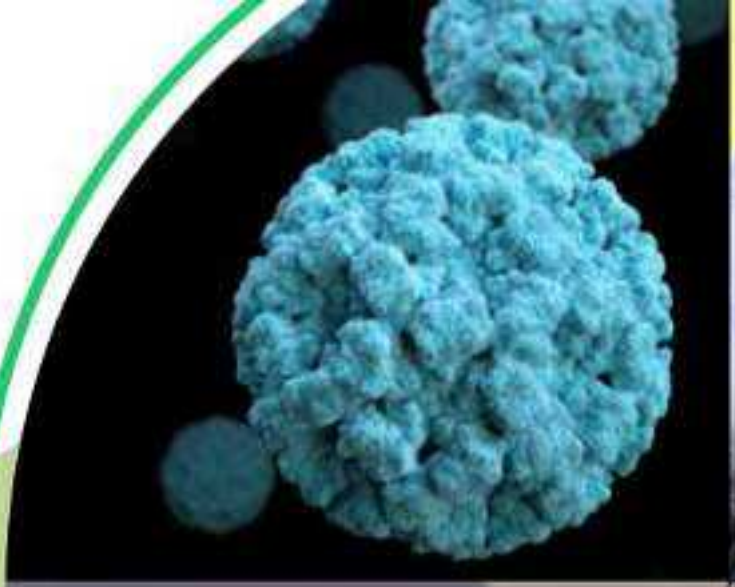


ANNUAL
PERFORMANCE PLAN
2022/23

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

2030 NDP

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN 2022/23

TABLE OF CONTENTS

FOREWORD BY THE MINISTER OF HEALTH

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

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

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

Accordingly, our health care workers demonstrated resilience and patriotism, they stood in the frontline to protect and save lives of those infected.

Life was lost but the tide has significantly been arrested through vaccination, and the return to normalcy is possible.

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

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

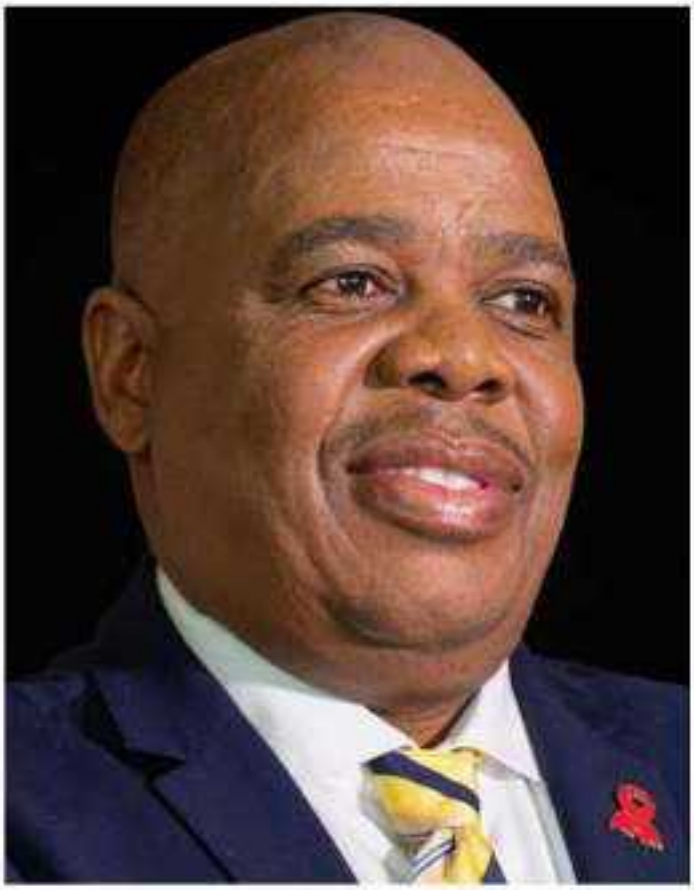
The Department will continue with the implementation of child Expanded Programme on Immunisation and the Human Papillomavirus (HPV) vaccine, which is a school health services programme, targeted at young girls, which offers a further integration opportunity to ensure improved uptake of the Covid-19 vaccine.

