4% of public health establishments inspected for compliance with the norms and standards • 19% of private health establishments inspected for compliance with the norms and standards • 2 reports of inspections conducted with the names and location of the health establishments every six months published

Name of Public Entity	Mandate	Outputs and Targets for 2023/24
	public sector health establishments inspected for compliance with norms and standards from 10.1 per cent in 2020/21 to 22 per cent in 2024/25, and the percentage of private sector facilities inspected from zero to 20 per cent over the same period.	• 85% of low-risk complaints resolved within twenty-five working days of lodgement in the call centre • 70% of user complaints resolved through assessment within 30 working days of receipt of a response from the complainant and/or the health establishment
South African Health Products Regulatory Authority (SAHPRA)	The South African Health Products Regulatory Authority derives its mandate from the National Health Act (2003) and the Medicines and Related Substances Act (1965). The authority's key focus over the medium term will be on registering medicines and medical devices to support public health needs; licensing medicine and medical device manufacturers and importers; authorising, monitoring and evaluating clinical trials; and managing the safety, quality, efficacy and performance of health products throughout their life cycles. It will also prioritise clearing its backlog of product registration applications it inherited from the Medicines Control Council, which was responsible for this function prior to the authority's establishment.	• 80% New Chemical Entities finalised within 400 working days • 70% new GMP and GWP related licences finalised within 125 working days • 80% permits finalised within 20 working days • 80% human clinical trial applications finalised within 80 working days • 70% reports on health product safety signals issued within 40 working days • 70% medical device establishment licence applications finalised within 90 working days
Compensation Commissioner for Occupational Diseases in Mines and Works	The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational Diseases in Mines and Works Act (1973). The act gives the commissioner the mandate to collect levies from controlled mines and works; compensate workers, former workers and the dependants of deceased workers in controlled mines and works who have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.	• 2021/22 Annual Reports and Annual Financial Statements of the Mines and Works Compensation Fund submitted to the Auditor General per year • 8100 of benefit payments made by the Commissioner per year • 14100 of certifications finalised on the minework compensation system per year • 9035 of the number of claims finalised by the CCOD (other than pensioners) • 77 of the number of controlled mines and works inspected

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 ma aged 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 2023/2024) (000's)
Balfour 24 Hour CHC	Building of 24 Hour CHC with staff accommodation	2015/02/01	2023/06/30	357 650	352 862	14 602
Bambisana Hospital Smart Revitalisation - PH1	The Upgrading of the Bambisana District Hospital Contract [building and related works] will be constructed in three sections, due to fact that the existing hospital shall remain fully functional and operational during the construction.	2013/05/02	2028/03/24	620 916	97 263	150 000
Borwa PHC - Replacement	Borwa CHC - Replacement The Free State Department of Health has identified the replacement of Borwa CHC in Mantsopa Sub-District within Thabo Mofutsanyana District as a priority.	2015/04/07	2026/09/18	61 536	3 660	25 057
Chebeng CHC - Clinic Replacement	Construction of new CHC. Construction of staff accommodation.	2015/04/07	2025/01/17	234 379	13 712	-
Christiana CHC Rebuild	Christiana CHC Rebuild after fire.	2022/08/24	2023/03/31	40 000	-	5 000
Christiana Hospital - Emergency Works	This work package is focused on addressing emergency and backlog building works required at Christiana Hospital.	2019/03/12	2023/09/15	231 485	76 839	-
Clocolan Clinic - Replacement	Clocolan Clinic - Replacement The Free State Department of Health has identified the replacement of Clocolan Clinic in Setsoto Sub-District within Thabo Mofutsanyana district as a priority.	2015/04/07	2025/12/03	65 735	12 718	32 789
Dihlabeng Hospital - (Ph2)	The smart revitalization of the Dihlabeng Regional Hospital incorporates a myriad of interventions to ensure compliance with IUSS standards as adopted by the NDOH as well as local authority legislative compliance. The revitalization of the Dihlabeng Regional Hospital Phase 2 will be constructed in multiple sections while the existing Hospital shall always remain functional.	2015/01/01	2028/02/16	869 728	72 598	82 008

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 2023/2024) (000's)
Elim Hospital Replacement	The existing hospital is located in the Limpopo province and within the Vhembe District Municipality. The site is about 18km to the South East of Makhado and about 60km South West of Thohoyandou. The site currently consists a total 123 buildings including hospital buildings, administration offices, heritage buildings and the residential houses. It is approximately 362 120 m2 in size. The hospital has 538 registered beds, however, only 330 beds were reported to be utilised. The proposed Elim Hospital Replacement project will have 416 beds on a green field development (within the same site as the existing hospital) that will be independent from the existing hospital infrastructure, the replacement hospital will include accommodation for selected categories of staff as per the LDoH Housing Policy that is being refined.	2015/07/01	2028/12/30	2 750 000	67 427	90 000
Ethandakukhanya 24 hour CHC replacement	Replacement of the existing Clinic with a new Community Health Centre	2015/02/01	2023/10/31	196 456	144 661	5 000
Gelukspan Hospital Refurbishment - Boiler Programme	Gelukspan Hospital Refurbishment (new building within the hospital)	2019/04/01	2024/02/29	45 970	42 963	2 817
Hayani Hospital - Forensic Observation Unit	Upgrades And Additions	2018/11/14	2026/03/31	308 421	4 583	5 000
IK-MAI-01 NATIONAL PROJECT MANAGEMENT	NDOH National Backlog Maintenance Project Management	2014/01/17	2024/03/29	115 046	81 804	5 000

