ANNUAL REPORT

2023/24

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health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

30 YEARS OF FREEDOM

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Part A:
General Information

1.2 List of abbreviations and acronyms

AAHA	Alliance Against HIV and AIDS
AFP	Acute Flaccid Paralysis
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AMA	African Medicine Agency
AMR	Antimicrobial resistance
ANC	African National Congress
APP	Annual Performance Plan
ARC	Audit Risk Committee
ARECs	Animal Research Ethics Committees
ART	Antiretroviral Therapy
ARV	Antiretroviral
B-BBEE	Broad-based Black Economic Empowerment
BRRR	Budgetary Review and Recommendations Report
CCMDD	Central Chronic Medicine Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CDC	Centres for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHC	Community Health Centre
CHWs	Community Health Workers
CIA	Certified Internal Audit
CISA	Certified Information Systems Auditor
CMS	Council for Medical Schemes
CoE	Compensation of Employees
COVID-19	Coronavirus Disease 2019
CPC	Centre for Positive Care
CPR	Community Responsiveness Programme
CSC	Complaints, suggestions and compliments
CUPs	Contracting Units for Primary Health Care
DA	Democratic Alliance
DAFF	Department of Agriculture Forestry and Fisheries
DDG	Deputy Director General
DG	Director General
DHIS	District Health Information System
DHMO	District Health Management Office
DHMIS	District Health Management Information System
DMoC	Differentiated Models of Care
DMT	District Management Team
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DS-TB	Drug-Susceptible Tuberculosis
DWYPD	Department of Women, Youth and Persons with Disabilities
EFF	Economic Freedom Fighters
EHW	Employee Health and Wellness
EIP	Environmental Implementation Plan
EML	Essential Medicine List
EMP	Environmental Management Plan
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
ESST	Educational Support Services Trust
FCL	Forensic Chemistry Laboratory
FF+	Freedom Front Plus
GAA	Global Alliance to end AIDS in children
GAI	Generative Artificial Intelligence
GP	General Practitioner
HB	Hospital Board
HBB	Helping Babies Breathe
HEAPS	Highveld East AIDS Projects Support
HFRG	Health Facility Revitalisation Grant
HISP	Health Information System Programme
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self-Screening
HIV-VISTA	Human Immunodeficiency Virus Vaccine Innovation, Sciences and Technology Acceleration
HoD	Head of Department
HPRS	Health Patient Registration System

HPV	Human Papillomavirus
HR	Human Resources
HRECs	Human Research Ethics Committees
HRH	Human Resources for Health
HRIS	Human Resource Information System
HRM&D	Human Resources Management and Development
HTA	Health Technology Assessment
IA	Internal Audit
IAA	Internal Audit Activity
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance and Response
IFP	Inkatha Freedom Party
IHR	International Health Regulations
ISPF	International Sciences Partnerships Fund
ITHPCSA	Interim Traditional Health Practitioners Council of South Africa
KZN	KwaZulu-Natal
MAP	Muslim AIDS Programme
MCWH	Maternal, Child and Women's Health
MDA	Mass Drug Administration
MDR-TB	Multidrug-Resistant Tuberculosis
MEC	Members of the Executive Council
MHFL	Master Health Facility List
MMC	Medical Male Circumcision
MMS	Middle Management Services
SAMRC	South African Medical Research Council
MSM	Men who have Sex with Men
MSSM	Management of Small and Sick Neonates
MTEF	Medium-Term Expenditure Framework
MTSF	Medium-Term Strategic Framework
NAAT	Nucleic Acid Amplification Tests
NCAS	National Council Against Smoking
NCDs	Non-Communicable Diseases
NCoP	National Council of Provinces
NCR	National Cancer Registry
NDoH	National Department of Health
NDP	National Development Plan 2030
NGO	Non-Government Organisation
NFP	National Freedom Party
NHA	National Health Act
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHRECs	National Health Research Ethics Councils
NICD	National Institute for Communicable Diseases
NICDAM	National Institute Community Development and Management
NIDS	National Indicator Data Set
NIOH	National Institute for Occupational Health
NLGBTIH	National Lesbian Gay Bisexual Transsexual and Intersexual Health
NMFC	Nelson Mandela Fidel Castro Medical Collaboration
NPAFP	Non-Polio Acute Flaccid Paralysis
NQIP	National Quality Improvement Programme
NSC	National Surveillance Centre
NSP	National Strategic Plan
OHASIS	Occupational Health and Safety Information System
OHSC	Office of Health Standards Compliance
OSD	Occupation Specific Dispensation
PEC	Patient Experience of Care
PEE	Pharmaceutical Economic Evaluation
PEPFAR	President's Emergency Plan for AIDS Relief
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PLHIV	People Living with HIV
PMB	Prescribed Minimum Benefits
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother-to-Child Transmission of HIV

PoE	Ports of Entry
PPE	Personal Protective Equipment
PPPR	Pandemic Prevention Preparedness and Response
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PSR	Public Service Regulations
PTC	Pharmaceutical and Therapeutics Committees
RCCE	Risk Communication and Community Engagement
RRT	Renal replacement therapy
SABS	South African Bureau of Standards
SAHPRA	South African Health Products Regulatory Authority
SAIPA	South African Institute of Professional Accountant
SLA	State Law Advisors
SALRC	South African Law Reform Commission
SAMRC	South African Medical Research Council
SANAC	South African National AIDS Council
SANAS	South African National Accreditation Standards
SANC	South African Nursing Council
SANBI	South African National Biodiversity Institute
SAPC	South African Pharmacy Council
SAPS	South African Police Services
SARR	South African Renal Registry
SARS	South African Revenue Service
SCM	Supply Chain Management
SEIAS	Socio-Economic Impact Assessment System
SEP	Single Exit Price
SHIP	Strategic Health Innovation Partnerships
SMS	Senior Management Service
SRH	Sexual and Reproductive Health
STG	Standard Treatment Guidelines
StatsSA	Statistics South Africa
STI	Sexually Transmitted Infections
SVS	Stock Visibility System
TB	Tuberculosis
TD	Tetanus Diphtheria
TDAP	Tetanus Diphtheria and Acellular Pertussis
TECH-NHC	Technical Advisory Committee of the National Health Council
TIPHC	Training Institution for Primary Health Care
ToT	Training of Trainers
TTR	Teaching, Training and Research
UHC	Universal Health Coverage
UKRI MRC	United Kingdom Research and Innovation Medical Research Council
UNICEF	United Nations International Children's Fund
UNAIDS	United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
VAN	Visibility and Analytics Network
WBOTs	Ward-based Outreach Teams
WC	Western Cape
WHO	World Health Organization
WSW	Women who have Sex with Women

Foreword by the Minister

Dr Aaron Motsoaledi
Minister of Health

I am pleased to present the National Department of Health's annual report for the 2023/24 financial year. A year that saw us making significant progress towards a legal framework for the introduction of the new health system, the National Health Insurance (NHI). The National Assembly approved the NHI Bill in June 2023 and the Bill was then taken through a public consultation process by the National Council of Provinces from July 2023 and finally approved in December 2023. The National Health Insurance Act was assented to by His Excellency President Ramaphosa on 15 May 2024. Act 20 of 2023 allows for the systematic and gradually phased in reform of the whole health system of the country.

The NHI is a health financing system that will pool funds to provide access to quality health services for all South Africans, based on their health needs, irrespective of their socio-economic status.

The World Health Organisation (WHO), has declared that for a country to have a good healthcare system for everyone regardless of their financial status, a country needs to spend at least 5% of its GDP on health. South Africa has surpassed the recommended 5% and reached 8.5%, which is closer to European countries who are at 9%. However, 51% of the GDP on health goes to serve only 14% of the population and the nearly meagre 49% goes to serve 86% of the population. NHI needs to correct the persistent inequality in health, as South Africa continues to be the most unequal society in the whole world.

Alongside NHI developments, we have been investing in health information systems for a long time, so that more data is available to plan properly. The building blocks of a national transversal digital system have been established. We already have the systems to list and manage all healthcare establishments and providers, registered and enrolled people who will use the health system. We have also established key components of the national electronic medical record (EMR), which will allow us as Users of the health system, to access our one common record no matter where we go for our healthcare. As the NHI Act is being implemented, these systems will be more widely used so that we can all benefit from real continuity of care.

According to WHO, a health system anywhere in the world consists of six building blocks of Health: Leadership and governance; Access to essential medicines and other Commodities; Health workforce (Human Resources); Health systems financing; Health information systems and Health service delivery. South Africa is addressing these building blocks through the implementation of the Presidential Health Compact.

The President convened the second Presidential Health Summit in May 2023 with an aim to identify bottlenecks, capitalise on the lessons learned during implementation of the 2019 Health Compact and to recalibrate the approach for health systems strengthening. The Pandemic Prevention Preparedness and Response (PPPR) was added as a new Pillar (Pillar 10) of the Presidential Health Compact to prepare the country for future pandemics and augment surveillance systems.

The Department is working with the WHO to build an Integrated Disease Surveillance and Response (IDSR) system aimed at establishing the robust and resilient national surveillance system with capacities for forecasting and early detection.

The prevention and preparedness of outbreaks, epidemics and pandemics due to emerging zoonotic diseases (infectious diseases transmitted between animals and humans) require a coordinated One Health approach which integrates the environmental dimension to animal health to build resilience and ensure sustainable health and livelihoods. As such, the Department is planning to collaborate with government departments and partners at national, regional and global levels to facilitate this integration.

On 1 April 2023, the law enforcement component of Port Health Services was successfully transferred to the Border Management Authority (BMA). BMA plays a critical role in protecting the citizens of the Republic from infectious disease and public health risks associated with international travel and trade. The law enforcement functions of port health services were transferred to the BMA while the Department maintains its role of policy development and monitoring service provision according to both domestic and international health standards. Various key activities were undertaken to ensure smooth transfer with minimum disruption to service delivery.

The 30-year Health Sector Review Report revealed that we had made significant progress in increasing life expectancy and reducing mortality where life expectancy increased by 9.8 years from 55.6 in 2002 to 65.4 years in 2020, anfd dropping to 62.8 years post the COVID-19 pandemic in 2022. Infant mortality rate reduced by 54% from 55.2 in 2002 to 24.3 per 1000 live births in 2022, while children under five mortality rate was reduced by 59% from 74.7 in 2002 to 30.7 per 1000 live births in 2022. The maternal mortality ratio (MMR) was reduced from 134 deaths of pregnant women per 100 000 live births in 2002 to 109 deaths per 100 000 live births in 2020; and institutional MMR reduced further from 140.4 in 2011 to 100.6 deaths per 100 000 live births in March 2024.

We remain committed to sustaining these gains by continuously improving the health system, reducing the burden of disease and promoting healthy lifestyles.

Dr Aaron Motsoaledi, MP
Minister of Health

Statement by the Deputy Minister

Dr J Phaahla,
Deputy Minister of Health

South Africa continues to face a quadruple burden of disease, with Non-Communicable Diseases (NCDs) growing at an unprecedented rate. These include cardiovascular diseases, cancer, diabetes, chronic lower respiratory diseases, and mental health disorders.

According to Stats SA Causes of Death Report deaths due to NCDs increased by 58.7% between 2002 and 2022 and diabetes is now the leading cause of death, replacing TB. This is accompanied by an aging population and exacerbated by rapidly increasing co/multi-morbidities especially between NCDs, HIV and AIDS as well as TB which contribute to mortality, morbidity and disability. Risk factors such as tobacco use, sedentary lifestyles, harmful alcohol consumption, unhealthy diets (excess salt, high sugar intake and foods high in saturated fats), and air pollution increase the likelihood of dying from NCDs.

The Department is implementing the National Strategic Plan (NSP) for the Prevention and Control of Non-Communicable Diseases which endeavours to lay a foundation for action and healthy lifestyles through the Cheka Impilo campaign. The Department has reviewed and updated a Strategy for the prevention and management of obesity in South Africa 2023 – 2028, which was approved in March 2023. The focus of this strategy is on a multisectoral approach to implement various efforts to reduce the prevalence of overweight and obesity.

The Department has prioritised mental health in view of its centrality in the efforts of curbing the increasing burden of diseases. The National Mental Health Policy Framework and Strategic Plan 2023-2030 was adopted by the National Health Council on 30 March 2023. We are implementing key interventions that strengthen the mental health system and respond to the challenges. The policy calls for close collaboration and working relations between the Department of Health and other key stakeholders like the Department of Basic Education, Department of Social Development, civil society and professional bodies.

The Central Chronic Medication Dispensing and Distribution (CCMDD) programme also fondly known as DABLAP MEDS, *short cut to your chronic meds,* remains one of our flagship programmes. The CCMDD programme consists of central dispensing operations that obtain prescriptions for stable chronic patients from health facilities, dispense the medicines, and deliver the patient medicine parcel (PMP) to either the facility where the patient is registered or to a more convenient external pick-up point (PuP) for collection by the patient

DABLAP MEDS continues to grow, with over 100 medical conditions covered in an integrated care model, 3500 public facilities participating and over 40 000 clinicians trained to enrol patients on the program.

South Africa marked the 10th anniversary of the launch of the Human Papillomavirus (HPV) Vaccination Programme vaccination campaign in February 2024. During these 10 years, 7,200,000 doses were administered to vaccinate at least 3,6 million girls. This programme was launched at Gonyane Primary School in Mangaung, Free State province, and we are pleased with the achievement to date. Those young women who started the journey with us, are now post matric and most of them are at universities knowing that they are protected from the risk of having cervical cancer.

Cervical cancer is one of the most common cancers in women. The Department conducts cervical cancer screening and provides treatment to women who screen positive, to prevent progression and/or spread of the cancer. As part of this process, primary screening for cervical cancer using HPV testing is being introduced. This test is more sensitive and will contribute to early identification and treatment of precancerous lesions. The new HPV screening approach will be rolled out to two districts per province during the 2024/25 financial year, and to all 52 districts in 2026/27.

Malaria remains a significant public health challenge globally. The Department provided overall strategy and policy direction for the implementation of key interventions as outlined in the National Malaria Elimination Strategic Plan 2019-2023. Although only three provinces in our country are malaria endemic, this life-threatening disease still accounted for a 13% increase in the total number of cases in 2023/24 (8 457) compared to 2022/23 (7 297). Out of the total malaria cases reported in 2023/24, 31% (2 660) were classified as local, while 69% (5 797) were classified as imported. To respond to the local transmission in the malaria endemic provinces, targeted interventions were implemented to curb introduced cases that in most cases fuel onward local transmission. Two of the nine malaria endemic districts, which historically reported local transmission, have not reported any local cases in the past four years. This aligns well with the malaria elimination efforts the country is pursuing.

During the next five years, we need to move closer to elimination of malaria; strengthen our surveillance systems at community levels for early diagnosis and timely treatment. We will also intensify our efforts in dealing with NCDs before they reach the pandemic levels as the cost to healthcare and human lives is already too high. Through promotion of healthy lifestyles, we will continue to encourage South Africans to make healthy choices to avoid the risks associated with NCDs.

Dr MJ Phaahla, MP
Deputy Minister of Health

1.5 Report by the Accounting Officer to the Executive Authority and Parliament of the Republic of South Africa

Dr SSS Buthelezi
Director-General of Health

1. Overview of the operations of the Department

1.1 Strategic issues facing the Department

a) The vision of the South African Health System is to deliver 'A long and healthy life for all South Africans'. Chapter 10 of the National Development Plan 2030 (NDP) envisions a South African health system that works for everyone and produces positive health outcomes. The Government of South Africa adopted two overarching priorities for the health sector for the period 2019 to 2024, through which the NDP 2030 is implemented. These priorities are: (a) universal health coverage for all South Africans progressively achieved and (b) progressive improvement in the total life expectancy of South Africans through prevention and effective management of communicable and non-communicable diseases. The strategic objectives of the National Department of Health (NDoH) were anchored through implementation of the Medium-Term Strategic Framework (MTSF) 2019-2024 and the Presidential Health Compact 2019.

b) The Department is working towards the following targets of the NDP:

- a life expectancy rate of at least 70 years for men and women;
- a generation of under-20s largely free of HIV;
- a reduced quadruple burden of disease;
- an infant mortality rate of less than 20 deaths per 1000 live births and under-five mortality rate of less than 30 deaths per 1000 live births;
- a significant shift in equity, efficiency, effectiveness, and quality of health care provision; and
- universal health coverage, and significant reduction in the risks by the social determinants of disease and adverse ecological factors.

c) The Department together with its stakeholders worked very hard to fast-track the implementation of the Presidential Health Compact which was delayed due to COVID-19 disruptions. The Health Compact comprises of the following thematic pillars:

- Pillar 1: Augment National Human Resources for Health (HRH) Strategy and Plan;
- Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery;
- Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities;
- Pillar 4: Engage the private sector in improving the access, coverage and quality of health services;
- Pillar 5: Improve the quality, safety and quantity of health services provided with focus on primary health care;
- Pillar 6: Improve the efficiency of public sector financial management systems and processes;
- Pillar 7: Strengthen governance and leadership to improve oversight, accountability and health system performance at all levels;
- Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care; and
- Pillar 9: Develop an information system that will guide the health system policies, strategies and investments.

d) In April 2024, our country marked 30 years since the advent of democracy, and 12 years since the adoption of the NDP vision for 2030. The Department continues to work towards an integrated national health system and to respond to various priority challenges, including: (i) a complex, quadruple burden of diseases, which consists of communicable diseases such as HIV and AIDS and TB, as well as a rise in non- communicable diseases; (ii) the associated mortality compounded by a high maternal mortality ratio, child mortality rates, as well as high rates of violence, injuries and trauma; (iii) serious concerns about the quality of public health care; (iv) an ineffective and inefficient health system; and (v) spiralling private healthcare costs.

e) The health services had a positive impact on the health status of the population, demonstrated by significant improvement in health outcomes over the years. Life expectancy was increasing pre-2021, with gains partly attributed to the continued expansion of the government's antiretroviral therapy (ART) programme. However, these gains were reversed by an increase in deaths due and/or related to COVID-19. The table below reflects the state of life expectancy at birth, childhood and maternal mortalities in South Africa during the period of 2019-2024.

2024 Target	Baseline 2019	Recent Figures	Data Source
Life expectancy of at least 66.6 years	62.9 years	62.8 years	Mid-year population estimates 2022. (StatsSA)
Life Expectancy of at least 61.5 years amongst males	60 years	60 years	Mid-year population estimates 2022. (StatsSA)
Life Expectancy of at least 67 years amongst females	65.8 years	65.6 years	Mid-year population estimates 2022. (StatsSA)
≤ 20 infant deaths per 1000 live births	23 infant deaths per 1000 live births (2017)	24.3 per 1000 live birth	Mid-year population estimates 2022. (StatsSA)
≤ 25 under 5 deaths per 1,000 live births	32 under 5 deaths per 1,000 live births (2017)	30.7 per 1000 live birth	Mid-year population estimates 2022. (StatsSA)
<100 maternal deaths per 100,000 live births	< 134 maternal deaths per 100,000 live births (2016 data)	109 deaths per 100 000 live births	Rapid mortality surveillance Report 2019 & 2020

1.2 Significant events that have taken place during the year

a) The health sector has reached key milestones that reflects its developmental priorities, the impact of its programmes, policies, and interventions in pursuit of a better life for all.

b) The Department continued with the development of an enabling legal framework for the implementation of the National Health Insurance (NHI) Bill. The NHI Bill was debated and approved by the National Assembly in June 2023. Following this, the Bill was also taken through a public consultation process by the National Council of Provinces (NCOP) from July 2023, and finally approved in December 2023. The National Health Insurance aims to strengthen the overall health system through ongoing infrastructure improvements, increased human resources training and development, as well as implementing more proactive arrangements for contracting healthcare providers to render identified health services at various levels of the health system.

c) The Department is strengthening the NHI Branch to prepare for the efficient and effective functioning of the public administered NHI Fund. The Branch consists of 5 Chief Directorates, namely:

- *User and Service Provider Management,* aimed at developing an accreditation framework, policy and draft regulations for Providers of services (doctors, hospitals, etc.).
- *Health Care Benefits and Provider Payment Design***,** aimed at developing and implementing a capitation model for PHC services in Contracting Units for Primary Health Care (CUPs).
- *Health Product Procurement,* aimed at reviewing the Standard Treatment Guidelines and Essential Medicines List, manage contracts for the supply and delivery of medicines; medical devices and the framework for Health Technology Assessment.
- *Health Systems Digital Information***,** aimed aat developing and managing electronic health record as a component of Digital Health Strategy; linking information systems through interoperability mechanisms; establish Provider Registry; and implement coding for the health sector.
- *Risk Identification and Fraud Management,* aimed at developing governance policies and mechanisms for the NHI Fund.

d) There were continued efforts to augment, strengthen, and improve the NHI information systems capacity to enhance capability of the NHI Fund to manage the purchasing of, and accounting for benefits to the entire health system. To achieve this, a patient registry has been established through the deployment of the Health Patient Registration System (HPRS) at primary healthcare facilities and hospitals. A cumulative total of 45 286 288 records were captured by the end of 2019/20. To date, a total of 66 million records have been captured in the HPRS database (including importations with unverified records), and 3 227 public health facilities (3 138 PHC facilities and 89 hospitals) are using the HPRS.

e) A second Presidential Health Summit was convened in May 2023. The aim of the summit was to identify bottlenecks, capitalise on the lessons learnt during implementation of the 2019 Health Compact, and recalibrate the approach for health systems strengthening. The Pandemic Prevention Preparedness and Response (PPPR) was added as Pillar 10 of the Presidential Health Compact.

1.3 Major projects undertaken or completed during the year

a) The Department continued to improve the quality of primary health care services through expansion of the Ideal Clinic Realisation and Maintenance (ICRM) initiative. Developing the 'ideal' PHC clinic requires putting in place the necessary administrative, information, clinical and oversight mechanisms, the required support services (e.g., laboratory, security), effective communications both to staff and the community, and careful integration of the District Management Team, District Clinical Specialists, Ward Based Outreach Teams and local non-government organisations functions. This entails use of web-based status determination tool to identify health facility systems gaps and generate quality improvement plans. 3 473 PHC facilities were assessed, and a total of 2 464 facilities maintained their ideal clinic status, resulting in an increase from 2 046 in 2022/23 to 2 706 in 2023/24.

b) In order to ensure that public health facilities meet the quality standards required for NHI certification and accreditation, the Department is rolling out a National Quality Improvement Programme (NQIP). The

programme is implemented across eight provinces (with the exception of the Western Cape). By the end of March 2024, the programme had been expanded to 422 quality learning centres with 82% of public sector facilities (270 hospitals and 2 907 PHC clinics) implementing the NQIP.

c) The Department continued with implementation and monitoring of the annual placement of interns and community service candidates. A total of 2 234 medical interns and 7 161 community service practitioners were successfully allocated to funded posts across the nine provinces and assumed duty between January and April 2024. Working with National Treasury, we have stabilised funding for these statutory posts through the training grant, which was a challenge when the NDoH depended on provincial equitable share funding.

d) The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme continues to expand and create alternative access to chronic medication for clinically stable patients. Patients can collect medication through closest pick-up-points such as private pharmacies, General Practitioners, and others. This helps to reduce congestion and queues at clinics and hospitals. The CCMDD programme has grown extensively, with 6.5 million patients registered by end of the 2023/24 financial year.

e) The number of medico legal claims and litigations in the public health sector continue to increase. The South African Law Reform Commission (SALRC) was tasked to develop a legal framework to manage medico legal claims in the public health sector. The SALRC finalised an investigation on various interventions such as mediation; contingency fees; the common law rule of “once and for all”; and the periodic or staggered payment instead of a lump sum payments among others. The SALRC finalised its recommendations on the required reforms and initiated a legislative process by drafting the Litigation Bill that will be administered by Justice and the Redress Bill that will be administered by Health.

f) The Department has made significant progress in the fight against HIV and AIDS and transitioned to the 95-95-95 targets of the UNAIDS in order to align to the new Global AIDS Strategy 2021-2026. As of March 2024, South Africa’s performance against the UNAIDS 95-95-95 strategy for control of the HIV pandemic is 95-79-93, which means, 95% of people living with HIV knew their status, 79% of people living with HIV are on ART, while 93% of the estimated proportion of patients on ART were virally suppressed at 12 months.

g) The Department actively led the process of transferring Port Health Services to the Border Management Authority (BMA), which entailed finalising the Section 21 Presidential Proclamation, ring-fencing of staff to be transferred, participation in staff consultations in line with the Labour Relations Act, and implementation of the Protocol/Service-level Agreement between the Department and the Border Management Authority. Port Health Services were successfully transferred from the NDoH to the Border Management Authority in 2023.

h) The NDoH 30-year Review Report reflected on great strides made in reducing mortality, health systems strengthening progress, the impact of COVID-19 and addressing the growing challenge of non-communicable diseases. Key progress made is summarised as follows:

- Life expectancy increased by 9.8 years from 55.6 (in 2002) to 65.4 years in 2020. During the past 30 years, there have also been declines due to high death rates related to HIV/AIDS in 2006 and COVID-19 in 2021. COVID-19 reduced life expectancy from 65.4 years in 2020 to 61.7 years in 2021; however, life expectancy increased to 62.8 years post the pandemic in 2022.
- Alongside the overall decline in mortality, there has also been a progressive and sustained reduction over time in children under five and infant mortality. Infant mortality rate reduced by 54% from 55.2 to 24.3 per 1000 live births, while children under five mortality rate was reduced by 59% from 74.7 to 30.7 per 1000 live births between 2002 and 2022.
- The decline in childhood mortality is partly attributed to the reduction in HIV prevalence amongst young children after the scale-up of the Prevention of Mother to Child Transmission (PMTCT) programme, introduction of ART, increased vaccine coverage, improved breastfeeding rates ,enhanced case management of diarrhoea and pneumonia and introduction of food fortification.
- More than 95% of pregnant women are currently tested for HIV during antenatal care, and more than 90% of those are initiated on ART. Vertical transmission rates from mother to child within the first two months of life dropped dramatically from 23% in 2003 to 0.3% in December 2023.
- Maternal mortality ratio (MMR) was reduced from 134 deaths of pregnant women per 100 000 live births in 2002 to 109 deaths per 100 000 live births in 2020.The reduction was significant because MMR rose to 311 deaths per 100 000 live births in 2009 during the HIV and AIDS pandemic.
- Life expectancy improvements were partly attributed to government antiretroviral programme, coverage of which grew from 1 593 patients in 2005 to 5 517 502 patients in December 2023, making it the largest treatment programme in the whole world.
- The Department is implementing the new South African National Strategic Plan for HIV, TB and STIs (NSP) for 2023-2028, and rolling-out Tenofovir Lamivudine Dolutegravir (TLD) as the most effective treatment.
- The Department is also implementing Cheka Impilo campaign aimed at encouraging healthy lifestyle by mobilising South Africans to test for HIV and screen for TB and non-communicable diseases such as diabetes, hypertension and cancer.

2. Overview of the financial results of the Department:

2.1 Departmental receipts

	2023/24			2022/23		
	Estimate	Actual amount collected	(Over)/under collection	Estimate	Actual amount collected	(Over)/under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	182 051	100 067	81 984	3 004 845	1 151 210	1 853 635
Transfers received	-	-	-	-	-	-
Fines, Penalties and forfeits	-	-	-	-	-	-
Interest, dividends and rent on land	7 500	13 818	(6 318)	3 938	8 981	(5 043)
Sales of capital assets	-	-	-	-	188	188
Financial transactions in assets andliabilities	539	25 328	(24 789)	2 000	5 354	(3 354)
TOTAL	**190 090**	**139 213**	**50 877**	**3 010 783**	**1 165 733**	**1 845 426**

2.2 Programme Expenditure

	2023/24			2022/23		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	730 512	678 206	52 306	731 989	645 318	86 671
National Health Insurance	1 512 654	1 425 108	87 546	1 576 102	1 366 050	210 052
Communicable & Non-Communicable Diseases	23 724 142	23 659 109	65 033	26 924 022	26 049 571	874 451
Primary Health Care	2 994 070	2 989 803	4 267	5 154 744	5 149 242	5 502
Hospital Systems	22 136 008	22 130 825	5 183	22 641 588	22 198 414	443 174
Health System Governance and HR	7 452 608	7 429 095	23 513	7 527 286	7 487 446	39 840
Direct charge against the national revenue fund	-	-	-	-	-	-
TOTAL	**58 549 994**	**58 312 147**	**237 847**	**64 555 731**	**62 896 041**	**1 659 690**

The Department has spent R58,312 billion of its allocation from the budget of R58,550 billion, representing a 99,6% spending rate.

a) **Compensation of employees**: Expenditure amounted to R614,911 million, which represents 93,5% of the budget of R657 435 million.
b) **Goods and services:** Expenditure amounted to R1,590 billion with a spending rate of 87,4% of the allocated budget of R1 819 billion.
c) **Transfer payments**: Expenditure of R54,752 billion (100,0%) was incurred from the budget of R54, 761 billion.
d) **Purchase of capital assets**: An amount of R1,355 billion (103,2%) was spent on capital payments from the budget of R1,312 billion.
e) **Direct charges against the National Revenue Fund**: None

2.3 Reasons for under/(over) expenditure

Compensation of employees

Underspending is due to the vacant posts and cost containment measures that were implemented. There are delays in filling of posts, and the recruitment process is currently on hold pending approval from National Treasury and the Department of Public Service and Administration to fill prioritised posts.

Goods & services

- Invoices for rental and municipal services for the Dr AB Xuma building for March 2024 were not received by 31 March 2024. There was also a delay in finalising and submitting the invoice for the installation of a Smart Boardroom and for Data and Information Technology cabling backbone by the Department of Public Works.
- There is limited capacity within the National Health Insurance Branch to perform the work due to vacant posts, which resulted in underspending on the Programme.
- Broadband and generator installations projects related to Infrastructure were not implemented as anticipated.

Purchase of capital assets

Overspending is due to previous years' invoices, specifically on the infrastructure in-kind grant paid in the current financial year.

2.4 Virements

Approval was obtained to vire funds after the Adjustments Budget, totalling to an amount of R6,5 million from goods and services to transfers and subsidies.

2.5 Roll overs

None.

2.6 Unauthorised expenditure

None.

2.7 Fruitless and wasteful expenditure

A closing balance of R870 thousand has been recorded as fruitless and wasteful expenditure, of which R4 thousand was incurred in the current financial year.

2.8 Public Private Partnerships

None.

2.9 Discontinued activities / activities to be discontinued

None.

2.10 New or proposed activities

None.

2.11 Supply chain management (SCM)

Number of Quotation Requests	Value (R'000)
562	R61,236

The Department processes transactions through an open bidding process as depicted in the table below. The open bidding process is applicable for transactions above R500 000.

Number of Tenders	Value (R'000)
41	R387,085

The total breakdown of bidding process transactions in terms of compliance to Preferential Procurement Regulations and Broad-Based Black Economic Empowerment (B-BBEE).

B-BBEE Contribution Level	Number of Transactions	Value (R'000)
Level 1	491	R307,598
Level 2	40	R4,073
Level 3	3	R38
Level 4	23	R67,544
Level 5	1	R22,525
Level 6	4	R43,969
Level 7	1	R8
Level 8	0	R0
Non-Complaint	31	R2,856

In relation to Assets Management, the Department has maintained its assets register in accordance with minimum information required to be in the Fixed Assets Register.

For the year under the review, the department had assets to the value of R102,961,379.24; non-cash assets to the value of R735,855.02 and disposals to the value of R74,798,128.38. The overall assets register of the department has 144,648 assets totalling R509,778,189.56 and all these assets are recorded in the Fixed Assets Register which enable the department to know the location, value, condition, usage, and asset number of each of these assets for accurate and efficient allocation and planning.

2.12 Gifts and Donations received in kind from non-related parties

Items	Quantities	Sources
To attend the South African Continuity Leadership Role in Global Health Governance Processes meeting from 4 to 6 March 2024.	R54843,84	WHO AFRO
To attend the ARV Summit in October 2023.	R27500,00	The Globa Fund: (ARV Summit
To attend the SADC Medical and Pharmaceutical Value B2B Workshop in November 2023.	R15800,00	SADC
To attend the Primer in Systematic Reviews online course from 28 August to 20 October 2023.	R3500,00	MRC Gela Project
For flights to attend the Guideline Panel Simulation Workshop on 27 September 2023.	R4000,00	MRC
To attend the AMR Workshop on 30 November 2023.	R5000,00	Trinity Challenge MRC
USD 700 received from Africa CDC and the African Union: 7-11 August 2023.	USD 700	Africa CDC & African Union
USD 700 received from ReAct: 14-16 August 2023.	USD 700	ReAct
To attend the Primer in Systematic Reviews online course from 28 August to 20 October 2023.	R3500,00	MRC Gela Project
To attend the Guideline Panel Simulation Workshop on 27 September 2023.	R4000,00	MRC
To attend the Primer in Systematic Reviews online course from 28 August to 20 October 2023.	R3500,00	MRC Gela project
For the cost of flights to attend the Guideline Panel Simulation Workshop on 27 Sept 2023	R4000,00	MRC
To attend the GAVI Board meeting in June 2023.	R55756,00	GAVI
To attend the ARV Summit in October 2023.	R27500,00	Global Fund
To attend the World Product Forum in November 2023.	R36195,00	WHO
University of Cambridge Judges Business School forum from 21 to 26 April 2023.	R16400,00	University of Cambridge Judges Business School
For accommodation and daily allowance on 19 March 2023.	USD 1140	USAID
For accommodation and daily allowance to attend the IIPHC International PHC Conference on 6 September 2023	R8600,00	International Institute for PHC
For flights and accommodation to attend the workshop in September 2023.	R5000,00	WHO
For flights and accommodation to attend the African meeting in October 2023.	R20000,00	Roll Back Malaria
To attend the drafting of the new Malaria Elimination Strategic Plan in July 2023.	R50000,00	WHO
To attend a WHO meeting in Brazzaville from 8 to11 May 2023.	R37512,00	WHO
For NTD Programme Managers to attend a meeting in Rwanda from 2 to 3 August 2023.	R38955,00	Kikundi Community of practice
To attend a meeting in Mozambique from 12 to 13 September 2023.	R27955,00	Africa CDC
Ro attend the meeting in Brazzaville on the 29-30 November 2023	R22323,00	WHO
Received R15 000.00 from WHO in May 2023.	R15000,00	WHO
For a trip to Geneva: 11 to 15 September 2023.	R50000,00	WHO
For a trip to Uganda: 3 to 6 October 2023.	R20000,00	Roll Back Malaria
For a trip to Botswana from 13- to 8 November 2023.	R20000,00	WHO
To attend SADC Elimination 8 in Zambia from 19 to 21 March 2023.	R20000,00	SADC
To attend an official meeting on 14 April 2023.	R33000,00	WHO
To attend a meeting on 17 July 2023.	R20000,00	Africa CDC
To attend a meeting on 1 October 2023.	R15730,00	Resolve to save lives
To attend a meeting on 18 October 2023.	R27829,00	Taskforce for Global Health
For a trip to Zambia from 13 to 14 July 2023.	R15608,00	SADC Elimination 8
For a trip to Mozambique from 26 February to 1 March 2023.	R18260,00	SADC Elimination 8
Received a cutlery set on 12 May 2023.	R400,00	Pholosong Hospital
Received 15 laptops from WHO on 23 October 2023	15 Laptops	WHO
To attend the Zimbabwe GSHS Workshop from 17 to 21 April 2023.	R5000,00	WHO Country Office
Received a T-shirt, Notebook and pointer from Soul City and LoveLife during the Best Practice Workshop from 20 January to 2 February 2023.	Notebook, T-shirt and pointer	Soul City & Lovelife
Received from UN Agency on 19 September 2023.	R38501,00	UN Agency
Received from WHO on12 January 2024.	USD1649	WHO
To attend the Joint ESW and Central Africa Immunisation Working Group meeting on Immunisation in Ethiopia from 4 to 6 May 2023.	R228360,00	WHO
To attend the EPI Managers meeting in Addis Ababa, Ethiopia, from 20 to 23 June 2023.	R21000,00	UNICEF
To attend the Integrated Surveillance Training for country teams in Kigali, Rwanda from 18 to 21 September 2023.	R16,238,00	WHO
To attend a meeting on technical support for the expansion of environmental surveillance in North West Province from 24 to 26 October 2023.	R6000,00	WHO
To attend a meeting on technical support for the expansion of environmental surveillance in Mpumalanga Province from 20 to 25 November 2023.	R8000,00	WHO
to attend the Technical Support for the expansion of environmental surveillance in Northern Cape Province on the 4-8 March 2023.	R6000,00	WHO
To attend a meeting on Zero-dose and under-vaccinated children from 4 to 10 February 2024.	R43000,00	UNICEF

2.13 Exemptions and deviations received from the National Treasury

For the year under review, the Department sought and received concurrent approval to deviate from the normal procurement process for the following procurement transactions.

2.14 Events after the reporting date

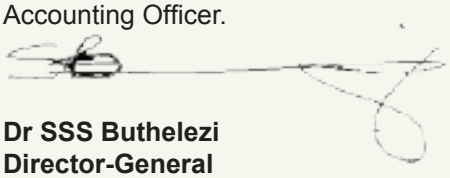
Project Description	Name of Supplier	Actual Value of Contract (R'000)	Reason for the Deviation
Mimecast solution for a period of 6 months	Mimecast South Africa (Pty) Ltd	R1,273	Sole Provider

Acknowledgements

I wish to express my appreciation to the Minister of Health, the Deputy Minister, as well as all members of staff for their hard work, loyalty, and commitment in pursuing the objectives of National Department of Health. I also wish to acknowledge all partners working with us on the implementation of the National Development Plan.

Approval

The Annual Financial Statements are approved by the Accounting Officer.



Dr SSS Buthelezi
Director-General

1.6 Statement of responsibility and confirmation of the accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

All information and amounts disclosed throughout the annual report are consistent.

The annual report is complete, accurate and is free from any omissions.

The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.

The Annual Financial Statements (Part F) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.

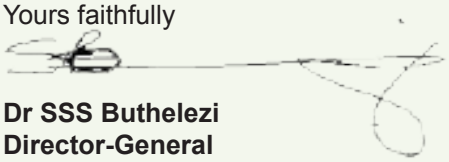
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2024.

Yours faithfully



Dr SSS Buthelezi
Director-General

1.7 Strategic Overview

Vision

A long and healthy life for all South Africans.

Mission

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

Values

The Department subscribes to the Batho Pele principles and values.

1.8 Legislative and other mandates

The Legislative mandate of the Department of Health is derived from the Constitution of the Republic of South Africa, the National Health Act, 61 of 2003, and several pieces of legislation passed by Parliament guided by Sections 9, 12 and 27 of the Constitution.

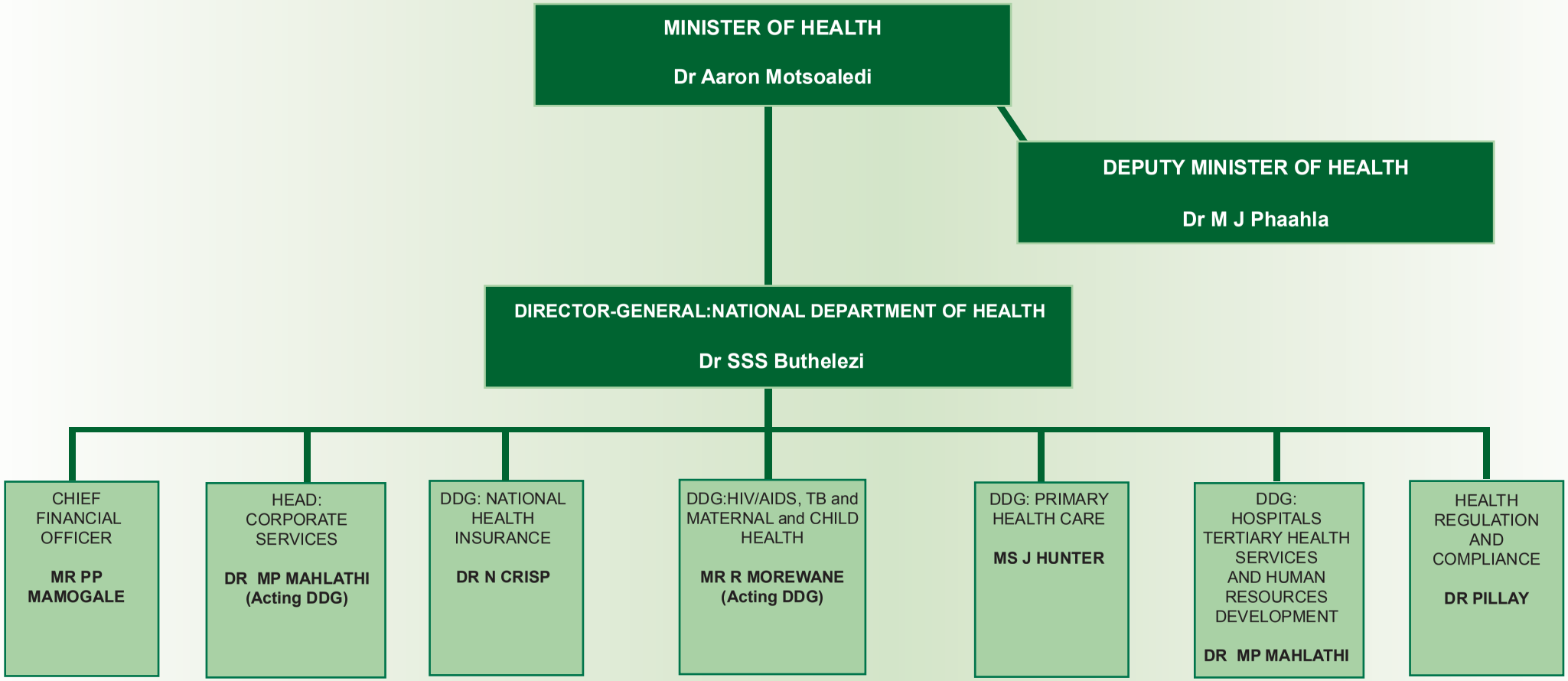
Legislation falling under the Portfolio of the Minister of Health

- Allied Health Professions Act, 1982 (Act No. 63 of 1982), as amended.
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), as amended.
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000), as amended.
- Dental Technicians Act, 1979 (Act No. 19 of 1979), as amended.
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), as amended.
- Hazardous Substances Act, 1973 (Act No. 15 of 1973), as amended.
- Health Professions Act, 1974 (Act No. 56 of 1974), as amended.
- International Health Regulations Act, 1974 (Act No. 28 of 1974), as amended.
- Medical Schemes Act, 1998 (Act No.131 of 1998), as amended.
- Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), as amended;
- Mental Health Care Act, 2002 (Act No. 17 of 2002), as amended.
- National Health Act, 2003 (Act No. 61 of 2003), as amended.
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000), as amended.
- Nursing Act, 2005 (Act No. 33 of 2005).
- Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973), as amended.
- Pharmacy Act, 1974 (Act No. 53 of 1974), as amended.
- South African Medical Research Council Act, 1991 (Act No. 58 of 1991), as amended.
- Sterilisation Act, 1998 (Act No. 44 of 1998), as amended.
- Tobacco Products Control Act, 1993 (Act No.83 of 1993), as amended; and
- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007).

Other Legislation which the National Department of Health must comply with

- Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997), as amended.
- Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003), as amended.
- Child Justice Act, 2008 (Act No. 75 of 2008), as amended.
- Children Act, 2005 (Act No. 38 of 2005), as amended;
- Criminal Procedure Act, 1977 (Act No. 51 of 1977), as amended.
- Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007), as amended.
- Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), as amended.
- Control of Access to Public Premises and Vehicles Act, 1985 (Act No. 53 of 1985), as amended.
- Conventional Penalties Act, 1962 (Act No. 15 of 1962), as amended.
- Designs Act, 1993 (Act No. 195 of 1993), as amended;
- Division of Revenue Act, (Act No 7 of 2003)
- Employment Equity Act, 1998 (Act No. 55 of 1998), as amended.
- Intergovernmental Fiscal Relations Act, 1997 (Act No. 97 of 1997), as amended.
- Labour Relations Act, 1995 (Act No. 66 of 1995), as amended.
- National Roads Traffic Act, 1996 (Act No. 93 of 1996);
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), as amended.
- Promotion of Access to Information Act, 2000 (Act No. 2 of 2000), as amended.
- Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), as amended.
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000), as amended.
- Protected Disclosures Act, 2000 (Act No. 26 of 2000), as amended.
- Protection of Personal Information Act, 2013 (Act No. 4 of 2013).
- Public Finance Management Act, 1999 (Act No. 1 of 1999), as amended.
- Public Service Act, 1997 (Proclamation No. 103 of 1994), as amended.
- Public Service Commission Act, 1997 (Act No. 46 of 1997), as amended.
- Skills Development Act, 1998 (Act No. 97 of 1998), as amended.
- State Information Technology Act, 1998 (Act No. 88 of 1998), as amended.
- State Liability Act, 20 of 1957 (Act No. 20 of 1957), as amended.
- The Competition Act, 1998 (Act No. 89 of 1998), as amended.
- The Copyright Act, 1998 (Act No. 98 of 1998), as amended.
- The Merchandise Marks Act, 1941 (Act No. 17 of 1941), as amended.
- The Patents Act, 1978 (Act No. 57 of 1978), as amended.
- Trade Marks Act, 1993 (Act No. 194 of 1993), as amended.
- Unemployment Insurance Contributions Act, 2002 (Act No. 4 of 2002), as amended; and
- Use of Official Languages Act, 2012 (Act No. 12 of 2012).

1.9 Organisational Structure



1.10 Entities and Professional Councils reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act, 1998 (Act No. 131 of 1998)	Transfer payment	Regulates the Medical Scheme Industry.
South African Medical Research Council	South African Medical Research Council Act, 1991 (Act No. 58 of 1991)	Transfer payment	Mandated to improve the health and quality of life through research, development, and technology transfer.
National Health Laboratory Service	National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)	Transfer payment	Provides cost-effective laboratory services to all public sector healthcare providers.
South African Health Products Regulatory Authority	Medicines and Related Substances Act, 1965 (Act No 101 of 1965)	Transfer Payment	Provides for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics, and related matters in the public interest.
Office of Health Standards Compliance	National Health Act, 2003 (Act No 16 of 2003)	Transfer payment	Monitors and enforces the compliance of health establishments with the prescribed norms and standards of health care and ensures the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical, and expeditious manner.
The Mines and Works Compensation Fund under the Compensation Commissioner for Occupational Diseases in Mines and Works	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment	The Mines and Works Compensation Fund was listed as a Section 3A entity under the Public Finance Management Act, Act 1 of 1999 on 28 March 2023. The Compensation Commissioner for Occupational Diseases in Mines and Works (CCOD) works within the framework of ODMWA and administers and controls the Fund. The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures.
Health Professions Council of SA	Health Professions Act, 1974 (Act No. 56 of 1974)	Not applicable	Regulates the health professions registered under the Health Professions Act and is mandated to control the education, training, and registration of health professionals.
SA Nursing Council	Nursing Council Act, 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession by establishing and maintaining nursing education and training as well as practice standards.
SA Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession through registration of pharmacy professionals and pharmacies, control of pharmaceutical education, and ensuring good pharmacy practice.
SA Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the professions of dental technicians, dental technologists and the dental laboratories.
Allied Health Professions Council of SA	Allied Health Professions Act, 1982 (Act No 63 of 1982)	Not applicable	Regulates allied or complementary health professions falling within the mandate of council.
Interim Traditional Health Practitioners Council of SA	Traditional Health Practitioners Act, 2007 (Act No 22 of 2007)	Earmarked allocation	Regulates traditional health practice and traditional health practitioners including students engaged in or learning traditional health practice in South Africa.

Part B:
Perfomance Information

2.1 Auditor-General's Report: Pre-determined Objectives

The Auditor-General of South Africa (AGSA) currently conducts certain audit procedures on the performance information to provide reasonable assurance in the form of an audit finding.

The audit findings on the performance against predetermined objectives are included in the report to management.