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

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

DR MJ PHAAHLA
Minister of Health, MP

STATEMENT BY THE DIRECTOR-GENERAL



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

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

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

- Decline in routine services, thus decline in related outcomes
- Case finding detection in TB
- EPI numbers declined
- Decline in wellness campaigns e.g. HIV testing; diabetes and hypertension screening, due to lock down regulations
- Decline in reproductive services and increase in teenage pregnancies due to lockdown

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

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

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

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

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

DR SSS BUTHELEZI
DIRECTOR GENERAL

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

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

Ms V Rennie Signature: _____
Manager Programme 1: Administration

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

Dr Z Pinini Signature: _____
Acting Manager Programme 3: Communicable and Non-Communicable Diseases

Mr R Morewane Signature: _____
Acting Manager Programme 4: Primary Health Care

Dr N Makhanya Signature: _____
Acting Manager Programme 5: Hospital Systems

Dr N Makhanya Signature: _____
Acting Manager Programme 6: Health System Governance and Human Resources

Mr A Venter Signature: _____
Acting Chief Financial Officer

Approved by:

Dr SSS Buthelezi Signature: _____
Director-General

PART A:

OUR MANDATE

PART A: OUR MANDATE

1. Constitutional Mandate

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2. Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.1. National Health Insurance Bill

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

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

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

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

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

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

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

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

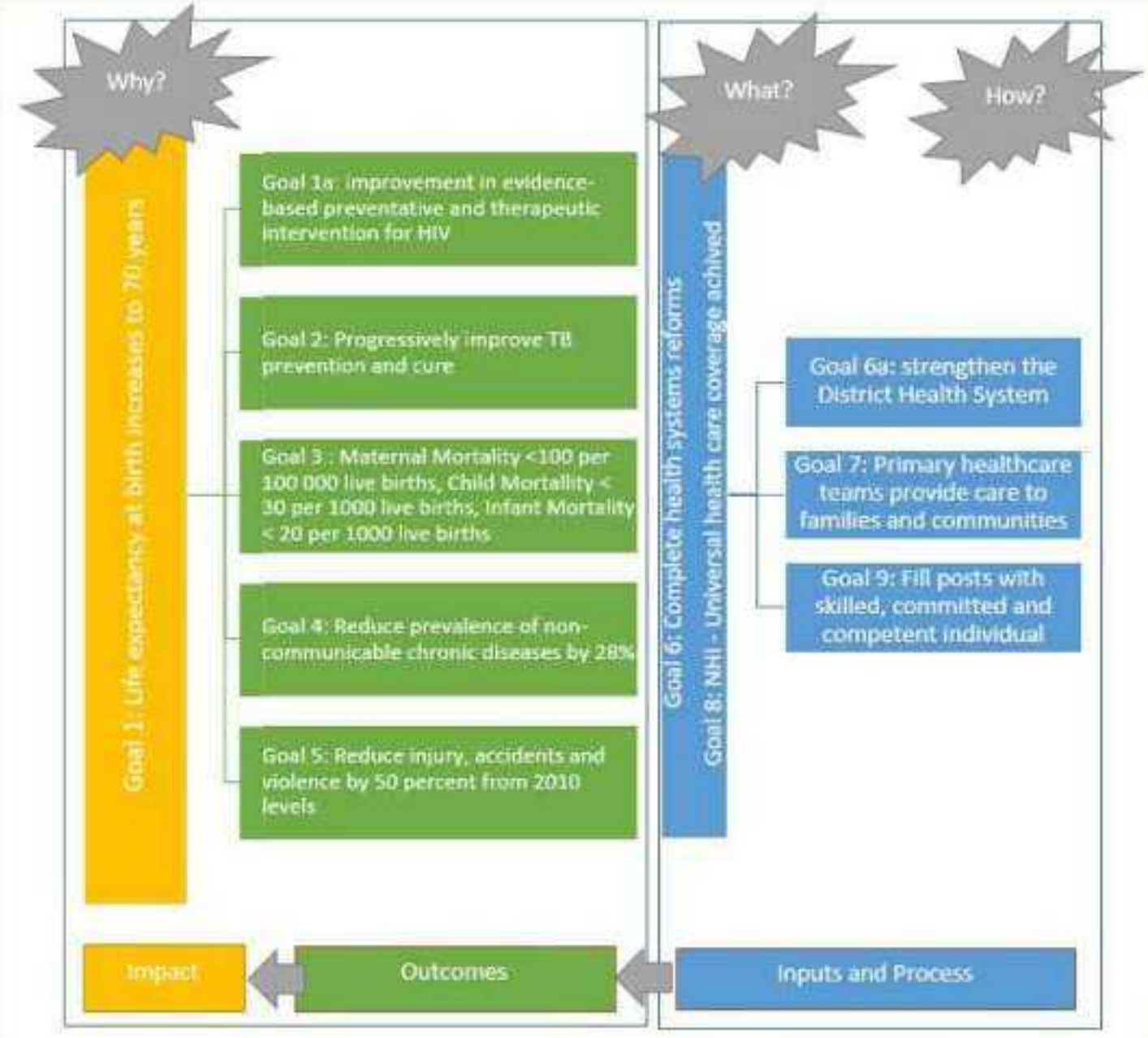
During August 2019, the National Department of Health sent the National Health Insurance Bill to Parliament. The Portfolio Committee on Health completed consultation engagements in all provinces just prior to the lockdown caused by COVID-19. Parliament also received written inputs and requests for oral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