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 2023/2024) (000's)
IK-MAI-KZN-4.FA (HOSPITALS)	Maintenance And Refurbishment Related Work At Hospitals In Kzn	2015/12/03	2023/03/31	94 791	95 544	8 000
IK-MAI-KZN-4.G (EDENDALE HOSPITAL)	Priority Maintenance Project At Edendale Hospital	2015/11/23	2022/09/30	124 860	89 859	-
IK-MAI-LP-5.GA (HOSPITALS)	Maintenance & Refurbishment Related Work at Hospitals in Limpopo Province	2015/09/14	2023/05/24	212 150	83 292	6 000
IK-MAI-WC-9.D (CLINICS, CHC'S & HOSPITALS)	Maintenance and Refurbishment related work at Clinics, CHC's & Hospitals in the Western Cape	2016/07/26	2022/09/30	102 452	50 838	16 000
Klerksdorp Hospital Refurbishment - Boiler Programme	Klerksdorp Hospital Refurbishment	2019/04/01	2024/02/29	28 409	22 263	4 382
Klerksdorp/Tshepong Hospital: Emergency Work - Phase 1	This work package is focused on addressing emergency and backlog building works required at Klerksdorp/Tshepong Hopsital Complex such as mechanical civil and structural issues.	2019/03/12	2023/07/31	277 371	275 363	-
Klerksdorp/Tshepong Hospital: Revitilisation Work	The Revitalization work is focused on Building works required at the Klerksdorp/Tshepong Hospital complex required for long term service ability of the facilities	2019/03/12	2025/03/31	4 827	-	6 218
Limpopo Central Hospital	Limpopo Central Hospital is a new 488 bed tertiary hospital in Polokwane. All services associated with a tertiary hospital provided including academic training in support of medical school. All Infrastructure will be provided	2012/11/30	2029/04/30	4 135 809	408 294	721 848
Lusaka CHC - Replacement	Lusaka CHC - The Free State Department of Health has identified the construction of a new CHC in Maluti A Phofung Sub-District within Thabo Mofutsanyane district as a priority. It was therefore nominated to be constructed by the National Department of Health through their In Kind Grant Clinic Replacement Programme.	2015/01/16	2027/07/14	244 038	27 522	72 367

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 2023/2024) (000's)
Mafikeng Hospital Refurbishment (Boilers)	Mafikeng Hospital Refurbishment of boilers	2019/04/01	2024/02/29	62 364	55 667	4 709
Magwedzha Clinic Maternal Obstetric Unit	Magwedzha Clinic Maternal Obstetric Unit	2023/01/31	2025/05/30	TBA	-	1 000
Mahlamvu Clinic	New Mahlamvu Clinic	2022/04/01	2025/02/28	40 000	-	14 058
Makonde Clinic Maternal obstetric units	Makonde Clinic Maternal obstetric units	2023/03/31	2023/03/31	TBA	-	1 000
Makonde Clinic Replacement	As guided by the client's brief, the scope of work for the project covered the construction of: 1. a new clinic with six (6) consulting rooms, three (3) counselling rooms, and three (3) vitals rooms, and 3. a new staff accommodation block for 80% of the clinical nurse practitioners.	2013/12/02	2023/05/22	66 049	58 380	-
Msukaligwa 24 hour CHC replacement	Replacement of the existing Clinic with a new Community Health Centre.	2015/02/02	2024/09/20	182 855	35 924	47 929
NDOH Project Office - Admin Project	Resources have been appointed for National Department of Health to assist with Projects.	2018/08/20	2026/03/31	170 477	111 823	38 340
Nic Bodenstein - Priority 2 Hospitals Assessments (Boilers)	NW Boiler Refurb - 2x Coal Fired Boilers	2020/04/01	2024/09/30	27 568	24 474	2 168
PMIS Implementation	Used to record the PMIS implementation from Start of 2014/2015 until 2023/24	2014/04/01	2024/03/01	27 770	15 883	1 564
Replacement of Tsolo Clinic	Replacement of Tsolo Clinic on the same site.	2023/04/01	2024/03/31	TBA	-	11 502
Schweiser Reneke Hospital Refurbishment - Boiler Programme	Schweiser Reneke Hospital Boiler replacement	2019/04/01	2024/02/29	42 371	35 875	3 154

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 2023/2024) (000's)
Siloam Hospital - Phase 2 - New 224 Bed Hospital	Construction of New 224 Bed Hospital and Associated Services	2012/04/02	2027/05/31	1 613 605	272 827	130 000
Soshanguve New Hospital	This project is focusing on development of new 300 bed district hospital, Gateway Clinic and Staff Housing in Soshanguve.	2014/04/01	2031/12/12	1 488 141	13 601	-
Ten Year Infrastructure Plan (2022)	The project is to update the 10 Year Health Infrastructure Plan (10YIP) and provide a integrated health infrastructure planning tool.	2021/02/01	2024/12/05	46 609	20 168	7 398
Thengwe Clinic Replacement	As guided by the client's brief, the scope of work for the project covered the construction of: 1. a new clinic with six (6) consulting rooms, three (3) counselling rooms, and three (3) vitals rooms, 2. a new maternity ward with two (2) pre-natal beds, a delivery room and two (2) ant-natal beds, and 3. a new staff accommodation block for 80% of the clinical nurse practitioners.	2013/12/02	2023/04/28	68 182	60 893	2 000
Tshepong Hospital Refurbishment - Boiler Programme	Tshepong Hospital Refurbishment	2019/04/01	2024/02/29	35 978	31 007	4 198
Tshilidzini Hospital Replacement	Through the Hospital Revitalization Programme, the Departments of Health (DoH) prioritised the replacement/refurbishment of Tshilidzini Regional Hospital. The site is in Makumbane Village in the Shayandima area in Thohoyandou, north of the R524 in the Limpopo Province. The local authority is Thulamela and it's within the Vhembe District Municipality. The site slopes towards the northeast and forms part of the Luvuvhu River Catchment area.	2015/09/23	2029/10/04	3 155 814	81 213	120 000
Repairs to Witbank Hospital	Emergency Repair work at Witbank Hospital	2022-12-15	TBA	TBA	0	TBA
Zeerust Hospital Refurbishment: Alternative Technology - Boiler Programme	Zeerust Hospital Refurbishment: Alternative Technology installations.	2019/04/01	2024/09/30	7 898	7 333	-
Zithulele Hospital Smart Revitalization	Zithulele Hospital Smart Revitalization Revitalization of existing district hospital service. Demolition of existing services, addition of new infrastructure and the renovation and refurbishment of existing hospital campus.	2015/10/02	2028/03/11	1 067 651	156 626	119 180