Refer to page 117 of the Report of the Auditor General to Parliament, published in Part F: Financial Information.

2.2 Overview of Departmental Performance

Service delivery environment

The Department has put systems in place to measure the quality-of-service delivery rendered in our facilities. These systems provide an opportunity to determine the level of satisfaction that our patients experience under our care and assist in gauging the quality of services we render in our facilities. It also provides an opportunity for the NDoH together with the Provincial Departments of Health to identify areas for improvement so that the overall experience of care of our patients remains high.

The Department uses a Complaints, Suggestions, and Compliments (CSC) system to record all complaints laid by either the patient or their family members related to the treatment in our health facilities. All complaints must be addressed fully within 25 working days. During the 2023/24 financial year, a total of 24 724 complaints were received, of which 23 400 were resolved. This translates to a 95% resolution rate of all complaints that were recorded. The top four complaints raised by our patients are patient care, staff attitude, waiting times and access to information.

All public Primary Health Care (PHC) facilities are implementing annual Patient Experience of Care (PEC) assessments with an aim of gauging patient satisfaction, receiving patient feedback on their experience of the services, and improving the quality of services. The 2023/24 assessments reported an overall 85% PEC patient satisfaction rate. The highest level of satisfaction has been with the availability of medicines, with a satisfaction rate of 94.7%. The other rates are as follows: access to care (85.6); patient safety (85.3%); values and attitudes (84,1%); waiting time (81.5%); and cleanliness (81.2%). Health services will continue to improve, and more emphasis will be put on the areas of weakness reported by our patients.

The Nelson Mandela-Fidel Castro Medical Collaboration (NMFC) Programme was established to provide for the recruitment of young South African students to undergo medical training in Cuba. The rationale was to ensure that sufficient and adequate health workforce to sustain health care services in the public sector. To date, a total of 3 071 doctors have been produced through the NMFC Programme, and of these 454 doctors graduated from the University of Cape Town in July 2023. In 2024, 156 NMFC students were registered in South African medical schools, and 99 students were still in medical training in Cuba. The programme is currently facing serious challenges brought about by the provincial budget cuts. The Department is reviewing the NMFC model and considering the proposal that its funding be configured in the same manner as are other bursaries under the Department of Higher Education and Training.

The Community Health Workers (CHWs) play a significant role in providing services within households and refer members to health facilities for further management. The number of CHWs contracted by Provincial Departments of Health reached 45 673 by March 2024, against a target of integrating 50 000 CHWs into the public health system. The reasons were high attrition of CHWs, and inability to fill vacant posts due to budget constraints in the Provincial Departments of Health . The Department is working with Public Service Bargaining Council and the Department of Employment and Labour to finalise a Sectoral Determination for CHWs which will enable non-public service employment of CHWs in a dispensation that protects them through their own statutory conditions.

There has been a delay in the finalisation of the Regulations for Environmental Health and Management of Human Remains. This was due a high number of inputs and comments (approximately 400 000) received from the public. Various objections to the Regulations were raised, including the need for translation of the Regulations into the Khoi San language and three other South African languages. Accordingly, the process of the translation of the Regulations is being expedited.

The Department is promoting community participation to ensure health system responsiveness and effective management of their needs through clinic committees. The Offices of Members of the Executive Committee (MECs) in Provinces have prioritised the appointment of committee members in clinics and community health centres by immediately appointing new incumbents when the previous incumbent's term of office expires.

In addition, the Department facilitates imbizos and health facility visits. During the 2023/24 financial year, the Minister and Deputy Minister conducted six unannounced visits to health facilities to observe issues of service delivery.

Service Delivery Improvement Plan

Health is a concurrent function of the national and provincial spheres of government. The NDoH must plan, develop policies and guidelines, monitor and evaluate progress, thereof, while Provincial Departments of Health are responsible for service delivery.

The following table reflects progress made in 2023/24:

Main service and standards

Main services	Beneficiaries	Current/actual standard of service	Standard of service	Actual achievement against standards
Prevent importation of communicable diseases at 44 Points of Entry (PoE)	International Travellers, Conveyance operators, Airline companies, Border management (Department of Home Affairs, SARS, SAPS and DAFF)	Screening of international travellers at 44 PoE	Screening of international travellers	Screening of international travellers conducted at 44 PoE.
		Inspection of international high-risk conveyances to determine compliance with health measures	Inspection of international high-risk conveyances to determine compliance with health measures	99% of international high-risk conveyances were inspected to determine compliance with health measures.
		Alert and inform stakeholders of outbreaks of international concern	Alert and inform stakeholders of outbreaks of international concern	Information on outbreaks communicated to stakeholders.
		Provide client with contact details of all Port Health managers	Provide client with contact details of all Port Health managers	Contact details of managers are displayed on 30 points of entry which were assessed by the department on the core capacity.
Compensations for occupational lung disease in miners and ex-miners by Compensation Commission for Occupational Disease	Miners and ex-miners	Certification and compensation of miners and the families of ex-miners	Processing of claims for benefit medical examination of miners and ex-miners	Processed 14 273 certifications and a total of 5 535 claims finalised amounting to R215,2m.

Batho Pele arrangements with beneficiaries (consultation access, etc)

Current arrangements	Desired arrangement	Actual achievement
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	The second Presidential Health Summit was convened in May 2023 to review progress made in the implementation of the 2019 Health Compact. The Summit discussions identified bottlenecks, capitalised on the lessons learned and proposed interventions to recalibrate the approach for health systems strengthening. The Pandemic Prevention Preparedness and Response (PPPR) was added as Pillar 10 of the Presidential Health Compact. The review revealed that notable progress was made but further work still needs to be done on the following areas such as exploring alternative funding sources and mechanisms for development and maintenance of public health infrastructure, reducing provincial accruals and to strengthen governance in our facilities.

Service Delivery Information tool

Current/actual tools	Desired information tool	Actual achievements
Personal interaction, circulars, briefings to management, induction sessions and workshops	Existing tools	NDoH holds weekly EXCO & SMT, and monthly MANCO meetings. NDoH & all provincial executive leadership of all 9 provinces holds quarterly meetings through the NHC & Tech NHC. The Chief Directorates Human Resource Management and Development implemented 636 skills development interventions that included skills programmes, induction programme that included both the Executive and Senior Managers. 77 bursaries were awarded, and 21 officials successfully completed their studies. 20 interns were recruited and trained, and 7 Middle and Senior Managers were placed in different fellowship programmes

Complaint's mechanism

Current/actual complaints mechanisms	Current complaints mechanism	Actual achievements
Complaints/Compliment procedures for clients	Improved management and processing of complaints and improved turnaround times	For the 2023/24 financial year, 23 400 of the 24 724 (95%) complaints that were lodged in provinces were resolved. Of the complaints that were resolved, 22 285 (95%) were resolved within 25 working days.
MomConnect for pregnant women and mothers	Improved response time, investigations of complaints and their satisfactory resolutions	MomConnect allows all pregnant women in South Africa to register to receive informative, stage-based messaging from inception through the second year of her baby's life. The programme consists of three main components automated FAQs, complaints and compliments by providing access to a text-based Helpdesk and the ability for women to submit compliments and complaints about the service they receive at the clinic. Feedback and questions are sent directly to officials who can respond to queries and ensure a high level of service at clinics instantly. The helpdesk receives 800 to 1200 questions daily, which include complaints and compliments. To date, there is a total cumulative of over 5 million registrations. Total compliments for 2023/24 were 25,756 and 15,163 complaints, of which 70% were resolved.

Organisational environment

Considering the fiscal constraints, the Department had to commence with a process of re-aligning functions. This involved various engagements with relevant stakeholders. The Human Resource Management and Development Chief Directorate provided technical support in the re-alignment of functional structure, and the identification and filling of priority posts, thus enabling the Department to deliver on its mandate.

Key policy developments and legislative changes

The National Health Insurance (NHI) Bill was passed by Parliament in December 2023. The Medical Aid Schemes Amendment Bill has been put on hold pending the finalisation of the NHI Bill.

The Health Ombud's report on Life Esidimeni incident makes recommendations for certain amendments to be made to the National Health Act, 2003 (Act No. 61 of 2003) and the Mental Health Care Act, 2002 (Act No. 72 of 2002). The recommendations for amendments will be considered after promulgation of the NHI Act.

SALRC has concluded its review of national and provincial health legislations to determine which are redundant, obsolete or unconstitutional, to develop a consultation paper containing the SALRC's preliminary findings and proposals. The SALRC report recommends that 22 obsolete or redundant Acts should be repealed or amended. The following nine Amendment Acts should be repealed or be partially repealed:

1. Public Health Act 36 of 1919; Public Health Amendment Acts 57 of 1935, 51 of 1946 and 44 of 1952;
2. Mental Health Amendment Acts 48 of 1976, 10 of 1978, 38 of 1981; 3 of 1984, 16 of 1985, 55 of 1987, 52 of 1988 and 19 of 1992;
3. Health Laws Amendment Act 36 of 1977; Hospitals Ordinance Amendment Act 111 of 1992;
4. Mentally Ill Persons' Legal Interests Amendment Act 108 of 1990;
5. Health and Welfare Matters Amendment Act 118 of 1993;
6. Extension of Terms of Office of Members of Certain Councils Act 45 of 1997;
7. Chiropractors, Homeopaths and Allied Health Service Professions Amendment Acts 91 of 1997 and 6 of 2000;
8. National Health Laboratory Service Amendment Act 24 of 2001; Traditional Health Practitioners Act 35 of 2004;
9. Choice on Termination of Pregnancy Amendment Act 38 of 2004.

Thirteen Acts should be amended to align with other legislation; correct and update references to other Acts, state departments and Cabinet members; insert definitions; and repeal or amend racial or gender insensitive terminology. The Acts are as follows:

1. Administration of Estates Act 66 of 1965;
2. Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972;
3. Hazardous Substances Act 15 of 1973;
4. Dental Technicians Act 19 of 1979;
5. Allied Health Professions Act 63 of 1982;
6. South African Medical Research Council Act 58 of 1991;
7. Choice on Termination of Pregnancy Act 92 of 1996;
8. Sterilisation Act 44 of 1998;
9. Medical Schemes Act 131 of 1998;
10. National Health Laboratory Service Act 37 of 2000;
11. National Health Act 61 of 2003;
12. Nursing Act 33 of 2005; and
13. Traditional Health Practitioners Act 22 of 2007.

Four Acts have been amended several times and to such an extent that the Acts have become confusing. For this reason, the SALRC recommended that the following Acts be consolidated and promulgated afresh:

1. Medicines and Related Substances Act 101 of 1965;
2. Occupational Diseases in Mines and Works Act 78 of 1973;
3. Pharmacy Act 53 of 1974; and
4. Health Professions Act 56 of 1974.

2.3 Strategic outcome-oriented goals

Strategic approach

The strategic objectives of the National Department of Health are implemented through the Medium-Term Strategic Framework (MTSF) 2019-2024 Priority 3: Education, Skills and Health. The MTSF is a five-year implementation plan and monitoring framework for achieving the National Development Plan (NDP) 2030 priorities for the 6th administration of government.

The World Health Organization (WHO) recognises that a well-functioning and effective health system is the bedrock for attaining the health outcomes, and this underpins the core vision of the NDP 2030. The trajectory for the 2030 vision emphasises strengthening of the health system to ensure that it is efficient and responsive and offers financial risk protection. The MTSF aims to attain two strategic impacts, namely (i) the life expectancy of South Africans to be improved to 66.6 years by 2024, and 70 years by 2030; and (ii) universal health coverage for all South Africans being progressively achieved so that by 2030, all citizens are protected from the catastrophic financial impact of seeking health care through the implementation of NHI. Furthermore, the Department is responsible to directly lead and support the implementation of the Pillars, Interventions, Activities and Targets of the 2019 Presidential Health Compact. The Pillars have also been expressed in the Departments' Annual Performance Plan and in its various programmes and projects.

The National Development Plan ('Vision 2030')

The 2023/24 Annual Performance Plan was the vehicle through which the nine long-term health goals for South Africa set out by the NDP 2030 were implemented during the year under review. Five of these goals relate to improving the health and well-being of the population, and the other four deal with aspects of health systems strengthening.

Priorities to achieve Vision 2030

The NDP 2030 states explicitly that there are no 'quick fixes' for achieving its nine goals. The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases.
- Strengthen the health system.
- Improve health information systems.
- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.
- Review management positions and appointments and strengthen accountability mechanisms.
- Improve quality by using evidence.
- Establish meaningful public–private partnerships.

2.4 Programme Performance Information

2.4.1 Programme 1: Administration

Purpose: Provide overall management of the Department and centralised support services.

This programme consists of five sub-programmes:

- Ministry
- Management
- Financial Management
- Property Management
- Corporate Services

Human Resources Management & Development Sub-programme

This sub-programme is responsible for overseeing the provision of human resources administration services. This includes the provision of organisational development services and management of conditions of service. It is also responsible for the coordination of Performance Management and Development (PMDS) programmes. It implements skills development programmes, strengthens the capacity of employees through human resource development initiatives and ensuring compliance on the implementation of PMDS.

This sub-programme continued repositioning itself as a strategic business partner that provides sound advisory and effective Human Resource services to clients. On organisational development, the sub-programme provided technical support in the re-alignment of functional structure as well as identifying filling priority posts to enable the Department to deliver its mandate. With regards to performance management and development, the Department continued to institutionalise the performance culture by addressing the assessment backlog of Senior Management Services members at Deputy Director-General level.

The sub-programme succeeded in facilitating the seamless transfer of 299 Port Health employees to the Border Management Authority. The Department continued providing a platform for sound employee relations, wherein two collective agreements were signed at the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC). The Department also continues to facilitate the speedily handling of grievances, disputes, and disciplinary matters.

Legal Resource Sub-programme

This sub-programme is responsible for the provision of effective and efficient legal support service in line with South Africa's Constitution and applicable legislation, to enable the Department to perform and achieve on its mandate. Inter alia, this entails drafting, editing, and amending legislation and regulations and contracts administered by the NDoH; provision of legal advice and management of litigation; and management of internal appeals in terms of health legislation. The National Legal Services Forum has been re-established to ensure that there is harmonisation across the provinces in the handling of health legal matters, including the approach to managing medical litigation.

The contract with the service provider (Abacus Service Corporation) for the Case Management System expired at the end of March 2023. The NDoH has engaged the service provider through its internal Information Communications and Technology (ICT) division to explore alternatives for hosting the system. In the meantime, efforts are being made to have data capturers record the historical data in the Case Register in Gauteng, Limpopo, Northern Cape and North West Provinces. This will ensure that once the system is rolled out, the data are in the correct format for easy transfer into the system. The Case Management System has been rolled out in five provinces thus far: Free State, Gauteng, KwaZulu-Natal, Northern Cape, and North West.

The SALRC, under Project 141 - Medico-legal Claims, has undertaken an investigation of various interventions such as mediation; contingency fees; the common-law rule of 'once and for all'; and periodic or staggered payment instead of lump sum payments, among others. These investigations will lead to legislative reform. In this regard, SALRC has finalised their investigation. They are currently conducting an interim Socio-economic Impact Assessment System (SEIAS) report, which, once approved, will be presented by the SALRC to the Minister of Justice, who will then provide the Minister of Health with the proposed Bill.

In their draft final report, the SALRC has recommended that the Litigation Bill be administered by the Department of Justice and the Redress Bill be administered by the Department of Health.

Communications Sub-programme

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

The sub-programme has intensified communication efforts during the period under review, which resulted in surpassed targets for health promotion messages disseminated on social media platforms, improved media coverage, increased health facility visits, and community engagement activities led by the Minister, Deputy Minister, and Director-General. Working with health-sector stakeholders, the cluster has reinforced social media intelligence using various tools, including social listening and media monitoring to consistently track the conversations and receive feedback on health topics such as disease outbreaks, pandemics and epidemics for proactive communication and swift response to mitigate the risk of misinformation.

The sub-programme ensures that it responds in real-time to public debates that have the potential for negative impacts on the public health sector and government, e.g. during the widely publicised matter of unemployed medical doctors.

The sub-programme also participated and led the Risk Communication and Community Engagement (RCCE) workstream as part of the country`s broader pandemic preparedness response, working in close collaboration with Provincial Departments of Health, the World Health Organization Country Office, the United Nations Children's Fund (UNICEF) South Africa, the South African Red Cross, and other key stakeholders. As a core capacity of the International Health Regulations (IHR 2005), RCCE is a critical component of public health emergency preparedness and response.

The RCCE systems developed during the height of the COVID-19 pandemic have been maintained and aligned to support Pillar 10: Pandemic Prevention, Preparedness, Response and Recovery (PPPRR) of the 2nd Presidential Health Sector Compact. The RCCE Social Listening workstream activities have also been sustained beyond the COVID-19 pandemic to manage persistent misinformation concerning disease outbreaks and vaccines.

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Actual achievement 2022/23	Planned Target 2023/24	Actual achievement 2023/24	Deviation from Planned Target to actual achievement 2023/24	Reasons for Deviations
Financial Management strengthened in the health sector	Audit outcome of National DoH	Audit outcome of National DoH	Qualified Audit opinion	Unqualified audit Opinion	Unqualified audit Opinion	None	Not Applicable
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	0 invoices paid after 30 days of receiving valid invoices from Suppliers	516 invoices out of 5144 (10%) were paid after 30 days of receiving valid invoices from suppliers	-516 invoices (141 invoices = NDoH and 375 invoices = medical legal claims from Provinces)	Payment of Provincial medical legal claims that contributed 72.7% of the number of late payments. The remaining NDoH 141 late payment of invoices mainly resulted from: - Proof of delivery not attached. - Late confirmation of delivery/ rendering of goods/services by Managers or their delegates. - Suppliers changing bank accounts. - Managers at first disputing invoices. - Insufficient funds. - Interventions on payment of medico-legal claims from provinces that are already over 30 days
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	Draft Bill to manage medico-legal claims in South Africa is finalised	Draft Bill to manage medico-legal claims in South Africa has been developed	Draft Bill to manage medico-legal claims in South Africa not finalised	The Draft Bill still needs to be presented to the Minister of Justice
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	Case Management system implemented (rollout) in the remaining one of four (1/4) participating provinces (Gauteng)	Case Management system piloted in at least 4 participating Provinces	Case management system not piloted in Provinces	Case Management system not piloted in at least 4 participating Provinces	The contract for the case management system has expired. NDoH is not able to report on the information captured on the system
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	399 health promotion messages placed on NDOH social media	100 health promotion messages on NDOH social media placed	738 health promotion messages published on social media	+638 health promotion messages	More campaigns conducted

Outcome	Output	Output Indicator	Actual achievement 2022/23	Planned Target 2023/24	Actual achievement 2023/24	Deviation from Planned Target to actual achievement 2023/24	Reasons for Deviations
Community participation protected 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	8 unannounced visits to health facilities NDOH/ Minister Deputy Minister/DG/DDGs to observe service delivery	6 unannounced visits to health facilities NDOH/ Minister Deputy Minister/DG/DDGs to observe service delivery	-2 unannounced visits	The events calendar was full and could not accommodate all visits to health facilities
Community participation protected to ensure health system responsiveness and effective management of their health needs	Health Imbizos with communities	Number of Health Imbizos with communities	New Indicator	2 Health Imbizos with communities	4 Health Imbizos with communities	+2 Health Imbizos	Better planning
Staff equitably distributed and have right skills and attitude	Employment Of women in line with equity targets	Percentage of Women, employed at SMS level according to the equity targets	46% of Women, at SMS level appointed at NDoH accordingly to the equity targets	50% of Women Employed at SMS level in NDOH	45% of Women employed at SMS level in NDoH	-5%	Retirement, Death, Transfers from Promotions and Resignations
Staff equitably distributed and have right skills and attitude	Employment Of Youth in line with equity targets	Percentage of Youth employed according to the equity targets	13% of Youth appointed at NDoH accordingly to the equity targets	30% Youth employed in NDOH	5% of Youth employed in NDoH	-25%	Cost containment measures
Staff equitably distributed and have right skills and attitude	Employment Of People with disabilities in line with equity targets	Percentage of People with disabilities employed according to the equity targets	0,4% of People with Disabilities appointed at NDoH accordingly to the equity targets	7% of People with Disabilities employed in NDOH	0,11% of People with disabilities employed in NDoH	-6.89%	Non-disclosure, Lower posts are advertised internally

Strategy to overcome areas of under performance

Regarding late payment of invoices, Branch Heads were requested to investigate and put procedures in place to prevent late confirmation of service/goods delivery. The South African Law Reform Commission will table the proposed draft Bill to manage medico-legal claims in South Africa to the Minister of Justice during the new financial year. The process to contract data capturers to capture historical data for the five Provinces is underway for medico-legal case management system. Consultations underway on resources, expertise & systems required for management of the medico legal claims. To ensure staff equity, for women at SMS level, posts will be advertised three months prior to the exit of an official and the vacant posts will be prioritised., Internship appointments will be prioritised for the employment of youth, and there will be targeted recruitment for persons with disabilities. The Department will use other advertisement platforms such as social media.

Linking performance with budgets

Three of the nine outputs of this Programme were fully achieved. The table below reflects expenditure of 92.8%.

	2023/2024			2022/2023	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Ministry	41 928	41 847	81	43 954	38 778
Management	17 561	14 794	2 767	9 293	6 182
Corporate Services	389 839	381 558	8 281	411 049	398 053
Office Accommodation	168 898	141 6660	27 238	163 701	114 219
Financial Management	112 286	98 346	13 940	103 992	88 086
Total	**730 512**	**678 206**	**52 306**	**731 989**	**645 318**

2.4.2 Programme 2: National Health Insurance

Purpose: To 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:

- Affordable Medicines
- Health Financing and National Health Insurance

The Branch also manages the Centralised Chronic Medicines Dispensing and Distribution (CCMDD).

Affordable Medicines sub-programme

This sub-programme is responsible for developing the governance frameworks that improve and sustain availability and equitable access to medicines. It also implements the single exit price (SEP) regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees for private sector pharmaceuticals.

The Affordable Medicines Sub-programme is responsible for developing systems to ensure access to essential pharmaceutical commodities, achieved through the:

- Selection of essential medicines
- Development of standard treatment guidelines
- Licensing of persons and premises that deliver pharmaceutical services and related policies.
- Tender specifications and forecasts for medicines
- Award of pharmaceutical contracts
- Management of stakeholders after contract award (suppliers and provinces)
- Development of systems (Medicine Master Data System, Stock Visibility System (SVS), RxSolution, RSA pharma database) that supports the national surveillance centre (NSC) which provides relevant stock information and visibility to perform planning processes in the visibility and analytics network (VAN)

During 2023/24 financial year, support was provided to provinces to develop evidence informed budget plan with the aim of ensuring appropppriate budget allocations for medicines. Medicine availability was steady at above 85% for the duration of the financial year.

Following the completion of the 2023 edition of the Paediatric Hospital Level Standard Treatment Guidelines and Essential Medicines List, an extensive communication programme including a series of webinars were held to support the implementation.

The Health Technology Assessment (HTA) methods guide was published online, and aspects have been implemented to support value-based decision making in resource allocation recommendations.

Support was also provided to Pharmaceutical and Therapeutics Committees (PTCs). A five-part Pharmaceutical and Therapeutics Committee (PTC) training webinar series was conducted and tailored trainings were provided to four provincial PTCs. The 2023 Pharmacy month was also successfully hosted through a webinar (hosted by the South African Pharmacy Council (SAPC), as well as radio and television interviews.

In relation to antimicrobial resistance (AMR), a beta draft antimicrobial stewardship dashboard was developed, incorporating AMR and antimicrobial use data. The AMR Surveillance report 2022 was published. A successful World Antimicrobial Awareness Week was held with two webinars.

With regard to the Stock Visibility System (SVS), roll out of the Replenishment Planning solution continued with

formulary implementation in Northern Cape, Mpumalanga, and North West provinces, Min-Max optimisation in the Free State, and Advised Pull implementation in Eastern Cape (Alfred Nzo) and Free State (Xhariep). A major NSC initiative has been the creation of transition management functionality to support phase in and phase out of health products from one therapy to another.

Health Financing and National Health Insurance sub-programme

The sub-programme develops and implements policies, legislation, and frameworks to achieve universal health coverage by designing and implementing national health insurance. This includes managing the technical content of the NHI Bill in its passage through Parliament (the Portfolio Committee, National Assembly and National Council of Provinces (NCOP).

The NHI Chief Directorates are responsible for designing and developing the implementation frameworks for health financing under NHI, developing policy for the medical schemes industry, providing technical oversight of the Council for Medical Schemes, and managing the national health insurance direct and indirect grants. This includes the CCMDD for chronic medicine dispensing and distribution, various digital developments such as the health patient registration system, the National Data Centre hosting environment for NHI information systems, the Normative Standards Framework for Digital Health Interoperability, the master health facility list (MHFL), the electronic stock monitoring system, and the national surveillance centre for medicines availability.

The NHI Bill was adopted by the National Assembly in June 2023 and by the National Council of Provinces (NCOP) in December 2023. The first set of draft Regulations have been prepared.

In preparation for changes to the funding of primary health care one ‘proof-of-concept’ Contracting Unit for Primary Health Care (CUP) is being developed in each province. This is to support the future statutory capitation funding mechanism for PHC.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2022/23	Planned Target 2023/2024	Actual achievement 2023/24	Deviation from Planned Target to Actual Achievement 2023/24	Reasons for Deviations
Package of services available to the population is expanded based on 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	5 million parcels delivered to Pick up points (PUPs)	9 075 140 million parcels delivered to PUPs	+4 047 140 million parcels delivered	The programme is very popular given all its benefits and is patient driven. The programme also assists in decongesting the health facilities
Equitable Budgeting system progressively implemented, and fragmentation reduced	Model Contracting Units for Primary Health Care (CUPs) established	Model for PHC Contracting developed and documented, identified concepts (from the model) tested in 9 CUPs	New Indicator	Model for PHC contracting developed and documented, identified concepts (from the model) tested in 9 CUPs	The Model for Primary Healthcare (PHC) contracting has been developed and documented. The Model for PHC contracting is Capitation.	The testing of the identified concepts was not achieved during 2023/24.	During Parliament hearings in 2023 the CUP clause of the Bill was amended and the amendment to the Health Act (s13B) was removed, changing the nature of a CUP as shown in Clause 37 of the B 11 – 2019 of the NHI Bill. - As a result, the project was suspended pending finalisation of the Bill by 06 December 2023. Certainty was only obtained after the finaliSation of the NHI Bill. - The Capacitation Model was introduced during a three-day workshop at Dihlabeng in Free State from 5 – 7 March 2024 (workshop report attached). - Model introduced to the Heads of Departments during a seminar held on 13 February 2024.

Strategy to overcome areas of under performance

The project on Model for PHC CUPs will resume in 2024/25 financial year.

Linking performance with budgets

One of the two outputs of this Programme was fully achieved. The table below reflects expenditure of 94.2%.

	2023/2024			2022/2023	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	8 704	8 244	460	10 427	10 152
Affordable Medicine	43 096	40 922	2 174	51 519	46 383
Health Financing and National Health Insurance	1 460 854	1 375 941	84 911	1 514 156	1 309 515
TOTAL	**1 512 654**	**1 425 108**	**87 546**	**1 576 102**	**1 366 050**

2.4.3 Programme 3: Communicable and Non-Communicable Diseases

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

There are seven budget sub-programmes:

- HIV, AIDS and STIs
- TB Management
- Women, Maternal and Reproductive Health
- Child, Youth and School Health
- Communicable Diseases
- Non-Communicable Diseases
- Health Promotion and Nutrition

The HIV, AIDS and STI sub programme

The HIV, AIDS and STI sub-programme is responsible for the review and development of policies, guidelines, strategies that inform the implementation of the combination of prevention and treatment interventions to reduce the burden of HIV, AIDS and STI. It creates an opportunity for the provision of prompt treatment of HIV and other sexually transmitted infections, generating the platform for scientific evidence, innovation for HIV epidemic response, and providing capacity-building and technical assistance to the provinces, districts, and facilities for optimised implementation of the HIV, AIDS and STI programme. It further co-ordinates the donors that support the programme and engages in ongoing resource mobilisation, monitoring and evaluation to ensure that 95% of people within the sub-population who are living with HIV know their HIV status, that 95% of people within the sub-population who are living with HIV who know their HIV status are on ART, and that 95% of people within the sub-population who are on ART have viral suppression.

During 2023/24 financial year, the rate of new HIV infections reduced from 164 000 in 2022 to 146 784. Other notable progress is the decline of the HIV-related death rate to 44 534 in 2023, compared to 92 129 reported in the past decade. Most PLHIV are adult females (5.1 million), compared to 2.7 million adult men and about 250 000 children under 15 living with HIV.

This sub-programme has made significant progress in the HIV and AIDS response by ensuring that 5.9 million people were on life-saving ART in February 2024. In FY2023/24 alone, we have increased the number of PLHIV on ART by over 251 206, while the number of PLHIV who are virally suppressed increased by 510 469. As more PLHIV are brought into and maintained in care and treatment programmes, HIV-related mortality has decreased dramatically and the life expectancy of PLHIV has increased, which has in turn stabilised the prevalence of HIV in the country. As of February 2023, South Africa was at 95-79-93 against the UNAIDS 95-95-95 targets.

The HIV, AIDS and STI Sub-programme celebrated the achievement of the first 95 target. This means that 95% of people living with HIV in South Africa know their status. To accelerate progress towards the achievement of the 95-95-95 targets, the sub-programme aims to accelerate its focus. One hundred facilities have been prioritised based on the gap in ART coverage in their catchment areas. These facilities are spread across all nine provinces, and our efforts are focused on a) the establishment and operation of the effective Nerve Centres; b) supportive supervision; c) continuous Quality Improvement at facilities; and d) use of data for performance improvement, thus moving away from a compliance-driven reporting focus.

The sub-programme has noted the slight improvement in both female and male condom distribution. HIV testing capacity has increased over time, enabling more people to learn their HIV status; and HIV positivity has been declining. HIV self-screening was expanded to over 800 facilities to assist in reaching key populations. About 91% (which translates to over 2.8 million) clinically stable patients on ART have been transitioned to Differentiated Models of Care (DMoC).

In the quest to achieve the 95-95-95 targets, the largest gap remains at the second 95 target, requiring an estimated 1.1 million patients to be initiated on treatment. Challenges remain for certain groups; for example, men and children do not fare as well as adult females in the treatment cascade, with the data showing that we have reached only 95-72-93 and 82-67-67 of the cascades for men and children respectively. To fulfil the second 95 target, 586 192 men, 530 737 women, and 71 763 children living with HIV in South Africa must be initiated on treatment.

In undertaking these acceleration efforts, the NDoH fully recognises the value of partnerships and the opportunities that these present. Notably, we continue to maintain the Government of South Africa/US Government Bilateral Agreement to provide support for better health outcomes. The existence of the Centres for Disease Control and Prevention (CDC) Co-operative Agreement expands and strengthens healthcare services to improve access to quality HIV and AIDS, TB and STI services in the public sector, with the aim of increasing access to care for PLHIV, using the existing NDoH guidelines and supported by the UNAIDS 95-95-95 approach. This support further strengthens the capacity of the NDoH through key personnel for TB and HIV programmes. There are currently 30 funded staff across the programmes. The Global Fund supports the South African Government and the NDoH specifically to complement HIV/AIDS, TB and malaria interventions. The South African National AIDS Council (SANAC); donors such as the Bill & Melinda Gates Foundation, and development partners such as the WHO, UNAIDS, UNICEF, the Clinton Health Access Initiative (CHAI), and many others play a significant role in our country's HIV/AIDS response.

In February of FY2023/24, the Minister of Health Dr Phaahla, entered a commitment with the US President's Emergency Plan for AIDS Relief (PEPFAR) and other key stakeholders to foster HIV accelerator priorities which will improve programme performance to achieve the 95-95-95 targets, especially closing the gaps for the second and third 95 targets. The five accelerator priorities launched are:

a) Reduce the frequency of patient visits to facilities by optimising long treatment access through implementation of three-/multi-month dispensing (3MMD) and demonstration of six-month dispensing (6MMD) of medication.
b) Closing the gaps in the 95-95-95 cascade with focus on specific sub-populations such as paediatric patients, youth and men.
c) Improved efficiencies through mapping of human resources for health.
d) Increasing demand for HIV testing and treatment services through implementing and promoting the 'Undetectable equals Untransmitable' (U=U) messaging campaign.
e) Implementation of monitoring through mutual accountability, collaboration, and partnership among stakeholders to facilitate the acceleration.

The Tuberculosis Management sub-programme

This sub-programme is responsible for developing national policies and guidelines, setting norms and standards for TB services, and monitoring their implementation in line with the vision of a South Africa free from the burden of TB, as outlined in the 2023-2028 National Strategic Plan for HIV, TB and STIs (NSP).

During the 2023/24 financial year, the TB sub-programme implemented a second iteration of the TB Recovery Plan, which contained bold interventions to ramp up successes gained in the previous year, as well as to focus attention on key success drivers. The seven objectives of the plan were to create demand for TB testing through advocacy and communication; accelerate the implementation of targeted universal TB testing; establish reliable linkage pathways; improve retention in care; strengthen TB prevention; improve governance and accountability and strengthen TB testing and treatment services in the mines. This plan has also helped to accelerate efforts towards meeting the global 'End TB' targets. These activities were supported by donors such as the Global Fund, USAID and other partners.

For globally monitored indicators, compared to 2015, South Africa has made spectacular improvements in reducing TB incidence. We have witnessed a 53% reduction in TB incidence between 2015 and 2022. TB treatment coverage increased from 59% in 2021 to 77% for the first time, exceeding the global average in 2022. However, since 2015, we had only a 17% reduction in TB-related deaths, while 56% of our people suffered catastrophic costs associated with TB (World Health Organization: Global Tuberculosis Report, 2023).

Under the second TB Recovery Plan, performance highlights show that there was continued success in finding TB to END TB. During the current reporting period, close to 2.9 million first line TB tests (TB nucleic acid amplification tests – TB NAAT) were conducted in South Africa, a 12% increase compared to the performance reported for the 2022/23 financial year.

Treatment success rates are crucial indicators of the effectiveness of TB control programmes. South Africa has been working to improve treatment outcomes, aiming for high success rates, which include cure and treatment completion. The treatment success rate for 2021 was below 80% compared to the target of 85%. The suboptimal treatment success rate is influenced by several challenges such as late presentation and diagnosis, stigma, co-infection with HIV, and healthcare infrastructure limitations, to name but a few. Great strides have been made in reducing TB deaths among HIV-co-infected patients, and the estimated number of deaths in this group continues to decline. In addition, there is high ART uptake among TB/HIV co-infected patients that has a proven impact on TB deaths in countries with a high burden of TB, TB/HIV and multidrug-resistant TB (MDR-TB). However, since 2015, estimates suggest that there may be in increase in the number of TB deaths among HIV-negative people in South Africa, which is a cause for concern.

A major achievement during the year was the national implementation of a six-month regimen for drug-resistant TB, and over 2 000 patients were initiated on this new regimen since September 2023, which will lead to major improvements in treatment successes to be reported in months and years to come. Another achievement is the scale-up of the TB Quality Improvement Approach to all nine provinces. We also implemented the TB Preventive Therapy known as 3HP (a three-month regimen of rifapentine and isoniazid) to all provinces.

The Women, Maternal and Reproductive Health sub-programme

This sub-programme is responsible for developing and monitoring policies and guidelines, setting norms and standards for maternal and women's health services, and monitoring the implementation of these services.

There has been noticeable improvement in the maternal and child mortality rates, despite a slow-down during COVID-19. The National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD) is responsible for assessing and monitoring maternal deaths that occur in health facilities, and reports on the institutional Maternal Mortality Rate (iMMR). The iMMR has declined from 189 deaths per 100 000 live births in 2009 to 98.8 deaths per 100 000 live births in 2019, but increased during 2020 as a result of both direct maternal deaths due to COVID-19 and indirect deaths resulting from disruption of services.

In financial year 2023/24, there was a decline in maternal mortality to 100.6 per 100 000 live births. According to the Saving Mothers Report 2020-2022, the main causes of maternal deaths in the past triennium include non-pregnancy-related infections (NPRI) as the leading cause of maternal death, and thus accounted for 180 (18.6%) of deaths). The hypertensive disorders of pregnancy (HDP) were the second most common cause, accounting for 166

(17.1%) of deaths, followed by obstetric haemorrhage (OH) which accounted for 162 deaths (16.7%).

On the other hand, neonatal mortality in facilities has also been hovering around 11.1 and 12 per 1 000 live births over the previous 10 years. The National Perinatal Morbidity and Mortality Committee (NaPeMMCo) mainly reports on the triangulation of the Perinatal Problem Identification Programme (PPIP) and the DHIS data to collate its Saving Babies Report. The latest edition of this report (2020-2022) records the neonatal mortality rate as 12.1 per 1 000 live births. The neonatal mortality seems to be quite stagnant with the largest contributors to mortality being high perinatal mortality (30.4 per 1 000 live births), with intrauterine deaths, neonates with very low birth weight, as well as a high number of stillbirths (20.6 per 1 000 live births) -most being unexplained stillbirths. According to the DHIS for the financial year 2023/24, the performance is at 13.4 per 1 000 live births as at March 2024.

Under the MCWH programme, including neonatal, sexual and reproductive health, the Department commenced the updating of the 2016 Maternal Care Guidelines in collaboration with the WHO, UNICEF (country offices), the NCCEMD, the NaPeMMCo, maternal and neonatal health experts, researchers, and academic partners, as well as the inclusion of frontline clinical implementers in early 2021. The Newborn Care Guidelines included the process of incorporating and synergising portions of guiding documents such as the 2014 Management of Small and Sick Neonates (MSSN), Helping Babies Breathe (HBB), the Newborn Care Toolkit, the Standard Treatment Guidelines, and enhancing these with rich clinical expertise to create a new set of guiding outlines. The updating of guidelines was established as a first phase of the implementation of the 2021 Maternal, Perinatal and Neonatal Health Policy. The updating process entailed numerous broadly inclusive consultative meetings and national ratification requirements, which ended in November 2023.

The set of the MNH guidelines encompasses the clinical care guidelines for clinicians as well as the Health Systems Guidelines for MNP services for managers in maternal and neonatal settings. It is envisaged that with algorithm-driven systems, frontline workers can receive tailored guidance based on specific patient demographics, medical histories, and regional epidemiological trends. This dynamic approach ensures that recommendations remain relevant and responsive to evolving healthcare needs, ultimately improving patient outcomes.

Despite the national cost-containment measures, the Departmental MCWH staff made use of technology as a catalyst to bridge the gap between guidelines and their effective implementation on the frontlines. This arose from the realisation of the complex maternal and neonatal care realm and the challenges of managing this area of work. By harnessing digital platforms, healthcare systems were able to disseminate crucial guidelines swiftly, accurately, and comprehensively, ensuring that frontline workers are equipped with the latest guidance for evidence-based good practices.

Through online Zoom webinars on the Department's Knowledge Hub portal that were scheduled from February 2024, the Cluster team started educating the public, clinicians, and interested partners who registered and attended the webinars. The MNH Directorate will continue cascading the outstanding guidelines through webinars, and plans to develop interactive modules, instructional videos, and virtual simulations to enhance this resource. Training modules on all the guidelines will supplement the textual guidelines, as well as modules on the Essential Steps in the Management of Obstetric Emergencies (ESMOE) to improve clinical skills.

During the 2023/24 financial year, the sub-programme continued to focus on improving clinicians' skills and knowledge on sexual and reproductive health services, following the attrition rates incurred during the COVID-19 pandemic. Online sexual and reproductive health training materials and courses are available on the Knowledge Hub to ensure that clinicians are kept up to date with developments regarding these services. The training package is the cornerstone of a comprehensive, client-centred, quality-focused approach to SRHR skills provision in the country and is a comprehensive guide for successful implementation of SRHR programmes for all South Africans.

The sub-programme also prepared for the introduction of human papillomavirus (HPV) screening as a key component of efforts to eliminate cervical cancer through early detection and treatment of pre-cancerous lesions. All provinces have identified pilot sites, and HPV screening will be introduced early in 2024/25. The Department has conceptualised the mother/daughter pair as one measure to ensure that girl children receive HPV vaccination at nine years of age, while the mothers of 30 years and older start with HPV screening. This approach also prioritises HIV-positive mothers for HPV screening so that they can be started on treatment if they are diagnosed.

Child, Youth and School Health sub-programme

This sub-programme is responsible for policy formulation, co-ordination, and the monitoring and evaluation of child, youth, and School Health services, and co-ordination of stakeholders within and beyond the health sector to play key roles in promoting improved health and nutrition for children and young people.

The sub-programme is made up of five sub-directorates, namely Child Health, Child Nutrition, Paediatric and Adolescent HIV, the Expanded Programme on Immunisation (EPI) and Youth, Adolescent and School Health. The sub-programme's priorities remain to ensure that all children survive and thrive through prevention and management of common illnesses such as pneumonia, diarrhoea, HIV, and malnutrition, and through the promotion of optimal infant and young child feeding, ensuring that all children are fully immunised, and supporting early childhood development. School Health services focus on screening of learners in Grades 1 and 8, as well as oversight of the HPV vaccination campaign, whilst improving access to adolescent sexual and reproductive health services both in and out of school settings remains a priority for improving adolescent health and well-being.

During the 2023/24 financial year, two new vaccines were introduced into the EPI schedule. The measles rubella vaccine replaced the measles vaccine as an important step towards elimination of rubella and congenital rubella syndrome; and the tetanus diphtheria pertussis (TdaP) vaccine replaced the tetanus diphtheria (Td) vaccine to protect young infants as well as adolescents and pregnant women from whooping cough. Surveillance of vaccine-preventable diseases, especially polio surveillance, was also improved. This is extremely important given the occurrence of polio cases in neighbouring countries.

The sub-programme continued to implement the Side-by-Side campaign, which aims to support caregivers and families by providing the full range of early childhood development services. Season 3 of the flagship 'Side-by-Side' radio show was aired weekly in 10 official languages across 11 radio stations, with the series reaching an estimated 3.7 million listeners per week.

The Deputy President, Honourable Mr Paul Mashatile, officially launched the South African Chapter of the Global Alliance to end AIDS in children by 2030 (GAA), led by his wife, Humile Mashatile, who is now the ambassador for the GAA. The Global Alliance focuses on four pillars, namely: early testing and optimal treatment and care for infants, children and adolescents; closing the treatment gap for pregnant and breastfeeding women living with HIV, to eliminate vertical transmission; preventing new HIV infections among pregnant and breastfeeding adolescent girls and women; and addressing rights, gender equality and the social and structural barriers that hinder access to services.

Communicable Diseases sub-programme

This sub-programme is responsible for policy development and supports provinces in ensuring the control of infectious diseases with the support of the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service (NHLS). It strengthens preparedness and core response capacity for public health emergencies in line with 2005 International Health Regulations (IHR) and facilitates the implementation of influenza prevention and control programmes, tropical disease prevention and control programmes, and malaria elimination.

The sub-programme consists of two Directorates, namely:

- Communicable Disease Control
- Malaria and Other Vector-borne Diseases

During 2023/24 financial year, the sub-programme successfully co-ordinated the response to the cholera outbreak that affected Gauteng, Limpopo, Free State and North West Provinces. The roll-out of schistosomiasis mass drug administration to school-aged children was conducted in six districts in KwaZulu-Natal.

The sub-programme provided overall strategy and policy direction for the implementation of key interventions, as outlined in the National Malaria Elimination Strategic Plan 2019-2023. Although there was a 13% increase in the total number of cases in 2023/24 (8 457) compared to 2022/23 (7 297), a 6% decrease in malaria deaths was reported for the same period (81 in 2023/24, and 86 in 2022/23). Of the total number of malaria cases reported in 2023/24, 31% (2 660) were classified as local, while 69% (5 797) were classified as imported.

To respond to the local transmission in the three malaria-endemic provinces (KwaZulu-Natal, Mpumalanga, and Limpopo), targeted interventions were implemented to curb introduced cases that largely fuel onward local transmission. The FOCI Clearing Programme was implemented in the targeted sub-districts of KwaZulu-Natal and Mpumalanga as an accelerator to respond to local cases in areas nearing malaria elimination. The test-and-treat model applied by mobile surveillance units and Environmental Health Practitioners was deployed in high-transmission border areas to address the importation and prevention of introduced malaria cases.

Non-communicable Diseases sub-programme

This sub-programme is responsible for development of national policy, legislation, guidelines, norms and standards, and for supporting provinces in implementing and monitoring services for chronic non-communicable diseases; disability and rehabilitation; older persons; eye health; palliative care; mental health and substance abuse, including forensic mental health services, organ transplant services, as well as health sector responsibility in terms of the Child Justice Act 75 of 2008.

The sub-programme consists of two Directorates, namely:

- Mental Health and Substance Abuse
- Non-communicable Diseases

During the 2023/24 financial year, the Mental Health and Substance Abuse Programme made strides towards further strengthening of access to quality mental health services. A situational analysis of the public mental health system's ability to cater for the needs of children and adolescents with psychosocial disabilities in South Africa was conducted, and a report was produced and shared with provinces and stakeholders to inform interventions to strengthen child and adolescent mental health services. The content of the report was used together with other relevant reports and literature to develop a draft national plan to strengthen the public health sector's capacity to cater for the mental health needs of children and adolescents.

The Cluster continued with efforts to increase the capacity and efficiencies of designated psychiatric hospitals to admit more State patients to address the problem of those who wait for long periods in correctional centres. In this financial year, 338 new State patients were admitted in psychiatric hospitals. This is an increase from the 228 State patients who were admitted in the previous financial year.

Contracting of psychiatrists, psychologists, registered counsellors, occupational therapists and social workers to complement the already available staff, to render mental health services at PHC level, and to assist with forensic mental observations in terms of the Criminal Procedure

Act 51 of 1977 continued. The draft Regulations for licensing community mental health day-care and residential care facilities for people with mental illness and/or severe or profound intellectual disability were approved by the National Health Council. These Regulations are critical for improving the conditions in community-based mental health facilities by enforcing a set of minimum requirements to ensure delivery of quality care, treatment and rehabilitation services that comply with basic human rights principles, rendered in a therapeutic, humane and safe environment.

The profile of mental health was raised through a national mental health conference with an attendance of more than 700 people. The Department continued to use various platforms to educate the public on mental health including radio and television interviews, social media messaging, and community events. The Department sustained its collaboration with the South African Medical Research Council (SAMRC) on a project to determine substance abuse trends in the country through data collected from substance abuse treatment centres and reported bi-annually to inform planning and delivery of services.

As a means of preventing and controlling non-communicable diseases (NCDs), the Department is implementing a National NCD Campaign to improve early detection of NCDs and link patients to care. This campaign strengthens the district's community-based response in line with the Integrated People-centred Health Service approach on the prevention and control of NCDs, with an initial focus on hypertension and diabetes. The implementation of this campaign has led to an increase in the number of people screened for hypertension and diabetes, so that people diagnosed with these conditions can be initiated on treatment as early as possible. To assist provinces with implementing the NCD Campaign, the NDoH procured the equipment needed for screening in PHC facilities and in the community.

Health Promotion and Nutrition sub-programme

This sub-programme consists of three Directorates, namely Health Promotion, Nutrition, and Oral Health, and is responsible for developing and disseminating regulations, policies, strategies, guidelines, norms and standards for health promotion, nutrition, and oral health. It monitors their implementation and conducts evaluations to identify areas for improvement, ensuring that the programme remains effective and adaptable to evolving health needs. Additionally, the sub-programme focuses on enhancing public health outcomes, particularly by reducing premature mortality from NCDs. This is achieved through disease prevention initiatives, promoting healthy lifestyles, and improving access to essential services in nutrition and oral health in collaboration with Provincial Health Departments, other governmental departments, non-governmental organisations, academic and research institutions, civil society, and community-based programmes.