3.2. National Development Plan: Vision 2030

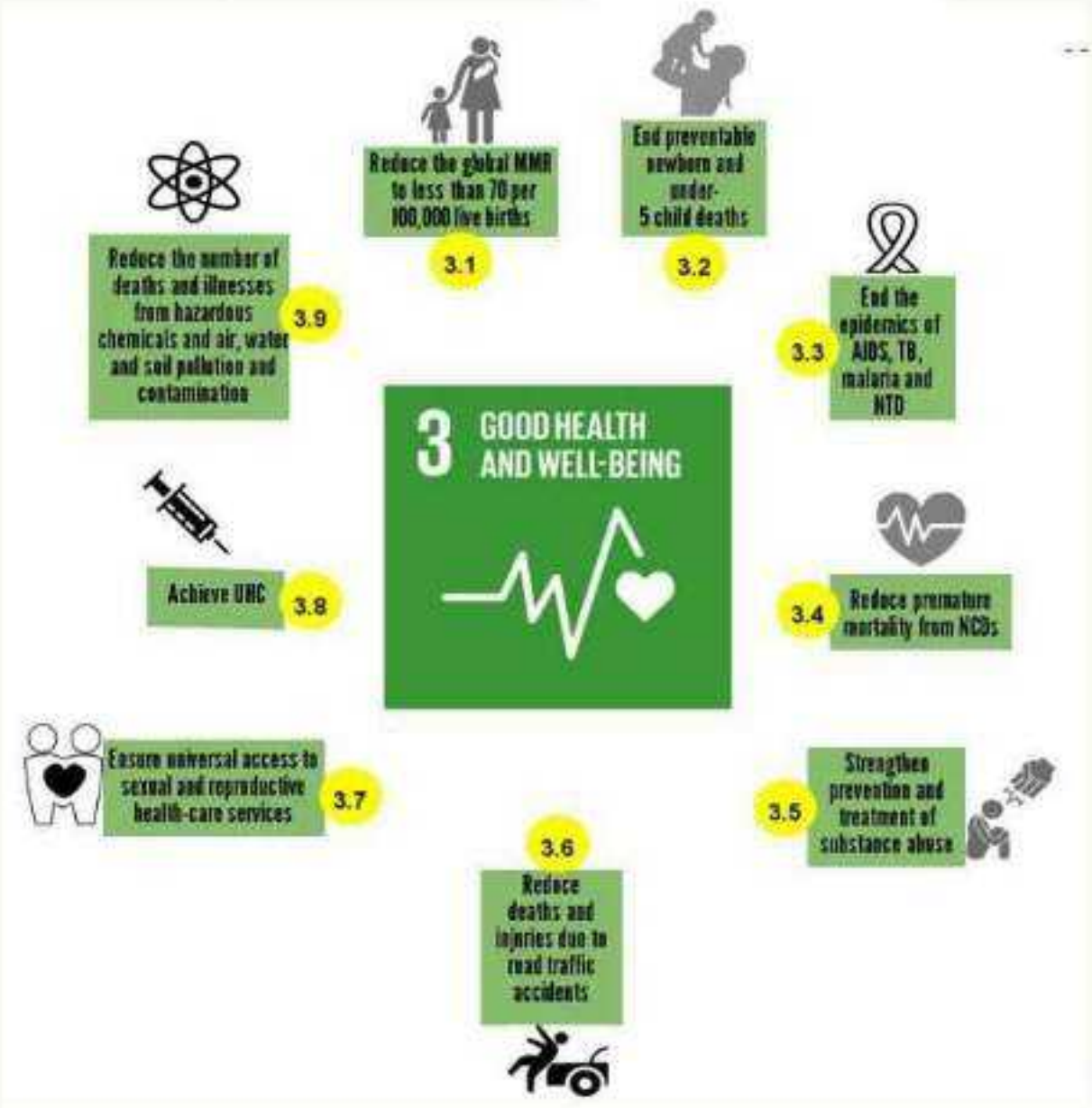
The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The **NDP goals are best described using conventional public health logic framework**.