PART D
TECHNICAL INDICATOR

Programme 1: Administration

Programme 1: Administration												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Audit outcome of National DoH	Unqualified Audit opinion achieved for the period under review	Auditor General's Report confirming audit outcome for the period under review	Not Applicable	Not Applicable	Annual Report	Not Applicable	Not Applicable	Not Applicable	Non-cumulative	Annual	Unqualified audit opinion	Chief Financial Officer
Number of valid invoices paid after 30 days of receiving valid invoices from suppliers	Legislated requirement to pay invoices within 30 days from the date valid invoices received in the Department	LOGIS Payment report which includes invoice received date and payment date	Total number of invoices that are not paid within 30 days of receiving valid invoice	Not Applicable	Date on which invoices are received verses the payment date.	All valid invoices received are dated or stamped on date of receipts	Not Applicable	Not Applicable	Non-cumulative	Quarterly	All Invoices are paid within 30 days from the date of receipt of invoices	Chief Financial Officer
Draft Bill to manage medico-legal claims in South Africa developed	The draft Bill to streamline the management of medico-legal claims in South Africa is developed and finalised	Developed Draft Bill	Not Applicable	Not Applicable	Draft Bill finalised in preparation for Cabinet process	SALRC will provide the NDOH with the Final discussion paper timeously	Not Applicable	Not Applicable	Non-cumulative	Quarterly	Draft Bill to manage medico-legal claims in South Africa is finalised	Chief Director: Legal Services

Programme 1: Administration												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of provinces participating in the case management system pilot	Case management system is piloted in at least 4 participating provinces to streamline case management (excluding provinces that are not utilising the case management system)	System generated report from the medico-legal case management system reflecting management of new medico legal claims	Not Applicable	Not Applicable	System generated reports from participating	Provinces will continue to utilise the system	Not Applicable	Participating Provinces	Non-cumulative	Quarterly	At least 5 Provinces participate in the case management system pilot	Chief Director: Legal Services
Number of Health promotion messages broadcasted on social media to supplement other channels of communication	Health promotion messages broad-casted on Social Media to supplement other channels of communication	Print outs / screenshots/ links from the Departmental Social media accounts	Total number of health promotion messages placed/ broadcasted on social media	No Denominator	Print outs/ screenshots/ links from the Departmental Social media accounts	Accuracy of reporting	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	100 health promotion messages placed on NDOH ocial media	Chief Director: Communications

Programme 1: Administration												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of Un-announced visits to health facilities by NDOH/ Minister/ Deputy Minister/ DG/DDGs	Un-announced visit to health facilites by the NDOH/ Minister/ Deputy Minister/ DG/DDGs to observe service delivery	Photos, media statements and newsletter articles	Total of un-announced visits done by NDOH Minister/ Deputy Minister/ DG/DDGs to observe service delivery	No Denominator	Photos, media statements and newsletter articles	Availability of Officials to conduct visits	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	8 un-announced visits done by NDOHNDOH/Minister/ Deputy Minister/ DG/DDGs to observe service delivery	Chief Director: Communications
Number of Health Imbizos with communities	Health Imbizos by the NDOH/ Minister/ Deputy Minister to engage communities in relation to health service delivery	Photos, media statements and newsletter articles	Total of health imbizos with communities conducted	No Denominator	Photos, media statements and newsletter articles	Accuracy of reporting	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	2 health imbizos with communities conducted	Chief Director: Communications
Percentage of Women, employed at SMS level according to the equity targets	Appointment of women at SMS levels to ensure achievement of targets set for WYPD by NDOH	Staff Establishment report from persal	Total number of Women employed at SMS level in NDoH	All SMS Employees in NDOH	Persal	All employees are recorded on Persal	Women	Not-Applicable	Non-cumulative	Annual	50% of Women employed at SMS level in NDOH	Chief Director Human Resource Management and Development

Programme 1: Administration												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Percentage of Youth employed according to the equity targets	Appointment of Youth to ensure achievement of targets set for WYPD by NDOH	Staff Establishment report from persal	Total number of Youth employed in NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Youth	Not-Applicable	Non-cumulative	Annual	30% Youth employed in NDOH	Chief Director Human Resource Management and Development
Percentage of People with disabilities employed according to the equity targets	Appointment of People with disabilities to ensure achievement of targets set for WYPD by NDOH	Staff Establishment report from persal	Total number of people with disabilities employed in NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Disability	Not-Applicable	Non-cumulative	Annual	7% of People with disabilities employed in NDOH	Chief Director Human Resource Management and Development

Programme 2: National Health Insurance

Programme 2: National Health Insurance												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Model for CUPs developed and documented, and model concepts tested in identified CUPs	Contracting Unit for PHC as defined in NHI Bill is a sub-district demarcated for PHC service delivery. The model is to integrate public and private providers and to implement a basic befits package, a first phase accreditation process, the digital support and a (shadow) capitation payment model to providers.	I-CUP Steering Committee Minutes and resource documents; Documented Model.	Concept tested in 9 CUPS	Not Applicable	Documented Model; Visits to I-CUP sites in the provinces	Provincial and private sector cooperation	Target is total population in a demarcated CUP. Capitation formula will be risk adjusted.	The capitation formula is designed to systematically redistribute resources through strategic purchasing (will take many years)	Non-cumulative	Annually	Model for PHC contracting developed and documented, identified concepts (from the model) tested in 9 CUPs	DDG: National Health Insurance and DDG: Corporate Services