During the 2023/24 financial year, the sub-programme developed a position paper on restricting advertising of unhealthy food to children. The position paper will be discussed during consultation with key stakeholders with the aim of developing a legal instrument for the country to assist in curbing the high prevalence of childhood overweight and obesity. Through support from the WHO, the sub-programme has begun the process of integrating services for the prevention and management of obesity into the healthcare system and in this regard, South Africa is among the 28 frontrunner countries globally.

Various campaigns were conducted to create awareness among South African citizens on the importance of good nutrition, physical activity, oral health, and the risk of using tobacco and related products. The Oral Health policy and strategy was finalised and approved by the National Health Council, and the Control of Tobacco Products and Electronic Delivery Systems Bill was introduced to Parliament by the Deputy Minister of Health; the Bill is currently being processed by Parliament, and during the 2023/24 financial year, public consultations were conducted in seven of the country's nine provinces.

As part of improving the quality and safety of patient care, more food service units in public hospitals were assessed and supported to comply with the Department's food service policy. The National Oral Health Policy and Strategy has been approved by the National Health Council.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output indicator	Audited actual achievement 2022/23	Planned Target 2023/2024	Actual achievement 2023/2024	Deviation from Planned Target to Actual Achievement 2023/2024	Reasons for Deviations
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Facilities offering HIVSS Self Screening (HIVSS)	Number of facilities offering HIV Self Screening	694 facilities offering HIV Self Screening	340 facilities offering HIV Self Screening	839 facilities offering HIV Self Screening	+499 facilities	Provinces are sustaining the current facilities implementing the modality
HIV incidence Among youth Reduced	PHC facilities with youth zones	Number of PHC Facilities with youth zones	1845 PHC facilities with youth zones	2100 PHC facilities with youth zones	2101 PHC facilities with youth zones	+1 PHC facility	The National Youth program manager supported the province in data verification and reporting
Significant progress made towards ending TB by 2023 through improving prevention and treatment strategies	Improved TB Treatment adherence	Drug-susceptible (DS) - TB Treatment Success Rate	77.6%	90%	71.5%	-18.5%	Poorly coordinated outreach teams to trace treatment interrupters and screen for TB at community level
Significant progress made towards ending TB by 2023 through improving prevention and treatment strategies	Improved TB Treatment adherence	RR/MDFTB clients Treatment success rate	New Indicator	78%	60.7%	-17.3	Weak participation of TB in existing HIV adherence clubs. Inadequate Social Behavioural Change Communication implementation to address the community Inadequate TB patient's support by families and communities.
Progressive improvement in the total life expectancy of South Africans	Find and Treat people with TB disease	Number of people started on TB treatment	189 790	223654	180421	-43233	Patients are confirmed with TB and end up not started on treatment due to various factors such as transport, social behavioural issues, lack of income and food.
Maternal, Child, Infant and neonatal mortalities reduced	Improved surveillance for Vaccine-Preventable Diseases (polio)	Number of districts with a nonpolio Acute Flaccid Paralysis (NPAFP) Detection rate of ≥ 4 per 100,000 amongst children < 15 years	New Indicator	42 districts	8 districts	-34 districts	Limited capacity for national coordination of AFP surveillance. Shortage of surveillance officers at district level. Travel restrictions of officials to conduct Non-Polio AFP active case search due to cost curtailment.
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	4	0	-4	The Cervical Cancer Elimination Strategy that includes the national HPV screening algorithm was not finalised during 2023/24. KwaZulu-Natal had made significant progress by developing a provincial algorithm and an implementation plan but had not begun to conduct testing. All other provinces experienced more significant delays in preparing for implementation.

Outcome	Output	Output indicator	Audited actual achievement 2022/23	Planned Target 2023/2024	Actual achievement 2023/2024	Deviation from Planned Target to Actual Achievement 2023/2024	Reasons for Deviations
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	6065 clinicians completed one of the SRH module online	128 clinicians Trained and certified competent in any of the 14 SRH modules	886 clinicians Trained and certified competent in any of the 14 SRH modules	+758 clinicians	The demand for and uptake of online training on SRH was higher than anticipated.
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)	Schistosomiasis Mass Drug Implementation Plan is in progress and not finalised as at 31 March 2023	5 Schistosomiasis Endemic districts administering Praziquante for school Attending children (SAC)	6 Schistosomiasis Endemic districts administered Praziquante for school Attending children (SAC)	+1 district	Intensive community engagement and cooperation from the Province
Maternal, Child, Infant and neonatal mortalities 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	New Indicator	2 subdistricts implementing the Foci clearing programme	2 subdistricts implementing the Foci clearing programme	None	Not Applicable
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for hypertension	Percentage of Clients 18+ screened for hypertension	New Indicator	9 provinces screen overall 60% of clients 18+ for hypertension	9 provinces screen overall 79 % of clients 18+ for hypertension	+19% of clients 18+ screened	Extended screening into the community

Outcome	Output	Output indicator	Audited actual achievement 2022/23	Planned Target 2023/2024	Actual achievement 2023/2024	Deviation from Planned Target to Actual Achievement 2023/2024	Reasons for Deviations
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened For diabetes	Percentage of Clients 18+ screened For diabetes	New Indicator	9 provinces screen overall 60% of clients 18+ for diabetes	9 provinces screen overall 79% of clients 18+ for diabetes	+19% of clients 18+ screened	Extended screening into the community
Premature mortality due to NCDs reduced to 26% (10% reduction)	National NCD Campaigns conducted	Number of National NCD Campaigns conducted	New Indicator	4 National NCD Campaigns conducted	4 National NCD Campaign conducted	None	Not Applicable
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	Position paper on Restricting advertising of un-healthy food during children TV times and on other children's platform developed	Position paper on Restricting advertising of unhealthy food during children TV times and on other children's platform developed	None	Not Applicable
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	252 new State patients admitted into designated psychiatric hospitals	200 new State Patients admitted Into designated Psychiatric hospitals	338 new state patients admitted into designated psychiatric hospitals	+138 new state patients admitted	Increased support to Provinces and intersectoral collaboration
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	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 draft national Implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescent developed	None	Not Applicable
Quality and Safety of Care Improved	Hospital that obtained 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	Additional 84 hospitals (including 2 Tertiary hospital) obtained 75% and above on the food service policy assessment	296 hospitals (Additional 96) obtain 75% and above on the food service policy assessment tool	297 hospitals (Additional 97) hospitals obtained 75% and above on the food service policy assessment tool	+1 hospital	Not Applicable

Strategy to overcome areas of under performance

The Department will implement the commitments towards the improvement of the performance on HIV and AIDS especially towards reaching the UNAIDS targets of 95-95-95.

Mortality audits are being conducted in provinces with high death rate and remedial actions put in place. Provinces were advised to update patient referral care pathway. tracing and retention of TB and HIV patients will be intensified. This will be conducted through the co-operation and collaboration with the community and other stakeholders, working on the TB programme based on full implementation of the TB Recovery Plan Version 3.0. Closer collaboration between the Community Health Worker programme and the TB programme will align the numbers of TB patients traced and linked to care. Intensified Social and Behavioural Communication and Change programme will encourage people to come for and remain on treatment.

Deep dives on data are being conducted in identified Provinces and districts to discern reasons for not starting patients on treatment (8 districts were targeted).

The HPV screenings for cervical cancer will commence during the new financial year, following the development and approval of the algorithms at provincial levels.

Provinces were encouraged to advocate for resources, improve vaccination coverage and strengthen surveillance of the Vaccine Preventable Diseases including polio. A National Surveillance Manager was deployed by the WHO to coordinate AFP and Measles surveillance. Surveillance Officers were appointed by WHO to support AFP and measles surveillance in KwaZulu-Natal, Eastern Cape and Mpumalanga. Supportive supervision will be enhanced at all levels and training for doctors on non-Polio AFP. Twelve of the seventeen outputs of this Programme were fully achieved. The table below reflects expenditure of 99.7%

Linking performance with budgets

Twelve of the seventeen outputs of this Programme were fully achieved. The table below reflects expenditure of 99.7%

	2023/2024			2022/2023	
Sub-programmes	**Final appropriation**	**Actual expenditure**	**Variance**	**Final appropriation**	**Actual expenditure**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**
Programme Management	4 008	3 127	881	23 199	19 421
HIV, AIDS and STIs	23 351 774	23 341 969	9 805	24 568 163	24 505 577
Tuberculosis Management	30 160	28 770	1 390	27 608	24 176
Women's Maternal and Reproductive Health	14 176	14 011	166	16 419	12 849
Child, Youth & School Health	26 442	24 892	1 550	24 616	21 920
Communicable Diseases	174 983	147 157	27 826	2 147 425	1 378 680
Non-Communicable Diseases	90 231	68 035	22 196	84 424	56 952
Health Promotion and Nutrition	32 368	31 148	1 220	32 168	29 996
Total	**23 724 142**	**23 659 109**	**65 033**	**26 924 022**	**26 049 571**

2.4.4 Programme 4: Primary Health Care Services

Purpose: Develop and oversee implementation of legislation, policies, systems, and norms and standards for a uniform District Health System, Environmental Health Services, and Emergency Medical Services.

There are three budget sub-programmes:

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

District Health Services sub-programme

This sub-programme promotes, co-ordinates, and institutionalises the District Health System, integrates programme implementation using the PHC approach, and co-ordinates the Traditional Medicine Programme.

The sub-programme consists of two Directorates, namely:

- Primary Health Care Services
- District Development

During the 2023/24 financial year, the sub-programme established 1 805 (52%) governance structures out of 3 472 PHC facilities (clinics and community health centres). Furthermore, 238 (68%) functional District Hospital Boards (HBs) were established. A total of 211 training facilitators were trained by the NDoH on the Clinic Committees Training Compendium, and 970 PHC facility committees were trained to implement the Handbook for Governance Structures. The Department increased the number of facilities with Ideal Clinic status from 2 046 in 2022/2023 to 2 706, representing 78% of the total number of PHC facilities.

The final draft of the District Health System Policy Framework and Strategy for 2024 to 2030 was developed, following the extensive consultation with the provincial structures and external stakeholders. It will be taken through the processes of formal approval in the 2024/25 financial year. The District Health Management Office (DHMO) Guidelines are continuously being utilised by districts as a guide to prioritise district health management structures. The review of the DHMO Guidelines is dependent on the current pilot of the structure and functions of the CUPs.

As part of Community Outreach Services, a total of 46 672 Community Health Workers (CHWs) were contracted through indirect conditional grant funds. At the end of the reporting period, a total of 17 916 405 households were visited by CHWs to provide preventive and promotive care as well as early detection and referral services.

The Department hosted a Traditional Medicine Summit aimed at creating a platform for all stakeholders in the sector to discuss impediments hindering the institution of traditional medicine as a complementary service in South Africa's national health system. The summit resulted in a production of a strategy for implementation of a partnership between the Department and Traditional Health Practitioners at PHC level; a roadmap for the amendment of the Traditional Health Practitioners Act 22 of 2007; a process for finalisation of the Policy on Traditional Medicine for South Africa, and appointment of the interim Traditional Health Practitioners Council of South Africa.

Environmental and Port Health Services sub-programme

This sub-programme is responsible for coordinating the delivery of environmental health services, including the monitoring of delivery of municipal health services and ensuring compliance with international health regulations by coordinating Port Health services at all South Africa's points of entry. This sub-programme also provides over-sight and support through policy development.

During the 2023/24 financial year, the sub-programme conducted 26 assessments of district and metropolitan municipalities that performed below 85% for compliance with the environmental health norms and standards in executing their required functions, and improvement plans were monitored.

Thirty ports of entry were capacitated, assessed, and supported to be fully compliant with the requirements of the 2005 International Health Regulations. The transfer of Port Health Services from the NDoH to the Border Management Authority (BMA) was successfully facilitated on 1 April 2023, in response to Parliament's decision to integrate functions at points of entry. As part of its continued support to the BMA during the transitional phase, the sub-programme facilitated the appointment of Community Service Environmental Health Practitioners and the extension of Environmental Health Practitioners' contracts to strengthen the resource capacity at ports of entry.

On the issue of governance, the sub-programme played a leading and instrumental role in the development and implementation of various policies and legislative instruments across the sector, which included the following:

- Vector Control: Manual for Environmental Health Practitioners in South Africa, 2022.
- Guideline on the Development of a Public Emergency Contingency Plan for Points of Entry, 2023.
- Guideline for Cholera Preparedness and Response: Environmental Health Interventions, 2023
- Guidelines on Submission and Management of Group I Hazardous Substances (Revised), 2023
- Guidelines for Investigation and Environmental Control of Human Chemical Exposure and Poisoning Cases: A Guide for Environmental Health Practitioners, 2022.
- Lead Sampling and Screening Guideline for Environmental Health Practitioners, 2022.

The sub-programme has made strides in compliance with the legislative obligation in Chapter 3 of the National Environmental Management Act 107 of 1998 for the implementation of the Environmental Management Plan (EMP) 2020-2025, gazetted on 7 October 2022. The 3rd Annual Compliance Report of 2021/22 was adopted by the Environmental Management Plans/Environmental Implementation Plans (EMPs/EIPs) Sub-committee on

18 July 2023 and approved in October 2023. The 4th Annual Compliance Report of 2022/23 was presented to the EMPs/EIPs Sub-committee in January 2024, to outline progress on EMP implementation for the financial year 2022/23.

Emergency Medical Services and Trauma sub-programme

This sub-programme is responsible for improving the governance, management and functioning of Emergency Medical Services (EMS) in South Africa by formulating legislation, policies, guidelines, norms and standards; strengthening the capacity and skills of EMS personnel; identifying needs and service gaps; and providing oversight to provinces.

In terms of Section 27 of the Constitution, all citizens have a right to emergency care. As such, public Emergency Medical Services (EMS) responds to all emergency calls received. Urbanisation, migrant populations, and the increased frequency of storms, floods, disease outbreaks and civil unrest have increased the demand for EMS.

During the 2023/24 financial year, all provinces complied with the completion of the EMS Station assessments in terms of the draft Regulations relating to Standards for Emergency Medical Services. The assessments were used to measure compliance levels and to develop a quality improvement plan per EMS Station. Poor infrastructure remains a major challenge nationally. A national assessment of all public EMS Stations is currently under way, and this exercise will inform the national infrastructure development project.

At least three of our public EMS Colleges have received accreditation from the Health Professions Council of South Africa, the Council for Higher Education, and the South African Qualifications Authority to offer EMS programmes on the Higher Education Qualifications Sub-framework.

Outcomes, outputs, output indicators, targets, and actual achievements

Table 1: Report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2022/2023	Planned Target 2023/2024	Actual achievement 2023/2024	Deviation from Planned Target to Actual Achievement 2023/2024	Reasons for Deviations
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	District Health System Policy framework and strategy for 2024-2029 developed	Final Draft District Health System Policy framework and strategy for 2024-2029 developed	District Health System Policy framework and strategy for 2024-2029 is in final draft	There was extensive consultation with the Provinces and external stakeholders
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Revise District Health Management Office (DHMO) guidelines developed and approved	Revised District Health Management Office (DHMO) Guidelines developed and approved	District Health Management Offices (DHMO) Guidelines tested in 38	Revised District Health Management Office (DHMO) Guidelines developed and approved	Final Draft District Health Management Office (DHMO) Guidelines developed	Revised District Health Management Office (DHMO) Guidelines not developed and approved	The content of these guidelines is dependent on the structure and functions of the contracting units for primary health care (CUPs).
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	30 967 463	20 500 000	19 549 643	-950 357	Many community health workers have left the programme and not replaced due to budget cuts
Community participation promoted to ensure health system responsiveness and effective management of their health needs	PHC facilities with a Clinic Committee	Percentage of PHC Facilities with a Clinic Committee	New Indicator	50%	52%	+2%	Engagements with Provincial leadership requesting MECs to prioritise the appointment of clinic committees yielded positive results
Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Ports of entry services compliant with international health regulations per year	Number of ports of entry compliant with international health regulations	25 ports of entry compliant with international health regulations based on self-assessments	30 ports of entry Compliant with international Health regulations	30 ports of entry Compliant with international Health regulations	None	Not Applicable
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	28 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	26 Metropolitan and District municipalities were assessed for compliance to National Environmental Health Norms and Standards	None	Not Applicable
Quality and Safety of Care Improved	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance With Emergency Medical Services Regulations	9 Provinces assessed for Compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for Compliance with Regulations relating to Standards for Emergency Medical Services	None	Not Applicable

Strategy to overcome areas of under performance

The content of the revised District Health Management Office Guidelines will be confirmed only after the structure and functions of Contracting Units for Primary care have been piloted. The Final Draft District Health System Policy Framework and Strategy for 2024-2029 will be taken through the processes of formal approval during the 2024/2025 financial year. The targets for Community Outreach Services will be reviewed.

Linking performance with budgets

Four of the seven outputs of this Programme were fully achieved. The table below reflects expenditure of 99.8%.

	2023/2024			2022/2023	
Sub-programmes	**Final appropriation**	**Actual expenditure**	**Variance**	**Final appropriation**	**Actual expenditure**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**
Programme Management	6 487	3 936	2 551	6 158	4 530
District Health Services	2 948 815	2 947 602	1 213	4 907 158	4 906 387
Environmental and Port Health Services	27 422	26 965	457	232 142	229 252
Emergency Medical Services and Trauma	11 346	11 300	46	9 286	9 073
Total	**2 994 070**	**2 989 803**	**4 267**	**5 154 744**	**5 149 242**

2.4.5 Programme 5: Hospital Systems

The sub-programme develops national policy on hospital services and responsibilities by level of care; provides clear guidelines for referral and improved communication; develops specific and detailed hospital plans; and facilitates development and implementation of quality improvement plans for hospitals. The programme is also responsible for the management of the national tertiary services grant and ensures that planning 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 sub-programme

The infrastructure sub-programme is responsible for two conditional grants which are used to maintain, revitalise and build new public health infrastructure. The two grants are (i) The Health Facility Revitalisation Grant (HFRG) which is Schedule 5 and transferred directly to Province; and (ii) the National Health Insurance Indirect Grant: Health Facility Revitalisation Component (In-kind Grant) which is Schedule 6 and implemented at national level.

The sub-programme reached 100% of the 2023/24 Annual Performance Plan targets. Three newly constructed PHC facilities were completed during the financial year (i.e. Boegoeberg Clinic in the Northern Cape, Thengwe Clinic in Limpopo, and Balfour CHC in Mpumalanga). The performance of these grants is illustrated as follows:

i. Health Facility Revitalisation Grant (HFRG)

The HFRG is funding for health infrastructure projects ranging from new and replaced facilities; upgrades and additions; refurbishment, rehabilitation and renovations; to maintenance and repairs. The infrastructure types for these categories range from hospitals, clinics, community health centres, Emergency Medical Services stations, mortuaries, nursing colleges, laundries, staff accommodation, and other infrastructure -related projects, including procurement of health technology equipment.

ii. National Health Insurance Indirect Grant: Health Facility Revitalisation Component (In Kind Grant).

This grant was established in the 2013/14 financial year to support the delivery of health infrastructure services in the 10 districts designated as NHI pilot districts in the country's nine provinces.

The portfolio of projects under this grant has significantly matured, with several large hospital projects currently in construction, some in handover phase, and others awaiting final accounts. The budget allocated for the 2023/24 financial year has been fully spent, and two projects (the new Balfour CHC and a replaced Thengwe Clinic) have successfully reached 'ready-for-use' status. The North West boiler projects have concluded their maintenance portion, with final accounts being expected in the 2024/25 financial year. Other emergency maintenance projects related to Klerksdorp and Tshepong reached the end of their construction phase and will be handed over to the provinces.

Hospital Systems (Hospital Management: Tertiary Health Planning and Policy) sub-programme

This sub-programme is responsible for providing strategic direction on hospital management; improving hospital management, governance and leadership; developing, reviewing, monitoring and evaluating legislation that guides the management of hospitals in provinces; and ensuring provision of quality health services and patient safety.

During the 2023/24 financial year, the sub-programme developed a hospital strategy concept document which will be used to guide the development of a five-year hospital strategy. The document has undergone the approval process, and the Directorate will commence with provincial consultations in the financial year 2024/25 to finalise the strategy.

Outcomes, outputs, output indicators, targets and actual achievements

Table 1: report against the tabled Annual Performance Plan

Outcome	Output	Output Indicator	Audited Actual Achievement 2022/23	Planned Target 2023/24	Actual achievement 2023/23	Deviation from Planned Target to Actual Achievement 2023/24	Reasons for Deviations
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	New Indicator	Hospital Strategy Concept document is finalised for NHC approval	Hospital Strategy Concept document is finalised	The Hospital Strategy Concept document has not been presented for NHC approval	Delays in approval by National Hospital Coordinating Committee due to inputs
Financing and Delivery of Infrastructure projects improved	PHC facilities constructed or revitalised	Number of PHC facilities Constructed or revitalised	41 facilities constructed or revitalised (according to UAMPs assessed)	45 PHC facilities Constructed or revitalised	45 PHC facilities Constructed or revitalised	None	Not Applicable
Financing and Delivery of Infrastructure projects improved	Hospitals Constructed or revitalised	Number of Hospitals Constructed or revitalised	25 Hospitals constructed or revitalised (according to IPMPs assessed)	30 Hospitals constructed or revitalised	30 Hospitals constructed or revitalised	None	Not Applicable
Financing and Delivery of Infrastructure 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	157 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	300 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	299 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	-1 public health facility	Delays by Provinces to present maintenance completion certificates

Strategy to overcome areas of under performance

The Hospital and Tertiary Health Services cluster was strengthened through the employment of the Chief Director halfway through the period under review. The Hospital Strategy Concept document was presented at National Hospital Coordinating Committee which recommended that it be adopted at NHC Tech. The National Hospital Coordinating Committee and all Heads of Department have been informed about the planned consultations. For infrastructure projects, Provinces have been encouraged to load project completion certificates on time and this will be monitored on monthly basis.

Linking performance with budgets

Two of the four outputs of this Programme were fully achieved. The table below reflects expenditure of 99.9%.

	2022/2023			2021/2022	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	5 547	3 201	2 346	4 997	1 963
Health facilities infrastructure management	8 096 995	8 095 996	999	8 320 569	7 882 594
Hospital management	14 033 466	14 031 628	1 838	14 316 022	14 313 857
Total	**22 136 008**	**22 130 825**	**5 183**	**22 641 588**	**22 198 414**

2.4.6 Programme 6: Health System Governance and Human Resources

Purpose: Develop policies for planning, managing, and training and development of the health sector through human resources planning, monitoring, evaluation and research in the sector. Provide oversight of all public entities in the sector and of statutory health professional councils in South Africa.

There are five budget sub-programmes:

- Policy Coordination and Integrated Planning
- Quality Assurance
- Health Information, Epidemiology, Research, Monitoring and Evaluation
- Human Resources for Health
- Nursing Services
- Public Entities Management

Policy Coordination and Integrated Planning sub-programme

This sub-programme provides advisory and strategic technical assistance on policy and planning, co-ordinates the planning system of the health sector, and supports policy analysis and implementation. In 2023/24, technical oversight of the Provincial Departments of Health was provided through assessment of draft performance plans in line with Department of Planning Monitoring and Evaluation prescripts, as well as co-ordination of standardised indicators (sector priority indicators) for 2024/25. A stakeholder engagement was facilitated for strengthening use of performance information to enhance results-based planning at district level.

Quality Assurance sub-programme

This sub-programme is responsible for developing guidance on conducting Patient Experience of Care surveys (complaints management), management of patient waiting times in public health establishments, patient safety incident reporting, as well as infection prevention and control. The sub-programme is also responsible for the development of the National Quality Policy and Strategy, guidance on conducting clinical audits, and roll-out of the National Health Quality Improvement Plan.

During the 2023/24 financial year, 3 833 (78%) public health establishments in eight provinces (excluding Western Cape) conducted annual Patient Experience of Care surveys in line with the approved guidelines and reporting system and achieved an 85% satisfaction rate.

The National Guideline on Management of Patient Waiting Time in Clinics, Community Health Centres, and Outpatient Departments of Public Hospitals in South Africa was approved, and the web-based information system to monitor implementation of the Guideline was piloted.

The National Quality Policy and Strategy draft was developed and is undergoing consultation with relevant provincial role-players and health partners.

The number of quality learning centres for the National Health Quality Improvement Plan was increased to 422, with 270 hospitals and 2 907 PHC facilities having conducted a self-assessment within the quality learning centres.

Health Information, Epidemiology, Research, Monitoring and Evaluation sub-programme

This sub-programme develops and maintains an integrated national health information system, commissions and co-ordinates research, co-ordinates epidemiology and surveillance, and monitors and evaluates departmental and strategic health programme performance.

During the 2023/24 financial year, South Africa continued with phased transitioning to the web-based District Health Information System (DHIS2). The current aim is to capture data for all fixed public healthcare facilities (3 581) at the lowest level of care. As at 31 March 2024, the facility-level online data capturing for the country was at 94%, with hospitals at 99% and PHC facilities at 93% across the eight provinces implementing webDHIS. The main constraint affecting the implementation of online facility-level data-capturing is the unavailability of internet connectivity and/or data capturers in the remaining health facilities.

As part of DHIS capacity-building, the webDHIS Expert Development and Technical Training Programme for elevating data managers employed at the National and Provincial Departments of Health to the level of webDHIS

super-users was developed. This two-year programme took participants through a series of webDHIS modules to provide them with technical skills to manage the webDHIS databases. Thirteen webDHIS experts completed six modules of the webDHIS Expert Development and Technical Training Programme. Currently, these webDHIS Experts are performing more than 50% of the data-management tasks in the webDHIS.

The District Health Management Information Systems (DHMIS) Policy is under review with the goal of formally standardising DHMIS implementation and creating uniformity across the country and of clarifying the roles and responsibilities of each level of the health system in DHMIS implementation. The policy will contribute significantly to improving the availability, quality, and use of health information for efficient and effective planning and management of health programmes, as well as enhancing the coverage and quality of health services to improve health outcomes.

The National Indicator Data Set (NIDS) has been institutionalised for monitoring and reporting on key priority indicators for the public health sector. The NIDS is reviewed every two years in terms of the District Health Management Information Systems Policy. The current NIDS 2023 commenced implementation from 1 April 2023 with an end-date of 31 March 2025. The sub-programme conducted district-level consultations to review the list of data elements and indicators, in preparation for NIDS 2025.

The Department has embarked on the implementation of the Integrated Disease Surveillance and Response (IDSR) which is aimed at improving public health surveillance and response for priority diseases, conditions and events at community, health facility, district, and national levels. The IDSR has three components, namely: Indicator-based Surveillance, Event-based Surveillance and Community-based Surveillance Systems. These three components form part of the IDSR Strategic Plan which is being finalised to strengthen national capacity for early detection, complete recording, timely reporting, regular analysis, and prompt feedback of IDSR priority diseases, events and conditions at all levels. Training of Trainers (ToT) has been conducted on the IDSR Standard Operating Procedures and Technical Guidelines.

The National Health Research Ethics Council (NHREC) provides ongoing leadership to the Research Ethics Committees (RECs) and researchers on health research ethics through engagement on current challenges. In a continuously changing world, shifts in the conduct of health research raise the need for constant consideration of the accompanying ethical implications, which at times also need amendment. In the current global space, the main focus is on the need for better preparedness for widespread crises, and the NHREC and all RECs are contributors to these conversations in the health sector. The NHREC has incorporated the relevant current transitions in health research into an almost-finalised revision of the current Ethics in Health Research Guidelines. This incorporates guidance on research ethics relating to the use of Generative Artificial Intelligence (GAI), big-data processing, and the wide range of methodologies available to researchers. As part of the revision of the NDoH 2015 Ethics in Research Guidelines, sections that are relevant to the Animal Research Ethics Committees (ARECs) have also been updated to include new minimum requirements for the composition of ARECs and to align with the SANS 10386:2021.

The NHREC has completed the quality assurance and re-certification audit of all 47 Health/Human Research Ethics Committees (HRECs) and 21 ARECs registered with the Council. This is an important part of the quality management system, focused on maintaining a robust ethics infrastructure that adheres to the set norms and standards and ensuring the ethical conduct of research.

Human Resources for Health sub-programme

This sub-programme is responsible for health workforce planning, development, and management in the public health sector. This entails facilitating implementation of the National Human Resources for Health Strategy, health workforce capacity development for sustainable service delivery, and co-ordination of transversal human resources management policies and provision of in-service training of the health workforce.

The 2030 Human Resources for Health (HRH) Strategy remains the guiding document for the sub-programme, and as such, activities are aligned with the strategic goals and objectives. Various approaches and platforms have been applied to promote advocacy for the strategy. This includes active participation in Eastern Cape Provincial Department of Health/Walter Sisulu University collaborative webinar reflecting on progress made so far, and ensuring that all HRH stakeholder engagements constantly reflect on and constructively critique the strategy.

Strengthening of the HRH stewardship at national level has been achieved through appointment of the Chief Director responsible for health workforce planning, management and development.

HRH planning and management systems as reflected in Goals 1, 2 and 3 of the strategy have been strengthened through the development and implementation of the Human Resources for Health Information System (HRIS), as well as the Knowledge Hub learning management system. Through these systems, the Department continues to seamlessly process and allocate Medical Interns and Community Services professionals through Internship and Community Services Placement (ICSP) and provides ongoing in-service training to the health workforce.

The sub-programme actively participates and presents in the Joint Health Sciences Education Committee (JHSEC), which is a collaborative structure comprising the Department of Higher Education and Training, the NDoH and National Treasury. In addition, an NDoH/academia forum has been established to provide a platform for regular, substantive engagement on matters relevant to the education and training of the health workforce. This forum brings together the NDoH and the Joint Committee of Deans of Health Science Faculties from various universities.

During the 2023/24 financial year, the sub-programme achieved the following:

- Convened four National Human Resources Committee (NHRC) meetings with all provinces participating, and established two sub-committees to facilitate review of Conditions of Service policies
- Allocated 11 425 Clinical Professionals for the 2023 Annual and Mid-year cycles through the Internship and Community Service Programme
- Hosted 59 webinars on the in-house virtual platform, drawing 42 675 participants.
- Hosted the Joint Academic Committee meeting between Cuba and South Africa as part of strengthening the Nelson Mandela Fidel Castro (NMFC) Programme with a graduation ceremony attended by 454 graduates
- Trained participants in 38 Districts on the HR Information System (HRIS).

Nursing Services sub-programme

This sub-programme is responsible for developing, guiding, and monitoring the implementation of a national policy framework for the building of required nursing skills and capacity to deliver effective nursing services to healthcare users. The Nursing Services sub-programme also focuses on ensuring consistent supply of adequate numbers of nursing professionals with the required skills-mix to contribute to the goal of a long and healthy life for all.

A situational analysis was conducted for determining the establishment of clinical governance structures, in consultation with provinces. The findings were that there were standardised functional governance structures in place; however, some of these structures lacked empowered, competent, accountable, and capacitated nurse leaders and managers at national, provincial and district levels.

Nine provinces developed integrated Nursing and Clinical Governance Implementation Plans as a framework to guide the tracking of planned nursing mandates and associated activities. In addition, the development of these plans assisted Provincial Nursing Directors to function in an organised and co-ordinated manner. It further helped them to monitor their progress in alignment with the 2020-2026 Nursing Strategy and National Quality Framework, upon which the integrated plans are built.

The situational analysis also identified leadership gaps among the nurse leaders and led to the decision to develop a Nurse Leadership Framework as an intervention. This proposal has been approved for donor funding and will commence in the 2024/25 financial year.

A National Nurses Uniform Policy was approved in 2023/24 to strengthen adherence to the Public Health Social Development Sectoral Bargaining Chamber (PHSDSBC) Resolution 1 of the 2022 Agreement on the provision of uniform for nurses in the public health and the social development sector, which stipulates that the employer should provide the uniform in a conventional manner. The national nurse's uniform is aimed at promoting public confidence, professional accountability, and the professional image of nurses.

In the 2023/24 financial year, the sub-programme supported the nine public Nursing Colleges in curriculum development for prioritised Nurse and Midwife Specialist training programmes, according to their specific needs for specialist nurses and aligned to available resources in terms of human resources, clinical training platforms, infrastructure, and budget. All provinces commenced with programme development for specialist nursing programmes, and they are at various stages of development for this purpose. A report on the development of these programmes was produced in the final quarter.

Public Entities Management sub-programme

This sub-programme is responsible for supporting the executive authority's oversight function, and guides health public entities and statutory health professional councils (health councils) that fall within the mandate of health legislation with regard to planning and budget procedures, performance and financial reporting, remuneration, governance, and accountability.

During the 2023/24 financial year, the sub-programme continued to support and advise the health councils and public entities on governance matters to ensure compliance with legislation and monitor public entities' financial management and performance in line with reporting requirements.

The public entities' Annual Performance Plans were reviewed for alignment with their mandate and government priorities and were approved by the Minister and timeously tabled in Parliament. The programme also processed entities' and health councils' requests that required the Minister's agreement and/or approval in line with relevant legislative provisions.

The Minister appointed members to the following Boards and Councils for a new term of office: the Council for Medical Schemes for a three-year term; the Interim Traditional Health Practitioners Council of South Africa for a three-year term; the South African Nursing Council for a five-year term; and the South African Pharmacy Council for a five-year term. The Minister also appointed seven members to the National Health Laboratory Service.

Outcomes, outputs, output indicators, targets and actual achievements

Table1: report against the tabled Annual Performance Plan

Outcome	Output	Output indicator	Audited actual achievement 2022/23	Planned target 2023/24	Actual achievement 2023/24	Deviation from planned target to actual achievement 2023/24	Reasons for deviations
Quality and Safety of Care Improved	Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	Number of Boards /Councils appointment recommendations made prior expiry of the term of office	Two (2) Boards appointment recommendations 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)	Four (4) Boards/ Council appointment recommendations made prior expiry of the term of office (SAPC,SANC, ITHPCSA and CMS)	+1 Board appointed (Interim Traditional Health Practitioners Council of South Africa	The term of office of the ITHPCSA expired in April 2019. The process to appoint the new council was put on hold owing to various processes that needed to be undertaken including consultation by the Minister with Traditional Health Practitioners Stakeholders. The Traditional Medicine Summit took place on 23-24 February 2023 wherein a resolution was made for the ITHPCSA to be appointed within three months from the summit date.
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	Bi-annual governance report produced	Bi-annual governance report produced	Bi-annual governance report produced	None	Not Applicable
Quality and safety of care improved	Nursing colleges Supported to develop curricula for prioritised Nurse / midwife specialist training	Number of nursing Colleges supported to develop curricula for nurse/midwife specialist training	9 Nursing Colleges supported to develop training plans for nurse/ midwife specialists	9 public Nursing Colleges supported to develop curricula for prioritised Nurse and Midwife Specialist Training programmes	9 public Nursing Colleges supported to develop curricula for prioritised Nurse and Midwife Specialist Training programmes	None	Not Applicable
Quality and Safety of Care Improved	PHC Facilities and Hospitals implementing the National Health Quality Improvement Programme	Number of health facilities implementing the National Quality Improvement Programme	1490 PHC Facilities and 199 Hospitals implementing the National Health Quality Improvement Programme	200 PHC Facilities and 160 Hospitals implementing the National Health Quality Improvement Programme	2907 PHC Facilities and 270 Hospitals implementing the National Health Quality Improvement Programme	+2707 PHC Facilities +110 Hospitals	Increased cooperation by provinces towards achievement of the annual target
Quality and Safety of Care Improved	PHC facilities that qualify as Ideal Clinics	Number of Primary Health Care facilities that qualify as ideal clinics	2046 PHC facilities qualify as ideal Clinics	2600 PHC facilities that qualify as Ideal Clinics	2706 PHC facilities that qualify as Ideal Clinics	+106 PHC facilities	Facility managers and District PPTICRMs have prioritised the Quality Improvement Plans

Outcome	Output	Output indicator	Audited actual achievement 2022/23	Planned target 2023/24	Actual achievement 2023/24	Deviation from planned target to actual achievement 2023/24	Reasons for deviations
Quality and Safety of Care Improved	Food labelling legislation revised	Draft Food labelling Regulations published	New Indicator	Review comments on Food Labelling Regulations	Comments on the Draft Food labelling regulations were captured and analysed	All Review of comments on Food Labelling Regulations not competed	Republication of the draft regulations following request from stakeholders for additional opportunity for consultation process
Staff equitably distributed and have right skills and attitude	Community service policy reviewed	Community Service Policy reviewed with recommendations	Draft Community service policy review report with recommendations finalised	Recommendations of the Reviewed Community service Policy finalised	Presentation done during the NHC Tech meeting held on 27 March 2024 to capture way forward on the Community Service Policy review approval	Recommendations of the Reviewed Community service Policy not finalised	Financial Constrains
Staff equitably distributed and have right skills and attitude	Roll-out the Human Resource Information System solution in Health Districts	Number of Health Districts Implementing the Human Resource Information solution (HRIS)	HR Information System implemented at National DoH and Provincial Head Offices	Roll-out the Human Resource Information Solution (HRIS) in 30 Health Districts	HRIS solution rolled out in 38 Districts	+8 Health Districts	None required

Strategy to overcome areas of under performance

Additional resources accessed through Donor funding to assist with capturing of comments as more than the received 400 voluminous sets of comments on Draft Food labelling regulations. Review of recommendations on the Community service Policy will commence in the new financial year. The process will be strengthened to focus and intensely critic the following aspects: service delivery needs; inclusivity of all health professional categories; social obligation for employing professionals by government; and shared services platforms with social cluster departments.

Linking performance with budgets

Six of the eight outputs of this Programme were fully achieved. The table below reflects expenditure of 99.6%.

	2023/24			2022/23	
Sub-programmes	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Programme Management	7 367	5 000	2 367	4 937	4 315
Policy and Planning	5 795	5 468	327	12 096	11 230
Public Entities Management and Laboratories	1 860 261	1 848 677	11 584	1 954 157	1 937 028
Nursing Services	10 319	10 229	90	19 184	18 990
Health Information, Monitoring and Evaluation	67 121	58 492	8 629	67 263	47 750
Human Resources for Health	5 501 745	5 501 229	516	5 469 649	5 468 133
Total	**7 452 608**	**7 429 095**	**23 513**	**7 527 286**	**7,487,446**

2.5 Transfer payments

Transfer payments to Public Entities

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Compensation Commissioner for Occupational Diseases (CCOD)	The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures	R1 735	R209	- The transfer payment is mainly for the payment of monthly pensions to ex-mineworkers and their widows in terms of sections 79 and 83 of ODM-WA of 1973. For the 2023/24 financial year, a total of 21 pensioners were each eligible for a maximum monthly pension payment of R2 117.00. - The transfer payment was not fully utilised because monthly pensions were paid only to those pensioners who submitted life certificates. Those who did not submit life certificates will be paid all outstanding cumulative pensions as and when they finally submit their life certificates.

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
South African Medical Research Council (SAMRC)	To improve the nation's health and quality of life through promoting and conducting relevant and responsive health research	R660 413 (excl Vat)	R660 413	- The SAMRC improved its BBB-EE level from level 8 to level 5. Plans are in place for further improvement of the BBB-EE scoring. - All Deputy Director positions were filled from the internal talent pool as part of an important effort to develop the SAMRC's senior leadership pipeline. - SAMRC has been hosting and managing the Strategic Health Innovation Partnerships (SHIP) programme since 2013, supporting around 50 innovation projects per year. A highlight of 2023/24 was the additional commitment of just over R265 million by the Department of Science and Innovation to support SHIP until 2025/26. - A new partnership between the SAMRC and the United Kingdom Research and Innovation Medical Research Council (UKRI MRC) was established in 2023/24 to promote collaboration between researchers in SA and the UK to tackle South Africa's health challenges under the umbrella of UK's International Science Partnerships Fund (ISPF). - Through a competitive process, the SAMRC was awarded a grant of more than US $45 million (approx. R867 million) by the U.S. Agency for International Development (USAID) to develop and test novel HIV vaccines in Africa, to implement a programme called 'HIV Vaccine Innovation, Science, and Technology Acceleration in Africa (HIV-VISTA)'. - SAMRC is part of a new partnership with Afrigen Biologics and mRNA Victoria, an initiative of the Government of Victoria, Australia. The parties signed a Memorandum of Understanding to facilitate and fast-track international collaboration on developing and manufacturing next-generation mRNA vaccines and medicines. - The SAMRC awarded a R21 million grant to the South African TB Vaccine Initiative for Phase III of the Regional Prospective Observational Research on Tuberculosis Project (RePORT III). The RePORT project funds basic science and biomarker research that aids in the search for novel TB diagnostics, drugs, and vaccines. The project is co-funded by the US National Institutes of Health which has contributed US$3 million over the three-year project period. - The SAMRC's Extramural Research Unit leads the development of an African Data Repository and sharing platform for Pathogen Genomics. This is a first-for-Africa pathogen genomics platform, led by the SAMRC/SANBI/UWC Bioinformatics Capacity Development Research Unit, and will be crucial for underpinning efforts to improve disease response in the continent. - The SAMRC was appointed as the project executing agency and will report to the Department of Science and Innovation through a steering committee as part of the agreement that South Africa signed with Germany's KfW Development Bank for vaccine development and production. - The SAMRC Scientific Merit Awards celebrate 10 years of recognising excellence in health research. The awards recognise individuals who have demonstrated exceptional scientific acumen and have made innovative strides in addressing public health challenges, potentially influencing policy and thereby enhancing the well-being of the South African population.

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Council for Medical Schemes (CMS)	Regulation of the Medical Schemes Industry with reference to Alignment to NHI processes	R6 537	R6 537	- For the period under review, the CMS provided policy and technical support to the NDoH on several projects in line with section 7 of the Act. The CMS continued its support on the collection of HIV/STI data from medical schemes in support of SANAC, where this CMS collects this data bi-annually. Technical support was provided to the National Health Accounts (NHA) regarding private-sector health expenditure data; the report was submitted to the Minister for consideration. Support for other policy issues, mainly the development guidelines of undesirable practices related to excessive co-payments and designated service providers, was also concluded. - The PMBs review's focus on the cost of the PHC package and the affordability framework were concluded. The Minister also received an update on this subject at the November meeting. Further engagement in Prescribed Minimum Benefits (PMB) review committees is ongoing. - The development of Low-cost Benefit Options guidelines and recommendations was also concluded. - The CMS mandate has been expanded to provide for the exemption of insurers conducting the business of medical schemes without due registration. The exemption process aligns with the Exemption Framework's development, including input from the NDoH, National Treasury, the Financial Sector Conduct Authority, and the Prudential Authority. These exemption applications are considered by the CMS' Regulatory Decisions Committee and are presented to the Council for approval. - The CMS published several research articles in peer-reviewed journals, including the African Vision and Eye Health Journal and the World Medical Journal.

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost-effective laboratory services to all public clinics and hospitals	R706 149 966	R706 149 966 (unaudited) The NHLS has spending R254 439 303 cross subsiding the National Institutes	- In relation to the Teaching, Training and Research Grant (TTR), the NHLS mandate directed the recruitment and placement of 38 registrars and 55 intern medical scientists for training and continued to conduct research in the field of pathology medicine and public health, publishing 597 peer-reviewed articles. The pass rate for registrars for the first semester was 64% in 2023/24. - To date, the NHLS has a total of 137 of the 215 (64%) laboratories accredited by the South African National Accreditation System (SANAS). These laboratories include all eight academic/national central laboratories that host 53 (100%) discipline-specific laboratories across the country: 16 of 17 (94%) are provincial tertiary; 36 of 46 (78%) are regional; and 73 of 140 (52%) are district laboratories. - The Outbreak Response Unit and Provincial Epidemiology Team have played a pivotal role in supporting and providing technical and epidemiological expertise to NICD Centres and the National and Provincial DoH, particularly regarding the cholera outbreak in Gauteng and Limpopo; conjunctivitis in KwaZulu-Natal; foodborne outbreaks in several provinces (Gauteng, Limpopo, Mpumalanga, Eastern Cape), and a measles outbreak in Mpumalanga in the private sector. - The Centre for Emerging Zoonotic and Parasitic Diseases supported the response to outbreaks of Odyssean malaria (Gauteng), scabies (Eastern Cape) and Tanapox (Mpumalanga). - The STIs Routine Surveillance was performed in three provinces: Alexandra PHC in Gauteng, Prince Cyril Zulu PHC in KZN, and Spencer Road Clinic in Western

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
			- Cape. The Paediatric HIV Surveillance Team conducted analysis of laboratory-confirmed AHD and severe immune-compromised children. - The National Cancer Registry (NCR) partnered with Living with Cancer to launch the first ever patient-led cancer registry in the country. Patients can now voluntarily register their cancers on this platform for inclusion in the NCR. The NCR also trained over 150 individuals in the sub-Saharan African region on cancer registration, cancer staging, and record linkage. - The National Institute for Occupational Health (NIOH) embarked on other revenue-generating projects to boost its income, including rolling out the Occupational Health and Safety Information System (OHASIS) □ a secure and comprehensive online occupational health and safety information system. To date, OHASIS has been installed in the Namibia Institute for Pathology and the Gauteng DoH. Installations are also at various stages of finalisation for the Western Cape DoH and for the Office of the Gauteng Premier for use in all 14 of their departments. Over R2m has been raised through the sale of OHASIS; however, the potential exists to increase revenue. The total amount of NIOH additional revenue streams is R24m this financial year. - Over the 2023/24 period, the strategic focus was to improve service delivery and performance of the Forensic Chemistry Laboratories (FCLs) in line with the NHLS strategic goals. Improvements in the turnaround times and quality management systems in the FCLs were planned and achieved by increasing the specimen-processing capacity of the laboratories and ensuring effective and efficient management practices. - Since 1 April 2023, the blood-alcohol backlogs at the Cape Town and Pretoria FCL were eliminated, while a reduction in backlog was achieved at the Johannesburg FCL. The Johannesburg FCL is the only laboratory with a remaining blood-alcohol backlog and plans are under way to eliminate this in the next financial year. An additional laboratory was acquired in Pretoria that enabled expansion of the blood-alcohol section and will manage all new toxicology samples referred to the Pretoria FCL.	

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
Office of Health Standard Compliance (OHSC)	To protect and promote the health and safety of health services users	R161,546	R161,546	- During the period under review, the OHSC conducted 735 routine inspections in public health establishments against a target of 689, and 60 inspections in private-sector health establishments. Health establishments that failed to meet minimum compliance requirements to norms and standards Regulations were issued with compliance notices outlining the areas of breaches to be addressed. - A total of 241 public- and private-sector health establishments were re-inspected to assess if the areas of non-compliance with minimum requirements have been remedied. - Notably, routine inspections are planned inspections, conducted as outlined in the Annual Inspection Strategy. Additional inspections comprise risk-based inspections, re-inspections, as well as pilot inspections. Risk-based inspections arise from the early warning system triggers and are a means to monitor indicators of risks related to serious breaches of Regulations as part of the overall mandate of the OHSC to monitor compliance with promulgated norms and standards. - A total of 619 health establishments were certified, and enforcement actions were taken by issuing written warning letters against 45 health establishments that were found to be persistently non-compliant with the regulated norms and standards. Of the 618 certified health establishments, 501 were from routine inspections and 117 were from re-inspections. Health establishments are certified when they meet the minimum compliance requirements against the regulated norms and standards, and enforcement actions are taken against health establishments that were re-inspected and found to be non-compliant. - The Complaints Management Programme and Office of the Ombud facilitated the resolution of 96.6% (2 308/2 389) of low-risk complaints within 25 working days of lodgement in the call centre, and 54% (34/63) of medium-risk complaints were resolved within 30 working days through assessment after receipt of a response from the complainant and/or the health establishment. - The OHSC continued to embark on reviewing the norms and standards Regulations which play a central role in the functioning of the office as a healthcare quality assurance regulator. The OHSC continued to develop different inspection tools for the various categories of health establishments following a consultative process involving key stakeholders, including the relevant health establishments in that category. The Central Hospital Inspection Tool (V1) and Tertiary Hospital Inspection Tool have been developed. Annual updates have been done in the Clinic Inspection Tool (V1.4.1), Community Health Centre Inspection Tool (V1.3.1), District Hospital Inspection Tool (V1.4), Regional Hospital Inspection Tools (V1.4), and the Private Acute Hospital Inspection Tool (V1.2.1). The inspection tools were pilot-tested, and the inputs of health establishments were considered prior to their finalisation and approval. - During this reporting period, the office compiled three recommendations reports and submitted them to the relevant authorities: one recommendation report for Eastern Cape, one National Annual Returns recommendation, and one National Early Warning System recommendation report. A total of 29 guidance workshops were conducted to facilitate the implementation of the norms and standards Regulations.