The **overarching goal** that measures impact is "Average male and female life expectancy at birth increases to at least 70 years".

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



3.3. Sustainable Development Goals



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

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

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

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

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

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

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

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

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

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

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

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

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

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

According to the latest SDG 2021 report[1] "The COVID-19 pandemic threatens to reverse the progress that has been made over decades towards reducing poverty and improving socioeconomic outcomes in sub-Saharan Africa."

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

3.4. Medium Term Strategic Framework 2019-2024

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

[1] 2021 Sustainable development report, Cambridge 2021

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

Table 1: Alignment of key strategies

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Survive and Thrive	**Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030**	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	• *Improve health outcomes by responding to the quadruple burden of disease of South Africa* • *Inter sectoral collaboration to address social determinants of health*	*None*
Transform	**Universal Health Coverage for all South Africans progressively achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy**	Goal 2: Achieve UHC by Implementing NHI	• *Progressively achieve Universal Health Coverage through NHI*	*Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and* *Pillar 6: Improve the efficiency of public sector financial management systems and processes*
		Goal 3: Quality Improvement in the Provision of care	• *Improve quality and safety of care*	*Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.*
			• *Provide leadership and enhance governance in the health sector for improved quality of care*	*Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels*
			• *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*	*Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care*
			• *Improve equity, training and enhance management of Human Resources for Health*	*Pillar 1: Augment Human Resources for Health Operational Plan*

2021 Sustainable development report, Cambridge 2021

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

PART B:

OUR STRATEGIC FOCUS

PART B: OUR STRATEGIC FOCUS

4. VISION

A long and healthy life for all South Africans

5. MISSION

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

6. VALUES

The Department subscribes to the Batho Pele principles and values.

- **"Consultation:** Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice regarding the services offered;
- **Service Standards:** Citizens should be told what level and quality of public service they will receive so that they are aware of what to expect;
- **Access:** All citizens have equal access to the services to which they are entitled;
- **Courtesy:** Citizens should be treated with courtesy and consideration;
- **Information:** Citizens should be given full, accurate information about the public services to which they are entitled;
- **Openness and transparency:** Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge;
- **Redress:** If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic, positive response; and
- **Value for money:** Public services should be provided economically and efficiently in order to give citizens the best value for money;"[2]

7. SITUATIONAL ANALYSIS

7.1. EXTERNAL ENVIRONMENTAL ANALYSIS

7.1.1. DEMOGRAPHY

StatsSA[3] estimates the current population in 2021 at 60.1 million (up by 604 281) from 2020 estimates. By 11 March 2020 COVID-19 was reported a Global pandemic by the World Health Organization (WHO).