Programme 2: National Health Insurance												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) programme	Registered patients on CCMDD, that have an active script for whom the medicine parcel is delivered to a pick up point of the patients choosing	Contracted service providers weekly and monthly report	Number of parcels delivered to pick up points	Not Applicable	Proof of delivery from the service provider	All deliveries are signed off	All stable patients in public sector, includes 5-19 year old, 19-100yrs	The programme is rolled out to all Districts (except WC)	Cumulative (year-end)	Quarterly	5 million Parcels delivered to (Pick up points) PUPs	DDG: National Health Insurance and DDG: Corporate Services

Programme 3: Communicable and non-communicable diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (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 facilities offering HIV self screening	Number of facilities offering HIV self-screening	Provincial report indicating HIV Self-screening	Number of facilities offerning HIVSS	Not Applicable	Reports from provinces	Adequate stock supply of Self testing kits/ Availability of resources	Not Applicable	Province	cumulative (year-to-date)	Quarterly	340	Chief Director: HIV and AIDS & STIs
Number of PHC facilities with youth zones	Number of PHC facilities with designated area for youth to offer health services	Reports from PHC facilities confirming the activation of youth 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	2100 PHC facilities with youth zones	Chief Director: HIV and AIDS & STIs
Drug-susceptible (DS) - TB Treatment Success Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who successfully completed treatment as a proportion of all DS-TB clients who started treatment during the same reporting period (treatment cohort)	DHIS 2	Count of All DS-TB clients who successfully completed treatment	Count of All DS-TB clients who started treatment during the same reporting period (Treatment cohort)	Facility TIER. Net reports	None	Not Applicable	All treating health facilities	cumulative (year-end)	Quarterly	90%	Chief Director: TB Control and Management

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
RR/MDF-TB clients treatment success rate	Drug resistant (RR/MDR-TB) clients who started drug-resistant tuberculosis (DR-TBtreatment as a proportion of all RR/MDR-TB clients who started treatment during the same reporting period	EDRWeb	Count of all RR/MDR-TB clients who successfully completed treatment	Count of all RR/MDR-TB clients who started treatment during the same reporting period	EDRWeb	None	Not Applicable	All DR-TB treating health facilities	non-cumulative	Quarterly	78%	Chief Director: TB Control and Management
Number of people started TB treatment	Count of all people who had a diagnosis of DS-TB and DR-TB who were started on treatment	DHIS 2	Number of people started on TB treatment	List of districts performing HPV screening for cervical cancer	Facility level TIER.Net and EDR. Web reports	None	Not Applicable	All treating health facilities	cumulative (year-to-date)	Quarterly	223654	Chief Director: TB Control and Management
Number of Districts introduced HPV screening for cervical cancer	HPV screening included as the cervical cancer screening method in addition or substitute to cytology screening	NHLS report confirming requests for HPV screening	List of districts performing HPV screening for cervical cancer	List of districts performing HPV screening for cervical cancer	Laboratory summary report	NHLS has the capacity to perform HPV screening	Not Applicable	All Provinces	cumulative (year-to-date)	Quarterly	4	Chief Director: Women, maternal and reproductive health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of clinicians trained and certified competent in any of the 14 SRH modules	Sexual and Reproductive Health (SRH) module training is any of the 14 modules of the SRH training curriculum using the knowledge hub content. It includes facilitated or online session. A certificate will be issued confirming competence.	Training report from facilitators/ mentors	Training certificates issued	Not applicable	Training report	IT support for knowledge hub will be consistent to facilitate the online sessions	Not Applicable	All Provinces	cumulative (year-to-date)	Quarterly	128 clinicians trained and certified competent in any of the 14 SRH modules	Chief Director: Women Maternal and Reproductive health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 4 per 100,000 amongst children < 15 years	The non-polio Acute Flaccid Paralysis (NPAFP) rate is an indication of the number of cases of a condition similar to polio that are detected in children under 15 years of age. An adequate NPAFP rate indicates that the polio surveillance system is performaing adequately, and that any cases of polio would be detected timeously.	Quarterly report based on reports from provinces and NICD (submitted weekly)	No. of districts with an AFP detection rate ≥ 4 per 100 000 children under 15 years	No Denominator	Quarterly report	None	Not Applicable	All Districts	cumulative (year-to-date)	Quarterly	42 districts	Chief Director: Child, Youth and School Health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of Schistosomiasis endemic districts administering Praziquante for school attending children (SAC)	The administration of schistosomiasis preventative chemotherapy for school attending children (SAC) in endemic districts according to the schistosomiasis MDA implementation plan.	Integrated School Health Programme (ISHP) Report	Number of Schistosomiasis endemic districts administering Praziquante for school attending children (SAC)	Not applicable	Schistosomiasis MDA Report	The Praziquante MDA plan will be implemented successfully	Children	Schistosomiasis endemic districts	non-cumulative	Quarterly	5 Schistosomiasis endemic districts administering Praziquante for school attending children (SAC)	Chief Director: Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of subdistricts implementing the FOCI clearing programme	Enhanced malaria investigation at a locality situated in a current or former malarious area containing the continuous or intermittent epidemiological factors necessary for malaria transmission	MIS (Malaria Information System)- Web based DHIS2	Number of subdistricts implementing the FOCI clearing programme *Implementation of the FOCI clearing programme is based on following various steps (Case investigation, contact tracing, entomological investigation, follow up of index case)*	Not applicable	Provincial review reports	Provincial implementation of the FOCI clearing program within targetted sub-districts as per the NSP 2019-23	endemic Sub-district	endemic Sub-district	non-cumulative	Quarterly	2 subdistricts implementing the Foci clearing programme	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Percentage of Clients 18+ screened for hypertension	Client 18+, not diagnosed with hypertension, screened for hypertension. As per the NCD guidelines, clients gets only counted as screened if they have not been diagnosed previousy with the condition.	DHIS	Number of clients 18+ screened for hypertension *(previously not diagnosed)*	Population 18 years and older *(excluding those that has already being diagnosed)*	DHIS	Screening within Provinces are dependent on the resources they have available	Adults	All Districts	cumulative (year-to-date)	Quarterly	9 provinces screen overall 60% of clients 18+ for hypertension	Chief Director: Non-Communicable Diseases
Percentage of Clients 18+ screened for diabetes	Client 18+, not diagnosed with diabetes screened for diabetes. As per the NCD guidelines, clients gets only counted as screened if they have not been diagnosed previousy with the condition.	DHIS	Number of clients 18+ screened for diabetes *(previously not diagnosed)*	Population 18 years and older *(excluding those that has already being diagnosed)*	DHIS	Screening within Provinces are dependent on the resources they have available	Adults	All Districts	cumulative (year-to-date)	Quarterly	9 provinces screen overall 60% of clients 18+ for diabetes	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of National NCD Campaigns conducted	Campaigns held to create awareness on the risk factors and management of selected NCDs	Campaign plans of selected NCDs and Campaign reports	Number of National NCD Campaigns conducted	Not applicable	Campaign plans of selected NCDs and Campaign reports	Approval for the selected Campaigns	Not Applicable	Selected Provinces	cumulative (year-end)	Quarterly	4 National NCD Campaigns conducted	Chief Director: Non-Communicable Diseases
Position paper on restricting advertising of unhealthy food targeted at Children	Advertising of unhealthy food to children are extensive and primarily concern products with high content of fat, sugar or salt. The position paper will guide mandatory interventions that must be made to ensure that South African children are protected against the negative impact of unhealthy dietary choices influenced by marketing.	Position paper on restricting advertising of unhealthy food to children	Not applicable	Not applicable	Final position paper on restricting advertising of unhealthy food to children ready for discussion with other stakeholders	Participation and buy-in from key government departments will be attained	Children	Not applicable	non-cumulative	Quarterly	Position paper on restricting advertising of unhealthy food during children TV times and on other children's platform developed	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of new State patients admitted into designated psychiatric hospitals	Designated psychiatric hospitals for State patients are the psychiatric hospitals designated for State patients in terms of Section 41 of the Mental Health Care Act, 2002. There are 14 in total in the country currently and they are public hospitals.	Reports from designated psychiatric hospitals	Number of New State patients admitted into designated phsychiatirc hospitals (FY 23/24) *A new patient is defined when the Court has declared the accused as a new state patient who needs to be addmitted to a phsychiatric hospital*	Not applicable	Copies of reports from designated psychiatric hospitals	Space will become available in specialised psychiatric hospitals to admit new State patients as existing patients get discharged or reclassified and placed.	Not Applicable	Not Applicable	cumulative (year-to-date)	Quarterly	200 new State patients admitted into designated psychiatric hospitals	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
An implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents developed	A national implementation plan will guide provinces on the implementation of the Natioanal Mental Health Policy Framenwork and Strategic Plan in respect of child and adolescent services strengthening aspect. Child and adolescent mental health services should be rendered at all the levels of the health system in line with each level's package of services.	Q1 - Preliminary Report on Study Q2- Final Report on Study Q3 - Attendance Register of Workshop Q4 - A Draft National Implementation Plan	Not Applicable	Not applicable	See Source of Data	Completion of Study	Childen and Adolescens	Not Applicable	non-cumulative	Quarterly	A draft national implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescent developed	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of hospitals compliant with the food service policy	According to the food service management policy, the hospital food service unit should provide food that is safe, nutritious, of good quality and culturally acceptable to meet nutritional requirements of patients. The assessment tool has been developed and it is used to measure if these standards are adhered to.	Assessment reports that measure compliance with food service policy	Number of hospitals compliant with the food service policy	Not applicable	Assessment reposts that measure compliance with food service policy	Hospitals implementing the food service policy	Not Applicable	All Districts	cumulative (year-to-date)	Quarterly	296 hospitals (Additional 96) obtain 75% and above on the food service policy assessment tool	Chief Director: Health Promotion and Nutrition