Name of the public entity	Key outputs/Service rendered by public entity	Amount transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievement of the public entity
South African Health Products Regulatory Authority (SAHPRA)	Provides for the monitoring, evaluation, regulation, Investigation, inspection, registration and control of medicines, scheduled Substances, clinical trials, medical devices, in vitro diagnostics and related matters in the public interest	137 873	137 873	- SAHPRA is awaiting certification for International Organisation for Standardisation 9001: 2015 by the SABS, since SAHPRA has successfully concluded activities to meet such requirements. - All 91 (100%) New Chemical Entities were finalised within 400 working days. Finalised applications come from both human and veterinary backgrounds. Of 224 applications received, 103 (100%) were finalised. - 932 (100%) Generic applications were finalised for the year under the review, of which 86% (619) generic medicines were finalised within 250 working days from the 2 315 applications received, and 715 were due for finalisation. - 96% of Section 22A import and export permits were finalised within 20 working days. This means that of the 4 345 applications received, 4 276 (98%) were finalised, of which 4 152 (96%) were finalised within 20 working days. - 73% of regulatory compliance investigation reports were produced within 30 working days, meaning that of 430 complaints received, 400 (100%) reports were produced, of which 312 (73%) were produced within 30 working days. - 100% (17 404) applications for the sale of unregistered Category A (human) medicines were finalised within three working days. There were 18 083 applications received, 18 055 applications finalised, and 17 404 applications finalised within three working days. - 92% human clinical trial applications were finalised within 80 working days. Of the 249 applications received, 207 (83%) were due for finalisation. Of the 207 due for finalisation, 218 (105%) were finalised, of which 190 (92%) were finalised within 80 working days. - Of the 456 medicine safety signals received, 97.81% (446) were due for finalisation by the end March of 2024. Of the 446 due for finalisation, 343 (76.91 %) reports were issued, of which 196 (43.95%) were issued within 40 workings days. - 136.9% (1 205) medical device establishment licence applications were finalised for the 2023/24 financial year, of which 126.6% (1 114) were finalised within 90 working days. - The call-up notice of pilot Class D (Expression of Interest for Medical Device) voluntary registration feasibility study was approved and published for coming engagement towards implementation. - 846 of 2 311 applications for radionuclide authorities (licences) that were due for completion were finalised and issued in the 2023/24 financial year, and 674 (79%) applications for radionuclide authorities (licences) were finalised within 30 working days. - 851 licence applications for listed-electronic products were finalised for the year under review, and 836 (116%) of such applications were finalised within 30 Working days.

Transfer payments to all Non-Profit Institutions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent by the entity
Life Line	NGO	To manage the AIDS Helpline, which is a toll-free Call Centre. The Call Centre provides anonymous and confidential telephonic lay counselling, support and referral services 24 hours a day; it also offers HIV and TB treatment support to clinicians, and serves as a helpdesk for the HIV Nerve Centre, which monitors operational issues such as availability of ARVs and test kits, and lay counsellors in health facilities	Yes	R28,986,000	R28,986,000	None
LoveLife	NGO	To support the Department in the implementation of HIV youth prevention interventions, including peer educators through Ground Breakers and Mphinthi's and the live Chat Groups to facilitate dialogues and information sharing among youth	Yes	R64,635,000	R63,867,259	Savings on the ground BREAKER stipends. Ground BREAKERS are exiting the programme when they find new job opportunities.
National Council Against Smoking (NCSA)	NGO	To prevent tobacco, use and promote tobacco cessation among users. NCAS manages a call centre that addresses queries, questions about tobacco, and educates the public about tobacco use	Yes	R1 169 000.00	Expenditure report not submitted yet.	Ongoing work funds were only released on 14/12/2023. While the Service Level Agreement was effective on the 01 March 2023 to 28 February 2024.
South African Renal Registry	NGO	To collate critical information on End-stage kidney disease and Renal Replacement Therapy (RRT) by the South African Renal Registry (SARR) to inform health service planning, research decision making and delivery	Yes	R461	R461	N/A
Soul City	NGO	To support the Department in the implementation of HIV youth prevention interventions and contribute to the She Conquers Campaign. Soul City's focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women (SHE Conquers)	Yes	R25,161,000	R21,764,333	Delay in conducting orientation and training. Another factor is that of getting the second tranche three months before the financial year ends.
South African Community Epidemiology Network on Drug Abuse (SACENDU)	SA MRC	Monitor trends on alcohol and drug abuse for the Department by gathering data from substance abuse treatment centres in the country	Yes	R672 013	R672 013	N/A
SA Council for the Blind	Eye Health NGO	Cataract Surgery to reduce the backlog in the private sector	Yes	R1096	R1096	N/A
South African Federation for Mental Health	NGO	Promote mental health in the population and ensure that mental health care users are integrated into the mainstream of community life and that their human rights in those communities are upheld	Yes	R490 000	R490 000	N/A
HIV & AIDS NGOs	**HIV&AIDS: NGO**	Form partnerships with NGOs rooted in communities to support the Department in extending health services				
HIV & AIDS NGOs	**HIV&AIDS: NGO**	Form partnerships with NGOs rooted in communities to support the Department in extending health services	Yes	R67,788,005	R35,645,758	The contract is ongoing and will end in July 2024

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent by the entity
Alliance Against HIV&AIDS (AAHA)	HIV&AIDS: NGO	Prevention strategies and treatment adherence support focusing on youth	Yes	R2,729,067	R1 773 893	The contract is ongoing and will end in July 2024
Boithuti Lesedi Project	HIV&AIDS: NGO	HIV testing services and prevention strategies	Yes	R2,682,815	R1,743,829	The contract is ongoing and will end in July 2024
Centre for Positive Care (CPC)	HIV&AIDS: NGO	HIV prevention strategies targeting sex workers.	Yes	R2,819,943	R1,973,960	The contract is ongoing and will end in July 2024
Community Responsiveness Programme (CPR)	HIV&AIDS: NGO	HIV prevention strategies and treatment adherence clubs	Yes	R2,415,283	R1,739,003	The contract is ongoing and will end in July 2024
Educational Support Services Trust (ESST)	HIV&AIDS: NGO	HIV prevention strategies, treatment adherence and TB/ NCD screening	Yes	R3,335,433	R2,067,968	The contract is ongoing and will end in July 2024
Essa Christian AIDS Programme	HIV&AIDS: NGO	HIV prevention strategies and PLHIV (people living with HIV) support	Yes	R2,439,870	R1,756,706	The contract is ongoing and will end in July 2024
Friends for Life	HIV&AIDS: NGO	HIV prevention strategies and treatment adherence support	Yes	R2,757,570	R1,224,849	The contract is ongoing and will end in July 2024
Get Down Productions	HIV&AIDS: NGO	Social mobilisation and demand creation for HIV counselling and testing, MMC (medical male circumcision) and NCD	Yes	R4,815,583	R2,140,220	The contract is ongoing and will end in July 2024
Get Ready	HIV&AIDS: NGO	Psycho-social support and treatment adherence support	Yes	R2,177,700	R1,340,625	The contract is ongoing and will end in July 2024
Highveld East Aids Projects Support (HEAPS)	HIV&AIDS: NGO	Prevention strategies and treatment support	Yes	R3,854,767	R2,389,955	The contract is ongoing and will end in July 2024
Humana People to People	HIV&AIDS: NGO	HIV testing services, training, prevention strategies targeting sex workers and truckers	Yes	R2,573,416	R1,749,922	The contract is ongoing and will end in July 2024
Leandra Community Centre	HIV&AIDS: NGO	HIV testing services, prevention strategies and treatment adherence support	Yes	R2,299,457	R1,632,614	The contract is ongoing and will end in July 2024
Leseding Care Givers	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	R2,204,467	R1,521,082	The contract is ongoing and will end in July 2024
Muslim Aids Programme (MAP)	HIV&AIDS: NGO	Prevention strategies and treatment support	Yes	R2,821,718	R1,580,162	The contract is ongoing and will end in July 2024
National Institute Community Development and Management (NICDAM)	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	R2,598,921	R562,355	The contract is ongoing and will end in July 2024
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	HIV&AIDS: NGO	Advocacy and prevention strategies for MSM (men who have sex with men) and WSW (women who have sex with women)	Yes	R3,568,765	R873,617	The contract is ongoing and will end in July 2024
North Star Alliance	HIV&AIDS: NGO	HIV testing services, treatment support and TB/NCD screening	Yes	R1,981,880	R582,729	The contract is ongoing and will end in July 2024
Ramotshinyadi HIV/AIDS	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	R3,034,622	R1,512,527	The contract is ongoing and will end in July 2024

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with the S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent by the entity
Seboka Training and Support Network	HIV&AIDS: NGO	Prevention strategies and treatment adherence support	Yes	R1,738,961	R233,654	The contract is ongoing and will end in July 2024
Senzakahle Youth Development Organisation	HIV&AIDS: NGO	Treatment adherence support and prevention strategies	Yes	R1,337,662	R561,818	The contract is ongoing and will end in July 2024
SAMAG	HIV&AIDS: NGO	Prevention strategies	Yes	R1,935,498	R470,644	The contract is ongoing and will end in July 2024
Sunrise Wellness	HIV&AIDS: NGO	HIV testing services, treatment support and NCD screening	Yes	R2,681,863	R1,260,475	The contract is ongoing and will end in July 2024
Training Institute for PHC	HIV&AIDS: NGO	HIV testing services, treatment support and TB/NCD screening	Yes	R2,350,050	R1,239,997	The contract is ongoing and will end in July 2024
Ukamba Projects	HIV&AIDS: NGO	HIV testing services, treatment support and NCD screening	Yes	R3,287,511	R1,906,756	The contract is ongoing and will end in July 2024
Zakheni Training and Development	HIV&AIDS: NGO	HIV testing services, treatment support and NCD screening	Yes	R3,345,183	R1,806,398	The contract is ongoing and will end in July 2024

2.6 Conditional Grants

Conditional grants and earmarked funds paid

Statutory Human Resources & HP Training & Development

Department that transferred the grant	National Department of Health
Purpose of the grant	To appoint statutory positions in the health sector for systematic realisation of the HRH strategy & phase-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
Expected outputs of the grant	- Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources - Number and percentage of registrars' posts funded from this grant (per discipline) and other funding sources - Number and percentage of specialists' posts funded from this grant (per discipline) and other funding sources
Actual outputs achieved	The Department successfully allocated 2 546 medical interns and 7 688 community service personnel into funded positions through the Compensation of Employment (CoE) Equitable Share and the Human Resources Training Grant (HRTG)
Amount per amended DORA (R'000)	5,479,023
Amount received (R'000)	5,479,023
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	5,480,431
Reasons for deviations on performance	None
Measures taken to improve performance	Enhanced collaboration between National Department of Health and Provincial Departments of Health
Monitoring mechanism by the receiving department	Provincial visits and grant reviews

National Tertiary Service Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	Ensure provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	- 661 228 Inpatient separations - 520 109 day patient separations - 1 314049 Outpatient first attendances - 2 818 533 Outpatient follow up attendances - 5 142 989 Inpatient days - 6,5 days Average length of stay - 110% bed utilisation rate by facility
Actual outputs achieved	- 701 010 Inpatient separations - 631 884 -day patient separations - 1 544840 Outpatient first attendances - 3 295 791 Outpatient follow up attendances - 5 745 330 Inpatient days - 6,6 days Average length of stay - 111 bed utilisation rates by facility
Amount per amended DORA (R'000)	R 14,023,946
Amount received (R'000)	R 14,023,946
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R13,697,934
Reasons for deviations on performance	Gauteng Province has underspent by 10%. The province has applied for a rollover as those funds have been committed.
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits.

District Health Programme Grant:

Department that transferred the grant	National Department of Health
Purpose of the grant	**HIV/AIDS Programme** To enable the health sector to develop and implement an effective response to HIV/AIDS Prevention and protection of health workers from exposure to hazards in the workplace **TB Programme** To enable the health sector to develop and implement an effective response to TB **COS Programme** To ensure provision of quality community outreach services through WBPHCOTs by ensuring Community Health Workers (CHWs) receive remuneration, tools of trade and training in line with scope of work **HPV Programme** To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools and progressive integration of HPV into integrated school health programme. **Malaria Programme** To enable the health sector to develop and implement an effective response to support the effective implementation of the malaria elimination strategic plan
Expected outputs of the grant	**HIV/AIDS Programme** - 551,246 Number of new patients started on antiretroviral therapy - 5,940,702 Total number of patients on antiretroviral therapy remaining in care - 719,041,172- Number of male condoms distributed - 22,373,934 Number of female condoms distributed - 176,502 Number of infants tested through the polymerase chain reaction test at 10 weeks - 16,728,084 Number of clients tested for HIV (including antenatal) - 578,750 Number of medical male circumcisions performed - 330,638 Number of HIV positive clients initiated on TB preventative therapy **TB Programme** - 2 526 895 Number of patients tested for TB using Xpert - 116 531 Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay - 95% Drug sensitive TB treatment start rate (under five years and five years and older combined) - 84% Rifampicin Resistance confirmed treatment start rate **COS Programme** - Number of community health workers receiving a stipend: 50 000 - Number of community health workers (CHW) trained: 7 800 - Number of HIV defaulters traced: 400 000 - Number of TB defaulters traced: 28 000 - Community Outreach Services (COS) to households 1st and follow-up visits conducted: 20 500 000 **HPV Programme** - 80 % of grade five schoolgirls aged nine years and older vaccinated with HPV first dose - 80 % of schools with grade five girls reached by the HPV vaccination team with HPV first dose - 80 % of grade five schoolgirls aged nine years and older vaccinated for HPV second dose - 80 % of schools with grade five girls reached by the HPV vaccination team with second dose **Malaria Programme** - 21 - of malaria endemic municipalities with > 95% indoor residual spray (IRS) coverage - 60% - confirmed cases notified with 24 hours of diagnosis in the endemic districts - 65% -of confirmed cases investigated and classified within 72 hours in the endemic districts - 100% Percentage of identified health facilities with recommended treatment in stock - 90% (973) - of identified health workers trained on malaria elimination - 90% -of social mobilisation information education and communication (IEC) campaigns - conducted - 90% - of vacant funded malaria positions filled - 10 Number of malaria camps refurbished and/or constructed

Department that transferred the grant	National Department of Health
Actual outputs achieved	**HIV/AIDS Programme** - 381,922 Number of new patients started on antiretroviral therapy - 5,542,732 Total number of patients on antiretroviral therapy remaining in care - 600,143,617- Number of male condoms distributed - 20,890,699 Number of female condoms distributed - 164,277 Number of infants tested through the polymerase chain reaction test at 10 weeks - 18,172,336 Number of clients tested for HIV (including antenatal) - 267,414 Number of medical male circumcisions performed - 216,884 Number of HIV positive clients initiated on TB preventative therapy **TB Programme** - 2 732 556 Number of patients tested for TB using Xpert - 141 641 Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay - 88 per cent of all TB clients (5 years and older) started on treatment. - 81.1 per cent of confirmed TB Rifampicin Resistant started on treatment **COS Programme** - Number of community health workers receiving a stipend: 45 661 - Number of community health workers (CHW) trained: 22 755 - Number of HIV defaulters traced: 810 405 - Number of TB defaulters traced: 99 424 - Community Outreach Services (COS) to households 1st and follow-up visits conducted: 19 445 482 **HPV Programme** - 82.6 per cent grade 5 schoolgirl learners aged nine and above vaccinated for HPV with first dose (400 957 out of 485 035 grade 5 girls) - 94 per cent schools with grade 5 girls reach by HPV vaccination teams with first dose. - Incomplete data per cent grade 5 schoolgirl learners aged nine and above vaccinated for HPV with second dose. - Incomplete data per cent schools with grade 5 girls reach by HPV vaccination teams with second dose. **Malaria Programme** - 18/21 -number of malaria endemic municipalities with > 95% indoor residual spray (IRS) coverage - 33% (2 535/7 655) - confirmed cases notified with 24 hours of diagnosis in the endemic districts. - 77% (5 885/7 655) - of confirmed cases investigated and classified within 72 hours in the endemic districts. - 100% (/) Percentage of identified health facilities with recommended treatment in stock - 107% (973/910) -of identified health workers trained on malaria elimination. - 108% (462 690/430 000) - of social mobilisation information education and communication (IEC) campaigns conducted - 101% (68/67) of vacant funded malaria positions filled. - 9/7 - Number of malaria camps refurbished and/or constructed
Amount per amended DORA (R'000)	R25,865,861
Amount received (R'000)	R25,865,861
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 25,754,571

Department that transferred the grant	National Department of Health
Reasons for deviations on performance	**HIV/AIDS Programme** - Number of new patients started on antiretroviral therapy (69% achieved) - Total number of patients on antiretroviral therapy remaining in care (96% achieved) - Number of male condoms distributed (83% achieved) - Number of female condoms distributed (93% achieved) - Number of infants tested through the polymerase chain reaction test at 10 weeks (93% achieved) - Number of clients tested for HIV (including antenatal) (109% achieved) - Number of medical male circumcisions performed (46% achieved) - Number of HIV positive clients initiated on TB preventative therapy (66% achieved) **TB Programme** - The target for RR-TB treatment start rate was not attained due to weak community outreach systems for tracing patients and linking them to treatment. - Poor capturing of data into the electronic systems resulting in incomplete data. - Data on urine lipoarabinomannan assay is still manually calculated due to a moratorium on the revision of the TIER system to enable capturing and generation of reports. However, the target was achieved after strengthening the use of TB Identification register as a source for capturing the data element into the DHIS. The other contributory factor to the achievement is due to the scale up the urine lipoarabinomannan assay to all health facilities i.e. Primary health Care. - Strengthening adherence to the TB Diagnostic algorithm is the reason for improved performance on the Xpert testing. Additional funding by Global Funding in the GF supported districts assisted the provinces to align the targets and improved GXP tests conducted. **COS Programme** **Decline of CHW Stipend** - Number of CHWs is at 91% which is 9% below the target. This is attributed to natural attrition of the CHWs and the fact that they cannot be replaced due to financial austerity measures that were implemented. The provinces are unable to employ more CHWs as there are not enough funds - This is worsened by the implementation of the annual increase as per Resolution 3 of 2022 **Community Outreach Services (COS) to households' 1st and follow-up visits conducted** - The annual performance is 94% which is below the target by 6%. There was over targeting on this indicator as it was being tracked for the first time. The number of CHWs is getting reduced due to normal attrition as much as other provinces appoint additional CHWs, the increase does not make a big difference. Some provinces fail to appoint additional CHWs after normal attrition due to the financial austerity measures that were implemented. It therefore becomes difficult for them to reach all the households targeted as they should as their number is limited. **HIV Defaulter tracing** - The following provinces did not meet their target: EC, KZN, LP and NC due over targeting. **HPV Programme** - The February/March 2023 HPV vaccination campaign overlapped with the measles outbreak response activity of vaccinating children aged 5-years to under 15 years in schools. This delayed the HPV vaccination teams as they had to vaccinate all learners (grade R to 7) in schools visited with measles vaccine, and not only administer HPV vaccine to grade 5 girls. - The campaign had to be extended to 30 April 2023, thus affecting completeness of HPV vaccination data which is still incomplete. **Malaria Programme** - The late procurement and delivery of insecticides and other Indoor Residual Spraying commodities (e.g. PPE for spray operators) and late recruitment of seasonal Indoor Residual Spraying personnel led to the delay in the commencement of the Indoor Residual Spraying programme, which led to the suboptimal coverage in some municipalities. Ideally the spray season should start in the beginning of September each year and end in December. In the last financial year, provinces started in October. - Not all facilities are reporting notifiable conditions, including malaria cases through the Notifiable Medical Conditions Surveillance System, some still use the paper-based system, which delays the notifications from the facility level to the next level for response and capturing into the system. The lack of integration between the Notifiable Medical Condition Surveillance System and the Malaria Information System-DHIS 2 also contributed to this achievement. - Mpumalanga was the only province that did not fill all of their vacant posts

Department that transferred the grant	National Department of Health
Measures taken to improve performance	**HIV/AIDS Programme** (i) The program is continuously Increasing demand for HIV Testing and Treatment Services (ii)Implementation of U=U Messaging (iii)Closing the gap in the cascade (especial for Paediatric, Youth and Men) (iv)Reducing the Frequency of client visits through decanting through all modalities and implementation on 3 and 6 Multi Month Dispensation (MMD) (v)Implementation Monitoring Mutual Accountability (100 Facilities Project, Operation Phuthuma , and Nerve (vi)Improved Efficiencies through HRH Mapping (vii)Ensure there is no disruption of MMC services for young adolescents (10-14y) due to PEPFAR retraction, there is now RT35 transversal contracted partners in all districts **TB Programme** - Sustain performance on number of GXP tests done and number of eligible HIV positive clients to be tested for TB using ULAM and continuously monitor progress. - Provide training on paediatric guidelines to address challenge of poor management of TB in children by clinicians. - Deep dive meetings will be conducted to address data quality in selected poor performing and high burden districts **COS Programme** **Decline of CHW Stipend** - Letters were written to provinces to alert them about the poor performance on the indicator to tell them to appoint CHWs. EC appointed 263 CHWs in quarter 2 and quarter 3. FS managed to appoint 51CHWs in quarter 4. WC appointed 17 CHWs in quarter 3. - Advocacy was done to National Treasury to increase the budget for stipend to cater for replacements but instead the budget was reduced. **Community Outreach Services (COS) to households 1st and follow-up visits conducted** - The target for the indicator for 2024/2025 was reduced by 6 500 000 to address the challenge. However, it should be noted that the number of CHWs is gradually reducing which impacts negatively to reaching the households. **HIV Defaulter tracing** Facilitate reasonable target setting within provincial/ district capacity. Close monitoring of provinces to achieve targets they have set on training, tracing of defaulters for TB and HIV /AIDS **HPV Programme** Mop up of unreached learners and schools to ensure that all eligible learners with consent forms are immunised. **Malaria** - Vector control microplanning and implementation needs to be expedited. Provincial Senior Leadership needs to be engaged to mitigate current red tapes pertaining to supply chain issues in the provinces and recruitment. Limpopo and Mpumalanga need to recruit core teams (KwaZulu-Natal has adopted this strategy as a way to mitigation the late recruitment of personnel for spraying), to ensure there are no delays in the commencement of the Indoor Residual Spraying Campaign. The National Department of Health's Malaria and Other Vector Borne Diseases Directorate will also consider mechanisms for pooled procurement for the provinces. - The Notifiable Medical Condition Surveillance System and the Malaria Information System-DHIS 2 have since been integrated to mitigate challenges in reporting confirmed malaria cases within 24 hours. The national Department of Health will do an in depth analysis of facilities that are not reporting through the Notifiable Medical Conditions Surveillance System and will engage the NICD to assist with mitigating this.
Monitoring mechanism by the receiving department	**TB Programme** Quarterly meetings with the provinces to monitor progress against DORA and APP indicators. Quarterly Support visits to selected province targeting poor performing districts **COS Programme** - Provinces to be advised on risk management and mitigating factors early in the financial year when early quarterly targets are not achieved. - Continuous close monitoring of on the targets that were not achieved and provision of support on time to cap the challenges. **HPV Programme** Intra campaign data verification and data clean up conducted in districts and provinces. **Malaria** - Through quarterly reviews with provinces through our interprovincial meetings - The indicators in the conditional grant are also monitored on a continuous basis through the Malaria Information System to assess for performance and are also part of our National Malaria Strategic plan that require monthly monitoring.

Health Facility Revitalisation Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	- To help accelerate construction, maintenance, upgrading and 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 Occupational Health and Safety
Expected outputs of the grant	- 40 PHC facilities constructed or revitalised - 21 Hospitals constructed or revitalised - 120 Facilities maintained, repaired and/or refurbished
Actual outputs achieved	- 41 PHC facilities constructed or revitalised - 24 Hospitals constructed or revitalised - 157 Facilities maintained, repaired and/or refurbished
Amount per amended DORA (R'000)	R 6,679,860
Amount received (R'000)	R 6,679,860
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 6,915,490
Reasons for deviations on performance	The set targets were exceeded and that was due to some projects being completed ahead of the scheduled time.
Measures taken to improve performance	Continuous monitoring and oversight and regular engagements with the provinces to monitor project performance.
Monitoring mechanism by the receiving department	Regular review of project data quality and data quality reviews with provinces to ensure accurate reporting. Regular project inspections as part of monitoring and oversight by project leaders.

National Health Insurance Grant: Health Facility Revitalisation Component

Department that transferred the grant	National Department of Health
Purpose of the grant	To create an alternative track that will improve spending, performance as well as monitoring and evaluation on infrastructure in preparation for (NHI) To enhance capacity and capability of delivering infrastructure for NHI To accelerate the fulfilment of occupational health and safety requirements.
Expected outputs of the grant	Number of primary health care facilities constructed or revitalised (1) Number of hospitals constructed or revitalised (0) Number of facilities maintained, repaired and/or refurbished (5)
Actual outputs achieved	Number of primary health care facilities constructed or revitalised (2) Number of hospitals constructed or revitalised (0) Number of facilities maintained, repaired and/or refurbished (1)
Amount per amended DORA (R'000)	1,389,111
Amount received (R'000)	1,389,111
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	1,392,664
Reasons for deviations on performance	Grant expenditure was slightly lower to ensure no overspending occurred
Measures taken to improve performance	Monitoring of projects and expenditure monthly A Governance framework was distributed to facilitate compliance by Implementing Agents and Project Managers.
Monitoring mechanism by the receiving department	Quarterly reviews and site visits

Personal Services HP Contracting Capitation

Department that transferred the grant	National Department of Health
Purpose of the grant	To expand the access to healthcare service benefits through the strategic purchasing of primary health care services from healthcare providers
Expected outputs of the grant	Number of proof-of-concept contracting units for primary health care (CUPs) established Number of private primary healthcare providers participating in then CUPs and contracted through capitation arrangements
Actual outputs achieved	CUPs: 5 Private providers: 0
Amount per amended DORA (R'000)	2,220
Amount received (R'000)	2,220
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	0
Reasons for deviations on performance	There were delays in filling the new posts in the NHI Branch. The workload needed to begin the anticipated activities was too high for the capacity available in the Branch due to this shortfall. However, much preliminary work has been done within the capacity of the Branch. This includes building a project team with workstreams to systematically develop the necessary frameworks and processes for accreditation and contracting, payment models, service benefits and the digital system. CUP sites have been identified and frequent engagements with provincial departments of health have enabled us to establish the structure of CUPs, and to move towards implementing functional CUPs.
Measures taken to improve performance	Continue the recruitment processes to fill posts and capacitate the Branch to undertake the Grant activities swiftly. Frequent monitoring of the project and the use of the Grant.
Monitoring mechanism by the receiving department	Quarterly review of the financial and non-financial performance of the Grant.

National Health Insurance Grant: Non-Personal Services Component

Department that transferred the grant	National Department of Health
Purpose of the grant	**CCMDD** To expand the alternative models for the dispensing and distribution of chronic medication **MSS** - To develop and roll out new health information systems in preparation for NHI, including human resource for health information systems - To enable Expand the alternative models for the dispensing and distribution of chronic medication - Develop and roll-out new health information systems in preparation for NHI - Develop a risk-adjusted capitation model for the reimbursement of primary health care (PHC) - Enable the health sector to address the deficiencies in the primary health care facilities systematically and to yield fast results through the implementation of the ideal clinic programme. - To implement a quality improvement plan **Ideal Clinic** To enable the health sector to address the deficiencies in primary health care facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme

Department that transferred the grant	National Department of Health
Expected outputs of the grant	**CCMDD** Alternative chronic medicine dispensing and distribution model implemented Number of new and number of total patients registered in the 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 primary healthcare facilities peer reviewed against the ideal clinic standards Number and percentage of primary healthcare facilities achieving an ideal status Number of public health facilities implementing the health patient registration system Number and percentage of the population registered on the health patient registration system National data centre hosting environment for NHI information systems established, managed and maintained **MSS** The development Improved access to and publication quality of healthcare through: - Expansion of the 2022 Normative Standards Framework alternative dispensing and distribution model for Digital Health Interoperability chronic medication - Improved quality health services in all primary health care facilities through the Ideal Clinic programme - Building and implementation of the enterprise architecture design for national health insurance patient information systems - Development and implementation of the master facility list policy - Number of primary healthcare facilities implementing an electronic stock monitoring system - Number of hospitals implementing an electronic systems for medicines stock management and procurement. - Number of fixed health establishments reporting medicines availability to the national surveillance centre - Number of quality learning centres established - Number of facilities improving their baseline OHSC scores (or other approved quality metrics) - Number of proof-of-concept contracting units for primary health care (CUPs) established - Number of healthcare providers participating in the CUPs - Number of CUPs participating in strategic purchasing. - Intern community service programme system maintained and improvements effected **Ideal Clinic** 2600 Facilities to be Ideal at the end of 2023/24 Financial Year Development of a risk-based capitation model for the reimbursement of PHC **PIS** 3200 Public Health facilities with the Health Patient Registration System Installed 60 million of the population registered on the Health Patient Registration System Functional National data centre hosting environment for NHI Information systems established managed and maintained. 2023 Normative Standards framework for Digital Health Interoperability published. Master Facility List Policy developed, and implementation commenced.

Department that transferred the grant	National Department of Health
Actual outputs achieved	**MSS** Alternative chronic medicine dispensing and distribution model implemented. Total number of parcels delivered: – Target: 5 000000 – Actual Output: 9 075 140 Number of new and number of total active patients in the programme, broken down by the following: – Actual Output: 3 144 021 - Antiretroviral treatment only: 1 892 342 - Antiretroviral with co-morbidities: 472 373 - Non-communicable diseases: 736 465 Number of pickup points (state and non-state): state 3 549 and external PuPs 2 858 Number. of primary health care facilities implementing an electronic stock monitoring system – Q4 BP Target: 2963 – Q4 Actual Output: 3311 Number. of hospitals implementing an electronic stock management system. – Q4 BP Target: 379 – Q4 Actual Output: 377 Number of fixed health establishments reporting medicines availability to the national surveillance centre – Q4 BP Target : 3850 – Q4 Actual Output: 3866 **Ideal Clinic** Number and percentage of primary health care facilities achieving an ideal status – Q4 BP Target : 2600 annual target – Q 4 Actual Output: 2706 which is 104%% of 2600 annual target facilities that conducted baseline status determination by PPTICRMs ,Peer reviews and Peer Review Updates. **PIS** – 3206 Public Health facilities with the Health Patient Registration System Installed – 65 247 909 million individual registrations recorded on the Health Patient Registration System – Fu1ctional National data centre hosting environment for NHI Information systems established managed and maintained. – 2023 Normative Standards framework for Digital Health Interoperability published. – Master Facility List Policy developed and submitted for approval **ICSP** Finalised the allocation of eligible South African Citizens and Permanent Residents into funded medical internship and community service posts during the reporting period
Amount per amended DORA (R'000)	707,767
Amount received (R'000)	707,767
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	652,369

<table>
<tr><th>Department that transferred the grant</th><th>National Department of Health</th></tr>
<tr><td>Reasons for deviations on performance</td><td>
98% expenditure, 2% committed but not spent due to non-tax compliance of service providers (PUPS).MSS
Several delays were experienced from the Supply Chain Management office resulting into appointment of suppliers, and payment of invoices not actioned before 31 March 2024.
A list of invoices submitted to SCM for payment and not yet paid.
<table>
<tr><th>Service</th><th>Amount</th></tr>
<tr><td>180 PCs for Mpumalanga</td><td>2,830,642,20</td></tr>
<tr><td>203 MFC printers for Northern Cape</td><td>1,868,568,82</td></tr>
<tr><td>Total</td><td>R 4,699,211,02</td></tr>
</table>
The below files are submitted to SCM demand and Acquisition for suppliers to be appointed to deliver the required services: The file submissions to SCM happened from the month of September 2022.
<table>
<tr><th>Services</th><th>Amount</th></tr>
<tr><td>MP Server (56)</td><td>2,604,000,00</td></tr>
<tr><td>KZN Desktop Computers (111)</td><td>1,776,000.00</td></tr>
<tr><td>EC Servers (26)</td><td>1,209,000,00</td></tr>
<tr><td>NC Zebra (275)</td><td>1,292,500,00</td></tr>
<tr><td>FS UPSs (28)</td><td>238,000,00</td></tr>
<tr><td>FS PCs (105)</td><td>1,732,500,00</td></tr>
<tr><td>NW Server (03)</td><td>600,000,00</td></tr>
<tr><td>KZN MFC Printers (92)</td><td>920,000,00</td></tr>
<tr><td>Total</td><td>R9,772,500,00</td></tr>
</table>
If all our files were actioned timeously as submitted to SCM, we would be reporting an additional expenditure of R9 772 500.00 considering the submitted invoices which were submitted and not paid valued at R4 669 211.02 to the existing expenditure of R73 476 484.39 resulting into a total expenditure of R87,065,000,00 would amount to 100%.
Ideal Clinic

Not all planned ICSM Trainings were conducted due to some provinces not submitting required documentation for catering on time leading to cancelation of trainings.
Delay on finalisation of three bids
</td></tr>
<tr><td>Measures taken to improve performance</td><td>
Has over performed on the indicators
MSS
Non -tax compliant service providers (PUPs) are followed up.
The mentioned SCM delays were escalated formally in writing to SCM Director, Chief Director and CFO.

Ideal Clinic
Ongoing consultation with the Provincial Ideal Clinic Champions to adhered to submission dates for planned ICSM trainings.
Processes to continue during next financial year to finalise the 3 bids.
</td></tr>
<tr><td>Monitoring mechanism by the receiving department</td><td>
MSS
Both the expenditure and the procurement requests were reviewed and monitored monthly: ongoing monitoring of Grant activities.

Ideal Clinic
Ongoing monitoring of the Grant activities.
</td></tr>
</table>

National Health Insurance Direct Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers
Expected outputs of the grant	- Number of health professionals contracted - Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions. - Percentage reduction in the backlog of forensic mental observations. - Number of patients seen per type of cancer. - Percentage reduction in oncology treatment including radiation oncology backlog.
Actual outputs achieved	- 216 health professionals contracted - 174 376 clients seen by contracted mental health practitioners at primary healthcare level - 829 forensic mental observations conducted by contracted mental health practitioners - 17 417 patients seen for cancer services
Amount per amended DORA (R'000)	R 694,675
Amount received (R'000)	R 694,675
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	R 764,422
Reasons for deviations on performance	The recruitment of healthcare professionals has proven to be difficult across all components of the Grant, particularly in outlying areas. Reasons for this include the nature and administration of the contracts – it is temporary and too short, there are delays in the recruitment processes and salary payments.
Measures taken to improve performance	Discussions will take place with provincial Grant teams to review contracts and determine appropriate ways to improve the recruitment of healthcare professionals, moving towards contracting within an NHI framework.
Monitoring mechanism by the receiving department	Quarterly reports are prepared and submitted to the transferring officer.

2.7 Donor Funds

Name of donor	Centre for Disease Prevention and Control (United States)
Full amount of the funding (R'000)	R33 073
Period of the commitment	12 months
Purpose of the funding	Enhance the National Department of Health's Coordination and Leadership on HIV and TB Programs in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR)
Expected outputs	- Roll out of PrEP programmes to provinces - To provide quality MMC services to cover 80% of HIV negative uncircumcised males aged 10 – 49 years as part of combination HIV prevention - To expand the Momo-Connect programme for all pregnant woman to register to receive, informative, stage-based messaging during pregnancy and for the first two years of her baby's life - Approval of the revised Vertical Transmission Prevention (VTP) 2023 guideline - Development of key policy documents in the digital health space - Overall health strengthening through PEPFAR funding support
Actual outputs achieved	- Hundred percent of the PHC facilities in KwaZulu, Gauteng, Free State and Mpumalanga offer oral PrEP followed by over 90% of PHC facilities in North-West and Eastern Cape provinces. - Province commenced with implementation in the PHC facilities following a training that was conducted in Oct 2023 - Orientated new RT35 contracted partners in Western Cape, Eastern Cape and Northwest Province on training requirements within the MMC programme and the importance of ensuring that all Health care workers are skilled and proficient in the provision of safe circumcisions - Support over five million mothers to date, and is credited with being the first nationally scaled mobile health program of its kind - Increased ART coverage in antenatal clients as evidenced by the ANC already on ART at first visit achieved 77,5% from 75,8 % - Launch of the S A chapter of Global Alliance (GA) to end Aids in children by 2030 - Expansion of TPT for all TB contacts within the households, including 5yrs and older irrespective of HIV status - Improved diagnostic yield through Targeted Universal Testing of PLHIV, household contacts and previously treated TB patients, implementation of ULAM and screening using Digital Chest X-rays - Ongoing development of key national policy digital health related documents - Continuous support for key positions in the department

Name of donor	Centre for Disease Prevention and Control (United States)
Amount received (R'000)	R33 073
Amount spent by the department (R'000)	R30 481
Reasons for the funds unspent	– The main reason being that financial year of the CDC runs from Oct –Sep with the resultant that some of the receipts fall within the department's financial year. – Additionally, there other lower spending part is attributable to less travelling as a consequence of implementation of austerity measures.
Monitoring mechanism by the donor	– Conducting of regular/weekly expenditure reports analysis – Compilation of monthly reconciliation reports – Monthly, quarterly and annually reporting to the donor. – Monthly finance reports

Name of donor	Global Fund - New Funding Model
Full amount of the 3-year funding period (R'000)	R5,317,642
Period of the commitment ((R'000)	R 3,515,173
Purpose of the funding	Investing for impact against TB and HIV
Expected outputs	- TCP-1(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases. 111 720 - TCP-2(M) Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases. 87% - TCP-5.1 Number of people in contact with TB patients who began preventive therapy. 7 748 - TB/HIV-6(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment. 90% - TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period. 93% - MDR TB-2(M) Number of TB cases with RR-TB and/or MDR-TB notified. 4 802 - MDR TB-3(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment. 4 322 - MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated. 71% - M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received. 99% - TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period. 70%
Actual outputs achieved	- TCP-1(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases. 102 463 - TCP-2(M) Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases. 81.3% - TCP-5.1 Number of people in contact with TB patients who began preventive therapy. 8 161 - TB/HIV-6(M) Percentage of HIV-positive new and relapse TB patients on ART during TB treatment. 96.8% - TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period. 100% - MDR TB-2(M) Number of TB cases with RR-TB and/or MDR-TB notified. 4 898 - MDR TB-3(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment. 4 069 - MDR TB-9 Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated. 90.1% - M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received. 99.8% - TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period. 95.7%
Amount received (R'000)	R1,655,729
Amount spent by the department (R'000)	R1,505,354
Reasons for the funds unspent	The grant has spent 91% of the funds received by end of March 2024.The underspending was due to non-procurement of TB medications as most provinces had enough stock to until end of March 2024.The procurement of TB medication will be undertaken in the financial year 2024/2025.

Name of donor	Global Fund - New Funding Model
Monitoring mechanism by the donor	The National Department of Health as the Principal Recipient of the Global Fund grant conducts the following activities to monitor the implementation and performance of funded programmes: - Conduct on-site verification visits per quarter to ensure compliance with the Global Fund - guidelines. - Conduct support visits to grant implementers to ensure proper implementation of the approved. - project activities. - Conduct data review meetings to verify the accuracy of the data reported. - Quarterly workshops and meetings with sub-recipient for programme management. - Conduct deep dive and data analytics meetings. - Six monthly internal audits and annual external audits. The Global Fund Country Team conducts regular country visits which include site visits to implementing facilities. The NDoH submits reports which are verified by the Local Funding Agent (LFA) prior submission to Global Fund on six monthly. NDoH submits a report to the National Treasury to support programme performance and justify the disbursement requests on six-month basis. The NDoH also submits quarterly reports to South African National AIDS Council which serves as Country Coordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts spot checks as part of quality checks through the LFA. The Global Fund commissions audit through the Office of the Inspector-General (OIG) as part of weighing Global Fund's investments and identifying risks.

2.8 Capital Investment

Capital investment, maintenance, and asset management plan

Infrastructure projects	2023/ 2024			2022/2023		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)	(R'000)
Infrastructure - Excluding Limpopo Academic						
Current (Goods & Services)	177 291	84 547	92 744	175 594	148 116	27 477
Capital (Buildings & other fixed structures)	834 002	937 079	-103 077	814 882	828 628	-13 746
Machinery & Equipment	28 147	23 124	5 023	20 000	7 206	12 793
Total Infrastructure – Excluding Limpopo Academic	1 039 440	1 044 750	-5 310	175 594	148 116	27 477
Infrastructure – Limpopo Academic						
Capital (Buildings & other fixed structures)	349 671	349 669	1	498 615	101 622	396 993
Current (Goods & Services)	-	-	-	-	984	-984
Total	**1 389 111**	**1 394 419**	**-5 309**	**1 509 091**	**1 086 557**	**423 517**

Part C:
Governance

3 GOVERNANCE

3.1 Introduction

The objective of the Department's Internal Audit Activity (IAA) is to provide an effective, independent objective assurance and consulting function designed to add value and improve the Department's operations. This is achieved by evaluating and improving the effectiveness of risk management, control and governance processes in the Department.

The IAA performed audits in the approved Internal Audit plan. The scope of the IAA's work was derived from the Risk-based Three-year Strategic and Annual Plan approved by the Audit and Risk Committee for the 2023/24 financial year.

3.2 Risk Management

The Department recognises that risk management is a valuable management tool which improves and assists management in minimising any negative impacts and optimising opportunities emanating from its operating environment. The risk management framework (Policy, Strategy, and Implementation Plan) was discussed and recommended by the Audit and Risk Committee for approval by the Director-General during the 2022/23 financial year. Risk Registers were developed by management and aligned with the Annual Performance Plan 2023/24. The Risk Management implementation was monitored by the Audit and Risk Committee.

The Risk Assessment was conducted and aligned with NDoH Annual Performance Plan. The Action Plans to address the audit findings of South Africa's Auditor-General were monitored monthly through the Chief Directorate: Internal Audit and Risk Management, and reported to the Audit and Risk Committee

3.3 Fraud and Corruption

The Department has several strategies in place which are in line with legislative frameworks and policies that are aimed at instituting mechanisms for reporting fraud and corruption. In respect of all reported allegations, investigations are undertaken, and disciplinary actions are taken against parties who contravene the Code of Conduct. Matters that have elements of criminality are reported to the South Africa Police Service (SAPS) for criminal investigation.

Fraud awareness mobilisation is conducted through posters on noticeboards and through articles published in the internal *Rihanyo* electronic newsletter. In addition, external stakeholders are sensitised via the relevant website content, which also provides the National Health System Ethics Line (0800 20 14 144). Fraud awareness sessions are held during the induction of newly appointed employees.

3.4 Minimising Conflicts of Interest

The Department continues to implement the public service processes which requires Senior Managers, MMS Members, Finance and Supply Chain Management (SCM) practitioners to declare and disclose their financial interest. For the period under review, the Department had 108 SMS employees, 171 Salary Level 11, 12 and OSD employees and 96 SCM/Finance Official below Salary Level 9 employees that were required to declare their financial interests by the prescribed timeframes of 30 April and 31 July respectively. The table below indicates the Department's compliance with the Financial Disclosure Framework.

Category	Submitted	Not Submitted	Total	% of compliance
Senior Management Services	106	02	108	98%
Salary level 11, 12 and OSD employees	146	25	171	85%
SCM/Finance Official below Salary Level 9	93	3	96	97%

Consequences management was undertaken on employees who failed to comply with the provision that required them to disclose their financial interests.

3.5 Code of Conduct

The Code of Conduct is applicable to all employees of the Department and gives effect to the relevant constitutional provisions relating to public services. Chapter 2 of the Public Service Regulations 2016 (PSR 2016) provides the principles and standards of ethical conduct that are expected from all public servants. The Department utilises the provisions of the Public Service Code of Conduct to regulate the conduct of its employees.

The following mechanisms are in place to instil an ethical culture within the Department:-

- An Ethics Committee is in place to oversee all the ethical activities in the department and ensuring that all officials comply with the provision of the PSR 2016.
- Ethics awareness is in place to capacitate employees about the importance of disclosure of financial interest, of requesting permission before conducting remunerative work outside of the employment and the code of conduct.
- The Department have an official who assist employees on how to disclose financial interest on e-Disclosure.

3.6 Health Safety and Environmental Issues

The NDoH Occupational Health and Safety Policy was signed by the Director-General on 17 July 2023. All statutory obligations have been fulfilled by establishing the Occupational Health and Safety (OHS) Committee; appointment of the 19 OHS representatives, 25 first-aiders and 37 fire wardens, and instituting one training activity incident investigation. The Occupational Health and Safety Act 85 of 1993 and its Regulations, as well as the photographs and contact information of the OHS representatives, first aiders and fire wardens and other contact details in the event of emergencies, are displayed on all noticeboards. Five OHS Committee meetings with monthly inspections, and one emergency evacuation drill, were conducted by the OHS representatives. Two minor injuries were reported and investigated.

The Occupational Health and Safety framework for workers in the public health sector was noted by the National Health Council and covered the following areas:

- Occupational health and safety policy
- Governance & co-ordination
- Occupational health services
- Hazard identification and risk assessments
- Medical screening
- Occupational health information system / surveillance
- Reporting and access to compensation
- Health promotion
- Employee wellness
- Funding

A workshop involving the International Labour Organisation, World Health Organisation, national Department of Health, Department of Defence, Department of Employment and Labour, provinces, trade unions, professional societies and academics was held to raise the profile of occupational health and safety within the public health sector.