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

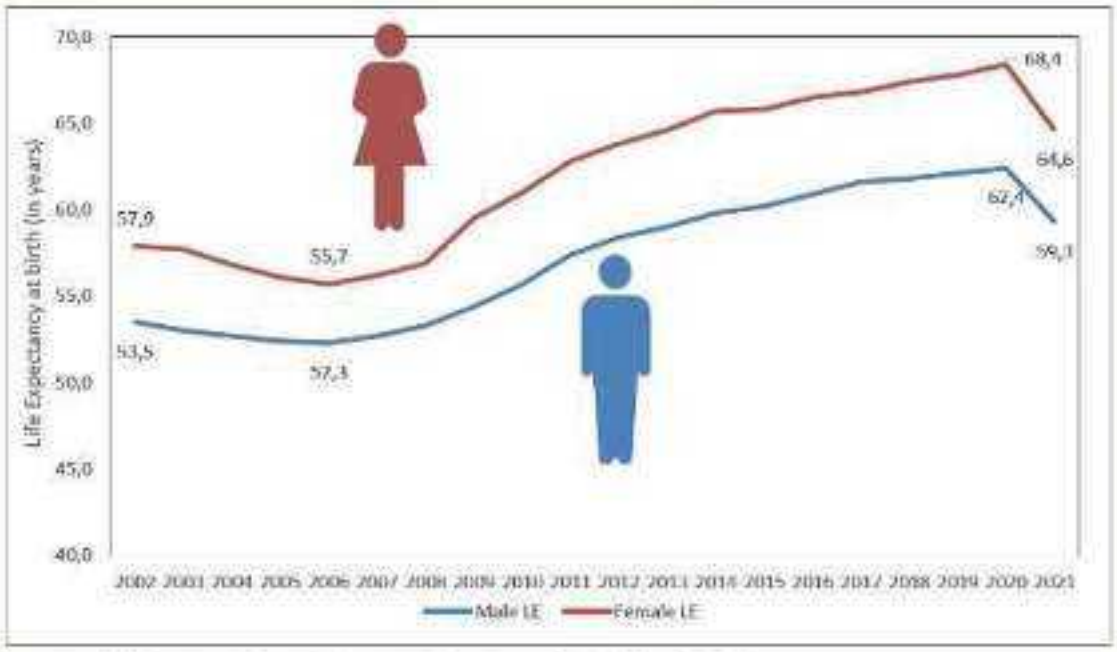
Life expectancy at birth (which reflects the overall mortality level of a population) for 2021 is estimated at 59.3 years for males and 64.6 years for female which reflects a drop of 3.8 and 3.1 years respectively and an overall drop of 3.5 years, see Figure 1 below.

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

---

[2] *Service Charter, Government of South Africa, 2013*
[3] *Mid Year Population Estimates, 2021, StatsSA 2021*