Programme 4: Primary Health Care

Programme 4: Primary Health Care												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
District Health System Policy framework and strategy for 2024-2029 developed	The District Health System Policy framework and strategy for 2024-2029 is developed	District Health System Policy framework and strategy for 2024-2029	Not Applicable	Not Applicable	District Health System Policy Framework and Strategy for 2024 - 2029 available	Stakeholder consultation completed and stakeholder inputs received timeously	Not Applicable	All Districts	Non-cumulative	Quarterly	District Health System Policy framework and strategy for 2024-2029 developed	Chief Director: District Health Services
Revised District Health Management Office (DHMO) guidelines developed and approved	The District Health Management Office (DHMO) guidelines are revised and approved	Revised District Health Management Office (DHMO) guidelines	Not Applicable	Not Applicable	Approved Revised District Health Management Office (DHMO) guidelines are available	Stakeholder consultations is completed and there are no delays in the approval of the revised guidelines	Not Applicable	All Districts	Non-cumulative	Quarterly	Revised District Health Management Office (DHMO) guidelines developed and approved	Chief Director: District Health Services
Number of Community Outreach Services household 1st and follow-up visits	Community outreach services are conducted by the Word Based Primary Health Care Outreach Teams (WBPHCOTs) to provide promotive and preventive services to households	DHIS	Total number of Community Outreach Services household 1st and follow-up visits	Not Applicable	DHIS	Accurate records by provided by PHC Facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	20 500 000 Community Outreach Serives household visits conducted	Chief Director: District Health Services