3.7 Portfolio Committees

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
PORTFOLIO COMMITTEE ON HEALTH		
21 April 2023	Department of Health 2023/24 Annual Performance Plan, with Deputy Minister	The Portfolio Committee members were informed of the total allocated budget of R60.1 billion, a decrease of R4.5 billion from the 2022/23 financial year. The Committee was disappointed to learn that there was a large decrease in the money allocated for PHC services (of almost 41.6%). Minority members concerned about the National Health Insurance (NHI) Bill argued that the country did not require NHI, as it already had universal health coverage. However, most Members disagreed with this assertion. NDoH officials highlighted to Members an issue requiring resolution, i.e. that several young doctors who must complete their community service refuse to be placed in rural areas, which exacerbates the shortage of doctors in rural areas.
10 May 2023	National Health Insurance (NHI) Bill: deliberations on Legal Advisors' input	The Portfolio Committee on Health deliberated on the legal opinions previously presented by the State Law Advisors (SLAs) and the Parliamentary Legal Services (PLS) concerning the National Health Insurance Bill. The ANC and IFP spoke in support of the Bill. The DA rejected the Bill on the basis that it contained many constitutional issues, as well as the possibility of State capture. The FF+ similarly did not support the Bill, as it gave rise to constitutional challenges such as the exclusion of asylum-seekers and undocumented foreigners from healthcare service coverage. The EFF did not support the Bill, on the basis that it maintained the current two-tier system, which did not reflect the EFF's aspirations for a socialist country. The Committee then conducted a clause-by-clause deliberation on the NHI Bill. Again, the ANC and IFP supported the Bill and its clauses, with the majority party proposing amendments to several clauses and the schedule. However, the FF+, the DA, and the EFF rejected the Bill in its entirety. The NFP, ACDP, and Al Jama-ah parties were absent from the deliberations
12 May 2023	National Health Insurance (NHI) Bill: consideration of A-list	The ANC and IFP supported the amendments as captured in the A-List and the NHI Bill in its entirety. Opposition-party members from the DA, EFF, FF+ did not support the amendments as per the A-List and rejected the Bill in its entirety. The Portfolio Committee resolved that the legal teams would present printed versions of both the A-List and the B-list on 24 May 2023, after it had been scrutinised and errors corrected.
17 May 2023	Department briefing on AU Treaty for the establishment of the African Medicine Agency (AMA); with Deputy Minister	The Portfolio Committee Members welcomed the presentation and raised important questions about: the financial contributions and the participation of Western countries; the cost of membership, funding sources, and the impact on the healthcare budget; corruption investigations; indigenous medicines; the oversight and accountability of regulatory entities; the reliance on the Food and Drug Administration as well as the World Health Organization; the potential impact of Article Eight on corruption investigations; the role of the private sector; National Health Insurance; and the independence and trustworthiness of regulatory entities. Overall, the Committee expressed support for the Treaty, emphasising the importance of Africa's participation, local manufacturing, and cooperation among African nations.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
24 May 2023	National Health Insurance (NHI) Bill: adoption; Cholera Outbreak; with Deputy Minister	The Committee considered and adopted the proposed amendments to the National Health Insurance Amendment Bill (A-Bill), as well as the consolidated B-Bill. Members of the ANC supported the adoption of the amended A-List. Members of the DA, FF+, and EFF rejected the amended A-List. Members of the ANC supported the adoption of the B-Bill in its entirety. The DA, EFF, FF+ rejected the B-Bill in its entirety. Members of the Committee asked to receive regular updates from the Department on the cholera outbreak. A Member from the DA raised a concern. The mayor of Tshwane had been prevented from visiting Jubilee Hospital. A Member of the EFF stated that the nonchalance exhibited the Department was not good enough, as people were dying every day.
26 May 2023	National Health Insurance (NHI) Bill: Committee Report; AMA Treaty Report (with Deputy Minister present)	The Portfolio Committee on Health considered and adopted two reports: The Committee Report on the NHI Bill and the Committee Report on the AMA Treaty. The Deputy Minister of Health provided a brief update on the cholera outbreak; he informed Portfolio Committee members that the services of a gastroenterologist had been enlisted and would be based at Jubilee Hospital. All specimens from Jubilee Hospital would also be prioritised as most cases of cholera came from the area. The Committee members were thankful that the matter was being addressed with such speed. Members were also informed that Doctors Without Borders and local government would also participate in addressing the cholera outbreak.
31 May 2023	Tobacco Products and Electronic Delivery Systems Control Bill: Department briefing; Update on cholera outbreak; with Deputy Minister	The presentation was met with mixed reactions from Members, some of whom thought that categorising tobacco products and e-cigarettes together was unnecessary. A few Members voiced their concern over the impact that the Bill would have on the country's annual fiscus, as the economy relied heavily on the sale of tobacco products. The Committee Chairperson said the Bill was important for the health of all South Africans. The Committee agreed that the parliamentary public participation processes must proceed. The Committee would call for submissions, and thereafter, public hearings would be conducted for people to make their contributions to the Bill.
07 June 2023	Contribution of family physicians to district health services	Portfolio Committee members were pleased with the work of family physicians but were concerned about the lack of preventative systems in the healthcare sector. Members were also interested in the involvement of physicians in rural areas and how accessible they were to less advantaged groups of South Africans.
13 October 2023	Department of Health 2022/23 Annual Report; with Ministry	Committee members were concerned about the financial risk to the Health Department budget. Members stated that it was totally unacceptable that the NDoH had underspent its budget while the infrastructure of its healthcare facilities was in a dilapidated state. The Committee urged the NDoH to institute consequence management against those responsible for irregular expenditure, and to capacitate its healthcare facilities with adequate medicine supplies and sufficient numbers of trained staff.
18 October 2023	Health Budgetary Review and Recommendations Report (BRRR)	The Committee adopted its Minutes of 10,11 and 12 October 2023 without amendment. The ANC supported the Committee's BRRR, while the DA, EFF, and FF+ members reserved their right to consult with their caucuses on the report. Portfolio Committee members felt that under-performing provinces that had spent their budget allocations accordingly should have their progress continuously monitored. The Committee's BRRR was adopted and recommended for debate in the National Assembly.
08 November 2023	Department of Health Q1 & 2 2023/24 Performance; with Ministry	The Committee raised a number of concerns relating to health facilities in provinces and how these would be affected by budget cuts. They expressed unhappiness about failures in filling of critical vacant posts and training healthcare providers. Portfolio Committee members expressed their concern about the Department's ability to deliver on its core mandate and the quality of health services, questioning how malaria and TB were being prevented and treated. Among other issues, the committee expressed its concern regarding invoices that were not paid within a 30-day period and some remaining unpaid since the COVID-19 period. They highlighted issues relating to fruitless and wasteful expenditure, and that there were 360 invoices related to medico-legal claims. The Committee also pointed out that maintenance projects often failed to reach completion, and asked whether interns were employed in terms of the Youth Employment Programme. The Committee highlighted that fake food was being sold at schools and spaza shops, and wanted to know what the Department was doing to address this.
SELECT COMMITTEE ON SOCIAL SERVICES		
02 May 2023	Department of Health 2023/24 Annual Performance Plan	Portfolio Committee members expressed concerns about the Health Patient Registration System (HPRS). Poor administration of the system at Northern Cape hospitals was highlighted, and they requested the NDoH to prioritise updating the HPRS at Robert Sobukwe Hospital. Members noted their concern about the distribution of medical supplies and treatment provision in rural areas. Members also called for Provincial Health Departments to be supported to improve expenditure rates, outcomes and audits.

Date of the meeting	Brief of the meeting agenda/ topic	Matters raised by the committee and how they were attended to by the Department
20 June 2023	National Health Insurance (NHI) Bill: Department briefing (with Minister); DWYPD Budget Vote Report	Portfolio Committee members requested more information on the passing of the NHI Bill and what it meant for South African healthcare providers and users. They raised a concern about undocumented people and asked for clarity on whether foreigners and South African citizens who had no legal documents will be NHI beneficiaries. Committee members were concerned about shortage of basic infrastructure within the healthcare sector in provinces, and asked how the Department would provide adequate healthcare if such basic infrastructure was not improved.
31 October 2023	National Health Insurance (NHI) Bill: Department response to public submissions (with Ministry)	The Committee noted that some submissions were omitted from its report due to late submission, and that the inputs emanating from the Western Cape's public hearings had not been captured as it was held outside of the period designated for provinces. The Committee resolved that all submissions must be considered and included, even those that had been submitted late. The Committee would convene on 7 November 2023 to receive further responses from the Department on the late submissions.
07 November 2023	National Health Insurance (NHI) Bill: Consideration of Public Submissions	The Committee received a briefing from the Department on the public submissions on NHI Bill, noting that there were 15 submissions to respond to on the day. Portfolio Committee members raised concerns that some submissions had not reached the Department on time. The Committee plans to conclude the process on 21 November 2023, when it will consider its final report and Bill.
09 November 2023	National Health Insurance (NHI) Bill: consideration of public submissions & Department response; with Minister	The Portfolio Committee received a briefing from the Department on its responses to public submissions on the NHI Bill, arising from the National Council of Provinces (NOCP) process. Committee Members appreciated the very detailed and informative response that the Department had prepared. They sought clarity on next steps in terms of the legislative process. They expressed appreciation that there would be public participation in formulating the Bill's Regulations. The Committee would move onto the mandate stage of the legislative process.
14 November 2023	NHI Bill: Negotiating Mandates; African Medicines Agency Treaty; with Minister.	Portfolio Committee members convened to receive provincial negotiating mandates on the NHI Bill. Eight provinces voted in favour of the Bill. The Western Cape had been allowed an extension until 17 November 2023 to consolidate all its submissions into its negotiating mandate.
21 November 2023	NHI Bill: Final Mandates (with Minister)	Portfolio Committee members considered the final mandates of the NHI Bill [B11B-2019]. Eight of the nine provinces mandated their representatives to vote in favour of the Bill. The Western Cape did not submit its mandate, and the Chairperson reported that no reason had been provided for this. The Committee also considered and adopted its Final Report on the Bill, with two members registering their objections.

3.8 Standing Committee on Public Accounts (SCOPA) Resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
None	Not Applicable	Not Applicable	Not Applicable	Not Applicable

3.9 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter*
None	Not Applicable	Not Applicable

3.10 Audit and Risk Committee

We are pleased to present our report for the financial year ending 31 March 2024.

Audit and Risk Committee Responsibility

The Audit and Risk Committee (ARC) reports that it has complied with its responsibilities arising from section 38 (1) (a) (ii) of the Public Finance Management Act, 1999 (Act 1 of 1999) and Treasury Regulations 3.1.13. The ARC also reports that it has adopted appropriate formal terms of reference as its Charter, which is reviewed annually and has regulated the affairs of the Committee in compliance with this charter. The ARC further confirm that it has discharged all its responsibilities as contained in the charter.

Composition and Meetings of the Audit and Risk Audit Committee

The Audit and Risk Committee comprises of three (3) independent members who have sufficient qualifications and experience to render the required Audit Committee function as stipulated in the committee terms of reference.

Name	Qualifications	Designation	Date appointed	End of term	Number of meetings attended
Dr C Motau	– Doctor Technologiae: Computer Science and Data Processing – Master Degree in Business Leadership – Master Degree in Information Technology – Bachelor of Commerce – Higher Diploma in Computer Auditing – Certificate in Information Technology Projects Management – Certificate in Human Resource Management – Certificate in Executive Leadership	Non-Executive Member	01/09/2019	31/08/2025	6
Ms ZM Kabini	– MCom in Business Management – BCom Hons in Informatics – BCom in Informatics – Diploma in Business Analysis – Management Development Programme	Non-Executive Member	01/09/2019	31/08/2025	6
Mr C de Kock	– Professional Accountant (SAIPA) – Masters Business Degree in Auditing – Bachelor of Commerce Accounting, – Bachelor of Commerce Accounting (Honours). – Certified Information Systems Auditor (CISA) - Global certification – Certified Internal Auditor (CIA) – Global certification	Non-Executive Member	25/05/2018	24/08/2024	6

3.11 Audit and Risk Committee Report

Effectiveness of Internal Controls

The systems of internal control are designed to provide cost effective assurance in achieving the Department's objectives by ensuring that assets are safeguarded, operations are effective and efficient, financial and performance information is reliable and that there is compliance with laws and regulations.

The Audit and Risk Committee provided oversight on the operations and business activities of the Department through the quarterly reporting processes by Management as well as the internal audit reviews as prioritised in the approved risk-based Annual Audit Plan. The systems of internal control within the Department were not entirely effective for the year under review and the Audit and Risk Committee is of the opinion that both the AGSA and Internal Audit findings should be addressed timeously for effective internal controls systems, in particular the AGSA repeat findings.

Internal Audit effectiveness

In line with the PFMA and the King IV Report requirements relating to Public Sector, Internal Audit (IA) provides the Audit and Risk Committee and Management with assurance that the internal controls are adequate and effective. This is achieved by means of an appropriate quarterly reporting process, as well as the identification of corrective actions and suggested enhancements to the controls and processes.

The Audit and Risk Committee is satisfied with the activities of the IA function including its annual work programme, coordination with the external auditors and follow-ups on management corrective action plans. Based on the IA reports, there are indications that systems of internal control were adequate in most areas. However, there is still room for improvement in areas where control deficiencies and deviations from prescripts and policies were highlighted. The Audit and Risk Committee, with respect to its evaluation of the adequacy and effectiveness of internal controls, receives reports from IA on a quarterly basis, assesses the effectiveness of IA function, reviews and approves the IA annual and Three-Year Audit Rolling Plans.

The Audit and Risk Committee monitored and reviewed, where appropriate, actions taken by Management regarding adverse IA findings. The Audit and Risk Committee has overseen a process by which IA has performed audits according to a risk-based audit plan where the effectiveness of risk management and internal controls were evaluated. These evaluations were the main input considered by the Audit and Risk Committee in reporting on the effectiveness of internal controls. The Audit and Risk Committee is satisfied with the independence and effectiveness of the IA function.

Governance and Ethics

The Department has adopted the corporate governance principles of the King Codes applicable to the Public Sector. The Audit and Risk Committee continues to monitor key governance interventions of the Department as required, however there is a need for continued improvement in this area.

There is focus on Ethics within the Department to imbed further enhancement of awareness and understanding of Ethics at all levels within the Department. Furthermore, the Department requires that all members of the Senior Management Services (SMS), Middle Management Service, Supply Chain Management and Finance officials complete the annual financial disclosure declaration.

Information and Communication Technology (ICT) Governance

The Audit and Risk Committee reviewed progress with respect to ICT Governance in line with the ICT Governance Policy Framework issued by the Department of Public Service and Administration. The Audit and Risk Committee noted the misalignment of the ICT structure to the ICT Strategy resource requirements to deliver on the technology roadmap. The Committee further noted that the ICT Steering Committee has been established, however it is not operating effectively and there is a need to establish governance structures for ICT projects and allocation of budget for ICT projects.

Main activities undertaken by the Audit and Risk Committee during the financial year:

The Audit and Risk Committee is pleased to report that it has complied with its responsibilities arising from its terms of reference, including relevant legislative requirements. For the financial year ended 31 March 2024, the Audit and Risk Committee reviewed:

- Interim Financial Statements and Performance Reports.
- Unaudited Annual Financial Statements (AFS) before submission to the AGSA.
- Audited Annual Financial Statements to be included in the Annual Report.
- The AGSA's Audit Report, Management Report and Management's response thereto.
- The appropriateness of Accounting Policies and Procedures.
- The effectiveness of the system of Risk Management.
- Compliance with relevant laws and regulations.
- The system of ICT Governance.
- The audit plans and reports of IA and the AGSA.
- The Audit and Risk Committee and IA Charters.

The Audit and Risk Committee also held separate meetings with the Accounting Officer and assurance providers.

Risk Management

The Audit and Risk Committee chaired by an independent person, plays an oversight role the on system of risk management. Strategic and Operational risk assessments were conducted for the year under review. The Committee also reviewed the Risk Management Policy, Strategy and Implementation Plan and recommended same for approval by the Director-General. The Committee monitored the implementation of the approved risk management plan on a quarterly basis and is satisfied with the implementation of risk management process. The external audit assurance also gave a positive assessment on the system of risk management in the department. The Committee noted the positive assessment of Risk Management in the department though an independent review.

The Quality of In-Year monitoring and Monthly/ Quarterly Reports

We reviewed the in-year quarterly reports submitted together with the Internal Audit comments thereon. The Audit and Risk Committee is satisfied with the content and quality of the quarterly reports prepared and issued by the Director General and Management during the year under review. In some instances, the committee made recommendations for improvement and the Committee noted managements' improvements in certain areas. The department has been reporting monthly and quarterly to the National Treasury as required by the PFMA. There continues to be a notable improvement in the quality of the financial management and performance information reports as well as management's commitment to implementing corrective action plans to address the previous AGSA and Internal Audit findings. However, there are several prior findings that require immediate attention.

Evaluation of Annual Financial Statements and Performance Information

The Committee has:

- Reviewed the draft AFS and Performance Information Report to be included in the Annual Report.
- Noted the AGSA's Management and Audit Reports as presented and Management responses thereto.
- Noted adjustments to the AFS resulting from the audit.
- Reviewed changes in accounting policies and practices; and
- Reviewed departmental compliance with applicable regulatory provisions.

Compliance with laws and regulations

During the 2023/24 financial year, the committee:

- Considered the system and processes the Department uses to ensure compliance to regulations.
- Monitored compliance with laws and regulations.
- Reviewed both the internal and external audit reports to identify any compliance issues.

Conclusion

The Committee is pleased to note the Auditor-General's opinion that the Financial Statements fairly present the financial position of the Department for the year ending March 2024. The Committee is pleased that the audit outcome remains an unqualified audit opinion.

The Committee concurs and accepts the conclusions of the Auditor General South Africa on the Annual Financial Statements and is of the opinion that the audited annual financial statements be accepted and read together with the report of the Auditor General South Africa.

Appreciation

The Committee expresses its appreciation to the Director-General, Senior Management team, Internal Audit and the Auditor-General South Africa, for their continued support and dedication during the year under review.

Dr Charles Motau (AMBCI)
Chairperson of the Audit and Risk Committee
National Department of Health
Date: 02/08/2024

3.12 B-BBEE Compliance Performance Information

Has the Department applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	**Response: Yes/No**	**Discussion *(include a discussion on your response and indicate what measures have been taken to comply)***
Determining qualification criteria for the issuing of licences, concessions, or other authorisations in respect of economic activity in terms of any law?	No	SCM has no role to play in this type of activity, as these are specific to end-users.
Developing and implementing a preferential procurement policy?	Yes	The Department utilises the 2022 Preferential Regulations for compliance.
Determining qualification criteria for the sale of state-owned enterprises?	No	The Department does not govern any State-owned enterprises.
Developing criteria for entering partnerships with the private sector?	No	The Department, in most cases, follows an open tender process, and in instances where the tender process is not followed, a non-SCM-related regime is followed, such as Memoranda of Understanding (MoUs) and Memoranda of Agreement (MoAs).
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	The Department did not conduct any activity related to this requirement in the year under review.

Part D:
Human Resource Management

4. Human Resources Management and Development

Legislation and policies that govern Human Resources Management

POLICY	OBJECTIVE
Basic Condition of Employment Act.	To give effect to the right to fair labour practices referred to in Section 23(1) of the Constitution, by establishing and making provision for the regulation of Basic Conditions of Employment Act.
Constitution of the Republic of South Africa	Provides the supreme law of the Republic; any law or conduct that is inconsistent therewith is invalid.
Employee Relations Act 66 of 1995	Advances economic development, social justice, labour, peace, and the democratisation of the workplace by fulfilling the primary objectives of the Act.
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace.
Human Resource Development Strategy for public services Vision 2015	Addresses the major human resource capacity constraints currently hampering the effective and equitable delivery of public services.
National Human Resource Development Strategy	Maximises the potential of South Africa's people through the acquisition of knowledge and skills, to work productively and competitively to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this.
Occupational Health and Safety Act 85 of 1993	Provides for occupational health and safety standards that require compliance by the Department and the monitoring and evaluation thereof.
Public Finance Management Act,1 of 1999	Provides for the administration of state funds by functionaries, their responsibilities, and the incidental matters.
Public Service Act, 1994, as amended	Provides for the organisation and administration of South Africa's public service, the regulation of conditions of employment, terms of office, discipline, retirement, and discharge of members of the public service, and matters connected therewith.
Public Service Regulations, 2016, as amended	Provides a new framework for the management of the Public Service; entails decentralised decision-making and planning within the boundaries of national strategies, programmes and policies.
Skills Development Act 97 of 1998	Establishes a high-quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment generated and economic growth.
White Paper on Human Resource Management in the Public Service	Ensures that human resource management in the public service becomes a model of excellence, in which the management of people is seen as everyone's responsibility and is conducted in a professional manner.
White Paper on Public Service Delivery- Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery.

4.1 Introduction

During this reporting period, the Human Resources Management and Development (HRM&D) component expanded its role from that of administrative and transactional activities to that of special functions as a strategic partner and champion for organisational change. Administrative support was provided to line functionaries in implementing the human resource (HR) practices required to attract, develop, reward and manage employees towards the attainment of the APP deliverables.

4.1.1 Human Resources Charter

Human Resource Management and Development component continued repositioning itself as a strategic business partner that provides sound advisory and effective HR services to clients. The HR Services Charter was monitored on a continuous basis to ensure that the services provided were in line with the set standards and met clients' expectations. The issuance of a directive on cost-containment measures by the DPSA and National Treasury, and the budget cut on CoE had a negative impact on the availability of human resources throughout the Department.

4.1.2 Organisational Development

Considering fiscal constraints, the Department had to commence with a process of re-alignment of functions. This involved various engagements with relevant stakeholders. The Chief Directorate provided technical support in the re-alignment of functional structure as well as identifying and filling of priority posts to enable the Department to deliver on its mandate.

4.1.3 Recruitment

The DPSA issued a directive on the professionalisation of the public services, which contains a number of innovations for some of the public service recruitment processes. The process of aligning the departmental recruitment and retention strategies with the professionalisation framework commenced during this reporting period.

4.1.4 Performance Management

Various employee development initiatives were implemented in line with the Workplace Skills Programme. This included short courses, study assistance, information sessions and workshops, where appropriate. These interventions are aimed not only at boosting employee morale, but also to ensure enhanced employee performance.

The Department continued to institutionalise a good performance culture wherein the assessment backlog of SMS members at Deputy Director-General level was eradicated.

4.1.5 Employee Wellness

The Department implemented Wellness Services and productivity enhancement programmes. These programmes included but were not limited to periodic health screening of employees, counselling, and support services. The department has actively promoted sports and recreation activities by providing gymnasium amenities.

4.1.6 Labour Relations

The Department continued to provide a platform for sound employee relations, wherein two collective agreements were signed at the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC). The Department also provided active support to Provincial Departments of Health whenever it was requested to intervene in matters of investigating complex labour matters or disputes. It also continues to facilitate the speedily handling of grievances, disputes, and disciplinary matters. This is contributing to the entrenchment of a positive organisational culture.

Employee mobility (arising from the transfer of Port Health to the BMA)

The Chief Directorate succeeded in facilitating the seamless transfer of 299 Port Health employees to the Border Management Authority.

4.1.7 HR Challenges and future human resource plans/goals

Progress in the automation of HR services remains a challenge. However, during this reporting period, the benchmarking process of e-recruitment commenced, and implementation thereof will be realised in the next reporting period. Re-orientation on HR policies and practices will be the main focus in the short to medium term.

4.2 Human Resources Oversight Statistics

4.2.1 Personnel Related Expenditure

Table 4.2.1.1 - Personnel expenditure by programme for the period 1 April 2023 to 31 March 2024

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Personnel expenditure as a % of total expenditure *1	No. of employees *3	Average personnel cost per employee (R'000) *2
Administration	678 206	266 100	8 334	39,2	428	621 728
NHI, Health PLN & Sys Enable	1 425 108	57 853	0	4,1	74	781 793
HIV & AIDS, TB & Child Health	23 659 109	121 132	0	0,5	90	1 345 920
Primary Health Care Services	2 989 803	43 187	0	1,4	84	514 120
Hospital, Tertiary Services & HR Dev	22 130 825	25 055	0	0,1	86	291 329
Health Regulation & Compliance Mgt	7 429 095	101 584	0	1,4	90	1 128 726
Z=Total as on Financial Systems (BAS)	**58 312 147**	**614 911**	**8 334**	**1,1**	**852**	**721 726**

* 1: Compensation of employees' expenditure divided by total voted expenditure multiplied by 100
* 2: Compensation of employees' expenditure divided by number of employees per programme
*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.2 - Personnel costs by salary band for the period 1 April 2023 to 31 March 2024

Salary Bands	Personnel Expenditure (R'000)	% of total personnel cost *1	No. of employees *3	Average Personnel cost per employee (R') *2
Lower Skilled (Levels 1-2)	358	0,1	14	25 576
Skilled (Levels 3-5)	61 246	10,0	193	317 339
Highly Skilled production (Levels 6-8)	137 849	22,4	276	499 452
Highly Skilled supervision (Levels 9-12)	266 951	43,4	269	992 385
Senior and Top Management (Levels 13-16)	148 506	24,2	100	1 485 063
TOTAL	**614 911**	**100,0**	**852**	**721 726**

* Includes Minister and Deputy Minister and are accounted for on level 16
* 1: Compensation of employees divided by total Personnel cost for Department multiplied by 100
* 2: Compensation of employees per salary band divided by number of employees per salary band (in hundreds)
*3: Total number of permanent employees plus additional positions on the establishment.

Table 4.2.1.3 - Salaries, Overtime, Homeowners Allowance and Medical Aid by programme for the period 1 April 2023 to 31 March 2024

	Salaries		Overtime		HOA		Medical Aid		Total Personnel Cost per Programme (R'000)
	Amount (R'000)	Salaries as % of Personnel Cost *1	Amount (R'000)	Overtime as % of Personnel Cost *2	Amount (R'000)	HOA as % of Personnel Cost *3	Amount (R'000)	Medical Subsidy as % of Personnel Cost *4	
Administration	165 991	62,4	1 803	0,7	6 507	2,4	11 262	4,2	266 100
NHI, Health PLN & Syt Enablement	40 242	69,6	100	0,2	926	1,6	1 785	3,1	57 853
HIV & AIDS, TB & Child Health	86 594	71,5	12	0,0	2 879	2,4	4 856	4,0	121 133
Primary Health Care Services	29 602	68,5	746	1,7	877	2,0	1 394	3,2	43 186
Hospital, Tertiary Services & HR Dev	17 355	69,3	35	0,1	380	1,5	707	2,8	25 054
Health Regulation & Compliance Mgt	71 558	70,4	247	0,2	2 729	2,7	5 173	5,1	101 585
Total	**411 342**	**66,9**	**2 943**	**0,5**	**14 298**	**2,3**	**25 177**	**4,1**	**614 911**

* 1: Salaries divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100
* 2: Overtime divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100
* 3: Homeowner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100
* 4: Medical Subsidy divided by total Compensation of employees' expenditure in table 4.2.1.1 multiplied by 100

Table 4.2.1.4 - Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band for the period 1 April 2023 to 31 March 2024

Salary bands	Salaries		Overtime		HOA		Medical Aid		Total Personnel Cost per Salary Band (R'000)
	Amount (R'000)	Salaries as % of Personnel Cost *1	Amount (R'000)	Overtime as % of Personnel Cost *2	Amount (R'000)	HOA as % of Personnel Cost *3	Amount (R'000)	Medical Subsidy as % of Personnel Cost *4	
Lower Skilled (Levels 1-2)	358	99,9	0	0,0	0	0,0	0	0,0	358
Skilled (Levels 3-5)	39 107	63,9	956	1,6	3 691	6,0	7 127	11,6	61 246
Highly Skilled production (Levels 6-8)	97 047	70,4	1 494	1,1	5 415	3,9	10 399	7,5	137 849
Highly Skilled supervision (Levels 9-12)	178 457	66,8	494	0,2	3 701	1,4	6 542	2,5	266 951
Senior and Top Management (Levels 13-16)	96 374	64,9	0	0,0	1 491	1,0	1 109	0,7	148 506
TOTAL	**411 342**	**66,9**	**2 943**	**0,5**	**14 298**	**2,3**	**25 177**	**4,1**	**614 911**

* 1: Salaries divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100
* 2: Overtime divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100
* 3: Homeowner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100
* 4: Medical Subsidy divided by total Compensation of employees' expenditure in table 4.2.1.2 multiplied by 100

4.3 Employment and vacancies

Table 4.3.1 - Employment and vacancies by programme as on 31 March 2024

	Number of posts on approved establishment	Number of posts filled	Vacancy rate *1	Number of employees additional to the establishment
Administration	525	411	**18,5**	17
NHI	88	60	**15,9**	14
HIV AIDS TB Maternal & Child Health	126	90	**28,6**	0
Primary Health Care	133	84	**36,8**	0
Hospitals Tertiary Service & HRD	119	82	**27,7**	4
Health Regulation & Compliance Management	131	90	**31,3**	0
TOTAL	**1122**	**817**	**24,1**	**35**

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts
Office note: Post listed includes only Voted Funds

Table 4.3.2 - Employment and Vacancies by Salary Band as on 31 March 2024

Salary Band	Number of posts on approved establishment	Number of posts filled	Vacancy rate *1	Number of employees additional to the establishment
Lower skilled (1-2)	24	0	**41,7**	14
Skilled (3-5)	251	193	**23,1**	0
Highly skilled production (6-8)	348	271	**20,7**	5
Highly skilled supervision (9-12)	368	261	**26,9**	8
Senior Management (13-16)	131	92	**23,7**	8
TOTAL	**1122**	**817**	**24,1**	**35**

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100
Office note: Post listed includes only Voted Funds

Table 4.3.3 - Employment and vacancies by critical occupation as on 31 March 2024

Critical Occupations	Number of posts on approved establishment	Number of posts filled	Vacancy Rate *1	Number of employees additional to the establishment
Administrative Related	51	35	**29,4**	1
Artisan Project & Related Superintendents	1	1	**0,0**	0
Auxiliary And Related Workers	1	0	**100,0**	0
Biochemistry Pharmacology. Zoology & Life Science Technician	30	21	**30,0**	0
Cleaners In Offices Workshops Hospitals Etc.	39	28	**28,2**	0
Client Inform Clerks (Switchboard Receptionists Information Clerks)	4	3	**25,0**	0
Communication & Information related	11	8	**27,3**	0
Computer Programmers.	1	1	**0,0**	0
Dental Specialists	1	1	**0,0**	0
Dental Therapy	1	0	**100,0**	0
Dieticians and Nutritionists	9	4	**55,6**	0

Critical Occupations	Number of posts on approved establishment	Number of posts filled	Vacancy Rate *1	Number of employees additional to the establish-ment
Emergency Services Related	3	3	**0,0**	0
Engineering Sciences Related	2	1	**50,0**	0
Engineers And Related Professionals	2	2	**0,0**	0
Environmental Health	21	13	**38,1**	0
Finance and Economics Related	3	1	**66,7**	0
Financial and Related Professionals	41	32	**22,0**	0
Financial Clerks and Credit Controllers	24	19	**20,8**	0
Head Of Department/Chief Executive Officer	1	1	**0,0**	0
Health Sciences Related	127	86	**29,1**	4
Human Resources & Organisational Development & Related Professionals	45	38	**15,6**	0
Human Resources Related	7	5	**28,6**	0
Information Technology Related	29	22	**20,7**	1
Legal Related	4	1	**50,0**	1
Library Mail and Related Clerks	17	9	**47,1**	0
Light Vehicle Drivers	2	1	**50,0**	0
Logistical Support Personnel	64	55	**14,1**	0
Medical Practitioners	5	3	**20,0**	1
Medical Technicians/Technologists	2	2	**0,0**	0
Messengers Porters and Deliverers	13	9	**30,8**	0
Other Administration & Related Clerks and Organisers	150	96	**26,7**	14
Other Administrative Policy and Related Officers	90	75	**16,7**	0
Other Information Technology Personnel.	8	3	**0,0**	5
Other Occupations	2	2	**0,0**	0
Pharmacists	16	15	**6,3**	0
Professional Nurse	2	1	**50,0**	0
Radiography	2	1	**50,0**	0
Secretaries & Other Keyboard Operating Clerks	104	75	**27,9**	0
Security Officers	55	51	**7,3**	0
Senior Managers	128	89	**24,2**	8
Social Work and Related Professionals	3	3	**0,0**	0
Staff Nurses and Pupil Nurses	1	1	**0,0**	0
TOTAL	**1122**	**817**	**24,1**	**35**

* 1: (Number of approved posts minus number of filled posts) divided by number of approved posts multiplied by 100
Office note: Post listed includes only Voted Funds

4.4 Filling of SMS posts

Table 4.4.1 - SMS post information as on 31 March 2024

SMS Level	Total number of funded SMS Posts	Total number of SMS posts filled	% of SMS posts filled *1	Total number of SMS posts vacant	% of SMS posts vacant *2
Director-General / Head of Department	1	1	**100,0**	0	**0,0**
Salary Level 16, but not HOD	2	2	**100,0**	0	**0,0**
Salary Level 15	11	9	**81,8**	2	**18,2**
Salary Level 14	34	23	**67,6**	11	**32,4**
Salary Level 13	83	65	**78,3**	18	**21,7**
Total	**131**	**100**	**76,3**	**31**	**23,7**

*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100
*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.2 - SMS post information as on 30 September 2023

SMS Level	Total number of funded SMS Posts	Total number of SMS posts filled	% of SMS posts filled *1	Total number of SMS posts vacant	% of SMS posts vacant *2
Director-General / Head of Department	1	1	**100,0**	0	**0,0**
Salary Level 16, but not HOD *2	2	2	**100,0**	0	**0,0**
Salary Level 15	10	8	**80,0**	2	**20,0**
Salary Level 14	35	26	**74,3**	9	**25,7**
Salary Level 13	84	67	**79,8**	17	**20,2**
Total	**132**	**104**	**78,8**	**28**	**21,2**

*1: Total number of SMS Posts Filled per level divided by Total number of funded SMS posts per level multiplied by 100
*2: Total number of SMS posts vacant per level divided by Total Number of Funded SMS Posts per level multiplied by 100

Table 4.4.3 - Advertising and filling of SMS posts for the period 1 April 2023 to 31 March 2024

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	0	0	2
TOTAL	**0**	**0**	**2**

Table 4.4.4 - Reasons for not having complied with the filling of funded vacant SMS posts - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2023 to 31 March 2024.

Reasons for vacancies not advertised within six months
The Directive on cost containment measures has had a negative impact on the timeframe for the filling of vacancies.
Reasons for vacancies not filled within twelve months
The Directive on cost containment measures has had a negative impact on the timeframe for the filling of vacancies.

Table 4.4.5 - Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2023 to 31 March 2024.

Reasons for vacancies not advertised within six months
None
Reasons for vacancies not filled within twelve months
None

4.5 JOB EVALUATION

Table 4.5.1 - Job Evaluation by Salary Band for the period 1 April 2023 to 31 March 2024

Salary Band	Number of posts on approved establishment	Number of Jobs Evaluated	% of Posts Evaluated per salary band *1	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated *2	Number	% of posts evaluated *3
Lower Skilled (Level 1-2)	24	0	**0,0**	0	0	0	0
Skilled (Levels 3-5)	251	2	**0,8**	0	0	0	0
Highly Skilled production (Levels 6-8)	348	14	**4,0**	0	0	0	0
Highly Skilled supervision (Levels 9-12)	368	35	**9,5**	0	0	0	0
Senior Management Service Band A	84	22	**26,2**	0	0	0	0
Senior Management Service Band B	33	4	**12,1**	0	0	0	0
Senior Management Service Band C	11	2	**18,2**	0	0	0	0
Senior Management Service Band D	3	0	**0,0**	0	0	0	0
TOTAL	**1122**	**79**	**7,0**	**0**	**0,0**	**0**	**0,0**

*1 Number of posts Evaluated divided by Total Number of Post multiplied by 100
*2 Number of posts Upgraded divided by Total Number of Post multiplied by 100
*3 Number of posts Downgraded divided by Total Number of Post multiplied by 100

Table 4.5.2 - Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2023 to 31 March 2024

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Table 4.5.3 - Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2023 to 31 March 2024

Total number of employees whose salaries exceeded the level determined by job evaluation.	NONE

Table 4.5.4 - Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2023 to 31 March 2024

Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2023 to 31 March 2024.	NONE

4.6 Employment changes

Table 4.6.1 - Annual turnover rates by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Number of employees at beginning of period 1 April 2023	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate *1
Lower Skilled (Levels 1-2)	0	14	0	0,0
Skilled (Levels 3-5)	210	5	12	5,6
Highly Skilled Production (Levels 6-8)	304	4	14	4,5
Highly Skilled Supervision (Levels 9-12)	264	31	18	6,1
Senior Management Service Band A	65	8	6	8,2
Senior Management Service Band B	19	4	5	21,7
Senior Management Service Band C	8	1	1	11,1
Senior Management Service Band D	3	0	0	0,0
TOTAL	**873**	**67**	**56**	**6,0**

*1: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.2 - Annual turnover rates by critical occupation for the period 1 April 2023 to 31 March 2024

Critical Occupations	Number of employees at beginning of period 1 April 2023	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate *1
Administrative Related	36	3	2	**5,1**
Artisan Project and Related Superintendents	1	0	0	**0,0**
Auxiliary And Related Workers	6	0	0	**0,0**
Biochemistry Pharmacology. Zoology & Life Sciences Technicians	18	4	1	**4,5**
Cleaners in Offices Workshops Hospitals Etc.	30	0	2	**6,7**
Client Inform Clerks (Switchboard Reception Information Clerks)	3	0	0	**0,0**
Communication and Information Related	8	1	1	**11,1**
Computer Programmers.	1	0	0	**0,0**
Dental Specialists	1	0	0	**0,0**
Dental Therapy	0	0	0	**0,0**
Dieticians And Nutritionists	4	0	0	**0,0**
Emergency Services Related	2	2	0	**0,0**
Engineering Sciences Related	1	0	0	**0,0**
Engineers and Related Professionals	2	0	0	**0,0**
Environmental Health	39	0	2	**5,1**
Finance and Economics Related	1	0	0	**0,0**
Financial and Related Professionals	28	3	1	**3,2**
Financial Clerks and Credit Controllers	20	1	0	**0,0**
Head of Department/Chief Executive Officer	1	0	0	**0,0**
Health Sciences Related	92	7	10	**10,1**
Human Resources & Organisational Development & Related Professionals	38	0	0	**0,0**
Human Resources Clerks	0	0	0	**0,0**
Human Resources Related	4	2	0	**0,0**
Information Technology Related	17	9	0	**0,0**
Legal Related	1	1	0	**0,0**
Library Mail and Related Clerks	12	0	4	**33,3**
Light Vehicle Drivers	1	0	0	**0,0**
Logistical Support Personnel	54	3	5	**8,8**
Medical Practitioners	3	0	0	**0,0**
Medical Research and Related Professionals	0	0	0	**0,0**
Medical Specialist	0	1	0	**0,0**
Medical Technicians/Technologists	2	0	0	**0,0**
Critical Occupations	**Number of employees at beginning of period 1 April 2023**	**Appointments and transfers into the department**	**Terminations and transfers out of the department**	**Turnover Rate *1**
Messengers Porters And Deliverers	11	0	2	**18,2**
Other Administration & Related Clerks and Organisers	103	15	5	**4,2**
Other Administrative Policy and Related Officers	75	0	1	**1,3**
Other Information Technology Personnel.	9	0	0	**0,0**
Other Occupations	2	0	0	**0,0**

Pharmacists	14	1	0	**0,0**
Professional Nurse	2	0	0	**0,0**
Radiography	1	0	0	**0,0**
Secretaries & Other Keyboard Operating Clerks	82	0	7	**8,5**
Security Officers	52	0	1	**1,9**
Senior Managers	92	14	12	**11,3**
Social Sciences Related	3	0	0	**0,0**
Staff Nurses and Pupil Nurses	1	0	0	**0,0**
TOTAL	**873**	**67**	**56**	**6,0**

*1: Terminations divided by (employment at beginning of period plus Appointments) multiplied by 100

Table 4.6.3 - Reasons why staff left the department for the period 1 April 2023 to 31 March 2024

Termination Type	Number of employees terminated	% of total terminations *1
Death,	6	10,7
Resignation,	15	26,8
Expiry of contract,	2	3,6
Dismissal - operation changes	0	0,0
Dismissal - misconduct	0	0,0
Dismissal - inefficiency	0	0,0
Discharged due to ill health	4	7,1
Retirement,	21	37,5
Transferred Out of the Dept	8	14,3
Other,	0	0,0
TOTAL	**56**	100,0
Total number of employees who left as a % of total employment *2	**6,4%**	

*1 Number of employees terminated divide by Total Termination multiplied by 100

Table 4.6.4 - Promotions by critical occupation for the period 1 April 2023 to 31 March 2024

Occupation	Employees 1 April 2023	Promotions to another Salary Level	Salary Level Promotions as a % of Employment *1	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment *2
Administrative Related	36	2	5,6	30	83,3
Artisan Project and Related Superintendents	1	0	0,0	0	0,0
Auxiliary And Related Workers	6	0	0,0	0	0,0
Biochemistry Pharmacology. Zoology & Life Science Technician	18	2	11,1	28	155,6
Cleaners in Offices Workshops Hospitals Etc.	30	0	0,0	22	73,3
Client Inform Clerks (Switchboard Reception Information Clerks)	3	0	0,0	0	0,0
Communication And Information Related	8	0	0,0	6	75,0
Computer Programmers.	1	0	0,0	0	0,0
Dental Specialists	1	0	0,0	0	0,0
Dental Therapy	0	0	0,0	0	0,0
Dieticians and Nutritionists	4	0	0,0	4	100,0
Emergency Services Related	2	0	0,0	1	50,0
Engineering Sciences Related	1	0	0,0	0	0,0
Engineers and Related Professionals	2	0	0,0	2	100,0
Environmental Health	39	0	0,0	12	30,8
Finance and Economics Related	1	0	0,0	0	0,0
Financial and Related Professionals	28	2	7,1	30	107,1
Financial Clerks and Credit Controllers	20	0	0,0	20	100,0
Head Of Department/Chief Executive Officer	1	0	0,0	0	0,0
Health Sciences Related	92	1	1,1	71	77,2
HR & Organisational Development & Related Professionals	38	0	0,0	43	113,2
Human Resources Clerks	0	0	0,0	0	0,0
Human Resources Related	4	0	0,0	0	0,0
Information Technology Related	17	1	5,9	9	52,9
Legal Related	1	0	0,0	1	100,0
Library Mail and Related Clerks	12	0	0,0	1	8,3
Light Vehicle Drivers	1	0	0,0	0	0,0
Logistical Support Personnel	54	1	1,9	19	35,2
Medical Practitioners	3	0	0,0	1	33,3
Medical Research and Related Professionals	0	0	0,0	0	0,0
Medical Specialist	0	0	0,0	0	0,0
Medical Technicians / Technologists	2	0	0,0	2	100,0
Messengers Porters And Deliverers	11	0	0,0	8	72,7
Other Administration & Related Clerks and Organisers	103	3	2,9	87	84,5
Other Administrative Policy and Related Officers	75	1	1,3	40	53,3
Other Information Technology Personnel.	9	0	0,0	2	22,2
Other Occupations	2	0	0,0	0	0,0

Occupation	Employees 1 April 2023	Promotions to another Salary Level	Salary Level Promotions as a % of Employment *1	Progressions to another Notch within Salary Level	Notch progressions as a % of Employment *2
Pharmacists	14	2	14,3	6	42,9
Professional Nurse	2	0	0,0	1	50,0
Radiography	1	0	0,0	1	100,0
Secretaries & Other Keyboard Operating Clerks	82	2	2,4	67	81,7
Security Officers	52	0	0,0	47	90,4
Senior Managers	92	0	0,0	44	47,8
Social Sciences Related	3	0	0,0	1	33,3
Staff Nurses and Pupil Nurses	1		0,0	0	0,0
TOTAL	**873**	**17**	**1,9**	**606**	**69,4**

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100
*2 Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

Table 4.6.5 - Promotions by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Employees 1 April 2023	Promotions to another salary level	Salary Level Promotions as a % of employment *1	Progressions to another notch within salary Level	Notch progressions as a % of employment *2
Lower Skilled (Levels 1-2)	0	0	0,0	0	0,0
Skilled (Levels 3-5)	210	5	2,4	164	78,1
Highly Skilled Production (Levels 6-8)	304	6	2,0	196	64,5
Highly Skilled Supervision (Levels 9-12)	264	6	2,3	202	76,5
Senior Management (Level 13-16)	95	5	5,3	44	46,3
TOTAL	**873**	**22**	**2,5**	**606**	**69,4**

*1 Promotions to another Salary Level divided by Employment at beginning of period multiplied with 100
*2 Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100

4.7 Employment equity

Table 4.7.1 - Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2024

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Legislators, senior officials, and managers,	47	1	3	4	33	5	2	5	**100**
Professionals,	85	1	1	3	119	4	2	17	**232**
Technicians and associate professionals,	84	1	2	3	99	3	4	12	**208**
Clerks,	46	0	1	1	152	3	1	14	**218**
Service and sales workers,	39	0	1	1	14	0	0	0	**55**
Skilled agriculture and fishery worker	0	0	0	0	0	0	0	0	**0**
Craft and related trades workers,	1	0	0	0	0	0	0	0	**1**
Plant and machine operators and assemblers,	0	0	0	1	0	0	0	0	**1**
Elementary occupations	12	0	0	0	25	0	0	0	**37**
TOTAL	**314**	**3**	**8**	**13**	**442**	**15**	**9**	**48**	**852**
Employees with disabilities	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**

Table 4.7.2 - Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2024

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	5	0	2	1	2	2	0	0	**12**
Senior Management	42	1	1	3	31	3	2	5	**88**
Professionally qualified and experienced specialists and mid-management,	94	1	4	6	125	6	6	19	**261**
Skilled technical and academically qualified workers, junior management, supervisors, foreman	90	1	0	1	172	4	1	23	**292**
Semi-skilled and discretionary decision making,	83	0	1	2	112	0	0	1	**199**
Unskilled and defined decision making,	0	0	0	0	0	0	0	0	**0**
TOTAL	**314**	**3**	**8**	**13**	**442**	**15**	**9**	**48**	**852**

Table 4.7.3 - Recruitment for the period 1 April 2023 to 31 March 2024

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	3	0	0	0	1	0	0	1	**5**
Senior Management	4	0	0	0	3	0	0	1	**8**
Professionally qualified and experienced specialists and mid-management,	10	0	0	2	14	4	1	0	**31**
Skilled technical and academically qualified workers, junior management, supervisors, foreman	3	0	0	0	1	0	0	0	**4**
Semi-skilled and discretionary decision making,	2	0	0	0	3	0	0	0	**5**
Unskilled and defined decision making,	4	0	0	0	10	0	0	0	**14**
TOTAL	**26**	**0**	**0**	**2**	**32**	**4**	**1**	**2**	**67**
Employees with disabilities	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Table 4.7.4 - Promotions for the period 1 April 2023 to 31 March 2024

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	1	0	1	0	1	0	0	0	**3**
Senior Management	1	0	0	0	1	0	0	0	**2**
Professionally qualified and experienced specialists and mid-management,	0	0	1	0	2	0	1	2	**6**
Skilled technical and academically qualified workers, junior management, supervisors, foreman	2	1	0	0	3			0	**6**
Semi-skilled and discretionary decision making,	2	0	0	0	3	0	0	0	**5**
Unskilled and defined decision making,	0	0	0	0	0	0	0	0	**0**
TOTAL	**6**	**1**	**2**	**0**	**10**	**0**	**1**	**2**	**22**
Employees with disabilities	0	0	0	0	1	0	0	0	**1**

Table 4.7.5 - Terminations for the period 1 April 2023 to 31 March 2024

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Top Management,	1	0	0	0	5	0	0	0	**6**
Senior Management	2	0	0	0	3	0	1	0	**6**
Professionally qualified and experienced specialists and mid-management,	8	0	0	0	7	1	0	2	**18**
Skilled technical and academically qualified workers, junior management, supervisors, foreman	5	0	0	0	5	0	0	4	**14**
Semi-skilled and discretionary decision making,	6	0	0	0	6	0	0	0	**12**
Unskilled and defined decision making,	0	0	0	0	0	0	0	0	**0**
TOTAL	**22**	**0**	**0**	**0**	**26**	**1**	**1**	**6**	**56**
Employees with disabilities	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**2**

Table 4.7.6 - Disciplinary action for the period 1 April 2023 to 31 March 2024

Disciplinary Action	Male, African	Male, Co-loured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Non-disclosure of financial interest	4	0	0	0	6	0	0	1	**11**
Theft	1	0	0	0	0	0	0	0	**1**
Dereliction of duties	1	0	0	0	0	0	0	0	**1**
Corruption and Maladministration	0	0	0	0	2	0	0	0	**2**
TOTAL	**6**	**0**	**0**	**0**	**8**	**0**	**0**	**1**	**15**

Table 4.7.7 - Skills development for the period 1 April 2023 to 31 March 2024

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, White	Female, African	Female, Coloured	Female, Indian	Female, White	Total
Legislators, Senior Officials and Managers	23		2	1	22	3	3	2	**56**
Professionals	43	2	1	0	79	2	3	3	**133**
Technicians and Associate Professionals	69	1	2	2	90	0	6	2	**172**
Clerks	41	0	0	2	124	0	1	3	**171**
Service and Sales Workers	11	31	0	0	0	0	0	0	**42**
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	**0**
Craft and related Trades Workers	0	0	0	0	0	0	0	0	**0**
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	**0**
Elementary Occupations	16	46	0	0	0	0	0	0	**62**
TOTAL	**203**	**80**	**0**	**5**	**315**	**5**	**13**	**10**	**636**
Employees with disabilities	2	0	0	0	0	0	0	0	**2**

4.8 Signing of performance agreements by SMS members

Table 4.8.1 - Signing of Performance Agreement by SMS members as on 31 March 2024

SMS Level	Total Number of Funded SMS Posts	Total Number of SMS Members	Total Number of Signed Performance Agreements	Signed Performance Agreements as % of Total Number of SMS Members*1
Director-General / Head of Department	1			
Salary Level 16, but not HOD *3	2	1	1	**100%**
Salary Level 15	11	9	7	**78%**
Salary Level 14	33	23	19	**83%**
Salary Level 13	84	64	61	**95%**
TOTAL	**131**	**97**	**88**	**91%**

*1Total Number of signed Performance Agreements per level divided by Total Number of SMS Members per level multiplied by 100
Please take note that the total number of SMS must exclude the following members: -
*Minister and Deputy Minister are Political Office Bearers and sign their PAs with President;
*The Cuban Co-ordinator (SL-13) signs his Performance Agreement with the relevant High Commissioner and DIRCO is facilitating the process of Performance contracting with the relevant High Commissioner.
*2The total number is inclusive of all DDGs and all employees who are paid at salary level 15.