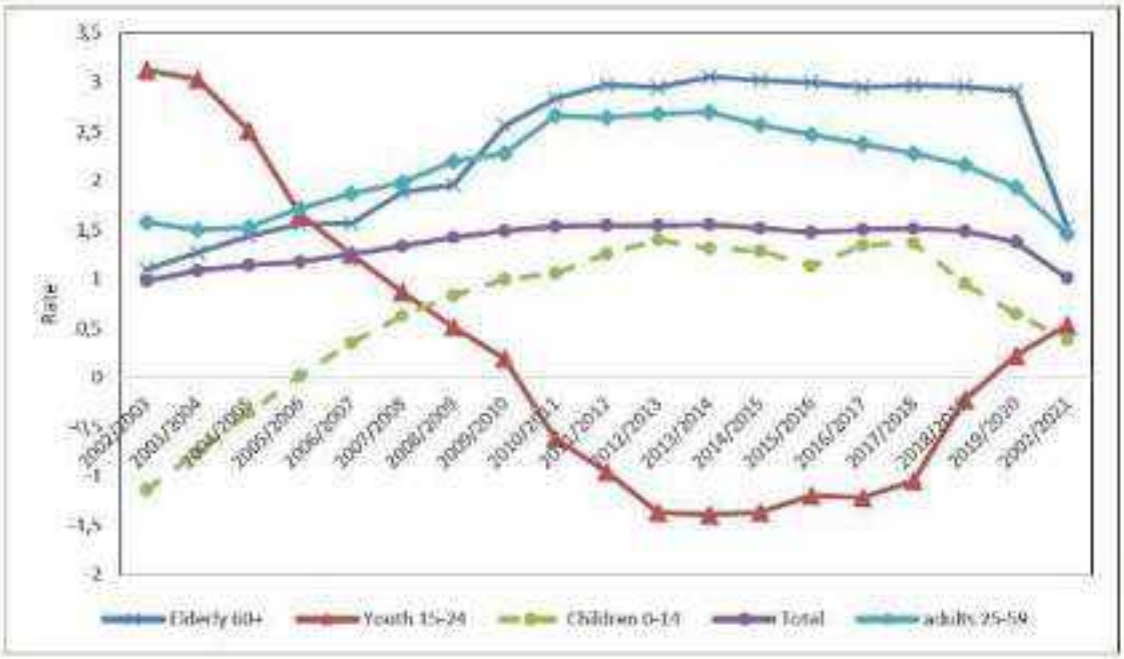
Figure 1: Life expectancy trends for South Africa over time, 2002 - 2021



Source: Mid-year Population estimates, StatsSA, 2021

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

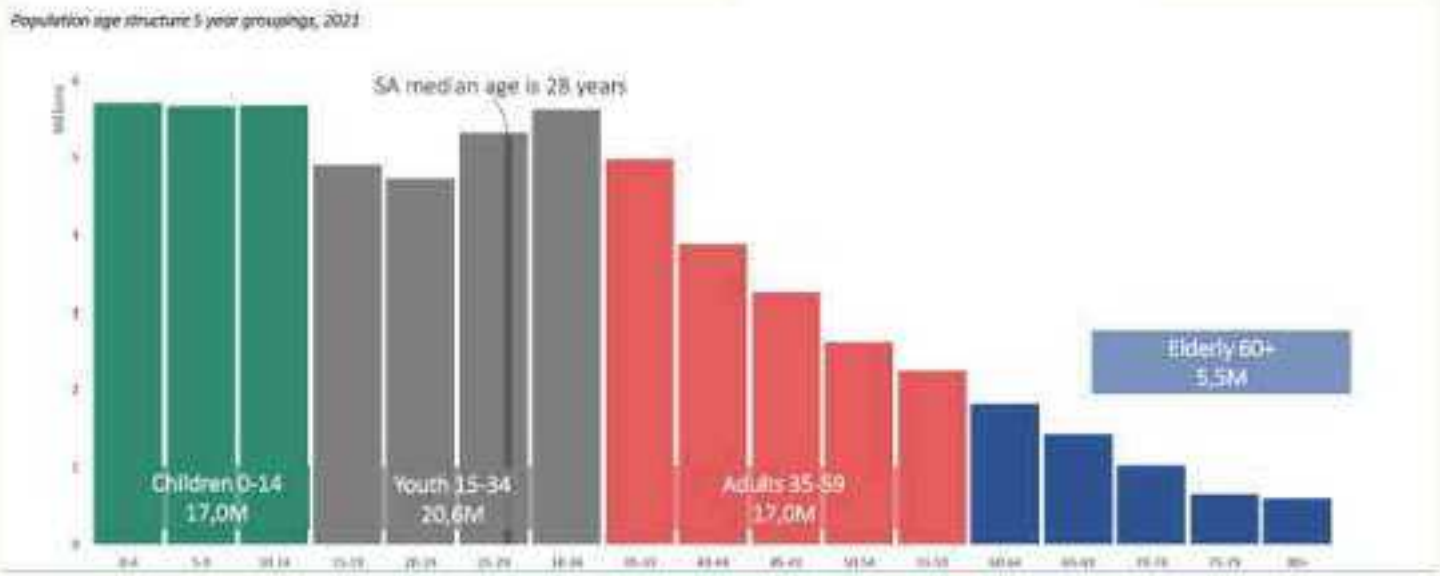
Figure 2: Population growth rates by age groups over time, 2002-2021