Programme 4: Primary Health Care												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Percentage of PHC facilities with a Clinic Committee	Proportion of PHC facilities with a Clinic Committee	Reports from the Ideal Clinic System	Total Number of PHC facilities with a Clinic Committee	Total Number of PHC Facilities	Reports from the Ideal Clinic System	Accurate records provided by PHC Facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	50% of PHC facilities with a Clinic Committee	Chief Director: District Health Services
Number of ports of entry compliant with international health regulations	Ports of entry assessed for compliance with international health regulations using core capacty assessment tools	Core capacity assessment tools reflecting the outcome of the assessment for each port of entry	Number of ports of entry compliant with international health regulations	Not Applicable	Core Capacity assessment tools	Not Applicable	Not Applicable	Not Applicable	Cumulative (year-to-date)	Quarterly	30 ports of entry compliant with international health regulations	Chief Director: Environmental and Port Health Services
Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Metropolitan and District Municipalities which performed below 75% during 2021/22 financial year are re-assessed for compliance to National Environmental Health Norms and Standards	Assessment reports of Metropolitan and District Municipalities	Total number of metropolitan and district municipalities assessed	Not Applicable	Assessment Reports	All assessments would be carried without hinderances or disruptions	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Chief Director: Environmental and Port Health Services

Programme 4: Primary Health Care												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Provinces are assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Assessment reports	Total Number of Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Not Applicable	Not Applicable	Assessment tools sensitive to the standards required by the regulations	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Director: EMS

Programme 5: Hospital Systems

Programme 5: Hospital Systems												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Hospital Strategy concept document developed	Hospital strategy concept document developed to inform the revision of the hospital regulations	Final hospital strategy concept document	Not Applicable	Not Applicable	Final hospital strategy concept document	Policy implementation guidelines being made available - reviewed or new	Not Applicable	All Provinces	Non-cumulative	Quarterly	Hospital Strategy concept document is finalised and submitted to NHC for approval	Chief Director: Hospital Services
Number of PHC facilities constructed or revitalised	Constructed refers to concluding of construction work (practical completion achieved) associated with New and Replaced infrastructure for PHC facilities. Revitalised involves involves concluding of activities (reached practical completion) of work aimed at improving the capacity and effectiveness of an asset above that of the initial design purpose of PHC facilities.	Practical Project completion certificates	Total number of PHC facilities constructed or revitalised	Not Applicable	Practical Project completion certificates	Accurate record keeping for number of PHC facilities constructed or reviatlised	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	45 facilities constructed or revitalised	Chief Director: Health Facilities and Infrastructure Planning

Programme 5: Hospital Systems												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of Hospitals constructed or revitalised	Constructed refers to concluding of construction work (practical completion achieved) associated with New and Replaced infrastructure of hospitals. Revitalised involves involves concluding of activities (reached practical completion) of work aimed at improving the capacity and effectiveness of an asset above that of the initial design purpose of hospitals.	Practical Project completion certificates	Total numebr of Hospitals constructed or revitalised	Not Applicable	Practical Project completion certificates	Accurate record keeping for number of Hospitals constructed or revitalised	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	30 Hospitals constructed or revitalised	Chief Director: Health Facilities and Infrastructure Planning

Programme 5: Hospital Systems												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	These are activities related to the performance of routine, preventative, predictive, scheduled, and unscheduled actions aimed at preventing the facility failure or decline with the goal of maintaining its efficiency, reliability, and safety in the delivery of the service	Practical Project completion certificates	Tota l number of all public health facilities maintained, repaired and/or refurbished	Not Applicable	Practical Project completion certificates	Accurate record keeping for number facilities maintained, repaired and/or refurbished, according to Maintenance Plans	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	300 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

Programme 6: Health System Governance and Human Resources for Health												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of Boards/ Council appointment recommendations made prior expiry of the term of office	Statutory Health Professional Council and Public Entities governance structures established for effective corporate governance of the institutions	Appointment letters and submission to the Minister	Number of boards/ councils appointed	Not Applicable	Submission to the Minister to recommend appointment of new board/ council members	Suitable nominations received for appointment	Not Applicable	Not Applicable	Non-cumulative	Quarterly	Three (3) Boards/ Council appointed for the new term of office (SAPC, SANC and CMS	Directorate: Public Entities
Statutory Health Professional Councils and Public Entities governance report produced	Governance and performance monitoring system implemented to strengthen oversight, compliance and corporate governance practices	Compliance and performance reports submitted by Statutory Health Professional Councils and Public Entities	Not Applicable	Not Applicable	A consolidated Report produced from information submitted by health entities and statutory health professional councils.	Inputs received from Statutory Health Professional Councils and Entities	Not Applicable	Not Applicable	non-cumulative	Bi-Annually	Bi-annual governance report produced	Directorate: Public Entities
Number of nursing colleges supported to develop curricula for nurse/ midwife specialist training	The Nursing colleges will be supported by facilitating the development of the curricula for nurse/midwife specialist training	Provincial reports. Attendance records Draft curricula	Total number of Nursing Colleges supported to develop curricula for nurse/ midwife specialist training	Not Appilcable	Provincial reports. Attendance records Draft curricula	That all nursing colleges have prioritized their nurse/ midwife specialist training programmes	Not Applicable	All Provinces	Non-cumulative	Quarterly	9 public Nursing Colleges supported to develop curricula for prioritized Nurse and Midwife Specialist training programmes	Chief Nursing Officer

Programme 6: Health System Governance and Human Resources for Health												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Number of health facilities implementing the National Health Quality Improvement Programme	Health facilities in the Quality Learning Centers implement NHQIP i.e., conducting self-assessment using ideal health facility tools	List of health facilities in the Quality Learning Centre with a self-assessment	Number of facilities in the QLC with self-assessment reports.	Not Applicable	Quality improvement Plans	Not applicable	Not Applicable	Provinces	Cumulative (year to date)	Quarterly	200 PHC Facilities and 160 Hospitals implementing the National Health Quality Improvement Programme	Director: Quality Assurance
Number of primary health care facilities that qualify as ideal clinics	Primary health care facilities that qualify as ideal clinics based on the status determination	Reports from Ideal Clinic System	Total number of PHC facilities that qualify as ideal clinic	Not Applicable	Reports from Ideal Clinic System	Not Applicable	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	2600 PHC facilities that qualify as Ideal Clinics	Chief Director: District Health Services
Draft Food labelling regulations published	Regulations relating to the labelling of food to be gazetted	Revised regulations submitted to legal services following review of comments	Not Applicable	Not Appilcable	Submission to legal services of the revised regulations	Stakeholders will not request extensions and the translated regulations will also be published with a short period of time	Not Applicable	All Provinces	Non-cumulative	Quarterly	Review comments on Food Labelling Regulations	Directorate: Food Control