Table 4.8.2 - Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2024

Reasons
*Nine (9) SMS members did not sign their Performance Agreement (PAs)
Reasons for non-compliance differ from one member to another not limited to disputes in job functions and SMS members appointed at the tail end of the performance cycle

Table 4.8.3 - Disciplinary steps taken against SMS members for not having concluded Performance agreement as on 31 March 2024

Reasons
In cases where members did not comply without showing a good cause, forfiture of possible performance incentives will be implemented accordingly.

4.9 Performance rewards

Table 4.9.1 - Performance Rewards by race, gender and disability for the period 1 April 2023 to 31 March 2024

Salary band	Beneficiary profile			Cost	
	Number of beneficiaries	Total employment	% of total employment *1	Cost (R000)	Average cost per beneficiary (R) *2
Lower Skilled (Levels 1-2)	0	14	**0**	0	**0**
Skilled (3-5)	0	193	**0**	0	**0**
Highly skilled production (6-8)	0	276	**0**	0	**0**
Highly skilled supervision (9-12)	0	269	**0**	0	**0**
TOTAL	**0**	**752**	**0**	0	**0**

*1: Number of beneficiaries divided by Total Employment multiplied by 100
*2: Cost divided by Number of beneficiaries multiplied by 100

Table 4.9.2 - Performance rewards by salary band for personnel below Senior Management Services for the period 1 April 2023 to 31 March 2024

Salary Band	Beneficiary profile			Cost	
	Number of beneficiaries	Total employment	% of total employment *1	Cost (R000)	Average cost per beneficiary (R) *2
Lower Skilled (Levels 1-2)	0	14	**0**	0	**0**
Skilled (3-5)	0	193	**0**	0	**0**
Highly skilled production (6-8)	0	276	**0**	0	**0**
Highly skilled supervision (9-12)	0	269	**0**	0	**0**
TOTAL	**0**	**752**	**0**	0	**0**

*1: Number of beneficiaries divided by Total Employment multiplied by 100
*2: Cost divided by Number of beneficiaries multiplied by 100

Table 4.9.3 - Performance Rewards by critical occupation for the period 1 April 2023 to 31 March 2024

Critical Occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of total employment *1	Cost (R000)	Average cost per beneficiary (R) *2
Administrative related	0	36	**0**	0	**0**
Artisan project and related superintendents	0	1	**0**	0	**0**
Auxiliary and related workers	0	0	**0**	0	**0**
Biochemistry pharmacology. zoology & life science technicians	0	21	**0**	0	**0**
Cleaners in offices workshops hospitals etc.	0	28	**0**	0	**0**
Client information clerks (switchboard reception inform clerks)	0	3	**0**	0	**0**
Communication and information related	0	8	**0**	0	**0**
Computer programmers.	0	1	**0**	0	**0**
Dental Specialists	0	1	**0**	0	**0**

Critical Occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Total employment	% of total employment *1	Cost (R000)	Average cost per beneficiary (R) *2
Dental Therapy	0	0	**0**	0	**0**
Dieticians and nutritionists	0	4	**0**	0	**0**
Emergency Services Related, Permanent	0	3	**0**	0	**0**
Engineering sciences related	0	1	**0**	0	**0**
Engineers and related professionals	0	2	**0**	0	**0**
Environmental health	0	13	**0**	0	**0**
Finance and economics related	0	1	**0**	0	**0**
Financial and related professionals	0	32	**0**	0	**0**
Financial clerks and credit controllers	0	19	**0**	0	**0**
Head of department/chief executive officer	0	1	**0**	0	**0**
Health sciences related	0	90	**0**	0	**0**
Human resources & organisation development & relate prof	0	38	**0**	0	**0**
Human resources related	0	5	**0**	0	**0**
Information technology related	0	23	**0**	0	**0**
Legal related	0	2	**0**	0	**0**
Library mail and related clerks	0	9	**0**	0	**0**
Light vehicle drivers	0	1	**0**	0	**0**
Logistical support personnel	0	55	**0**	0	**0**
Medical practitioners	0	4	**0**	0	**0**
Medical technicians/technologists	0	2	**0**	0	**0**
Messengers, porters, and deliverers	0	9	**0**	0	**0**
Other administration & related clerks and organisers	0	110	**0**	0	**0**
Other administrative policy and related officers	0	75	**0**	0	**0**
Other information technology personnel.	0	8	**0**	0	**0**
Other occupations	0	2	**0**	0	**0**
Pharmacists	0	15	**0**	0	**0**
Professional nurse	0	1	**0**	0	**0**
Radiography	0	1	**0**	0	**0**
Secretaries & other keyboard operating clerks	0	75	**0**	0	**0**
Security officers	0	51	**0**	0	**0**
Senior managers	0	97	**0**	0	**0**
Social Work and related professionals	0	3	**0**	0	**0**
Staff nurses and pupil nurses	0	1	**0**	0	**0**
TOTAL	**0**	**852**	**0**	**0**	**0**

*1: Number of beneficiaries divided by Total Employment multiplied by 100
*2: Number of beneficiaries divided by cost

Table 4.9.4 - Performance Related Rewards (Cash Bonus) by Salary Band for Senior Management Service for the period 1 April 2023 to 31 March 2024

Salary band	Beneficiary Profile		Cost		
	Number of beneficiaries	Number of employees	%of total employment *1	Cost (R000)	Average cost per beneficiary (R) *2
Band A (13)	0	65	0	0	0
Band B (14)	0	23	0	0	0
Band C (15)	0	9	0	0	0
Band D (16)	0	3	0	0	0
TOTAL	0	100	0	0	0

*1: Number of beneficiaries divided by Total Employment multiplied by 100
*2: Cost divided by Number of beneficiaries

4.10 Foreign workers

Table 4.10.1 - Foreign workers by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	01-Apr-23	31-Mar-24	Change			
	Employment at beginning period	% of total *1	Employment at end of period	% of total *2	Change in employ-ment	% of total *3
Lower Skilled	0	0,0	0	0,0	0	0,0
Highly skilled production (Levels 6-8)	0	0,0	0	0,0	0	0,0
Highly Skilled supervision (Levels 9-12)	2	50,0	1	20,0	-1	-100,0
Senior management (13-16)	1	25,0	1	20,0	0	0,0
Contract (Levels 9-12)	0	0,0	1	20,0	1	100,0
Contract (Level 13-16)	1	25,0	2	40,0	1	100,0
TOTAL	**4**	**100,0**	**5**	**100,0**	**1**	**100,0**

*1: Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100
*2: Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100
*3: Change in employment within the salary band divided by Total Change in Employment multiplied by 100

Table 4.10.2 - Foreign workers by major occupation for the period 1 April 2023 to 31 March 2024

Major Occupation	01-Apr-23		31-Mar-24		Change	
	Employment at Beginning Period	% Total *1	Employment at End of Period	& of Total *2	Change in Employ-ment	% of Total *3
Senior Officials and Managers	2	50,0	3	60,0	1	100,0
Technicians and Associated Professional	0	0,0	0	0,0	0	0,0
Professionals	2	50,0	2	40,0	0	0,0
TOTAL	**4**	**100,0**	**5**	**100,0**	**1**	**100,0**

*1: Employment at beginning period divided Total Employment at beginning of period multiplied by 100
*2: Employment at end of period divided by Total Employment at end of period multiplied by 100
*3: Change in employment divided by Total Change in Employment multiplied by 100

4.11 Leave utilisation

Table 4.11.1 - Sick Leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total Days	% Days with Medical Certification *1	Number of Employees using Sick Leave	% of Total Employees using Sick Leave *2	Average Days per Employee *3	Estimated Cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	11	100,0	3	0,4	4	6	11
Skilled (Levels 3-5)	1446	80,2	190	25,1	8	1 553	1160
Highly Skilled Production (Levels 6-8)	2275	77,1	302	39,9	8	4 013	1755
Highly Skilled Supervision (Levels 9-12)	1479	80,8	206	27,2	7	5 132	1195
Top and Senior Management (Levels 13-16)	410	86,3	55	7,3	7	2 146	354
TOTAL	**5621**	**79,6**	**756**	**100,0**	7	**12 850**	**4475**

*1: Total number of days with medical certificate within the salary band divided by Total days multiplied by 100
*2: Number of employees using sick leave within the salary band divided by Total number of employees using sick leave multiplied by 100
*3: Total Days divided by Number of employees using sick leave

Table 4.11.2 - Disability leave (temporary and permanent) for the period 1 January 2023 to 31 December 2023

Salary band	Total days	% days with medical certification *1	Number of employees using disability Leave	% of total employees using disability Leave *2	Average days per employee *3	Estimated cost (R'000)	Total number of days with medical certification
Lower Skilled (Levels 1-2)	0	0	0	0	**0**	0	0
Skilled (Levels 3-5)	291	100,0	6	27,3	**49**	314	291
Highly Skilled Production (Levels 6-8)	309	100,0	9	40,9	**34**	540	309
Highly Skilled Supervision (Levels 9-12)	231	100,0	6	27,3	**39**	736	231
Top and Senior Management (Levels 13-16)	7	100,0	1	4,5	**7**	45	7
TOTAL	**838**	**100,0**	**22**	**100,0**	**38**	**1 634**	**838**

*1: Total number of days with medical certificate within the salary band divided by Total days multiplied by 100
*2: Number of employees using disability within the salary band divided by Total number of employees using Disability leave multiplied by 100
*3: Total Days divided by Number of employees using Disability leave
This table excludes PILIR applications that are still to be considered by the Health Risk Manager

Table 4.11.3 - Annual Leave for the period 1 January 2023 to 31 December 2023

Salary band	Total days taken	Average days per employee *1	Number of employees who took leave
Lower Skilled (Levels 1-2)	48	8	6
Skilled (Levels 3-5)	5765	23	249
Highly Skilled Production (Levels 6-8)	9026	22	410
Highly Skilled Supervision (Levels 9-12)	7303	24	310
Top and Senior Management (Levels 13-16)	2388	23	104
TOTAL	**24530**	**23**	**1079**

*1: Total Days Taken divided by Number of employees who took leave

Table 4.11.4 Capped Leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total days taken	Number of employees using capped leave	Average number of days taken per employee	Average capped leave per employee
Lower Skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	0	0	0
Top and Senior Management (Levels 13-16)	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**

*1: Total Days of capped leave taken within the salary band divided by Number of employees who took capped leave
*2: Total number of capped leave available on 31 December 2022 divided by the Number of Employees as at 31 December 2022

Table 4.11.5 Leave pay-outs for the period 1 January 2023 to 31 December 2023

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave pay-out for 2023/2024 due to non-utilisation of leave for the previous cycle.	272	2	136
Capped leave pay-outs on termination of service for 2023/2024	3 373	33	102
Current leave pay-out on termination of service for 2023/2024	403	8	50
TOTAL	**4 048**	**43**	94

4.12 HIV/AIDS & HEALTH PROMOTION PROGRAMMES

Table 4.12.1 - Steps taken to reduce the risk of occupation exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	

Table 4.12.2 - Details of Health Promotion and HIV/AIDS Programmes [tick Yes/No and provide required information]

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Mr MS Mahlatjie; Acting Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does the department have a dedicated unit, or have you designated specific staff members to promote health and wellbeing of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		4 Employees are currently employed.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		The EAP core service is to identify troubled employees, offer counselling, do referrals and follow-up, and look at prevention programmes that will enhance productivity. Health and wellness workshops, seminars, and awareness campaigns in line with health calendar.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		The Health and Wellness Unit is reconstituting the committee to be inclusive of all the pillars of the strategic framework.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees based on their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees because of HIV/Aids status, for example Recruitment and Leave policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV&AIDS and STI and TB in the workplace has been reviewed and is waiting for management approval. Employees and prospective employees have the right to confidentiality regarding their HIV/Aids status, if an employee informs an employer of their HIV/Aids status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees are counselled and encouraged to subject themselves to voluntary testing. Every year the department organises testing facilities for diseases of lifestyle. Where employees are encouraged to test for diseases such diabetes, hypertension, HIV etc.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	Through the Employee Health and Wellness/health promotion programme indictors are committed in the annual performance plan which are monitored quarterly and annually. Remedial actions are required for any deviations from the committed measures or indicators. It is measured through statistics, reports, and surveys. Number targeted employees are measured against the actual archived target.

4.13 LABOUR RELATIONS

Table 4.13.1 - Collective Agreement for the period 1 April 2023 to 31 March 2024

Subject matter	Date
Resolution 1 of 2023	04-Oct-23
Resolution 2 of 2023	06-Nov-23

Table 4.13.2 - Misconduct and disciplinary hearing finalised for the period 1 April 2023 to 31 March 2024

Outcomes of disciplinary hearings	Number	% of Total
Final written warning	7	24,1
Dismissal	2	6,9
Closed	1	3,4
Demotion	0	0,0
Suspension without pay	1	3,4
Case withdrawn	18	62,1
Total	**29**	**100,0**

Table 4.13.3 - Types of misconduct addressed at disciplinary hearings for the period 1 April 2023 to 31 March 2024

Type of misconduct	Number	% of Total
Non-disclosure of Financial Interest	7	77,8
Absenteeism	1	11,1
Corruption and Maladministration	1	11,1
Total	**9**	**100,0**

Table 4.13.4 - Grievances Lodged for the period 1 April 2023 to 31 March 2024

Number of grievances addressed	Number	% of Total
Number of grievances resolved	9	69,2
Number of grievances not resolved	4	30,8
Total number of grievances lodged	**13**	**100,0**

Table 4.13.5 - Disputes lodged with council for the period 1 April 2023 to 31 March 2024

Number of disputes addressed	Number	% of total
Number of disputes upheld	0	0,0
Number of disputes settled	1	33,3
Number if dispute withdrawn	1	33,3
Number of disputes dismissed	1	33,3
Total number of disputes lodged	**3**	**100,0**

Table 4.13.6 - Strike Actions for the period 1 April 2023 to 31 March 2024

Strike Actions	
Total number of persons working days lost	0
Total cost(R'000) of working days lost	
Amount (R'000) recovered as a result of no work no pay	0

Table 4.13.7 - Precautionary suspensions for the period 1 April 2023 to 31 March 2024

Precautionary suspensions	_
Number of people suspended	2
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	154
Cost (R'000) of suspensions	1 345

4.14 SKILLS DEVELOPMENT

Table 4.14.1 - Training needs identified for the period 1 April 2023 to 31 March 2024

Occupational Categories	Gender	Number of employees as at 1 April 2023	Training needs identified at start of the reporting period			
			Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials, and managers	Female	44	0	23	1	**24**
	Male	50	0	12	3	**15**
Professionals	Female	135	0	180	17	**197**
	Male	88	0	93	13	**106**
Technicians and associate professionals	Female	136	0	143	14	**157**
	Male	101	0	87	11	**98**
Clerks	Female	173	0	236	19	**255**
	Male	48	0	60	4	**64**
Service and sales workers	Female	14	0	26	1	**27**
	Male	41	0	79	5	**84**
Skilled agriculture and fishery workers	Female	0	0	0	0	**0**
	Male	0	0	0	0	**0**
Craft and related trades workers	Female	0	0	0	0	**0**
	Male	1	0	0	0	**0**
Plant and machine operators and assemblers	Female	0	0	0	0	**0**
	Male	1	0	0	0	**0**
Elementary occupations (Labourers and Related Workers)	Female	26	0	57	0	**57**
	Male	15	0	28	0	**28**
Gender sub totals	Female	**528**	**0**	**665**	**52**	**717**
	Male	**345**	**0**	**359**	**36**	**395**
Total		**873**	**0**	**1024**	**88**	**1112**

Table 4.14.2 - Training provided for the period 1 April 2023 to 31 March 2024

Occupational Categories	Gender	Number of employees as at 1 April 2023	Training provided within the reporting period			
			Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	44	0	29	1	**30**
	Male	50	0	23	3	**26**
Professionals	Female	135	0	75	12	**87**
	Male	88	0	41	5	**46**
Technicians and associate professionals	Female	136	0	81	17	**98**
	Male	101	0	65	9	**74**
Clerks	Female	173	12	101	15	**128**
	Male	48	5	35	3	**43**
Service and sales workers	Female	14	0	9	2	**11**
	Male	41	0	24	7	**31**
Skilled agriculture and fishery workers	Female	0	0	0	0	**0**
	Male	0	0	0	0	**0**
Craft and related trades workers	Female	0	0	0	0	**0**
	Male	1	0	0	0	**0**
Plant and machine operators and assemblers	Female	0	0	0	0	**0**
	Male	1	0	0	0	**0**
Elementary occupations	Female	26	0	46	0	**46**
	Male	15	0	16	0	**16**
Gender sub totals	**Female**	**528**	**12**	**341**	**47**	**400**
	Male	**345**	**5**	**204**	**27**	**236**
Total		**873**	**17**	**545**	**74**	**636**

4.15 Injury on duty

Table 4.15.1 - Injury on duty for the period 1 April 2023 to 31 March 2024

Nature of injury on duty	Number of employees	% of total
Required basic medical attention only	2	100,0
Temporary Total Disablement	0	0,0
Permanent Disablement	0	0,0
Fatal	0	0,0
Total	**2**	**100,0**

4.16 UTILISATION OF CONSULTANTS

Table 4.16.1 - Report on consultant appointments using appropriated funds for the period 1 April 2023 to 31 March 2024

Project Title	Total number of consultants that worked on the project	Duration: Workdays	Contract value in Rand
No Data			

Total number of projects	Total individual consultants	Total duration: Workdays	Total contract value in Rand

Table 4.16.2 - Analysis of consultant appointments using appropriated funds, i.t.o. HDIs for the period 1 April 2023 to 31 March 2024

Project Title	% ownership by HDI groups	%management by HDI groups	Number of Consultants from HDI groups that work on the project
No Data			

Table 4.16.3 - Report on consultant appointments using Donor funds for the period 1 April 2023 to 31 March 2024

Project Title	Total number of consultants that worked on the project	Duration: Workdays	Donor and Contract value in Rand
No Data			

Total number of projects	Total individual consultants	Total duration: Work days	Total contract value in Rand

Table 4.16.4 - Analysis of consultant appointments using Donor funds, i.t.o. HDIs for the period 1 April 2023 to 31 March 2024

Project Title	% ownership by HDI groups	% management by HDI groups	Number of Consultants from HDI groups that work on the project
No Data			

4.17 SEVERANCE PACKAGES

Table 4.17.1 - Granting of employee-initiated severance packages for the period 1 April 2023 to 31 March 2024

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA	No of Packages approved by department
Lower Skilled (Salary Level 1-2)	0	0	0	0
Skilled (Salary Level 3-5)	0	0	0	0
Highly Skilled Production (Salary Level 6-8)	0	0	0	0
Highly Skilled Production (Salary Level 9-12)	0	0	0	0
Senior Management (Salary Level 13 and higher)	0	0	0	0
Total	**0**	**0**	**0**	**0**

Part E:
PFMA

5 Compliance to PFMA

5.1 Information on irregular, fruitless and wasteful, unauthorised expenditure and material losses

5.1.1 Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	359 301	359 301
Add: Irregular expenditure confirmed	-	-
Less: Irregular expenditure condoned	-	-
Less: Irregular expenditure not condoned and removed	-	-
Less: Irregular expenditure recoverable	-	-
Less: Irregular expenditure not recovered and written off	-	-
Closing balance	359 301	359 301

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure that was under assessment in 2023/24	359 301	359 301
Irregular expenditure that relates to 2021/22 and identified in 2022/23	-	-
Irregular expenditure for the current year	-	-
Total	359 301	359 301

b) Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure under assessment	19 549	16 548
Irregular expenditure under determination	42 373	209 301
Irregular expenditure under investigation	-	150 000
Total	61 922	375 849

1 Record amounts in the year in which it was incurred.
2 Group similar items
3 Total unconfirmed irregular expenditure (assessment), losses (determination), and criminal conduct (investigation)

Included in R359 301 million disclosed as irregular expenditure in 2022/23 is an amount of R150 000 million which relates to the Digital Vibes matter. An investigation report to this effect is available and the matter is submitted to national Treasury for condonement. The determination reports for cases amounting to R166.4 million we concluded and R53.9 million of this amount is submitted to National Treasury for condonement.

Additional disclosure relating to Inter-Institutional Arrangements

5.1.2 Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	1 538	1 513
Add: fruitless and wasteful expenditure confirmed	4	45
Less: fruitless and wasteful expenditure condoned	-	20
Less: fruitless and wasteful expenditure recoverable	672	-
Closing balance	870	1 538

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2023/24	1 538	1 513
Fruitless and wasteful expenditure for the current year	4	45
Total	1 542	1 558

b) Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure under assessment	1 558	1 513
Fruitless and wasteful expenditure under determination	4	45
Fruitless and wasteful expenditure under investigation	-	-
Total	**1 542**	**1 558**

4 Record amounts in the year in which it was incurred
5 Group similar items

c) Details of current and previous year fruitless and wasteful expenditure recovered

Description	202232024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure recovered	672	-
Total	**672**	**-**

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure written off	-	20
Total	**-**	**20**

5.1.3 Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	19 161	19 161
Add: Unauthorised expenditure confirmed	-	-
Less: Unauthorised expenditure approved with funding	-	-
Less: Unauthorised expenditure approved without funding	-	-
Less: Unauthorised expenditure recoverable	-	-
Less: Unauthorised expenditure not recovered and written off	-	-
Closing balance	19 161	19 161

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	19 161	19 161
Unauthorised expenditure that relates to 2021/22 and identified in 2022/23	-	-
Unauthorised expenditure for the current year	-	-
Total	**19 161**	**19 161**

a) Details of current and previous year unauthorised expenditure (under assessment, determination, and investigation)

Description	2023/2024	2022/2023
	R'000	R'000
Unauthorised expenditure under assessment	-	-
Unauthorised expenditure under determination	19 161	19 161
Unauthorised expenditure under investigation	-	-
Total	**19 161**	**19 161**

7 This amount may only be written off against available savings
8 Record amounts in the year in which it was incurred
9 Group similar items
10 Total unconfirmed unauthorised expenditure (assessment), losses (determination), and criminal conduct (investigation)

Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii))

a) Details of current and previous year material losses through criminal conduct

Material losses through criminal conduct	2023/2024	2022/2023
	R'000	R'000
Theft	653	
Other material losses	-	-
Less: Recovered	-	-
Less: Not recovered and written off	-	-
Total	**653**	**-**

d) Details of other material losses

Nature of other material losses	2023/2024	2022/2023
	R'000	R'000
(Group major categories, but list material items)		
Theft	219	-
Fraud	434	-
Total	**653**	**-**

5.2 Information on late and / or non-payment of suppliers

Description	Number of Invoices	Consolidated Value
		R'000
Valid invoices received	5144	2,891,145
Invoices paid within 30 days or agreed period	4628	2,829,189
Provincial medico-legal invoices paid after 30 days or agreed period	375	6,125
NDoH invoices paid after 30 days or agreed period	141	55,831
Invoices older than 30 days or agreed period (unpaid and without dispute)	0	0

5.3 Information on Supply Chain Management Procurement by other means

Project Description	Name of Supplier	Type of Procurement by other means	Contract number	Value of Contract R'000
Mimecast solutions	Mimecast South Africa (Pty) Ltd	Sole provider	NDoH 59-2023/2024	R1,273
Spectra Optia Centrifugal Apheresis Machine.	Viking BCT (Pty) Ltd	Sole provider	NDoH 01-2023/2023	R1,717
Total				**R2, 990**

5.4 Contract variations and expansions

Project Description	Name of Supplier	Contract modification type (expansion or variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (If applicable)	Value of current contract expansion or variation
Project Management Information System (PMIS)	Project Portfolio Office (Pty) Ltd	Expansion	NDoH 40-2020/2021	R11,222	R'000	R'000
Internal audit services to the department	Leola and Partners Chartered Accountants (Pty) Ltd	Expansion	DoH-393-2023/2024	R982	R'000	R'000
Pharmaceutical Tender	- Multiple Suppliers: - Biotech Laboratories (Pty) Ltd - Cipla Medpro Manufacturing (Pty) Ltd - Gulf Drug Company (Pty) Ltd - Oethmaan Biosims (Pty) Ltd - Ranbaxy Pharmaceuticals (Pty) Ltd	Expansion	HP09-2023SD	R8 779 752 041.81	R8 843 093 590.09	R63 341 548.28
Total				**R8 779 764 245.81**	**R8 843 093 590.09**	**R63 341 548.28**

Part F:
FINANCIAL INFORMATION

Report of the Auditor-General to Parliament on Vote no. 18: National Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the National Department of Health set out on pages 123 to 166, which comprise the appropriation statement, statement of financial position as at 31 March 2024, statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the National Department of Health as at 31 March 2024 and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) and the requirements of the Public Finance Management Act of 1999 (PFMA) and Division of Revenue Act of 2023 (Dora).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other matters

6. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

7. The supplementary information set out on pages 167 to 172 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the Accounting Officer for the financial statements

8. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

9. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

Responsibilities of the auditor-general for the audit of the financial statements

10. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 121 to the auditor's report, forms part of our auditor's report.

Report on the audit of the annual performance report

12. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for the selected programmes presented in the annual performance report. The department is responsible for the preparation of the annual performance report.

13. I selected the following programmes presented in the annual performance report for the year ended 31 March 2024 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2 – National Health Insurance	31-33	Achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.
Programme 3 - Communicable and Non-communicable diseases	34-42	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.

14. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.

15. I performed procedures to test whether:

- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives
- all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included
- the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements
- the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated
- the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents
- the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable.
- there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.

16. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.

17. The material findings on the reported performance information for the selected programmes are as follows:

Programme 3: Communicable and non-communicable diseases

Number of facilities offering HIV self-screening

18. An achievement of 839 was reported against a target of 340. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the achievement against the target was lower than reported.

Various indicators

19. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported achievement
Number of people started on TB treatment	223 654	180 421
Percentage of clients 18+ screened for hypertension	9 provinces screen overall 60% of clients 18+ for hypertension	9 provinces screen overall 79 % of clients 18+ for hypertension
Percentage of clients 18+ screened for diabetes	9 provinces screen overall 60% of clients 18+ for diabetes	9 provinces screen overall 79% of clients 18+ for diabetes

Other matters

20. I draw attention to the matters below.

Achievement of planned targets

21. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- or underachievement. This information should be considered in the context of the material findings on the reported performance information.

22. The tables that follow provide information on the achievement of planned targets and list the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 24 to 75.

Programme 2: National Health Insurance

Targets achieved: 50%
Budget spent: 94%

Key service delivery indicator not achieved	Planned target	Reported achievement
Model for PHC Contracting developed and documented, identified concepts (from the model) tested in 9 CUPs	Model for primary health care (PHC) contracting developed and documented, identified concepts (from the model) tested in 9 CUPs	The model for PHC contracting has been developed and documented. The model for PHC contracting is Capitation.

Programme 3 Communicable and non-communicable diseases

Targets achieved: 71%
Budget spent: 99.7%

Key service delivery indicator not achieved	Planned target	Reported achievement
Drug-susceptible (DS) - TB treatment success rate	90%	71.5%
RR/MDFTB clients treatment success rate	78%	60.7%
Number of people started on TB treatment	223 654	180 421
Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) Detection rate of ≥ 4 per 100,000 amongst children < 15 years	42 districts	8 districts
Number of districts introduced HPV screening for cervical cancer	4	0

Material misstatements

23. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for programme 2: national health insurance and programme 3: communicable and non-communicable diseases. Management did not correct all of the misstatements and I reported material findings in this regard.

Report on compliance with legislation

24. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.

25. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.

26. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.

27. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual financial statement, performance and annual report

28. The financial statements submitted for auditing were not fully prepared in accordance with the prescribed financial reporting framework, as required by section 40(1)(a) and (b) of the PFMA.

29. Material misstatements of disclosures identified by the auditors in the submitted financial statements were corrected, resulting in the financial statements receiving an unqualified audit opinion.

Procurement and contract management

30. Some of the goods and services were procured without obtaining at least three written price quotations in accordance with treasury regulation 16A6.1 and paragraph 3.2.1 of SCM instruction note 2 of 2021/22.

31. Some of the IT related goods and services, classified as mandatory, were not procured through SITA as required by treasury regulation 16A6.3(e) and section 7(3) of the SITA Act.

Consequence management

32. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against some officials who had incurred irregular expenditure as required by section 38(1)(h)(iii) of the PFMA.

Expenditure management

33. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Other information in the annual report

34. The accounting officer is responsible for the other information included in the annual report which includes the audit committee's report. The other information referred to does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in this auditor's report.

35. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.

36. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

37. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

38. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.

39. The matters reported below are limited to the significant internal control deficiencies that resulted in the material findings on the annual performance report and the material findings on compliance with legislation included in this report.

40. Leadership did not exercise oversight responsibility regarding financial and performance reporting and compliance as well as related internal controls, which resulted in material misstatements and material findings reported in the audit report.

41. Management did not implement proper record keeping in a timely manner to ensure that complete, relevant, and accurate information was available to support performance reporting, resulting in the material findings reported.

42. Management did not adequately review the annual financial statements and performance reporting to ensure these are supported by schedules/registers or appropriate evidence.

43. Management did not review and monitor compliance with applicable legislation resulting in material non-compliance with laws and regulations.

Other reports

44. I draw attention to the following engagements conducted by various parties. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

45. A presidential proclamation (R.74 of 2022) was issued to investigate allegations of corruption and maladministration in the affairs of the national and all provincial health departments and to recover any financial losses suffered by the state or the departments through civil litigation relating to claims that took place between 1 January 2013 and 22 July 2022. The investigation will focus on unlawful or improper conduct by claimants or applicants relating to medical negligence claims that were fraudulent, improper or unlawful by any person or entity that unduly benefited themselves or any other person.

Auditor - General.

Pretoria
31 July 2024

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

- The auditor-general's responsibility for the audit
- The selected legislative requirements for compliance testing

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected programmes and on the department's compliance with selected requirements in key legislation.

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern

- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and communicate with them all regarding relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999 (PFMA)	Section 38(1)(b), (c)(ii), (d), (h)(iii); Section 39(1)(a), (2)(a); Section 40(1)(a), (b), (c)(i); Section 43(4); Section 45(b); Section 57(b)
Preferential Procurement Policy Framework Act 5 of 2000	Section 2(1)(a), (b), (f)
Public Service Regulations, 2016	Paragraph 18(1), (2); Paragraph 25(1)(e)(i) and (iii)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3; 5.1.1; 5.2.1; 5.2.3(a); Regulation 5.2.3(d); 5.3.1; 6.3.1(a); 6.3.1(b); Regulation 6.3.1(c); 6.3.1(d); 6.4.1(b); 7.2.1; Regulation 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1; 9.1.1; Regulation 9.1.4; 10.1.1(a); 10.1.2; 11.4.1; 11.4.2; Regulation 11.5.1; 12.5.1; 15.10.1.2(c); 16A3.2; Regulation 16A3.2(a); 16A6.1; 16A6.2(a); Regulation 16A6.2(b); 16A6.3(a); 16A6.3(b); Regulation 16A6.3(c); 16A6.3(e); 16A6.4; 16A6.5; Regulation 16A6.6; 16A7.1; 16A7.3; 16A7.6; Regulation 16A7.7; 16A8.3; 16A8.4; 16A9.1(b)(ii); Regulation 16A9.1(d); 16A9.1(e); 16A9.1(f); 16A9.2; Regulation 16A9.2(a)(ii); 16A9.2(a)(iii); 17.1.1; 18.2; Regulation 19.8.4
Construction Industry Development Board Act 38 of 2000	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17; 25(7A)
Second amendment National Treasury Instruction No. 5 of 2020/21	Paragraph 1
Erratum National Treasury Instruction No. 5 of 2020/21	Paragraph 2
National Treasury Instruction No. 5 of 2020/21	Paragraph 4.8; 4.9; 5.3
National Treasury Instruction No. 1 of 2021/22	Paragraph 4.1
National Treasury Instruction No. 4 of 2015/16	Paragraph 3.4
National Treasury SCM Instruction No. 4A of 2016/17	Paragraph 6
National Treasury Instruction No. 7 of 2017/18	Paragraph 4.3
PFMA National Treasury SCM Instruction No. 3 of 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4; 4.4(a); 4.17; 7.2; Paragraph 7.6
National Treasury SCM Instruction No. 11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.1
Practice Note 11 of 2008/9	Paragraph 2.1; 3.1(b)
Practice Note 5 of 2009/10	Paragraph 3.3
Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1; 2.1(a); 2.1(f)
Preferential Procurement Regulations, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulations, 2017	Regulation 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; Regulation 6.5; 6.6; 6.8; 7.1; 7.2; 7.3; 7.5; 7.6; 7.8; Regulation 8.2; 8.5; 9.1; 10.1; 10.2; 11.1; 11.2

APPROPRIATION STATEMENT for the year ended 31 March 2024

Appropriation per programme									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programmes									
Programme 1: Administration	764 809	-	(34 297)	730 512	678 206	52 306	92,8%	731 989	645 318
Programme 2: National Health Insurance	1 508 554	-	4 100	1 512 654	1 425 108	87 546	94,2%	1 576 102	1 366 050
Programme 3: Communicable and Non-Communicable Diseases	23 682 575	-	41 567	23 724 142	23 659 109	65 033	99,7%	26 924 022	26 049 571
Programme 4: Primary Health Care	3 005 440	-	(11 370)	2 994 070	2 989 803	4 267	99,9%	5 154 744	5 149 242
Programme 5: Hospital Systems	22 136 008	-	-	22 136 008	22 130 825	5 183	100,0%	22 641 588	22 198 414
Programme 6: Health System Governance & HR	7 452 608	-	-	7 452 608	7 429 095	23 513	99,7%	7 527 286	7 487 446
TOTAL	**58 549 994**	**-**	**-**	**58 459 994**	**58 312 147**	**237 847**	**99,6%**	**64 555 731**	**62 896 041**
Reconciliation with statement of financial performance									
ADD									
Departmental receipts				139 213				1 165 733	
Aid assistance				1 688 802				943 533	
Actual amounts per statement of financial performance (total revenue)				60 378 009				**66 664 997**	
ADD									
Aid assistance					1 538 427				829 502
Actual amounts per statement of financial performance (total expenditure)					59 850 574				**63 725 543**

Appropriation per economic classification									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	2 494 883	(12 246)	(6 500)	2 476 137	2 204 895	271 245	89,0%	4 779 414	3 601 584
Compensation of employees	657 435	-	-	657 435	614 911	42 524	93,5%	812 052	760 962
Salaries and wages	582 867	-	(2 165)	580 702	538 179	42 523	92,7%	685 196	663 522
Social contributions	74 568	-	2 165	76 733	76 732	1	100,0%	126 856	97 440
Goods and services	1 837 448	(12,246)	(6,500)	1,818,702	1 589 984	228 718	87,4%	3 967 362	2 840 622
Administrative fees	240	16	-	256	167	89	65,4%	380	160
Advertising	18 895	(7,883)	-	11,012	6 896	4 116	62,6%	7 944	4 789
Minor assets	45 996	(4,071)	3,100	45,025	35 147	9 878	78,1%	35 212	27 460
Audit costs: External	29 000	(75)	(3,100)	25,825	25 627	198	99,25%	26 096	24 572
Bursaries: Employees	1 919	-	(10)	1,909	1 693	216	88,7%	1 286	1 245
Catering: Departmental activities	10 437	(1,543)	-	8,894	4391	4 503	49,4%	10 610	5 842
Communication (G&S)	25 750	(945)	(1,968)	22,837	22 743	94	99,6%	25 762	21 437
Computer services	308 626	3,989	(6,409)	306,206	310 847	(4 641)	101,5%	151 060	150 598
Consultants: Business and advisory services	340 087	(36,309)	(18,811)	284,967	153 584	131 383	53,9%	437 023	294 370
Legal services	22 205	(2,897)	-	19,308	19 188	120	99,4%	17 926	17 854
Contractors	405 829	12,838	36,699	455,366	451 985	3 381	99,3%	631 000	530 938
Agency and support / outsourced services	26 000	3,922	981	30,903	17 926	12 977	58,0%	17 949	13 648
Entertainment	5	-	-	-	91	(86)	1827,9%	32	39
Fleet services (including government motor transport)	28 738	4,853	(1,624)	31,967	37 023	(5 056)	115,8%	37 962	40 158
Inventory: Clothing material and supplies	1 410	(60)	-	1,350	455	895	33,7%	1 850	719
Inventory: Food and food supplies	769	(29)	-	740	109	631	14,8%	513	125
Inventory: Fuel, oil and gas	8 450	(5,050)	-	3,400	29	3 371	0,9%	212	31
Inventory: Medical supplies	31 567	12,743	-	44,310	34,030	10 280	76,8%	46 870	33 945
Inventory: Medicine	-	1,509	-	1,509	1,500	9	99.4%	2,034,781	1,313,745
Inventory: Other supplies	-	2	-	2	67	(65)	3374.5%	-	15
Consumable supplies	4,032	(421)	-	3,611	1,205	2,406	33.4%	2,848	935
Consumable: Stationery, printing and office supplies	16,482	(2,076)	(4,650)	9,756	5,239	4,517	53.7%	14,798	5,252
Operating leases	133,503	(698)	(1,359)	131,446	111,796	19,650	85.1%	146,620	102,893

Appropriation per economic classification									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Property payments	43,794	4,903	(4,148)	44,549	35,821	8 728	80,4%	29 431	18 285
Travel and subsistence	95,522	3,492	1,692	100,706	100,009	697	99,3%	106 933	103 776
Training and development	5,966	1,638	-	7,604	5,755	1 849	75,7%	6 687	4 035
Operating payments	198,749	(6,189)	(5,911)	186,649	161,878	24 771	86,7%	152 463	104 038
Venues and facilities	32,540	3,245	(982)	34,803	42,640	(7 837)	122,5%	19 964	13 197
Rental and hiring	937	2,850		3,787	2,141	1 646	56,5%	3 150	6 521
Transfers and subsidies	**54 749 200**	**5,197**	**6,500**	**54,760,897**	**54,751,795**	**9 102**	**100,0%**	**58 335 710**	**58 334 288**
Provinces and municipalities	52 743 365	-	-	52,743,365	52,743,365	-	100,0%	56 251 536	56 251 536
Provinces	52 743 365	-	-	52,743,365	52,743,365	-	100,0%	56 251 536	56 251 536
Provincial Revenue Funds	52 743 365	-	-	52,743,365	52,743,365	-	100,0%	56 251 536	56 251 536
Departmental agencies and accounts	1,807,049			1,807,049	1,806,552	497	100,0%	1 890 344	1 889 076
Social security funds	1,735			1,735	1,735	-	100,0%	1 544	1 544
Departmental agencies	1,805,314			1,805,314	1,804,817	497	100,0%	1 888 800	1 887 532
Non-profit institutions	189,786	-	6,500	196,286	196,286		100,0%	189 000	189 000
Households	9,000	5,197	-	14,197	5,592	8,605	39,4%	4 830	4 676
Social benefits	-	5,194		5,194	5,247	(53)	101,0%	4 830	4 676
Other transfers to households	9,000	3	-	9,003	345	8,658	3,8%		
Payments for capital assets	**1,305,911**	**6,195**		**1,312,106**	**1,354,603**	**(42,497)**	**103,2%**	**1 439 272**	**958 842**
Buildings and other fixed structures	1,187,916	(4,243)		1,183,673	1,259,796	(76,123)	106,4%	1 313 497	930 251
Buildings and other fixed structures	1,187,916	(4,243)		1,183,673	1,259,796	(76,123)	106,4%	1 313 497	930 251
Machinery and equipment	116,595	10,438		127,033	94,807	32,226	74,6%	121 575	28 591
Transport equipment		1,000		1,000	861	139	86,1%	-	-
Other machinery and equipment	116,595	9,438		126,033	93,946	32,087	74,5%	121 575	28 591
Software and other intangible assets	1 400	-	-	1 400	-	1 400	-	4 200	-
Payments for financial assets	**-**	**854**	**-**	**854**	**854**	**-**	**100,0%**	**1 335**	**1 327**
Total	**58,549,994**	**-**	**-**	**58,549,994**	**58,312,147**	**237,847**	**99.6%**	**64 555 731**	**62 896 041**

Programme 1: Administration									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Ministry	40 024	1 904	-	41 928	41 847	81	99,8%	43 954	38 778
2 Management	13 565	3 996	-	17 561	14 794	2 767	84,2%	9 293	6 182
3 Corporate Service	412 936	(4 900)	(18 197)	389 839	361 558	8 281	97,9%	411 049	398 053
4 Property Management	168 898	-	-	168 898	141 660	27 238	83,9%	163 701	114 219
5 Financial Management	129 386	(1 000)	(16 100)	112 286	98 346	13 940	87,6%	103 992	88 086
Total for sub programmes	**764 809**	**-**	**(34 297)**	**730 512**	**678 206**	**52 305**	**92,8%**	**731 989**	**645 318**
Economic classification									
Current payments	750 674	(5 662)	(34 297)	710 715	660 937	49 778	93,0%	706 335	628 890
Compensation of employees	249 420	-	17 943	267 363	266 100	1 263	99,5%	250 134	235 241
Salaries and wages	220 925	-	15 443	236 368	233 896	2 471	99,0%	213 552	205 028
Social contributions	28 495	-	2 500	30 995	32 203	(1 208)	103,9%	36 582	30 213
Goods and services	501 254	(5 662)	(52 240)	443 352	394 837	48 515	89,1%	456 201	393 649
Administrative fees	130	-	-	130	79	51	60.8%	214	98
Advertising	11 659	(7 404)	-	4 255	2 596	1 659	61,0%	1 887	1 843
Minor assets	2 444	(161)	-	2 283	471	1 812	20,6%	1 590	84
Audit costs: External	26 700	(21)	(3 100)	23 579	23 361	218	99,1%	22 257	21 266
Bursaries: Employees	1 919	-	(10)	1 909	1 693	216	88.7%	1 286	1 245
Catering: Departmental activities	1 520	(80)	-	1 440	292	1 148	20,3%	1 419	419
Communication (G&S)	17 975	(90)	(1 980)	15 905	16 397	(492)	103,1%	17 127	15 850
Computer services	71 160	100	(6 409)	64 851	64 159	692	98,9%%	71 942	71 287
Consultants: Business & advisory services	29 056	180	(12 311)	16 925	7 765	9 160	45,9%	55 751	55 359
Legal services	22 205	(2 897)	-	19 308	19 188	120	99,4%	17 926	17 854
Contractors	17 495	(3 414)	(6 301)	7 780	7 489	291	96,3%	9 795	7 306
Agency and support / outsourced services	4 950	3 962	-	8 912	6 640	2272	74,5%	295	-
Entertainment	5	-	-	5	91	(86)	1827,9%	27	39
Fleet services (including government motor transport)	16 003	2 849	(2 222)	16 630	19 897	(3 267)	119,6%	15 618	13 474
Inventory: Clothing material & supplies	1 200	-	-	1 200	455	745	37.9%	900	-

Programme 1: Administration	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	334	-	-	334	47	287	14,1%	164	54
Inventory: Fuel, oil and gas	8 235	(5 000)	-	3 235	27	3 208	0,8%	46	8
Inventory: Medical supplies	700	-	-	700	82	618	11,7%	400	-
Inventory: Other supplies	-	2	-	2	2	-	100%	-	15
Consumable supplies	2 347	(234)	-	2 113	981	1 132	46,4%	1 170	629
Consumable: Stationery, printing and office supplies	9 572	(314)	(4 735)	4 523	4 375	148	96,7%	6 960	3 759
Operating leases	129 431	(70)	(1 408)	127 953	110 609	17 344	86,4%	141 278	99 636
Property payments	42 297	5 000	(4 148)	43 149	34 719	8 430	80,5%	28 191	17 692
Travel and subsistence	36 044	1 550	(2 103)	35 491	34 160	1 331	96,2%	49 758	58 072
Training and development	4 966	638	-	5 604	4 954	650	88,4%	3 542	3 156
Operating payments	37 360	(1 019)	(5 911)	30 430	30 090	340	98,9%	4 410	2 305
Venues and facilities	5 147	761	(1 602)	4 306	4 166	140	96,7%	1 528	1 697
Rental and hiring	400	-	-	400	51	349	12,8%	720	499
Transfers and subsidies	**2 552**	**1 266**	**-**	**3 818**	**3 320**	**498**	**87,0%**	**3 865**	**3 697**
Departmental agencies and accounts	2 552	-	-	2 552	2 055	497	80,5%	2 530	2 362
Departmental agencies and accounts	2 552	-	-	2 552	2 055	497	80,5%	2 530	2 362
Households	-	1 266	-	1 266	1 265	1	99,9%	1 335	1 335
Social benefits	-	1 266	-	1 266	1 265	1	99,9%	1 335	1 335
Payments for Capital assets	**11 583**	**4 119**	**-**	**15 702**	**13 672**	**2 030**	**87,1%**	**18 510**	**12 455**
Machinery and equipment	11 583	4 119	-	15 702	13 672	2 030	87,1%	18 510	12 455
Transport equipment	-	1 000	-	1 000	861	139	86,1%	-	-
Other machinery and equipment	11 583	3 119	-	14 702	12 811	1 891	87,1%	18 510	12 455
Software and intangible assets	-	-	-	-	-	-	-	3 000	-
Payments for financial assets	**-**	**277**	**-**	**277**	**277**	**-**	-	**279**	**276**
Total	**764 809**	**-**	**(34 297)**	**730 512**	**678 206**	**52 306**	**92,8%**	**731 989**	**645 318**

Programme 2: National Health Insurance	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	7,084	120	1,500	8,704	8,244	460	94.7%	10 427	10 152
2. Affordable Medicines	48,951	(5,855)	-	43,096	40,922	2,174	95.0%	51 519	46 383
3. Health Financing and NHI	1,452,519	5,735	2,600	1,460,854	1,375,941	84,913	94.2%	1 514 158	1 309 515
Total for sub programmes	**1,508,554**	**-**	**4,100**	**1,512,654**	**1,425,108**	**87,546**	**94.2%**	**1 576 102**	**1 366 050**