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

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

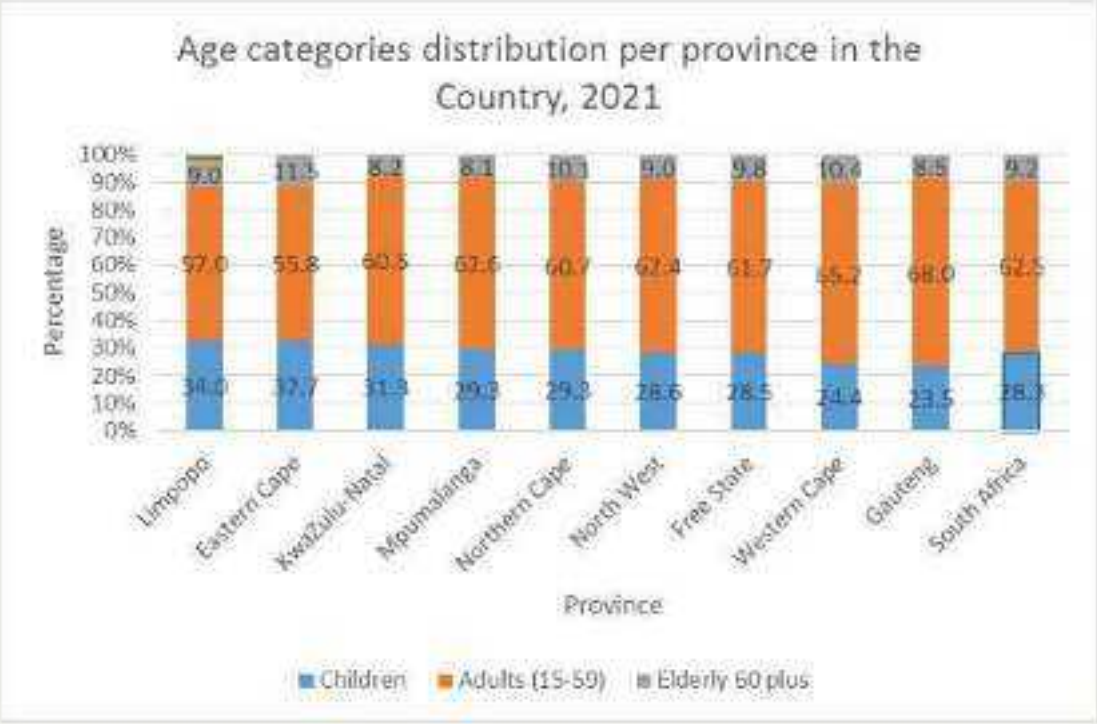
Figure 3: South Africa demography in various age categories



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

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

Figure 4: Age categories in South Africa per province



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

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

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

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

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

Migration patterns

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

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

7.1.2. Social Determinants of Health for South Africa

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

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

7.1.2.1. Socio-economic status of the Country

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

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

According to the business impact survey of COVID-19 pandemic in South Africa[5], most industries suffered above 80% turnover below the normal range during the 3rd survey that was conducted from 1-31 May 2020.

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

[4]Quarterly Labour Force Survey (QLFS), StatsSA, 2021
[5]Business impact survey of the COVID-19 pandemic in South Africa, StatsSA, 2020

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

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

Persons with Disabilities: StatsSA[6] published findings using Census 2011 data to profile persons with disabilities in the country. The national disability prevalence is 7.5%, with less than 1 % of employees with disabilities employed in the workforce. FS and NC provinces presented highest proportion of persons with disabilities, 11% and GP and WC the lowest percentage of persons with disabilities (5%). Amongst disability prevalence by sex, females have a higher prevalence at 8.3% compared to males at 6.5%. Amongst population groups, there are also differences across the four population groups, with Indian/Asian community, reported 12.3% mild disability in seeing compared to 10.3% of whites, with the latter group reporting more hearing and walking disabilities. Furthermore, the data showed that the proportion of persons with disabilities increases with age - more than half of persons aged 85+ reported having disability. Unfortunately, people with disability are most often stigmatized which can lead to inadequate access to appropriate health services. According to the WHO report on Disability and health[7] people with disability are "three times more likely to be denied health care".