Programme 6: Health System Governance and Human Resources for Health												
Output Indicator Title	**Definition**	**Source of Data**	**Method of Calculation/ Assessment (Numerator)**	**Method of Calculation/ Assessment (Denominator)**	**Means of Verification**	**Assumptions**	**Disaggregation of Beneficiaries (where applicable)**	**Spatial Transformation (where applicable)**	**Calculation Type**	**Reporting Cycle**	**Desired performance**	**Indicator Responsibility**
Community Service Policy reviewed with recommendations	The Community Service Policy is reviewed with recommendations to inform the amended of the Policy	Recommendations of the reviewed Community Service Policy	Not applicable	Not Applicable	Recommendations of the reviewed Community Service Policy	Co-operation from stakeholders	Not Applicable	Provinces	non-cumulative	Quarterly	Recommendations of the of the Reviewed Community service Policy submitted to NHC for approval	Chief Director: Human Resources for Health
Number of Health Districts Implementing the Human Resource Information solution (HRIS)	HRIS solution is introduced and implemented through training of personnel in the Health Districts on the HRIS software	Human Information System Reports from 30 Health Districts and Training Records	Total number of Health Districts implementing HRIS Solution	Not Applicable	Human Information System Reports from 30 Health Districts and Training Records	Capacity to implement the HRIS in the 30 Health District	Not Applicable	Implementing Health Districts	Cumulative (year-end)	Quarterly	Roll-out the HRIS solution in 30 Health Districts	Chief Director: Human Resources for Health

ANNEXURE A

CONDITIONAL GRANTS

CONDITIONAL GRANTS

Direct Grants

Name of Grant	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
Statutory Human Resources & HP Training & Development	To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	Number of statutory posts funded from this grant (per category and discipline) and other funding sources	3 363 statutory positions realized in the public health sector	R5.5 billion
		Number of registrars posts funded from this grant (per discipline) and other funding sources	1272 Registrars posts funded from this grant (per category and discipline) and other funding sources	
		Number of specialists posts funded from this grant (per discipline) and other funding sources	189 specialist posts funded from this grant (per category and per discipline) and other funding sources	
National Tertiary Services Grant	Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services	Number of inpatient separations	684,851	R14 billion
		Number of day patient separations	602,154	
		Number of outpatients first attendances	1,505,955	
		Number of outpatient follow-up attendances	3,210,718	
		Number of inpatient days	5,587,216	
		Average length of stay by facility	6.5% (Tertiary Hospitals) 76 days Psychiatry Average Length	
		Bed utilization rate by facility	100%	
Health Facility Revitalisation Grant	To help accelerate construction, maintenance, upgrading and	Number of PHC facilities constructed or revitalised	45	R7,1 billion

Name of Grant	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
	rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance To enhance capacity to deliver health infrastructure To accelerate the fulfilment of the requirements of occupational health and safety	Number of Hospitals constructed or revitalised	30	
		Number of Facilities maintained, repaired and/or refurbished	300	
District Health Programmes Grant (HIV/AIDS/ TB Component)	To enable the health sector to develop and implement an effective response to HIV and AIDS To enable the health sector to develop and implement an effective response to TB	Number of new patients started on ART	741 638	R23,9 billion
		Total number of patients on ART remaining in care	7 577 143	
		Number of male condoms distributed	700 000 000	
		Number of female condoms distributed	30 000 000	
		Number of babies PCR tested at 10 weeks	191 951	
		Number of clients tested for HIV (including antenatal)	17 000 000	
		Number of medical male circumcisions performed	600 000	
		Number of HIV Positive clients initiated on Tuberculosis Preventative Therapy	301 381	
		Number of patients tested for TB using Xpert	2 963 327	
		Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	381 156	

Name of Grant	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
		Drug Sensitive TB (DS TB) treatment start rate (under 5yrs and 5rys and older)	95%	
		Number of Rifampicin Resistant (RR)/ Multi Drug Resistant TB patients started on treatment	80%	
District Health Programmes Grant (District Health Component)	To ensure provision of quality community outreach services through Ward Based Primary Health Care Outreach Teams To improve efficiencies of the Ward Based Primary Health Care Outreach Teams programme by harmonising and standardising services and strengthening performance monitoring To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023 To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade seven school girls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme To enable the health sector to rollout COVID-19 vaccine	Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage	18	R2,9 billion
		Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas	70%	
		Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas	70%	
		Percentage of identified health facilities with recommended malaria 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 malaria prevention and early health-seeking behavior interventions	90%	
		Percentage of vacant funded malaria positions filled as outlined in the business plan	90%	
		Number of malaria camps refurbished and/or constructed	5	
		80 per cent of grade five school girls aged 9 years and above vaccinated for HPV first dose in the school reached	80 per cent of grade five school girls aged 9 years and above vaccinated for HPV first dose in the school reached	

Name of Grant	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
		80 percent of schools with grade five girls reached by the HPV vaccination team with first dose	80 percent of schools with grade five girls reached by the HPV vaccination team with first dose	
		80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose	80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose	
		80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose	80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose	
		Number of community health workers receiving a stipend	50 000	
		Number of community health workers trained	7 800	
		Number of HIV clients lost to follow-up traced	400 000	
		Number of TB clients lost to follow traced	28000	
National Health Insurance Grant Components: -HP Contracting -Mental Health -Oncology	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	Number of health professionals contracted (HP contracting)	230	R695 million
		Percentage increase in the number of clients of all ages seen at ambulatory services for mental health conditions (Mental health)	60% (150 000 to 240 000 clients)	
		Percentage reduction in the backlog of forensic mental observations (Mental Health)	34% (reduce backlog from 811 to 606)	
		Number of patients seen per type of cancer (Oncology)	18220	
		Number of health professionals contracted (Oncology)	129	