Programme 2: National Health Insurance									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	762,117	(1,325)	4,100	764,892	705,885	59,007	92.3%	826 599	667 842
Compensation of employees	73,301	-	-	73,301	57,853	15,448	78.9%	51 936	48 073
Salaries and wages	66,016	-	-	66,016	51,889	14,127	78.6%	45 548	42 718
Social contributions	7,285	-	-	7,285	5,964	1,321	81.9%	6 388	5 355
Goods and services	688,816	(1,325)	4,100	691,591	648,032	43,559	93.7%	774 663	619 769
Administrative fees	15	(3)	-	12	-	12		30	-
Advertising	2,367	(1,641)	-	726	128	598	17.6%	1 795	1 524
Minor assets	15,754	(4,621)	-	11,133	6,392	4,741	57.4%	1 911	3137
Catering: Departmental activities	1,097	(190)	-	907	189	718	20.8%	760	113
Communication (G&S)	356	30	12	398	262	136	65.8%	365	227
Computer services	234,426	4,771	-	239,197	235,711	3,486	98.5%	77 097	78 872
Consultants: Business & advisory services	30,263	(22,247)	-	8,016	455	7,561	5.7%	61 778	2 848
Contractors	381,094	15,552	-	396,646	386,338	10,308	97.4%	610 014	518 508
Fleet services (including government motor transport)	1,298	740	588	2,626	3,202	(576)	121.9%	1 231	1 103
Inventory: Food and food supplies	102	-	-	102	8	94	7.8%	65	7
Inventory: Fuel, oil and gas	30	-	-	30	-	30	-	60	-
Inventory: Medical supplies	-	8,000	-	8,000	-	8,000	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	2 800
Consumable supplies	380	(35)	-	345	9	336	2.5%	30	1
Consumable: Stationery, printing & office supplies	3,552	(1,030)	85	2,607	201	2,406	7.7%	2 705	57
Operating leases	2,260	(550)		1,710	156	1,554	9.1%	2 269	1 618
Travel and subsistence	8,784	(83)	3,415	12,116	9,636	2,480	79.5%	6 963	5 406
Training and development	1,000	1,000	-	2,000	801	1,199	40.1%	3 100	865
Operating payments	3,291	(1,233)	-	2,058	1,677	381	81.5%	2 540	893
Venues and facilities	2,717	215	-	2,932	2,867	65	97.8%	1 880	1 790
Rental and hiring	30	-	-	30	-	30	-	70	-
Transfers and subsidies	**694,675**	**182**	-	**694,857**	**694,857**	**-**	**100.0%**	**693 902**	**693 901**
Provinces and municipalities	694,675	-	-	694,675	694,675	-	100.0%	693 747	693 747
Provinces	694,675	-	-	694,675	694,675	-	100.0%	693 747	693 747
Provincial Revenue Funds	694,675	-	-	694,675	694,675	-	100.0%	693 747	693 747
Households	-	182	-	182	182	-	100.0%	155	154
Social benefits	-	182	-	182	182	-	100.0%	155	154
Payments for capital assets	**51,762**	**1,140**	-	**52,902**	**24,363**	**28,539**	**46.1%**	**55 601**	**4 307**
Machinery and equipment	50,362	1,140	-	51,502	24,363	27,139	47.3%	54 401	4 307
Other machinery and equipment	50,362	1,140	-	51,502	24,363	27,139	47.3%	54 401	4 307
Software and other intangible assets	1,400	-	-	1,400	-	1,400	-	1 200	-
Payments for financial assets	**-**	**3**		**3**	**3**	**-**	**100.0%**	**-**	**-**
Total	**1,508,554**	**-**	**4,100**	**1,512,654**	**1,425,108**	**87,546**	**94.2%**	**1 576 102**	**1 366 050**

Programme 3: Communicable and Non-Communicable Diseases									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	7,508	-	(3,500)	4,008	3,127	881	78.0%	23 199	19 421
2. HIV, AIDS and STIs	23,351,774	-		23,351,774	23,341,969	9,805	100.0%	24 568 163	24 505 577
3. Tuberculosis Management	28,100	2,060		30,160	28,770	1,390	95.4%	27 608	24 176
4. Women's Maternal and Reproductive Health	17,629	(1,020)	(2,433)	14,176	14,010	166	98.8%	16 419	12 849
5. Child, Youth and School Health	28,032	(1,590)	-	26,442	24,892	1,550	94.1%	24 616	21 920
6. Communicable Diseases	131,917	66	43,000	174,983	147,157	27,826	84.1%	2 147 425	1 378 680
7. Non-Communicable Diseases	85,247	484	4,500	90,231	68,035	22,196	75.4%	84 424	56 952
8. Health Promotion and Nutrition	32,368	-	-	32,368	31,148	1,220	96.2%	32 168	29 996
Total for sub programmes	**23,682,575**	**-**	**41,567**	**23,724,142**	**23,659,109**	**65,033**	**99.7%**	**26 924 022**	**26 049 571**
Economic classification									
Current payments	**496,375**	**(1,912)**	**41,567**	**536,030**	**500,023**	**36,007**	**93.3%**	**2 560 739**	**1 703 951**
Compensation of employees	138,036	-	(5,933)	132,103	121,132	10,971	91.7%	140 446	120 457
Salaries and wages	121,761	-	(5,933)	115,828	105,005	10,823	90.7%	116 229	105 113
Social contributions	16,275	-	-	16,275	16,127	148	99.1%	24 217	15 344
Goods and services	358,339	(1,912)	47,500	403,927	378,891	25,036	93.8%	2 420 293	1 583 494
Administrative fees	10	-	-	10	8	2	83.5%	10	2
Advertising	3,355	1,138	-	4,493	3,500	993	77.9%	2 745	730
Minor assets	20,746	(181)	3,100	23,665	26,899	(3,234)	113.7%	29 377	24 128
Catering: Departmental activities	6,780	(1,152)	-	5,628	3,709	1,919	65.9%	7 657	5 191
Communication (G&S)	5,480	(587)	-	4,893	4,678	215	96.6%	4 691	1 878
Computer services		17	-	17	9,628	(9,611)	-	131	-
Consultants: Business and advisory services	62,526	(7,735)	-	54,791	35,934	18,857	65.6%	92 260	62 804
Contractors	2,040	139	43,000	45,179	54,901	(9,722)	121.5%	6 706	2 959
Agency and support / outsourced services	20,000	-	981	20,981	11,286	9,695	53.8%	8 004	5 205
Fleet services (including government motor transport)	7,868	203	10	8,081	8,698	(617)	107.6%	5 868	6 126
Inventory: Food and food supplies	97	(3)	-	94	16	78	17.0%	80	18
Inventory: Fuel, oil and gas	70	-	-	70	2	68	2.9%	86	5
Inventory: Medical supplies	30,457	5,093	-	35,550	33,947	1,603	95.5%	46 300	33 945
Inventory: Medicine		1,509	-	1,509	1,500	9	99.4%	2 034 781	1 310 945

Programme 3: Communicable and Non-Communicable Diseases									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Other supplies	-	-	-	-	65	(65)	-	-	-
Consumable supplies	461	(48)		413	61	352	14.7%	261	214
Consumable: Stationery, printing & office supplies	546	(27)	-	519	89	430	17.1%	1 620	664
Operating leases	677	(11)	-	666	391	275	58.7%	775	297
Property payments	-	-	-	-	-	-	-	-	-
Travel and subsistence	27,755	(186)	380	27,949	30,381	(2,432)	108.7%	23 878	19 891
Training and development	-	-	-	-	-	-	-	5	14
Operating payments	153,494	(3,033)	-	150,461	127,753	22,708	84.9%	139 984	97 642
Venues and facilities	15,470	102	29	15,601	23,330	(7,729)	149.5%	12 964	4 852
Rental and hiring	507	2,850	-	3,357	2,090	1,267	62.3%	2 110	5 984
Transfers and subsidies	**23,163,624**	**1,077**	-	**23,164,701**	**23,156,043**	**8,658**	**100%**	**24 344 072**	**24 343 920**
Provinces and municipalities	22,934,604	-	-	22,934,604	22,934,604	-	100%	24 134 521	24 134 521
Provinces	22,934,604	-	-	22,934,604	22,934,604	-	100%	24 134 521	24 134 521
Provincial Revenue Funds	22,934,604	-	-	22,934,604	22,934,604	-	100%	24 134 521	24 134 521
Departmental agencies & accounts	30,234	-	-	30,234	30,234	-	100%	19 380	19 380
Departmental agencies	30,234	-	-	30,234	30,234	-	100%	19 380	19 380
Non-profit institutions	189,786	-	-	189,786	189,786	-	100%	189 000	189 000
Households	9,000	1,077	-	10,077	1,419	8,658	14.1%	1 171	1 019
Social benefits	-	1,074	-	1,074	1,074	-	100%	1 171	1 019
Other transfers to households	9,000	3	-	9,003	345	8,658	3.8%	-	-
Payments for capital assets	**22,576**	**593**	-	**23,169**	**2,801**	20,368	12.1%	**19 069**	**1 559**
Machinery and equipment	22,576	593	-	23,169	2,801	20,368	12.1%	19 069	1 559
Other machinery and equipment	22,576	593	-	23,169	2,801	**20,368**	12.1%	19 069	1 559
Payments for financial assets	**-**	242	**-**	242	242	**-**	**100%**	142	141
Total	**23,682,575**	-	**41,567**	**23,724,142**	**23,659,109**	**-**	**99.7%**	**26 924 022**	**26 049 571**

Programme 4: Primary Health Care									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropri-ation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	6,857	(370)		6,487	3,936	2,551	60.7%	6 158	4 530
2. District Health Services	2,951,135	(2,320)		2,948,815	2,948,815	1,213	100.0%	4 907 158	4 906 387
3. Environmental and Port Health Services	38,837	(45)	(11,370)	27,422	26,965	457	98.3%	232 142	229 252
4. Emergency Medical Services and Trauma	8,611	2,735		11,346	11,300	46	99.6%	9 286	9 073
Total for sub programmes	**3 005 440**	**-**	**(11 370)**	**2 994 070**	**2 989 803**	**4 267**	**99.9%-**	**5 154 744**	**5 149 242**

Programme 4: Primary Health Care									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropri-ation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	**72,593**	**(1,465)**	**(11,370)**	**59,758**	**55,884**	**3,874**	**93.5%**	**262 173**	**258 578**
Compensation of employees	58,791	-	(12,010)	46,781	43,187	3,594	92.3%	231 044	228 049
Salaries and wages	51,851	-	(11,675)	40,176	37,940	2,236	94.4%	199 267	198 049
Social contributions	6,940		(335)	6,605	5,247	1,358	79.4%	31 777	30 000
Goods and services	13,802	(1,465)	640	12,977	12,697	280	97.8%	31 129	30 529
Administrative fees	80	-	-	80	57	23	71.3%	75	60
Advertising	250	(45)	-	205	35	170	17.1%	480	-
Minor assets	401	(202)	-	199	95	104	47.7%	599	65
Bursaries: Employees								-	-
Catering: Departmental activities	270	(23)	-	247	72	175	29.1%	200	57
Communication (G&S)	480	(20)	-	460	493	(33)	107.2%	1 956	1 887
Computer services	5	-	-	5	-	5		200	166
Consultants: Business and advisory services	80	(80)	-	-	-	-		-	-
Contractors	730	-	-	730	490	240	67.1%	1 405	391
Agency and support / outsourced services								150	2
Entertainment	-	-		-				5	-
Fleet services (including government motor transport)	1,367	371	-	1738	1,844	(106)	106.1%	13 676	17 598
Inventory: Clothing material and supplies								950	719
Inventory: Food & food supplies	70	(26)	-	44	8	36	18.2%	54	14
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	-	15
Inventory: Other supplies									
Consumable supplies	183	(49)	-	134	52	82	39%	196	60
Consumable: Stationery, printing & office supplies	532	(90)	-	442	72	370	16.3%	1 061	131
Operating leases	285	(26)	49	308	276	32	89.6%	910	1 037
Property payments	37	-	-	37	-	37		190	120
Travel & subsistence	7,350	(427)	-	6.923	7,485	(562)	108.1%	6 686	7 204
Training & development								40	-
Operating payments	312	(138)	-	174	108	66	62.1%	1 669	891
Venues & facilities	1,360	(710)	591	1,241	1,610	(369)	129.7%	627	112
Transfers and subsidies	**2,931,257**	**1,462**	**-**	**2,932,719**	**2,932,773**	**(54)**	**100%**	**4 889 346**	**4 889 346**
Provinces & municipalities	2,931,257	-	-	2,931,257	2,931,257	-	100%	4 888 597	4 888 597
Provinces	2,931,257	-	-	2,931,257	2,931,257	-	100%	4 888 597	4 888 597
Provincial Revenue Funds	2,931,257	-	-	2,931,257	2,931,257	-	100%	4 888 597	4 888 597
Households	-	1,462	-	1,462	1,516	(54)	103.7%	749	749
Social benefits	-	1,462	-	1,462	1,516	(54)	103.7%	749	749
Payments for capital assets	**1,590**	**3**	**-**	**1,593**	**1,146**	**447**	**71.9%**	**3 102**	**1 195**
Machinery and equipment	1,590	3	-	1,593	11,46	447	71.9%	3 102	1 195
Other machinery and equipment	1,590	3	-	1,593	1,146	447	71.9%	3 102	1 195
Payments for financial assets	-	-	-	-	-	-	-	123	123
Total	**3,005,440**	**-**	**(11,370)**	**2,994,070**	**2,989,803**	**4,267**	**99,9%**	**5 154 744**	**5 149 242**

Programme 5: Hospital Systems	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	5,547	-	-	5,547	3,201	2,346	57,7%	4 997	1 963
2. Health Facilities Infrastructure Management	8,096,995	-	-	8,096,995	8,095,996	999	100%	8 320 569	7 882 594
3. Hospital System	14,033,466	-	-	14,033,466	14,031,628	1,838	100%	14 316 022	14 313 857
Total for sub programmes	**22,136,008**	**-**	**-**	**22,136,008**	**22,130,825**	**5,183**	**100%**	**22 641 588**	**22 198 414**
Economic classification									
Current payments	**219,906**	**(434)**	**-**	**219,472**	**116,468**	**103,004**	**53.1%**	**221 455**	**174 855**
Compensation of employees	30,240	-	-	30,240	25,055	5,185	82,9%	30 181	22 433
Salaries and wages	27,759	-	-	27,759	22,089	5,670	79,6%	24 805	19 784
Social contributions	2,481	-	-	2,481	2,966	(485)	119,5%	5 376	2 649
Goods and services	189,066	(434)	-	189,232	91,413	97,819	48,3%	191 274	152 422
Administrative fees		23	-	23	23	-	100%	10	-
Advertising	230	-	-	230	53	177	23%	222	159
Minor assets	5,344	1,300	-	6,644	1,072	5,572	16,1%	512	-
Catering: Departmental activities	195	(10)	-	185	8	177	4,3%	169	-
Communication (G&S)	328	5	-	333	125	208	37,5%	215	146
Consultants: Business & advisory services	176,881	(2,482)	-	174,399	86,350	88,049	49,5%	180 154	149 643
Contractors	40	1,000	-	1,040	-	1,040		40	-
Fleet services (including government motor transport)	522	(162)	-	360	321	39	89,2%	262	154
Inventory: Clothing material and accessories	80	-	-	80	-	80	-	-	-
Inventory: Food and food supplies	55	-	-	55	5	50	9,6%	20	2
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	486	(5)	-	481	3	478	0,6%	804	-
Consumable: Stationery, printing & office supplies	215	(30)	-	185	-	185		405	-
Operating leases	250	-	-	250	67	187	26,8%	230	19
Property payments	410	-	-	410	218	192	53,2%	-	-
Travel and subsistence	3,900	-	-	3,900	2,921	979	74,9%	7 503	2 147
Operating payments	520	-	-	520	93	427	17,9%	473	152
Venues and facilities	200	(73)	-	127	154	(27)	121,3%	255	-
Transfers and subsidies	**20,703,806**	**182**	**-**	**20,702,988**	**20,702,988**	**-**	**100%**	**21 085 946**	**21 085 946**
Provinces and municipalities	20,703,806	-	-	20,703,806	20,703,806	-	100%	21 085 605	21 085 605
Provinces	20,703,806	-	-	20,703,806	20,703,806	-	100%	21 085 605	21 085 605
Provincial Revenue Funds	20,703,806	-	-	20,703,806	20,703,806	-	100%	21 085 605	21 085 605
Households	-	182	-	182	182	-	100%	341	341
Social benefits	-	182	-	182	182	-	100%	341	341
Payments for capital assets	**1,212,296**	**252**	**-**	**1,212,548**	**1,310,369**	**(97,821)**	**108,1%**	**1 334 187**	**937 613**
Buildings and other fixed structures	1,187,916	(4,243)	-	1,183,673	1,259, 755	(76,082)	106,4%	1 313 497	930 251
Other fixed structures	1,187,916	(4,243)	-	1,183,673	1,259, 755	(76,082)	106,4%	1 313 497	930 251
Machinery and equipment	240,380	4,495	-	28,875	50,614	(21,739)	175,3%	20 690	7 362
Other machinery and equipment	240,380	4,495	-	28,875	50,614	(21,739)	175,3%	20 690	7 362
Total	**22,136,008**	**-**	**-**	**22,136,008**	**22,130,825**	**5,183**	**100%**	**22 641 588**	**22 198 414**

Programme 6: Health System Governance and Human Resources									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	9,655	(2,28)8	-	7,367	5,000	2,367	67,9%	7 937	4 315
2. Policy and Planning	6,225	(430)		5,795	5,468	327	84,4%	12 096	11 230
3. Public Entities Management & Laboratories	1,860,593	(332)	-	1,860,261	1,848,677	11,584	99,4%	1 954 157	1 937 028
4. Nursing Services	10,15	204	-	10,319	10,229	90	99,1%	19 184	18 990
5. Health Information, Monitoring & Evaluation	64,549	2,572	-	6,7121	58,492	8,629	87,1%	67 263	47 750
6. Human Resources for Health	5,501,471	274	-	5,501,745	5,501,229	516	100%	5 469 649	5 468 133
Total for sub programmes	**7,452,608**	**-**	**-**	**7,452,608**	**7,4290,95**	**23,513**	**99,7%**	**7 527 286**	**7 487 448**
Economic classification									
Current payments	**193,218**	**(1,448)**	**(6,500)**	**185,270**	**165,697**	**19,573**	**89,4%**	**202 113**	**167 468**
Compensation of employees	107,647	-	-	107,647	101,584	6,063	94,4%	108 311	106 709
Salaries and wages	94,555	-	-	94,555	87,359	7,196	92,4%	85 795	92 830
Social contributions	13,092	-	-	13,092	14,225	(1,133)	108,7%	22 516	13 879
Goods and services	85,571	(1,448)	(6,500)	77,623	64,113	13,510	82,6%	93 802	60 759
Administrative fees	5	(4)	-	1	-	1	-	40	-
Advertising	1,034	69	-	1,103	584	519	52,9%	815	533
Minor assets	1,307	(206)	-	1,101	218	883	19,8%	1 223	46
Audit costs: External	2,300	(54)	-	2,246	2,266	(20)	100,9%	3 839	3 306
Catering: Departmental activities	575	(88)	-	487	121	366	24,8%	405	62
Communication (G&S)	1,131	(283)	-	848	788	60	92,9%	1 408	1 449
Computer services	3,035	(899)	-	2,136	1,349	787	63,2%	1 690	273
Consultants: Business and advisory services	41,281	(3,945)	(6,500)	30,836	23,080	7,756	74,8%	47 080	23 716
Contractors	4,430	(439)	-	3,991	2,767	1,224	69,3%	3 040	1 774
Agency and support / outsourced services	1,050	(40)	-	1,010	-	1,010		9 500	8 441
Fleet services (including government motor transport)	1,680	852	-	2,532	3,061	(529)	120,9%	1 307	1 703
Inventory: Clothing material & supplies	130	(60)	-	70	-	70	-	-	-

Programme 6: Health System Governance and Human Resources									
	2023/24							2022/23	
	Approved budget	Shifting of funds	Virement	Final budget	Actual expenditure	Variance	Expenditure as % of final appropriation	Final budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	111	-	-	111	25	86	22,5%	130	30
Inventory: Fuel, oil and gas	95	50	-	45	-	45	-	20	3
Inventory: Medical supplies	410	(350)	-	60	1	59	1,7%	170	-
Consumable supplies	175	(50)	-	125	99	26	79,2%	387	31
Consumable: Stationery, printing & office supplies	2,065	(585)	-	1,480	502	978	33,9%	2 047	641
Operating leases	600	(41)	-	559	297	262	53,1%	1 158	286
Property payments	1,050	(97)	-	953	859	94	90,1%	1 050	473
Travel and subsistence	11,869	2,638	-	14,327	15,426	(1,099)	107,7%	12 145	11 053
Operating payments	3,772	(766)	-	3,006	2,157	849	71,8%	3 387	2 155
Venues and facilities	7,646	2,950	-	10,596	10,513	83	99,2%	2 711	4 746
Rental and hiring	-	-	-	-	-	-	-	250	38
Transfers and subsidies	**7,253,286**	**1,028**	**6,500**	**7,260,814**	**7,260,814**	**-**	**100%**	**7 318 579**	**7 317 478**
Provinces and municipalities	5,479,023	-	-	5,479,023	5,479,023	-	100%	5 449 066	5 449 066
Provinces	5,479,023	-	-	5,479,023	5,479,023	-	100%	5 449 066	5 449 066
Provincial Revenue Funds	5,479,023	-	-	5,479,023	5,479,023	-	100%	5 449 066	5 449 066
Departmental agencies and accounts	1,774,263	-	-	1,774,263	1,774,263	-	100%	1 868 434	1 867 334
Social security funds	1,735	-	-	1,735	1,735	-	100%	1 544	1 544
Departmental agencies and accounts	1,772,528	-	-	1,772,528	1,772,528	-	100%	1 866 890	1 865 790
Non-Profit Institutions	-	-	6,500	6,500	6,500	-	100%	-	-
Households	-	1,028	-	1,028	1,028	-	100%	1 079	1 078
Social benefits	-	1,028	-	1,028	1,028	-	100%	1 079	1 078
Payments for capital assets	**6,104**	**88**	**-**	**6,192**	**2,252**	**3,940**	**36,4%**	**5 803**	**1 713**
Buildings and other fixed structures	-	-	-	-	41	(41)	-	-	-
Buildings	-	-	-	-	41	(41)	-	-	-
Machinery and equipment	6,104	88	-	6,192	2,211	3,981	35,7%	5 803	1 713
Other machinery and equipment	6,104	88		6,192	2,211	3,981	35,7%	5 803	1 713
Payments for financial assets	**-**	**332**	**-**	**332**	**332**	**-**	**100%**	**791**	**787**
Total	**7,452,608**	**-**	**-**	**7,452,608**	**7,429,095**	**23,513**	**99,7%**	**7 527 286**	**7 487 446**

HEALTH VOTE 18
NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2022

1. **Detail of transfers and subsidies as per Appropriation Act (after Virement):**
   Detail of these transactions can be viewed in the note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.
2. **Detail of specifically and exclusively appropriated amounts voted (after Virement):**
   Detail of these transactions can be viewed in the note (Annual Appropriation) to the Annual Financial Statements.
3. **Detail on payments for financial assets**
   Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.
4. **Explanations of material variances from Amounts Voted (after Virement):**

4.1 Per programme	Final budget	Actual expenditure	Variance R'000	Variance as a % of final budget
	730 512	**678 206**	**52 306**	**7%**

Programme 1: Administration

Invoices for renal and municipal services for Dr AB Xuma building for March 2024 will be processed in April 2024. Invoices from SITA not received on time for payment by 31 March 2024. Tender for the procurement of Occupational Health clinic services and equipment re-advertised due to unclear specification. Payment to WHO less than anticipated.

Programme 2: National Health Insurance	**1 512 654**	**1 425 108**	**87 546**	**6%**

Underspending under CCMDD is as a result of some PUPs not being tax complaint. An amount of R6m intended to be transferred to the OHSC from NHI. Quality improvement was not approved due to non-compliance with transfer requirements Limited capacity within the NHI Branch to perform the work due to vacant posts also contributed to the underspending in the Programme.

Programme 3: Communicable and NCDs	**23 724 142**	**23 659 109**	**65 033**	**0%**
Programme 4: Primary Health Care	**2 994 070**	**2 989 803**	**4 267**	**0%**
Programme 5: Hospital Systems	**22 136 008**	**22 130 825**	**5 183**	**0%**
Programme 6: Health System Governance & HR	**7 452 608**	**7 429 095**	**23 513**	**0%**

4.2 Per economic classification	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Variance as a % of final appropriation R'000
Current payments				
Compensation of employees	657 435	614 911	42 524	6%
Goods and services	1 818 702	1 589 984	228 718	13%
Transfers and subsidies				
Provinces and municipalities	52 743 365	.52 743 365	-	0%
Departmental agencies and accounts	1 807 049	1 806 552	497	0%
Non-profit institutions	196 286	196 286	-	0%
Households	14 197	5 592	8 605	61%
Payments for capital assets				
Buildings and other fixed structures	1 183 673	1 259 796	(76 123)	-6%
Machinery and equipment	127 033	94 807	32 226	25%
Software and other intangible assets	1 400	-	1 400	100%
Payments for financial assets	**854**	**854**	**-**	**0%**

Compensation of employees: Delays in filling of posts, recruitment process is currently on hold pending approval from NT to fill prioritised posts in terms of cost containment measures.

Goods and services:
- Invoices for rental and municipal services for Dr AB Xuma building for March 2024 will be processed in April 2024.
- Invoices from SITA not received on time for payment by 31 March 2024.
- No spending under SAICA due to delays of audit improvement scope and cost analysis from Free State Province.
- Tender for the procurement of Occupational Health clinic services and equipment readvertised due to unclear specification.
- Payment to WHO less than anticipated. Underspending under CCMDD is because of some PUPs not being tax compliant.
- An amount of R6m intended to be transferred to the OHSC from NHI: Quality Improvement was not approved due to non-compliance with transfer requirements. Limited capacity within the NHI Branch to perform the work due to vacant posts also contributed to the underspending.

Payment for capital assets: Procurement process for ICT hardware, medical and allied equipment has commenced still in progress.

HEALTH VOTE 18
NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2024

4.3 Per conditional grant

	Final budget	Actual expenditure	Variance	Variance as a % of final budget
	R'000	R'000	R'000	R'000
National Health Insurance	694 675	694 675	-	0%
District Health Programme Gant: HIV/AIDS	22 934 604	22 934 804	-	0%
District Health Programme Grant: District Health	2 931 257	2 931 257	-	0%
Health Facility Revitalisation Grant	6 679 860	6 679 860	-	0%
National Tertiary Service Grant	14 023 946	14 023 946	-	0%
Health Professions Training and Development	2 763 114	2 763 114	-	0%
Human Resources Capacitation	2 715 909	2 715 909	-	0%
Indirect Grants				
Personal Services Grant	2 220	-	2 220	1%
Health Facility Revitalisation Component	1 389 111	1 394 419	(5 308)	0%
Non-personal Services	707 767	652 377	55 390	8%

NHI Indirect Non-personal Services:

Underspending under CCMDD is as a result of some PUPs not being tax complaint. An amount of R6m intended to be transferred to the OHSC from NHI: Quality Improvement was not approved due to non-compliance with transfer requirements.

HEALTH VOTE 18
STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
REVENUE			
Annual appropriation	*1*	58 549 994	64 555 731
Departmental Revenue	*2*	139 213	1 165 733
Aid assistance	*3*	1 688 802	943 533
TOTAL REVENUE		**60 378 009**	**66 664 997**
EXPENDITURE			
Current expenditure			
Compensation of employees	*4*	614 912	760 964
Goods and services	*5*	1 589 981	2 840 620
Aid assistance	*3*	1 538 427	829 502
Total current expenditure		**3 743 320**	**4 431 086**
Transfers and subsidies			
Transfer and subsidies	*7*	54 751 796	58 334 287
Total transfers and subsidies		**54 751 796**	**58 334 287**
Expenditure for capital assets			
Tangible assets	*8*	1 354 603	958 843
Total expenditure for capital assets		**1 354 603**	**958 843**
Payment for financial assets	6	855	1 327
TOTAL EXPENDITURE		**59 850 574**	**63 725 543**
SURPLUS/(DEFICIT) FOR THE YEAR		**527 435**	**2 939 454**
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		237 847	1 659 690
Annual appropriation		237 847	1 659 690
Departmental revenue and NRF Receipts	13	139 213	1 165 733
Aid Assistance	3	150 375	114 031
SURPLUS/(DEFICIT) FOR THE YEAR		**527 435**	**2 939 454**

HEALTH VOTE 18
STATEMENT OF FINANCIAL POSITION for the year ended 31 March 2024

	Note		2022/23 R'000
ASSETS			
Current assets		**482 193**	**1 884 811**
Cash and cash equivalents	*9*	23	1 309 226
Prepayments and advances	*10*	85 615	338 174
Receivables	*11*	396 555	237 411
Non-current assets		**76 388**	**117 563**
Receivables	*11*	76 388	117 563
TOTAL ASSETS		**558 581**	**2 002 374**
LIABILITIES			
Current liabilities		**551 938**	**1 995 994**
Voted funds to be surrendered to the Revenue Fund	*12*	237 846	1 637 000
Departmental revenue & NRF Receipts to be surrendered to the Revenue Fund	*13*	4 260	28 829
Bank overdraft	*14*	21 061	-
Payables	*15*	138 396	216 134
Aid assistance repayable	*3*	150 375	114 031
TOTAL LIABILITIES		**551 938**	**1 995 994**
NET ASSETS		**6 643**	**6 380**
Represented by:			
Recoverable revenue		25 804	25 541
Unauthorised expenditure		(19 161)	(19 161)
TOTAL		**6 643**	**6 380**

HEALTH VOTE 18
STATEMENT OF CHANGES IN NET ASSETS for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
RECOVERABLE REVENUE			
Opening balance		25 541	2 626
Transfers:		263	22 915
Irrecoverable amounts written off		855	1 327
Debts recovered (included in departmental receipts		(1 280)	(1 432)
Debts raised		688	23 020
Closing balance		**25 804**	**25 541**
Unauthorised expenditure			
Opening balance		(19 161)	(19 161)
Amounts recoverable		-	-
Closing balance		**(19 161)**	**(19 161)**
TOTAL		**6 643**	**6 380**

HEALTH VOTE 18
CASH FLOW STATEMENT for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		60 378 009	66 642 119
Annual appropriated funds received	*1.1*	58 549 994	64 533 041
Departmental revenue received	*2*	125 395	1 156 564
Interest received	*2.2*	13 818	8 981
Aid assistance received	*3*	1 688 802	943 533
Net (increase)/decrease in working capital		15 677	(384 850)
Surrendered to Revenue Fund		(1 800 783)	(863 210)
Surrendered to RDP Fund/Donor		(114 031)	(458 235)
Current payments		(3 743 320)	(4 431 086)
Payments for financial assets		(855)	(1 327)
Transfers and subsidies paid		(54 751 796)	(58 334 287)
Net cash flow available from operating activities	*16*	**(17 099)**	**2 169 124**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	*8*	(1 354 603)	(958 843)
Proceeds from sale of capital assets	*2.3*	-	188
(Increase)/decrease in non-current receivables		41 175	(94 659)
Net cash flows from investing activities		(1 313 428)	**(1 053 314)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		263	22 915
Net cash flows from financing activities		263	**22 915**
Net increase/(decrease) in cash and cash equivalents		(1 330 264)	1 138 725
Cash and cash equivalents at beginning of period		1 309 226	170 501
Cash and cash equivalents at end of period	*17*	**(21 038)**	**1 309 226**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

PART A: ACCOUNTING POLICIES

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	**Basis of preparation** The financial statements have been prepared in accordance with the Modified Cash Standard.
2	**Going concern** The financial statements have been prepared on a going concern basis.
3	**Presentation currency** Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	**Rounding** Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	**Foreign currency translation** Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	**Comparative information**
6.1	**Prior period comparative information** Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	**Current year comparison with budget** A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	**Revenue**
7.1	**Appropriated funds** Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. Appropriated funds are measured at the amount's receivable. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	**Departmental revenue** Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Departmental revenue is measured at the cash amount received. In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	**Accrued departmental revenue** Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: - it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and - the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

8	**Expenditure**
8.1	**Compensation of employees**
8.1.1	**Salaries and wages** Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	**Social contributions** Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	**Other expenditure** Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold. Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.
8.3	**Accruals and payables not recognised** Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.
8.4	**Leases**
8.4.1	**Operating leases** Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	**Finance leases** Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: - cost, being the fair value of the asset; or - the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
9	**Aid Assistance**
9.1	**Aid assistance received.** Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. CARA Funds are recognised when receivable and measured at the amounts receivable. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	**Aid assistance paid** Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	**Cash and cash equivalents** Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	**Prepayments and advances** Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost.
12	**Loans and receivables** Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
13	**Investments** Investments are recognised in the statement of financial position at cost.

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

14	**Financial assets**
14.1	**Financial assets (not covered elsewhere)** A financial asset is recognised initially at its cost-plus transaction costs that are directly attributable to the acquisition or issue of the financial asset. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	**Impairment of financial assets** Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	**Payables** Payables recognised in the statement of financial position are recognised at cost.
16	**Capital Assets**
16.1	**Immovable capital assets** Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	**Movable capital assets** Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	**Intangible assets** Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.
16.4	**Project Costs: Work-in-progress** Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion
17	**Provisions and Contingents**
17.1	**Provisions** Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

17.2	**Contingent liabilities** Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.3	**Contingent assets** Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.4	**Capital commitments** Capital commitments are recorded at cost in the notes to the financial statements.
18	**Unauthorised expenditure** Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either: - approved by Parliament or the Provincial Legislature with funding and the related funds are received; or - approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or - transferred to receivables for recovery. Unauthorised expenditure recorded in the notes to the financial statements comprise of - Unauthorised expenditure that was under assessment in the previous financial year. - Unauthorised expenditure relating to previous financial year and identified in the current year; and - Unauthorised incurred in the current year. - The movement of unauthorised expenditure is recorded in the annual report.
19	**Fruitless and wasteful expenditure** Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-of as irrecoverable. Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of. - Fruitless and wasteful expenditure that was under assessment in the previous financial year; - Fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and - Fruitless and wasteful expenditure incurred in the current year. - The movement of fruitless and wasteful expenditure is recorded in the annual report.
20	**Irregular expenditure** Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of: - Irregular expenditure that was under assessment in the previous financial year. - Irregular expenditure relating to previous financial year and identified in the current year; and - Irregular expenditure incurred in the current year. - The movement of irregular expenditure is recorded in the annual report.
21	**Changes in accounting policies, estimates and errors** Changes in accounting policies are applied in accordance with MCS requirements. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities, and net assets for the earliest period for which retrospective restatement is practicable.
22	**Events after the reporting date**Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

23	**Principal-Agent arrangements** The department is party to a principal-agent arrangement for DBSA, Coega and IDT. In terms of the arrangement the department is the principal and is responsible for providing funds for identified projects. All related revenues, expenditures, assets, and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
24	**Departures from the MCS requirements** Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with MCS as required,
25	**Capitalisation reserve** The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed, and the related funds are received.
26	**Recoverable revenue** Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
27	**Related party transactions** Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The full compensation of key management personnel is recorded in the notes to the financial statements.
28	**Inventories** At the date of acquisition, inventories are recognised at cost in the statement of financial performance. This will be disclosed as per instruction from National Treasury. The movement of inventories in disclosed as secondary information in the annexure
29	**Public-Private Partnerships** Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
30	**Employee benefits** The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note. Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date. The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
31	**Transfers of functions** Transfers of functions are accounted for by the acquirer by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of transfer. Transfers of functions are accounted for by the transferor by derecognising or removing assets and liabilities at their carrying amounts at the date of transfer.
32	**Mergers** Mergers are accounted for by the combined department by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of the merger. Mergers are accounted for by the combining departments by derecognising or removing assets and liabilities at their carrying amounts at the date of the merger.

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

	2023/24			2022/23		
	Final budget	Actual funds received	Funds not requested/not received	Final budget	Appropriation received	Funds not requested /not received
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	730 512	730 512	-	785 743	782 068	3 675
National Health Insurance	1 512 654	1 512 654	-	1 531 647	1 527 756	3 891
Communicable & Non-Communicable Diseases	23 724 142	23 724 142	-	26 916 147	26 913 374	2 773
Primary Health Care	2 994 070	2 994 070	-	5 154 374	5 150 593	3 781
Hospital Systems	22 136 008	22 136 008	-	22 643 213	22 639 432	3 781
Health System Governance & HR	7 452 608	7 452 608	-	7 524 607	7 519 818	4 789
Total	**54 549 994**	**54 549 994**	**-**	**64 555 731**	**64 533 041**	**22 690**

1.2 Conditional grants

	Note	2023/24 R'000	2022/23 R'000
Total grants received	*33*	2 099 098	2 209 108
Provincial grants included in Total Grants received	34	52 743 365	56 215 536

2. Departmental revenue

	Note	2023/24 R'000	2022/23 R'000
Sales of goods and services other than capital assets	*2.1*	100 067	1 151 210
Interest, dividends and rent on land	*2.2*	13 818	8 981
Sales of capital assets		-	188
Transactions in financial assets and liabilities	*2.4*	25 328	5 354
Departmental revenue collected		**139 213**	**1 165 733**

Bulk recovery of Covid 19 vaccine costs was done in 2022/23 financial year, thus a major contributor to the decline in revenue collected in the current year.

2.1 Sales of goods and services other than capital assets

	Note 2	2023/24 R'000	2022/23 R'000
Sales of goods and services produced by the department		100 067	1 151 210
Sales by market establishment		93	101
Administrative fees		2 417	3 399
Other sales		97 557	1 147 710
Total		**100 067**	**1 151 210**

Bulk recovery of Covid 19 vaccine costs was done in 2022/23 financial year

2.2 Interest, dividends and rent on land

	Note 2	2023/24 R'000	2022/23 R'000
Interest		13 818	8 981
Total		**13 818**	**8 981**

2.3 Sales of capital assets

	Note 2	2023/24 R'000	2022/23 R'000
Tangible assets		**-**	**188**
Machinery, equipment, and vehicles		-	188
Total		**-**	**188**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

2.4 Transactions in financial assets and liabilities

	Note	2023/24 R'000	2022/23 R'000
	2		
Other Receipts including Recoverable Revenue		25 328	5 354
Total		**25 328**	**5 354**

Refund from previous years expenditure for covid 19 vaccine which was not approved by SAHPRA was received in the current year.

3. Aid assistance

	Note	2023/24 R'000	2022/23 R'000
Opening Balance		114 031	458 235
Prior period error		-	-
As restated		114 031	458 235
Transferred from statement of financial performance		150 375	114 031
Paid during the year		(114 031)	(458 235)
Closing Balance		**150 375**	**114 031**

3.1 Analysis of balance by source

	Note	2023/24 R'000	2022/23 R'000
Aid assistance from RDP		150 375	114 031
Closing balance	*3*	**150 375**	**114 031**

3.2 Analysis of balance

	Note	2023/24 R'000	2022/23 R'000
Aid assistance repayable		150 375	114 031
Closing balance	*3*	**150 375**	**114 031**

3.3 Aid assistance expenditure per economic classification

	Note	2023/24 R'000	2022/23 R'000
Current		1 538 427	829 502
Capital	8	-	-
Total aid assistance expenditure		**1 538 427**	**829 502**

3.4 Donations received in-kind (not included in the main note)

	Note	2023/24 R'000	2022/23 R'000
Pfizer Covid Child Vaccine		-	10 783
Mebendazole Tables: National Deworming program		-	-
453 doses of JNJAD26: SARS.Co.2 Vaccine-Sisonke2		-	-
Pfizer -Covax facility - 7 877 610 doses		-	-
Total		**-**	**10 783**

4. Compensation of employees

4.1 Salaries and Wages

	Note	2023/24 R'000	2022/23 R'000
Basic salary		411 342	501 720
Performance award		460	1 214
Service Based		590	889
Compensative/circumstantial		5 764	29 061
Other non-pensionable allowances		120 024	130 638
Total		**538 180**	**663 522**

The decrease in compensation of employees is due to the transfer of Port Health Services to Border Management Authority

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

4.2 Social contributions

	Note	2023/24 R'000	2022/23 R'000
Employer contributions			
Pension		51 358	62 216
Medical		25 306	35 062
Bargaining council		68	92
Insurance		-	72
Total		**76 732**	**97 442**
Total compensation of employees		**614 912**	**760 964**
Average number of employees		817	1 133

5. Goods and services

	Note	2023/24 R'000	2022/23 R'000
Administrative fees		168	160
Advertising		6 896	4 789
Minor assets	5.1	35 147	27 453
Bursaries (employees)		1 570	1 245
Catering		4 514	5 842
Communication		22 741	21 434
Computer services	5.2	310 848	150 599
Consultants: Business and advisory services		153 584	294 371
Legal services		19 188	17 854
Contractors		451 985	530 938
Agency and support / outsourced services		17 925	13 647
Entertainment		91	39
Audit cost – external	5.3	25 627	24 572
Fleet services		37 023	40 158
Inventories	5.4	36 192	1 348 573
Consumables	5.5	6 440	6 201
Operating leases		111 796	102 894
Property payments	5.6	35 821	18 284
Rental and hiring		2 141	6 520
Travel and subsistence	5.7	100 010	103 777
Venues and facilities		42 642	13 198
Training and development		5 127	4 035
Other operating expenditure	5.8	162 505	104 037
Total		**1 589 981**	**2 840 620**

5.1 Minor assets

	Note 5	2023/24 R'000	2022/23 R'000
Tangible assets		35 147	27 453
Machinery and equipment		35 147	27 453
Total		**35 147**	**27 453**

With the permanent move to AB Xuma Building, more items/assets with a value less than R5 000 were acquired.

5.2 Computer services

	Note 5	2023/24 R'000	2022/23 R'000
SITA computer services		6 820	7 044
External computer service providers		304 028	143 555
Total		**310 848**	**150 599**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

5.3 Audit cost – External

	Note 5	2023/24 R'000	2022/23 R'000
Regularity audits		25 627	24 572
Total		**25 627**	**24 572**

5.4 Inventory

	Note 5	2023/24 R'000	2022/23 R'000
Clothing material and accessories		455	719
Food and food supplies		112	125
Fuel, oil and gas		28	31
Materials and supplies		67	8
Medical supplies		34 030	33 945
Medicine		1 500	1 313 745
Other supplies	5.4.1	-	-
Total		**36 192**	**1 348 573**

Decline in procurement of vaccines

5.4.1 Other supplies

	Note 5.4	2023/24 R'000	2022/23 R'000
Other		-	-
Total		**-**	**-**

5.5 Consumables

	Note 5	2023/24 R'000	2022/23 R'000
Consumable supplies		1 204	949
Uniform and clothing		317	47
Household supplies		399	348
Building material and supplies		229	54
Communication accessories		3	2
IT consumables		64	363
Other consumables		192	135
Stationery, printing, and office supplies		5 236	5 252
Total		**6 440**	**6 201**

5.6 Property payments

	Note 5	2023/24 R'000	2022/23 R'000
Municipal services		29 383	14 698
Property management fees		802	684
Other		5 636	2 902
Total		**35 821**	**18 284**

5.7 Travel and subsistence

	Note 5	2023/24 R'000	2022/23 R'000
Local		89 397	72 104
Foreign		10 613	31 673
Total		**100 010**	**103 777**

5.8 Other operating expenditure

	Note 5	2023/24 R'000	2022/23 R'000
Professional bodies, membership and subscription fees		113 464	68 323
Resettlement costs		239	109
Other		48 802	35 605
Total		**162 505**	**104 037**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

6. Payments for financial assets

	Note	2023/24 R'000	2022/23 R'000
Debts written off	6.1	855	1 327
Total		**855**	**1 327**

6.1 Debts written off

	Note 6	2023/24 R'000	2022/23 R'000
Recoverable revenue written off			
Theft and losses		855	1 327
Total		**855**	**1 327**
Total debt written off		**855**	**1 327**

7. Transfers and subsidies

	Note	2023/24 R'000	2022/23 R'000
Provinces and municipalities	*34*	52 743 365	56 251 536
Departmental agencies and accounts	*Annexure 1A*	1 806 552	1 889 076
Non-profit institutions	*Annexure 1B*	196 286	189 000
Households	*Annexure 1C*	5 593	4 675
Total		**54 751 796**	**58 334 287**

8. Expenditure for capital assets

	Note	2023/24 R'000	2022/23 R'000
Tangible assets		1 354 603	958 843
Buildings and other fixed structures		1 259 755	930 251
Machinery and equipment		94 848	28 592
Intangible assets		-	-
Software		-	-
Total		**1 354 603**	**958 843**

8.1. Analysis of funds utilised to acquire capital assets – 2023/24

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	**1 354 603**	**-**	**1 354 603**
Buildings and other fixed structures	1 259 755	-	1 259 755
Machinery and equipment	94 848	-	94 848
Total	**1 354 603**	**-**	**1 354 603**

8.2. Analysis of funds utilised to acquire capital assets – 2022/23

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	**958 843**	**-**	**958 843**
Buildings and other fixed structures	930 251	-	930 251
Machinery and equipment	28 592	-	28 592
Total	**958 843**	**-**	**958 843**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

9. Cash and cash equivalents

	Note	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General Account		-	1 279 536
Cash Receipts		-	29 667
Cash with Commercial Bank		23	23
Total		**23**	**1 309 226**

Cash and cash equivalent balances held by the Department are allocated to the relevant accounts. The Department does not have any undrawn borrowings facilities that may be available for future operating activities and to settle capital commitments.

10. Prepayments and advances

	Note	2023/24 R'000	2022/23 R'000
Travel and subsistence		24	-
Advances paid (Not expensed)	*10.1*	85 591	338 174
Total		**85 615**	**338 174**

Analysis of Total Prepayments and advances

Current Prepayments and advances	85 615	338 174
Total	**85 615**	**338 174**

10.1. Advances paid (Not expensed)

	Note	Balance as at 1 April 2023	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2024
	10	R'000	R'000	R'000	R'000	R'000
National departments		**9 796**	(24 681)	-	18 000	**3 115**
Provincial departments		**84 240**	(41 265)	(29 314)	-	**13 661**
Public entities		**244 138**	(1 292 842)	-	1 117 519	**68 815**
Total		**338 174**	**(1 358 788)**	**(29 314)**	**1 135 519**	**85 591**

	Note	Balance as at 1 April 2023	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year advances	Balance as at 31 March 2024
	10	R'000	R'000	R'000	R'000	R'000
National departments		**6 051**	(19 212)	-	22 957	**9 796**
Provincial departments		**84 240**	-	-	-	**84 240**
Public entities		**61 637**	(1 001 038)	-	1 183 539	**244 138**
Total		**151 928**	**(1 020 250)**	**-**	**1 206 496**	**338 174**

11. Receivables

		2023/24			2022/23		
		Current	Non-current	Total	Current	Non-current	Total
	Note	R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	*11.1*	367 868	74 216	**442 084**	211 893	115 014	**326 907**
Recoverable expenditure	*11.2*	(344)	134	**(210)**	(216)	-	**(216)**
Staff debt	*11.3*	3 241	106	**3 347**	151	126	**278**
Other receivables	*11.4*	25 790	1 932	**27 722**	25 583	2 423	**28 005**
Total		**396 555**	**76 388**	**472 942**	**237 411**	**117 563**	**354 974**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

11.1 Claims recoverable

	Note 11	2023/24 R'000	2022/23 R'000
National departments		87 391	3 119
Provincial departments		57 640	79 232
Public entities		153 836	109 702
Private enterprises		143 217	134 854
Total		**442 084**	**326 907**

11.2 Recoverable expenditure

	Note 11	2023/24 R'000	2022/23 R'000
General disallowance		134	-
Salary Tax Debt		-	8
Salary Disallowance		(344)	(224)
Total		**(210)**	**(216)**

11.3 Staff debt

	Note 11	2023/24 R'000	2022/23 R'000
Bursary Debt		36	71
Salary Overpayment		102	36
Leave Without Pay		69	100
Private medical expenses		3 012	-
Loss/Damage to State Property		31	70
Foreign staff debt (Vehicles for Health Attaches)		97	-
Total		**3 347**	**277**

11.4 Other receivables

	Note 11	2023/24 R'000	2022/23 R'000
Fruitless and wasteful expenditure		-	100
Schedule 9 Medication		60	59
Infrastructure Penalties		25 065	23 519
Ex Employees		2 594	4 328
Total		**27 722**	**28 005**

11.5 Impairment of receivables

	2023/24 R'000	2022/23 R'000
Estimate of impairment of receivables	1 273	1 445
Total	**1 273**	**1 445**

12. Voted funds to be surrendered to the Revenue Fund

		2023/24 R'000	2022/23 R'000
Opening balance		1 637 000	(366 352)
As restated		1 637 000	(366 352)
Transfer from statement of financial performance (as restated)		237 847	1 659 690
Add: Unauthorised expenditure for current year		-	-
Voted funds not requested/not received	1.1	-	(22 690)
Paid during the year		(1 637 001)	366 352
Closing balance		**237 846**	**1 637 000**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue.

	2023/24 R'000	2022/23 R'000
Opening balance	28 829	92 658
Prior period error		
As restated	28 829	92 658
Transfer from Statement of Financial Performance (as restated)	139 213	1 165 733
Paid during the year	(163 782)	(1 229 562)
Closing balance	**4 260**	**28 829**

14. Bank Overdraft

	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General Account	21 061	-
Total	**21 061**	**-**

15. Payables – current

	Note	2023/24 R'000	2022/23 R'000
Amounts owing to other entities		86 621	90 969
Advances received	*15.1*	51 349	124 826
Clearing accounts	*15.2*	426	339
Other payables	*15.3*	-	-
Total		**138 396**	**216 134**

15.1 Advances received

	Note 15	2023/24 R'000	2022/23 R'000
National departments		-	
Provincial departments		51 349	124 826
Public entities		-	-
Other institutions		-	-
Total		**51 349**	**124 826**

15.2 Clearing accounts

	Note 15	2023/24 R'000	2022/23 R'000
Sal Income tax		266	325
Pension Fund		-	1
Garnishee		-	1
GEHS		160	12
Total		**426**	**339**

15.3 Other payables

	Note 15	2023/24 R'000	2022/23 R'000
Telephone control		-	-
Total		**-**	**-**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

16. Net cash flow available from operating activities

	2023/24 R'000	2022/23 R'000
Net surplus/(deficit) as per Statement of Financial Performance	527 435	2 939 454
Add back noncash/cash movements not deemed operating activities	(544 534)	(770 330)
(Increase)/decrease in receivables	(159 144)	158 218
(Increase)/decrease in prepayments and advances	252 559	(186 246)
Increase/(decrease) in payables – current	(77 738)	(356 822)
Proceeds from sale of capital assets	-	(188)
Expenditure on capital assets	1 354 603	958 843
Surrenders to Revenue Fund	(1 800 783)	(863 210)
Surrenders to RDP Fund/Donor	(114 031)	(458 235)
Voted funds not requested/not received	-	22 690
Net cash flow generated by operating activities	**(17 099)**	**2 169 124**

17. Reconciliation of cash and cash equivalents for cash flow purposes

	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General account	(21 061)	1 279 536
Cash with Commercial Bank	-	29 667
Cash on hand	23	23
Total	**(21 038)**	**1 309 226**

18. Contingent liabilities and contingent assets

18.1 Contingent liabilities

		2023/24 R'000	2022/23 R'000
Claims against the department	*Annex 2*	66 505	15 373
Intergovernmental payables (unconfirmed balances)	*Annex 4*	17 244	25 076
Total		**83 749**	**40 449**

Claims against the Department are handled by Legal Services. Details of the cases cannot be disclosed due to sensitivity of the matters. The uncertainty exists that medical schemes may or may not accept and pay the remaining admin fees still in a submitted status. Based on historical information 7% of the submitted admin claims have been rejected, it is therefore probable that 93% will be accepted and paid by the schemes and therefore owed to the provinces.

18.2 Contingent assets

	2023/24 R'000	2022/23 R'000
Ethandolukhanya & Elim District Hospital	1 593	-
Total	**1 593**	**-**

19. Capital commitments

	2023/24 R'000	2022/23 R'000
Buildings and other fixed structures	8 862 720	8 910 514
Computer Equipment	19 275	7 500
Machinery and Equipment	-	277
Medical & Allied Equipment	620	14 319
Furniture & Office Equipment	850	676
Software & Other Intangible Assets	21 054	4 588
Total	**8 904 519**	**8 937 874**

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20. Accruals and payables not recognised

20.1 Accruals

		2023/24 R'000	2022/23 R'000
Listed by economic classification			
	30 Days	**30+ Days**	**Total**	**Total**
Goods and services	85 095	27 192	112 287	220 879
Transfers and subsidies	-	-	-	453
Capital assets 2	37 902	1 993	39 895	16 446
Other	84	-	-	274
Total	**123 081**	**29 185**	**152 266**	**238 052**

	2023/24 R'000	2022/23 R'000
Listed by programme level		
Administration	33 482	35 778
National Health Insurance	46 507	169 184
Communicable and Non-Communicable Diseases	5 362	5 793
Primary Health Care	296	660
Hospital Systems	63 613	18 349
Health System Governance and Human Resources	3 006	8 288
Total	**152 266**	**238 052**

20.2 Payables not recognised

		2023/24 R'000	2022/23 R'000
Listed by economic classification			
	30 Days	**30+ Days**	**Total**	**Total**
Goods and services	3 666	16 354	20 020	73 990
Interest and rent on land	-	-	-	-
Transfers and subsidies	149	523	672	1 085
Capital assets	61 562	8 369	69 931	137 448
Other	6	151	157	190
Total	**65 383**	**25 397**	**90 780**	**212 713**

	2023/24 R'000	2022/23 R'000
Listed by programme level		
Administration	4 529	5 954
National Health Insurance	217	37 897
Communicable and Non-Communicable Diseases	12 794	25 026
Primary Health Care	86	1 349
Hospital Systems	72 925	142 075
Health System Governance and Human Resources	229	412
Total	**90 780**	**212 713**

21. Employee benefits

	2023/24 R'000	2022/23 R'000
Leave entitlement	27 218	44 447
Service bonus	16 013	19 675
Performance awards	-	-
Capped leave	11 471	13 263
Other	-	-
Total	**54 702**	**77 385**

Included in leave entitlement is an amount of R155 045.46 (R66 933.30 i.r.o. current leave cycle and R88 112,16 i.r.o. previous leave cycle) which relates to leave implemented post the reporting period. Negative leave credits amount R822 143.37

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

22. Lease commitments

22.1 Operating leases

2023/24	Buildings & other fixed structures R'000	Machinery & equipment R'000	Total R'000
Not later than 1 year	93 136	1 747	94 883
Later than 1 year and not later than 5 years	310 270	2 040	312 310
Later than five years	-	-	-
Total lease commitments	**403 406**	**3 787**	**407 193**

2022/23	Buildings & other fixed structures R'000	Machinery & equipment R'000	Total R'000
Not later than 1 year	68 079	1 288	69 367
Later than 1 year and not later than 5 years	315 496	1 708	317 234
Later than five years	-	-	-
Total lease commitments	**383 575**	**3 026**	**386 601**

Only AB Xuma is under a lease agreement. The lease commitment amounting to R89 591 576.36 is included in the disclosed addendum signed for Block D at Dr. AB Xuma Building. Photocopy machines are leased and are utilised by the employees in the department.

23. Accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Sales of good and services other than capital assets	972 244	1 034 867
Interest, dividends and rent on land	3 553	724
Total	**975 797**	**1 035 591**

An amount of R22,7 million was raised as a receivable for Covid 19 sales of vaccines from Western Cape Health Department in the Department's books during 2022/23 financial year. The amount was paid during 2023/24 financial year to clear claim raised.

23.1 Analysis of accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Opening balance	1 035 591	1 582 072
Less: amounts received	114 605	(1 156 951)
Add: amounts recognised	59 901	593 257
Other(specify)	-5 090	17 212
Closing balance	**975 797**	**1035 591**

23.2 Impairment of Accrued departmental revenue

	2023/24 R'000	2022/23 R'000
Estimate of impairment of accrued departmental revenue	20 979	82 014
Total	**20 979**	**82 014**

Impairment relating to Covid 19 vaccination programme

24. Unauthorised, Irregular, and Fruitless and wasteful expenditure

	2023/24 R'000	2022/23 R'000
Unauthorised Expenditure		-
Irregular Expenditure		-
Fruitless and Wasteful Expenditure	4	45
Total	4	45

The details of the balances are disclosed in the annual report.

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

25. Key management personnel

	2023/24 R'000	2022/23 R'000
Political office bearers (provide detail below)	5 528	5 497
Officials:		
Level 15 to 16	18 451	17 958
Level 13 to 14 (incl CFO if at a lower level)	47 363	43 024
Family members of key management personnel	1 328	1 185
Total	**72 670**	**67 664**

26. Provisions

	2023/24 R'000	2022/23 R'000
Long Service Awards	846	534
DBSA Infrastructure Provisions	3 467	715
Accrued Expense to provinces (Estimated fees)	25 261	98 440
Total	**29 574**	**99 689**

A provision to the amount of R116 256 is made for employees with 40 years of service, R196 173 is a provision made for employees with 30 years of service and R534 051 is for employees with 20 years of service. Provisions as listed for DBSA represents projects past ready for use which awaits the close out of the project and thus final account and payments. The assumptions made concerning the above relate to potential savings on projects that cannot be estimated at this time. An estimated accrued expenses to provinces related to unallocated deposits received from medical schemes for vaccine claims at public sites.

26.1 Reconciliation of movement in provisions – 2023/24

	HR provision 1 R'000	*INFRA provision 2 R'000*	*VACC provision 3 R'000*	*Total provisions R'000*
Opening balance	*534*	*715*	*98 440*	*99 689*
Increase in provision	*846*	*3 467*	*25 261*	*29 574*
Settlement of provision	*(534)*	*(715)*	*(98 440)*	*(99 689)*
Closing balance	***846***	***3 467***	***25 261***	***29 574***

Reconciliation of movement in provisions – 2022/23

	HR provision 1 R'000	INFRA provision 2 R'000	VACC provision 3 R'000	Total provisions R'000
Opening balance	727	6 729	11 657	19 113
Increase in provision	534	715	86 783	88 032
Settlement of provision	(727)	(6 729)	-	-7 456
Closing balance	**534**	**715**	**98 440**	**99 689**

27. Movable tangible capital assets

	Opening balance R'000	Additions R'000	Disposals R'000	Closing Balance R'000
Machinery and equipment	**432 379**	**95 288**	**34 247**	**493 420**
Transport assets	4 314	861	(88)	5 087
Computer equipment	184 386	36 784	(13 758)	207 412
Furniture and office equipment	11 862	2 003	(738)	13 127
Other machinery and equipment	231 817	55 640	(19 663)	267 794
Total movable tangible capital assets	**432 379**	**95 288**	**(34 247)**	**493 420**

27.1 Movement for 2022/23

Movement in tangible capital assets per asset register for the year ended 31 March 2023

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
Machinery and equipment	**623 089**	**-**	**30 828**	**221 538**	**432 379**
Transport assets	4 990	-	-	(676)	4 314
Computer equipment	186 470	-	17 301	(19 385)	184 386
Furniture and office equipment	13 088	-	441	(1 667)	11 862
Other machinery and equipment	418 541	-	13 086	(199 810)	231 817
Total movable tangible capital assets	**623 089**	**-**	**30 828**	**(221 538)**	**432 379**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

27.2 Minor Assets

Movement in minor capital assets per asset register for the year ended 31 March 2024

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	48 497	48 497
Additions	-	-	-	35 443	35 443
Disposals	-	-	-	(40 552)	(40 552)
Total minor assets	**-**	**-**	**-**	**43 388**	**43 388**

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
Number of minor assets at cost	R'000	R'000	R'000	R'000	R'000
Total number of minor assets	**-**	**-**	**-**	**124 668**	**124 668**

Movement in minor capital assets per assets register for the year ended 31 March 2023

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	30 720	30 720
Additions	-	-	-	27 451	27 451
Disposals	-	-	-	(9 674)	(9 674)
Total minor assets	**-**	**-**	**-**	**48 497**	**48 497**

	Specialised military assets	Intangible assets	Heritage assets	Machinery & equipment	Total
Number of minor assets at cost	-	-	-	121 635	121 635
Total number of minor assets	**-**	**-**	**-**	**121 635**	**121 635**

27.3 Movable Tangible Capital Assets written off

Moveable capital assets written off for year ended 31 March 2024

	Intangible assets	Heritage assets	Machinery & equipment	Closing balance
	R'000	R'000	R'000	R'000
Assets written off	-	-	34 346	34 346
Total intangible capital assets	**-**	**-**	**34 346**	**34 346**

Moveable capital assets written off for year ended 31 March 2023

	Intangible assets	Heritage assets	Machinery & equipment	Closing balance
	R'000	R'000	R'000	R'000
Assets written off	-	-	209 902	209 902
Total intangible capital assets	**-**	**-**	**209 902**	**209 902**

28. Intangible Capital Assets

Movement in intangible capital assets pr asset register for the year ended 31 March 2024

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Software	74 816	-	(117)	74 699
Total intangible capital assets	**74 816**	**-**	**(117)**	**74 699**

28.1 Movement for 2022/23

Movement in intangible capital assets per asset register for the year ended 31 March 2023

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
Software	74 816	-	-	-	74 816
Total intangible capital assets	**74 816**	**-**	**-**	**-**	**74 816**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

29. Immovable Tangible Capital Assets

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2024

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	**1 692 050**	**635 530**	**(200 861)**	**2 126 539**
Other fixed structures	1 692 050	635 530	(200 861)	2 126 539
Total immovable tangible assets	**1 692 050**	**635 530**	**(200 861)**	**2 126 539**

29.1 Movement for 2022/23

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2024

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	**2 106 480**	**(6 957)**	**133 353**	**540 826**	**1 692 050**
Other fixed structures	2 106 480	(6 957)	133 353	540 826	1 692 050
Total immovable tangible capital assets	**2 106 480**	**(6 957)**	**133 353**	**540 826**	**1 692 050**

Prior period error

	Note	2022/23
		R'000
Nature of prior period error		(6 957)
Error affecting opening balance: Reclassification of Capital and Current Expenditure		(6 957)
Total		**(6 957)**

29.2 Immovable tangible capital assets: Capital Work-in-progress

Capital work-in-progress as at 31 March 2024

	Opening balance 1 April 2023	Current year WIP	Ready for use (assets to the AR) / contracts terminated	Closing balance 31 March 2024
Annexure 6	R'000	R'000	R'000	R'000
Buildings and other fixed structures	2 579 257	1 259 755	635 350	3 203 662
Total	**2 579 257**	**1 259 755**	**635 350**	**3 203 662**

Value in current year WIP equals BAS expenditure - expenditure is for projects in both the WIP register and FAR register. Ready for use includes expenditure incurred on projects previously in the FAR register.

	Opening balance 1 April 2022	Current year WIP	Ready for use (assets to the AR) / contracts terminated	Closing balance 31 March 2023
Annexure 6	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1 782 359	930 251	133 353	2 579 257
Total	1 782 359	930 251	133 353	2 579 257

Prior Year errors are amounts moved to goods and services as well as review done on NDOH Backlog Maintenance. There are also adjustments based on audit finding 119 of the 21/22FY. 60 422mil relating to 2022 is included in ready for use.

30. Principal-agent arrangement

30.1 Department acting as the principal.

	2023/24 R'000	2022/23 R'000
DBSA	41 319	26 848
CDC	5 603	15 974
IDT	1 360	-
Total	**48 282**	**42 822**

DBSA, CDC and IDT have been appointed as Implementing Agents to the Health Facility Revitalisation Indirect Grant. Their contracts are similar in nature and responsibilities and thus similar arrangements have been agreed to. Implementing agents are SOE that deliver implementation services to government entities to facilitate project delivery, reduce risks associated with projects and provide specialist services that the Department do not have. They are managed and monitored throughout the lifecycle to mitigate any risk associated. Their strength lies in their SCM and Contract Management abilities.

Should the agreement with the Principal Agents be terminated the National Department of Health would save on management fees but would run the risk of incurring additional costs through the appointment of more permanent staff, litigation of contracts and escalations of project due to delays.

The Agreement between the National Department of Health and their Implementers dictate the conditions of transferring of assets and liabilities. Financial assets in the form of Tranche payments are made to these agents whereby process for proper control is defined. Any interest incurred on these financial assets are paid back to the Department twice a year. Assets procured as part of the implementation process, where movable transferred directly to the provincial departments on occupation of the buildings. On project close out the immovable assets, which is recorded in the Asset Register of the National Department is transferred to Province. Contractual liabilities lie with the Implementers but can be transferred to the National Department under certain conditions.

31. Prior Period Errors

Assets: (e.g. Receivables, Investments, Accrued departmental revenue, Movable tangible capital assets, etc.)

	Note	Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Nature of prior period error				
Immovable tangible capital assets	29	1 699 007	(6 957)	1 692 050
Net effect		**1 699 007**	**(6 957)**	**1 692 050**

Expenditure on boiler project had to be split between Current and Capital.
Liabilities: (e.g., Payables current, voted funds to be surrendered, Commitments, Provisions, etc

		Amount before error correction R'000		Restated amount R'000
Intergovernmental payables (Contingent)	*18*	-	25 076	25 076
Capital Commitments	*19*	8 727 080	183 234	8 **910 514**
Net effect		**8 727 080**		**8 935 590**

Prior period error on capital commitments is due to a contract that was ceded from NDoH to DBSA at the end of the FY and the administrative process completed after the financial processes. Reclassification (interdepartmental payables) due to the uncertainty exists that medical schemes may or may not accept and pay the remaining admin fees still in a submitted status.

Expenditure: (e.g. Compensation of Employees, Goods and Services, Tangible Capital Assets, etc)

	Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Aid assistance expenditure (prior year)	892 502	(63 000)	829 502
Net effect	892 502	(63 000)	829 502

Prior period error on aid assistance expenditure is due to a typo on the Statement of Performance.

32 Transfers of functions and mergers

32.1 Transfer of functions

The transfer of Port Health Services follows a Cabinet decision taken in 2013 to establish a Border Management Authority (BMA) in the country with a purpose of integrating border law enforcement functions provided by various departments. The Border Management Authority Act, 2020 (Act No. 02 of 2020) was subsequently assented to by the President in July 2020.

As the Department provides services within the border environment, the operational function of Port Health Services was identified as one of the functions that would be transferred to the BMA. The legislative functions were ceded to the BMA through a Section 97 Presidential Proclamation process which was signed by the President on 30 August 2022.

The Department has remained with the functions of policy development and monitoring the provision of the service by the BMA and continues to exercise oversight by continuing to provide policy directives to guide the health services provided in the border environment.

The transfer of the operational component of Port Health Services to the BMA was effective on 1 April 2023. Resources allocated to this operational component were transferred and these included staff, budget, assets and software licences allocated to port health. The transfer of the resources was in coordination with the responsible line programs i.e. HR, Finance, Asset Management and ICT.

The total budget final allocation relating to function shift for 2023/24 amounts to R161 969 000 (R144 617 million for Compensation of Employees, R16 363 million for Goods and Services and R989 million for Machinery and equipment). The confirmed headcount transferred to the BMA is 339.

32.1.1

Statement of Financial Position	Balance before transfer date	Function transferred to BMA	Balance after transfer date
	R'000	R'000	R'000
Assets			
Current assets	**482 193**	-	**482 193**
Cash and cash equivalents	23	-	23
Pre-payments and advances	85 615	-	85 615
Receivables	396 555	-	396 555
Non-current assets	**76 388**	-	**76 388**
Pre-payments and advances	76 388	-	76 388
Total assets	**558 581**	-	**558 581**
Liabilities			
Current liabilities	**551 938**	-	**551 938**
Voted funds to be surrendered to the revenue fund	237 846	-	237 846
Departmental revenue and NRF receipts to be surrendered to the Revenue Fund	4 260	-	4 260
Bank overdraft	21 061	-	21 061
Payable	138 396	-	138 396
Aid assistance repayable	150 375	-	150 375
Total liabilities	**551 938**	-	**551 938**
Net assets	**6 643**	**-**	**6 643**

32.1.2

	Balance before transfer date	Function transferred to BMA	Balance after transfer date
	R'000	R'000	R'000
Contingent liabilities	83 749	-	83 749
Capital Commitments	8 904 519	-	8 904 519
Accruals	152 266	-	152 266
Payables not recognised	90 780	-	90 780
Employee benefits	54 702	-	54 702
Lease commitments-operating lease	407 193	-	407 193
Accrued departmental revenue	975 797	-	975 797
Provisions	29 574	-	29 574
Movable tangible capital assets	513 273	(21 915)	491 358
Immovable tangible capital assets	2 126 539	-	2 126 539
Intangible capital assets	74 699	-	74 699

The transfer was informed by section 97 of Presidential Proclamation process which was signed by the President on 30 August 2022.
The agreement was signed by National Department of Health and Border Management Authority on 23 June 2022. The agreement stated that the parties shall jointly be responsible for ensuring that requirements including legislation, policy guidelines and resources for rending effective and efficient port health services are always made available; outlining communications requirements between the two Parties; and identifying areas of possible further collaboration to ensure effective service provision at ports of entry and within the border law enforcement area.
The National Department of Health collected revenue generated from Port Health Inspection Fees amounting to R1 105 mil, this amount was subsequently paid over to BMA. Expenditure to the amount of R1 817 mil was incurred on behalf of BMA, this figure was claimed from the entity and remained unpaid as of 31 March 2024.

33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

	GRANT ALLOCATION					SPENT				2022/23	
Name of grant	Division of Revenue Act/ Provincial Grants	Roll overs	DORA adjustments	Other adjustments	Total available	Amount received by department	Amount spent by department	Under / (Over-spending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Personal Services Grant	2 220	-	-	-	2 220	2 220	-	2 220	0.00%	85 357	-
Health Facilities Revitalisation Grant	1 039 440	-	-	-	1 039 440	1 039 440	1 044 749	(5 309)	100,5%	1 010 476	983 952
Non-Personal Services Grant	707 767	-	-	-	707 767	707 767	652 377	55 390	92,2%	614 660	554 928
Limpopo Academic Hospital	349 671	-	-	-	349 671	349 671	349 670	1	100,0%	498 615	102 606
TOTAL	**2 099 098**	**-**	**-**	**-**	**2 099 098**	**2 099 098**	**2 046 796**	**52 302**		**2 209 108**	**1 641 486**

34. STATEMENT OF CONDITIONAL GRANTS PAID TO PROVINCES

	GRANT ALLOCATION				TRANSFER			SPENT				2022/23	
Name of province / grant	Division of Revenue Act	Roll overs	Adjust-ments	Total available	Actual transfer	Funds withheld	Realloca-tions by National Treasury or National Department	Amount received by Department	Amount spent by Department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Summary by province													
Eastern Cape	5 547 222	-	(132 412)	5 414 810	5 414 810	-	-	5 414 810	5 445 812	(31 002)	100,6%	5 800 825	5 800 825
Free State	3 804 616	-	(103 243)	3 701 373	3 701 373	-	-	3 701 373	3 787 209	(85 836)	102,3%	3 883 975	3 883 975
Gauteng	13 871 347	-	(368 741)	13 502 606	13 502 606	-	-	13 502 606	13 013 294	489 312	96,4%	14 401 482	14 401 481
KwaZulu-Natal	11 440 970	-	(365 768)	11 075 202	11 075 202	-	-	11 075 202	11 075 204	(2)	100,0%	11 841 778	11 841 778
Limpopo	3 890 603	-	(104 593)	3 786 010	3 786 010	-	-	3 786 010	3 832 592	(46 582)	101,2%	4 155 861	4 155 861
Mpumalanga	3 495 529	-	(99 881)	3 395 648	3 395 648	-	-	3 395 648	3 375 614	20 034	99,4%	3 604 138	3 604 138
Northern Cape	1 783 754	-	(38 356)	1 745 398	1 745 398	-	-	1 745 398	1 792 882	(47 484)	102,7%	1 869 304	1 869 304
North West	3 161 527	-	(105 903)	3 055 624	3 055 624	-	-	3 055 624	3 215 078	(159 454)	105,2%	3 293 826	3 293 826
Western Cape	7 187 797	-	(121 103)	7 066 694	7 066 694	-	-	7 066 694	7 081 149	(14 455)	100,2%	7 400 347	7 400 347
TOTAL	**54 183 365**	**-**	**(1 440 000)**	**52 743 365**	**52 743 365**	**-**	**-**	**52 743 365**	**52 618 834**	**124 531**		**56 251 536**	**56 251 536**
Summary by grant													
NHI Grant	694 675	-	-	694 675	694 675	-	-	694 675	764 422	(69 747)	110,0%	693 747	693 747
DHPG: Comprehensive HIV/AIDS Component	23 934 604	-	(1 000 000)	22 934 604	22 934 604	-	-	22 934 604	22 792 053	142 551	99,4%	24 134 521	24 134 521
District Health Component	2 931 257	-	-	2 931 257	2 931 257	-	-	2 931 257	2 971 642	(40 385)	101,4%	4 888 597	4 888 597
Health Facility Revitalisation Grant	7 119 860	-	440 000	6 679 860	6 679 860	-	-	6 679 860	6 915 490	(235 630)	103,5%	6 779 546	6 779 546
National Tertiary Services Grant	14 023 946	-	-	14 023 946	14 023 946	-	-	14 023 946	13 694 797	329 149	97,7%	14 306 059	14 306 059
HR & Training Grant	5 479 023	-	-	5 479 023	5 479 023	-	-	5 479 023	5 480 430	(1 407)	100,0%	5 449 066	5 449 066
TOTAL	**54 183 365**	**-**	**(1 440 000)**	**52 743 365**	**52 743 365**	**-**	**-**	**52 743 365**	**52 618 834**	**124 531**		**56 251 536**	**56 251 536**

Name of province / grant	Grant allocation				Transfer			Spent			2021/22	
	Division of Revenue Act	Roll overs	Adjust-ments	Total available	Actual transfer	Funds withheld	Realloca-tions by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by depart-ment	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Health Insurance Grant													
Eastern Cape	106 065	-	-	106 065	106 065	-	-	106 065	105 561	504	99,5%	121 008	121 008
Free State	28 744	-	-	28 744	28 744	-	-	28 744	28 911	(167)	100,6%	28 023	28 023
Gauteng	92 947	-	-	92 947	92 947	-	-	92 947	86 476	6 471	93,0%	90 539	90 539
KwaZulu-Natal	126 332	-	-	126 332	126 332	-	-	126 332	126 332	-	100,0%	104 092	104 092
Limpopo	97 796	-	-	97 796	97 796	-	-	97 796	129 661	(31 865)	132,6%	80 453	80 453
Mpumalanga	99 022	-	-	99 022	99 022	-	-	99 022	80 811	18 211	81,6%	82 874	82 874
Northern Cape	43 995	-	-	43 995	43 995	-	-	43 995	91 479	(47 484)	207,9%	80 512	80 512
North West	63 549	-	-	63 549	63 549	-	-	63 549	78 966	(15 417)	124,3%	71 281	71 281
Western Cape	36 225	-	-	36 225	36 225	-	-	36 225	36 225	-	100,0|%	34 966	34 966
	694 675	**-**	**-**	**694 675**	**694 675**	**-**	**-**	**694 675**	**764 422**	**(69 747)**		**693 748**	**693 748**
DHPG: Comprehensive HIV/AIDS Component													
Eastern Cape	2 743 167	-	(84 611)	2 658 556	2 658 556	-	-	2 658 556	2 664 993	(6 437)	100,2%	2 762 848	2 762 848
Free State	1 464 097	-	(61 171)	1 402 926	1 402 926	-	-	1 402 926	1 403 847	(921)	100,1%	1 479 325	1 479 325
Gauteng	5 259 071	-	(299 727)	4 959 344	4 959 344	-	-	4 959 344	4 827 030	132 314	97,3%	5 300 707	500 707
KwaZulu-Natal	6 448 252	-	(275 411)	6 172 841	6 172 841	-	-	6 172 841	6 172 841	-	100,0%	6 512 334	6 512 334
Limpopo	1 924 794	-	(70 419)	1 854 375	1 854 375	-	-	1 854 375	1 857 863	(3 488)	10,2%	1 935 362	1 935 362
Mpumalanga	2 139 426	-	(69 386)	2 070 040	2 070 040	-	-	2 070 040	2 039 865	30 175	98,5%	2 145 175	2 145 175
Northern Cape	612 731	-	(9 600)	603 131	603 131	-	-	603 131	603 131	-	100,0%	621 337	621 337
North West	1 511 685	-	(63 159)	1 448 526	1 448 526	-	-	1 448 526	1 448 494	32	100,0%	1 524 570	1 524 570
Western Cape	1 831 381	-	(66 516)	1 764 865	1 764 865	-	-	1 764 865	1 764 865	-	100,0%	1 852 863	1 852 863
	23 934 604	**-**	**(1 000 000)**	**22 934 604**	**22 934 604**	**-**	**-**	**22 934 604**	**22 782 929**	**151 675**		**24 134 521**	**24 134 521**

	GRANT ALLOCATION					TRANSFER		SPENT				2021/22	
Name of province / grant	Division of Revenue Act	Roll overs	Adjust-ments	Total available	Actual transfer	Funds withheld	Reallocations by National Treasury or National De-partment	Amount received by department	Amount spent by depart-ment	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
DHPG: District Health Component													
Eastern Cape	220 249	-	-	220 249	220 249	-	-	220 249	219 999	250	99,9%	458 431	458 431
Free State	147 501	-	-	147 501	147 501	-	-	147 501	147 842	(341)	100,2%	244 981	244 981
Gauteng	534 928	-	-	534 928	534 928	-	-	534 928	551 062	(16 134)	103,0%	995 262	995 262
KwaZulu-Natal	639 517	-	-	639 517	639 517	-	-	639 517	639 517	-	100,0%	1 034 735	1 034 735
Limpopo	468 841	-	-	468 841	468 841	-	-	468 841	466 949	(3 108)	100,7%	686 130	686 130
Mpumalanga	330 573	-	-	330 573	330 573	-	-	330 573	351 625	(21 052)	106,4%	493 127	493 127
Northern Cape	104 006	-	-	104 006	104 006	-	-	104 006	104 006	-	100,0%	146 392	146 392
North West	272 878	-	-	272 878	272 878	-	-	272 878	272 878	-	100,0%	414 108	414 108
Western Cape	217 764	-	-	217 764	217 764	-	-	217 764	217 764	-	100,0%	415 431	415 431
	2 931 257	**-**	**-**	**2 931 257**	**2 931 257**	**-**	**-**	**2 931 257**	**2 971 642**	**(40 385)**		**4 888 597**	**4 888 597**
Health Facility Revitalisation Grant													
Eastern Cape	773 491	-	(47 801)	725 690	725 690	-	-	725 690	725 692	(2)	100,0%	730 829	730 601
Free State	680 752	-	(42 072)	638 720	638 720	-	-	638 720	722 893	(84 173)	113,2%	642 446	769 490
Gauteng	1 116 750	-	(69 014)	1 047 736	1 047 736	-	-	1 047 736	1 042 245	5 491	99,5%	1 058 859	671 871
KwaZulu-Natal	1 462 122	-	(90 357)	1 371 765	1 371 765	-	-	1 371 765	1 371 767	(2)	100,0%	1 389 913	1 389 913
Limpopo	552 983	-	(34 174)	518 809	518 809	-	-	518 809	518 807	2	100,0%	600 166	706 133
Mpumalanga	493 450	-	(30 495)	462 955	462 955	-	-	462 955	461 681	1 274	99,7%	463 310	462 330
Northern Cape	165 311	-	(28 756)	436 555	436 555	-	-	436 555	436 555	-	100,0%	444 942	362 731
North West	691 663	-	(42 744)	648 919	648 919	-	-	648 919	792 685	(143 766)	122,2%	652 491	723 220
Western Cape	883 298	-	(54 587)	828 711	828 711	-	-	828 711	843 165	(14 454)	101,7%	796 590	828 636
	7 119 860	**-**	**(440 000)**	**6 679 860**	**6 679 860**	**-**	**-**	**6 679 860**	**6 915 490**	**(235 630)**		**6 779 546**	**6 654 925**

	GRANT ALLOCATION				TRANSFER			SPENT				2021/22	
	Division of Revenue Act	Roll overs	Adjustments	Total available	Actual transfer	Funds Withheld	Reallocations by National Treasury or National Department	Amount received by department	Amount spent by department	Unspent funds	% of available funds spent by department	Division of Revenue Act	Actual transfer
NAME OF PROVINCE / GRANT	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant													
Eastern Cape	1 127 765	-	-	1 127 765	1 127 765	-	-	1 127 765	1 153 056	(25 291)	102,2%	1 148 953	1 148 953
Free State	1 199 170	-	-	1 199 170	1 199 170	-	-	1 199 170	1 199 399	(229)	100,0%	1 225 196	1 225 196
Gauteng	4 988 103	-	-	4 988 103	4 988 103	-	-	4 988 103	4 625 168	362 935	92,7%	5 083 886	5 083 886
KwaZulu-Natal	2 000 300	-	-	2 000 300	2 000 300	-	-	2 000 300	2 000 300	-	100,0%	2 045 854	2 045 854
Limpopo	470 401	-	-	470 401	470 401	-	-	470 401	478 527	(8 126)	101,7%	481 051	481 051
Mpumalanga	151 943	-	-	151 943	151 943	-	-	151 943	151 780	163	99,9%	145 385	145 385
Northern Cape	408 681	-	-	408 681	408 681	-	-	408 681	408 681	-	100,0%	420 514	420 514
North West	345 576	-	-	345 576	345 576	-	-	345 576	345 879	(303)	100,1%	354 163	354 163
Western Cape	3 332 007	-	-	3 332 007	3 332 007	-	-	3 332 007	3 332 007	-	100,0%	3 401 057	3 401 057
	14 023 946	**-**	**-**	**14 023 946**	**14 023 946**	**-**	**-**	**14 023 946**	**13 694 797**	**329 149**		**14 306 059**	**14 306 059**
Human Resource and Training Grant													
Eastern Cape	576 485	-	-	576 485	576 485	-	-	576 485	576 510	(25)	100,0%	578 756	578 756
Free State	284 312	-	-	284 312	284 312	-	-	284 312	284 317	(5)	100,0%	264 004	264 004
Gauteng	1 879 548	-	-	1 879 548	1 879 548	-	-	1 879 548	1 881 313	(1 765)	100,1%	1 872 229	1 872 229
KwaZulu-Natal	764 447	-	-	764 447	764 447	-	-	764 447	764 447	-	100,0%	754 850	754 850
Limpopo	380 788	-	-	380 788	380 788	-	-	380 788	380 785	3	100,0%	372 699	372 699
Mpumalanga	281 115	-	-	281 115	281 115	-	-	281 115	280 729	386	99,9%	274 266	274 266
Northern Cape	149 030	-	-	149 030	149 030	-	-	149 030	149 030	-	100,0%	155 608	155 608
North West	276 176	-	-	276 176	276 176	-	-	276 176	276 176	-	100,0%	277 212	277 212
Western Cape	887 122	-	-	887 122	887 122	-	-	887 122	887 123	(1)	100,0%	899 442	899 442
	5 479 023	**-**	**-**	**5 479 023**	**5 479 023**	**-**	**-**	**5 479 023**	**5 480 430**	**(1 407)**		**5 449 066**	**5 449 066**

35. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

36. COVID-19 Response Expenditure

	Note	2023/24	2022/23
	Annexure 8	R'000	R'000
Goods and services		119 120	1 311 291
Transfers and subsidies		342	180
Total		**119 462**	**1 311 471**

Annexure 1A
Statement of transfers to Departmental Agencies and Accounts

	Transfer allocation				Transfer		2022/23	
DEPARTMENTAL AGENCY/ ACCOUNT	Adjusted budget R'000	Roll overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	% of available funds transferred %	Final budget R'000	Actual transfer R'000
Health and Welfare Sector Education and Training Authority	2 552	-	-	2 552	2 055	80.5 %	2 530	2 362
Departmental Agency: Claims Against State (SANAC)	20 234	-	10 000	30 234	30 234	100%	19 380	19 380
Compensation Commissioner for Occupational Diseases	1 735	-	-	1 735	1 735	100%	1 544	1 544
Council for Medical Schemes	6 537	-	-	6 537	6 537	100%	6 272	6 272
National Health Laboratory Services	725 255	-	(18 830)	706 426	706 425	100%	772 521	772 521
Office of Health Standard Compliance	162 726	-	(1 180)	161 546	161 546	100%	157 509	157 509
South African Health Products Regulatory Authority	152 553	-	(14 680)	137 873	137 873	100%	149 965	149 965
South African Medical Research Council	797 597	-	(37 450)	760 147	760 147	100%	780 623	779 523
Total	**1 869 189**	**-**	**(62 140)**	**1 807 049**	**1 806 552**		**1 890 344**	**1 889 076**

Annexure 1B
Statement of Transfers to Non-Profit Institutions

	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted budget	Roll overs	Adjustments	Total available	Actual transfer	% of available funds transferred	Final budget	Actual transfer
NON-PROFIT INSTITUTIONS	R'000	R'000	R'000	R'000	R'000	%	R'000	
Transfers								
South African Renal Registry	461	-	-	461	461	100,0%	460	460
South African Federation for Mental Health	490	-	-	490	490	100,0%	488	488
South African National Council for the Blind	1 096	-	-	1 096	1 096	100,0%	1 092	1 092
National Council Against Smoking	1 169	-	-	1 169	1 169	100,0%	1 164	1 164
Life- Line SA	28 986	-	-	28 986	28 986	100,0%	28 875	28 875
Love-Life	64 635	-	-	64 635	64 635	100,0%	64 327	64 327
Soul City	25 161	-	-	25 161	25 161	100,0%	25 065	25 065
HIV and AIDS: NGO's	67 788	-	-	67 788	67 788	100,0%	67 529	67 529
Health System Trust	6 500	-	-	6 500	6 500	100,0%	-	-
Total	**196 286**	**-**	**-**	**196 286**	**196 286**		**189 000**	**189 000**

Annexure 1C
Statement of transfers to households

	Transfer allocation				Expenditure		2022/23	
	Adjusted budget	Roll overs	Adjustments	Total available	Actual transfer	% of available funds transferred	Final budget	Actual transfer
HOUSEHOLDS	R'000	R'000	R'000	R'000	R'000	%	R'000	
Transfers								
Leave Gratuity	-	-	5 248	-	5 248	100%	4 495	4 495
Claims against the state	9 000	-	-	9 000	342	3,8%	330	180
Act of Grace	3	-	-	3	3	100%	-	-
TOTAL	**9 003**	**-**	**5 248**	**9 003**	**5 593**		**4 825**	**4 675**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Annexure 1D
Statement of gifts, donations and sponsorships received

Name of organisation	Nature of gift, donation or sponsorship	2023/24	2022/23	
		R'000	R'000	R'000
Received in kind				10 783
Pfizer child vaccine				
Mebendazole Tablets: National Deworming programme			-	-
453 doses of JNJ AD26.SARS.CO.2 Vaccine			-	-
Pfizer -Covax facility -7 877 610 doses			-	-
TOTAL			**-**	**10 783**

Annexure 1E

Statement of aid assistance received

Name of donor	Purpose	Opening balance	Revenue	Expenditure	Paid back on/by 31 March	Closing balance
		R'000	R'000	R'000	R'000	R'000
Received in cash						
CDC Fund	TB, HIV and AIDS prevention	-	33 073	33 073	-	-
Global Fund	HIV & AIDS Prevention	114 031	1 655 729	1 505 354	114 031	150 375
Total		**114 031**	**1 688 802**	**1 538 427**	**114 031**	**150 375**

Annexure 2
Statement of Contingent Liabilities as of 31 March 2024

Nature of Liability	Opening Balance 1 April 2023	Liabilities incurred during the year	Liabilities paid/ cancelled/re-duced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Barry Mellor vs Kagiso Tholo	15	-	-	-	15
Dr D P Mahlangu	2 195	-	-	-	2 195
ZLD Panel beaters vs The Minister of Health	400	-	-	-	400
Nomusa Mabaso	5 000	-	-	-	5 000
Simphiwe Mhlauli	154	-	-	-	154
National and Overseas Modular and Tim-ber Construction (Pty) Ltd	4 609	-	-	-	4 609
M Madavha vs Minister of Health and Shomang Construction	3 000	-	-	-	3 000
Desmond Milligan vs The Minister of Health and Pfizer Laboratories	-	31 485	-	-	31 485
Prof Lorna Jean Martin vs SAMRC, The Minister of Health & Prof Glenda Gray	-	19 509	-	-	19 509
Khae Enterprise (Pty) Ltd vs The Minister of Health	-	138	-	-	138
Total	**15 373**	**51 132**	**-**	**-**	**66 505**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Annexure 3
Claims Recoverable

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Defence	-	-	1 646	1 646	1 646	1 646
Cuban Students	-	-	1 433	-	1 433	-
Sport and Culture	-	-	57	-	57	-
National Treasury	-	-	84 256	-	84256	-
Mpumalanga	-	-	6 485	2 267	6 485	2 267
Gauteng	-	-	32 844	37 695	32 844	37 695
Free State	-	-	2 014	2 275	2 015	2 275
KwaZulu/Natal	-	-	15 337	10 962	15 337	10 962
Agriculture Land reform & Rural Development	-	-	-	39	-	39
DIRCO: Cuban Students	-	-	-	1 433	-	1 433
Eastern Cape	-	-	-	38	-	38
North West	-	-	-	1 349	-	1 349
Northern Cape	-	-	960	1 881	960	1 881
Western Cape	-	-	-	22 765	-	22 765
	-	**-**	**145 032**	**82 350**	**145 032**	**82 350**
Global Funds (SARS VAT)	-	-	125 774	87 540	125 774	87 540
CDC (SARS VAT)	-	-	21 698	21 615	21 698	21 615
Digital Vibes (Private Entity)	-	-	-	176	-	176
NHLS.	-	-	415	547	415	547
CDC Over expenditure	-	-	143 217	134 679	143 217	134 679
BMA	-	-	1 817	-	1 817	-
Durba Homeville	-	-	4 132	-	4 132	-
	-	**-**	**297 053**	**244 557**	**297 053**	**244 557**
Total	**-**	**-**	**442 085**	**326 907**	**442 085**	**326 907**

Annexure 4
Inter-government payables

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
National Departments						
Current						
National Treasury (Conditional Grants)	-	-	-	4 087	-	4 087
Subtotal	**-**	**-**	**-**	**4 087**	**-**	**4 087**
Provincial Departments						
Current						
Eastern Cape	-	-	1 545	2 267	1 545	2 267
Free State	-	-	1 019	1 441	1 019	1 441
Northern Cape	-	-	587	936	587	936
Gauteng	-	-	4 724	6 659	4 724	6 659
Limpopo	-	-	1 245	1 573	1 245	1 573
KZN	-	-	2 506	3 855	2 506	3 855
North West	-	-	1 250	1 613	1 250	1 613
Mpumalanga	-	-	1 546	2 291	1 546	2 291
Western Cape	-	-	2 822	4 441	2 822	4 441
Total Department	**-**	**-**	**17 244**	**29 163**	**17 244**	**29 163**
Other institutions						
Current						
Isibane	-	-	-	62 255	-	62 255
Sivicious Mdicious	-	-	-	20 620	-	20 620
Incon Health	-	-	-	1	-	1
Meriti Mines	-	-	-	535	-	535
BMA			1 105	-	1 105	-
Total other Institutions	**-**	**-**	**1 105**	**83 411**	**1 105**	**83 411**
Total intergovernmental payables		**18 349**	**112 574**		**18 349**	**112 574**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Annexure 5
Inventories

Inventories for the year ended 31 March 2024	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	3 700 800	-	-	-	3 700 800
Add/(Less): Adjustments to prior year balances	527	-	-	-	527
Add: Additions/Purchases – Cash	-	-	-	-	-
Add: Additions - non-cash	-	-	-	-	-
(Less): Disposals	(95 430)	-	-	-	(95 430)
(Less): Issues	(36 817)	-	-	-	(36 817)
Add/(Less):	-	-	-	-	-
Add/(Less): Adjustments	(3 605 271)	-	-	-	(3 605 271)
Closing balance	**-**	**-**	**-**	**-**	**-**

Inventories for the year ended 31 March 2023	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	R'000	R'000	R'000	R'000	R'000
Opening balance	5 236	-	-	-	5 236
Add/(Less): Adjustments to prior year balances	-	-	-	-	-
Add: Additions/Purchases – Cash	1 348 573	-	-	-	1 348 573
Add: Additions - non-cash	10 783	-	-	-	10 783
(Less): Disposals	-	-	-	-	-
(Less): Issues	(1 353 237)	-	-	-	(1 353 237)
Add/(Less): Received current, not paid (paid current year, received prior year)					
Add/(Less): Adjustments	3 689 445	-	-	-	3 689 445
Closing balance	**3 700 800**	**-**	**-**	**-**	**3 700 800**

Annexure 6
Movement in Capital work in progress
Movement in Capital work in progress for the year ended 31 March 2024

	Opening balance	Current Year Capital WIP	Ready for use (asset register/Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	**2 579 256**	**1 259 755**	**635 350**	**3 203 661**
Other fixed structures	2 579 256	1 259 755	635 350	3 203 661
Total	**2 579 256**	**1 259 755**	**635 350**	**3 203 621**

Movement in capital work in progress for the year ended 31 March 2023

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
Buildings and other fixed structures				
Other fixed structures	1 782 358	930 251	133 353	2 579 256
Total	**1 782 358**	**930 251**	**133 353**	**2 579 256**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Annexure 7A
Inter-Entity Advances Paid (Note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
National Departments						
DIRCO	-	-	3 115	8 815	3 115	8 815
GCIS	-	-	-	981	-	981
Subtotal	**-**	**-**	**3 115**	**9 796**	**3 115**	**9 796**
Provincial Departments						
Eastern Cape	-	-	1 820	1 820	1 820	1 820
Gauteng	-	-	25 156	50 450	25 156	50 450
North West	-	-	2 557	2 557	2 557	2 557
Mpumalanga	-	-	11 258	27 229	11 258	27 229
KwaZulu/ Natal	-	-	2 184	2 184	2 184	2 184
Subtotal	**-**	**-**	**42 975**	**84 240**	**42 975**	**84 240**
Public entities						
COEGA	-	-	32 495	69 892	32 495	69 892
DBSA FET (94 Clinics)	-	-	18 410	142 439	18 410	142 439
IDT	-	-	17 910	31 807	17 910	31 807
Subtotal	**-**	**-**	**68 815**	**244 138**	**68 815**	**244 138**
Total	**-**	**-**	**114 905**	**338 174**	**114 905**	**338 174**

HEALTH VOTE 18
NOTES TO THE ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Annexure 7B
Inter-Entity Advances Received

	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
ENTITY	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Departments						
Current						
Eastern Cape	-	-	16 568	19 447	16 568	19 447
Free State	-	-	11 967	19 294	11 967	19 294
Northern Cape	-	-	655	1 355	655	1 355
Gauteng	-	-	-	5 619	-	5 619
Limpopo	-	-	9 729	30 614	9 729	30 614
KwaZulu/ Natal	-	-	907	9 605	907	9 605
North West	-	-	9 854	25 428	9 854	25 428
Mpumalanga	-	-	1 669	13 465	1 669	13 465
Western Cape	-	-	-	-	-	-
Subtotal	-	-	51 349	124 827	51 349	124 827
Total	**-**	**-**	**51 349**	**124 827**	**51 349**	**124 827**

Annexure 8
Covid 19 response expenditure

Expenditure per economic classification					2023/24	2022/23
	Q1	Q2	Q3	Q4	Total	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Goods and services	**-**	**716**	**96 059**	**22 345**	**119 120**	**1 311 291**
Computer Services	-	-	7 959	1 666	9 625	-
Consult: Business & Advisory Serv	-	716	-	7 155	7 871	-
Contractors	-	-	53 544	-	53 544	-
Inventory: Medicine: Vaccines	-	-	-	-	-	1 284 823
Operating Payment	*-*	*-*	*34 534*	*3 242*	*37 776*	*25 273*
Agency & Support/Outsourced Services	-	-	22	10 282	10 304	1 195
Transfers and subsidies	**342**	**-**	**-**	**-**	**342**	**180**
Departmental Agencies	-	-	-	-	-	-
Covid -19: Provincial Conditional Grants	-	-	-	-	-	-
Households	342	-	-	-	342	180
Total covid-19 response expenditure	**342**	**716**	**96 059**	**22 345**	**119 462**	**1 311 471**

NOTES

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