Indirect Grants

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
Health Facility Revitalization Component	To create an alternative track to improve spending, performance as well as monitoring and evaluation on infrastructure in preparation for National Health Insurance (NHI) To enhance capacity and capability to deliver infrastructure for NHI To accelerate the fulfilment of the requirements of occupational health and safety	Number of PHC facilities constructed or revitalised	1	R1,4 billion
		Number of Hospitals constructed or revitalised	2	
		Number of Facilities maintained, repaired and/or refurbished	0	
Non-Personal Services Component: CCMDD, Ideal Clinic, Medicine Stock Surveillance System, Health Patient Registration System, Quality Improvement	To expand the alternative models for the dispensing and distribution of chronic medication To develop and roll out new health information systems in preparation for NHI, including human resource for health information systems To enable the health sector to address the deficiencies in Primary Health Care (PHC) facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme To implement a quality improvement plan	Alternative chronic medicine dispensing and distribution (CCMDD) model implemented	6 million registered patients	R621 million
		Number of new and number of total patients registered in the CCMDD programme, broken down by the following: antiretroviral treatment antiretroviral with co-morbidities non-communicable diseases number of pickup points (state and non-state)		
		Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards	10	
		Number and percentage of PHC facilities achieving an ideal status	3(91%)	
		Number of public health facilities implementing the health patient registration system (HPRS) installed	3250	
		Number of the population registered on the health patient registration system	64 800 000	
		National data centre hosting environment for NHI information systems established, managed and maintained	Functional National Data centre	

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2023/24 Targets	2023/24 Annual Budget R'000
		Development and Publication of the 2023 Normative Standards Framework for Digital Health Interoperability	2023 Normative Standards Framework for Digital Health Interoperability published	
		Development and publication of the Health Master Facility List (HMFL) policy	Health Master Facility List Policy approved and published	
		Number of Facilities maintained, repaired and/or refurbished	3311	
		Number of hospitals using an electronic stock management system	382	
		Number of fixed facilities submitting data to the NSC Total sites - GPCC	3723	
		Number of appointed statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance	90% of eligible South African Citizens and Permeant Residents allocations concluded	
		Number of health facilities implementing the National Health Quality Improvement Programme Self-assessments reports compliance status (as source of data)	200 PHC Facilities and 160 Hospitals implementing the National Health Quality Improvement Programme	
Personal Services Component: GP Contracting (Capitation), Mental Health, Oncology	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	Number of proof-of-concept contracting units for primary health care (CUPs) established	9 CUPs	R89 million
		Number of private primary healthcare providers participating in the CUPs and contracted through capitation arrangements	40% of all private primary healthcare providers known to the project	

ANNEXURE B

STANDARDISED INDICATORS AND TARGETS FOR 2023/24 FY FOR THE SECTOR

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

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

The table present priority standardized indicators for which National Targets were provided for 23/24 FY.

Annual Performance Plan	National Target (Apirational Target 23/24 FY)
Output Indicator	
Couple year protection rate	**75%**
Delivery 10 -19 years in facility rate	**10%**
Antenatal 1st visit before 20 weeks rate	**75%**
Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS (Programme 2)	**<100/ 100 000 live births**
Mother postnatal visit within 6 days rate	**95%**
Neonatal death in facility rate (PER 1000 LIVE BIRTHS)	**10 per 1000 live births**
Infant PCR test positive around 6 months rate	**1.0%**
HIV Test positive around 18 months rate	**1.0%**
Immunisation under 1 year coverage	In line with WHO recommendations, the national target is to ensure that 90% of children are fully vaccinated by one year of age. Whilst this target may not be achieveable in the short term across all provinces, from a national perspective it is not acceptable for provinces to set targets as low as 75%.
Measles 2nd dose 1 year coverage	In line with WHO recommendations, the national target is to ensure that 95% of children receive two doses of measles vaccine. Whilst this target may not be achieveable in the short term across all provinces, from a national perspective it is not acceptable for provinces to set targets as low as 85%.
Child under 5 years diarrhoea case fatality rate (Programme 2)	The national target is to achieve a CFR < 1%. * See footnote
Child under 5 years pneumonia case fatality rate (Programme 2)	The national target is to achieve a CFR < 1%. * See footnote
Child under 5 years severe acute malnutrition case fatality rate (Programme 2)	The national target is to achieve a CFR < 7%. * See footnote
Death under 5 years against live birth rate - Total (Programme 2)	**>1%**
HIV positive 15-24 years (excl ANC) rate	**1%**

Annual Performance Plan	National Target (Apirational Target 23/24 FY)
Output Indicator	
ART adult remain in care rate (12 months)	**63.7%**
ART child remain in care rate (12 months)	**72.10%**
Adult viral load suppressed rate (12 months)	**94.10%**
ART child viral load suppressed rate (12 months)	**66.70%**
All DS-TB client Lost to follow up rate * (* All DS-TB outcome data is @12 months)	**5%**
All DS-TB Client Treatment Success Rate *	**90%**
TB Rifampicin resistant/Multidrug - Resistant treatment success rate	**78%**
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	**13%**
TB Pre-XDR treatment success rate	**62%**
TB Pre-XDR loss to follow up rate	**12%**
Malaria case fatality rate	**0.5%**
Patient Experience of Care satisfaction rate (Programme 2)	**80%**
Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme 2)	**90%**
Patient Safety Incident (PSI) case closure rate (Programme 2)	**90%**

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

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