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

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

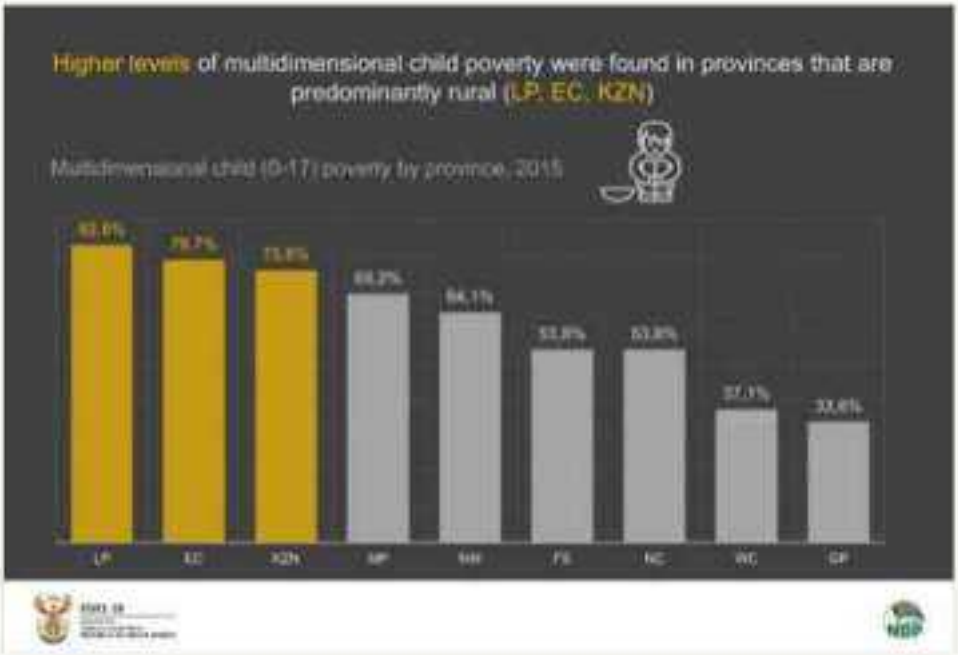
Source: General Household Survey 2019, StatsSA 2020

[6] Census 2011: Profile of persons with disabilities in South Africa, StatsSA, 2014
[7] Disability and Health, WHO, 24 Nov 2021, https://www.who.int/news-room/fact-sheets/detail/disability-and-health, accessed 10 January 2022.

The **high unemployment rate** contributes to deprivation and ill health. The number of households reliant on social grants is increasing, from 31% in 2018 to 44,3% of the households receiving one or more grants with more than 7 out of 10 (77%) learners attending schools benefitting from school feeding schemes in 2018[8].

According to the latest report released by Statistics SA[9], "more than 6 out of 10 (62,1%) children aged 0-17 years are multi-dimensionally poor (households deprived of at least 3 out of 7 dimensions of poverty)* mostly in predominantly rural provinces (LP, EC and KZN).

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



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

South Africa has adopted person-centeredness and a Life course approach for the delivery of social services[10]. The National Development Plan has identified at least three strategies to address social determinants of health.

These are:

a. "Implement a comprehensive approach to early life by developing and expanding existing child survival programmes"

b. "Promote healthy diet and physical activity, particularly in the school setting".

c. "Collaborate across sectors to ensure that the design of other sectoral priorities take impact on health into account".

[8] General Household Survey, 2018, Stats SA, 2019
[9] Child poverty in South Africa: A Multiple Overlapping Deprivation Analysis, StatsSA 2020
[10] NDP Implementation Plan 2019-2024 for Outcome 2 "A long and healthy life for all South Africans"
* (Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation)
[11] Mortality and causes of death in South Africa: Findings from death notification for 2018, StatsSA

7.1.3. EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE

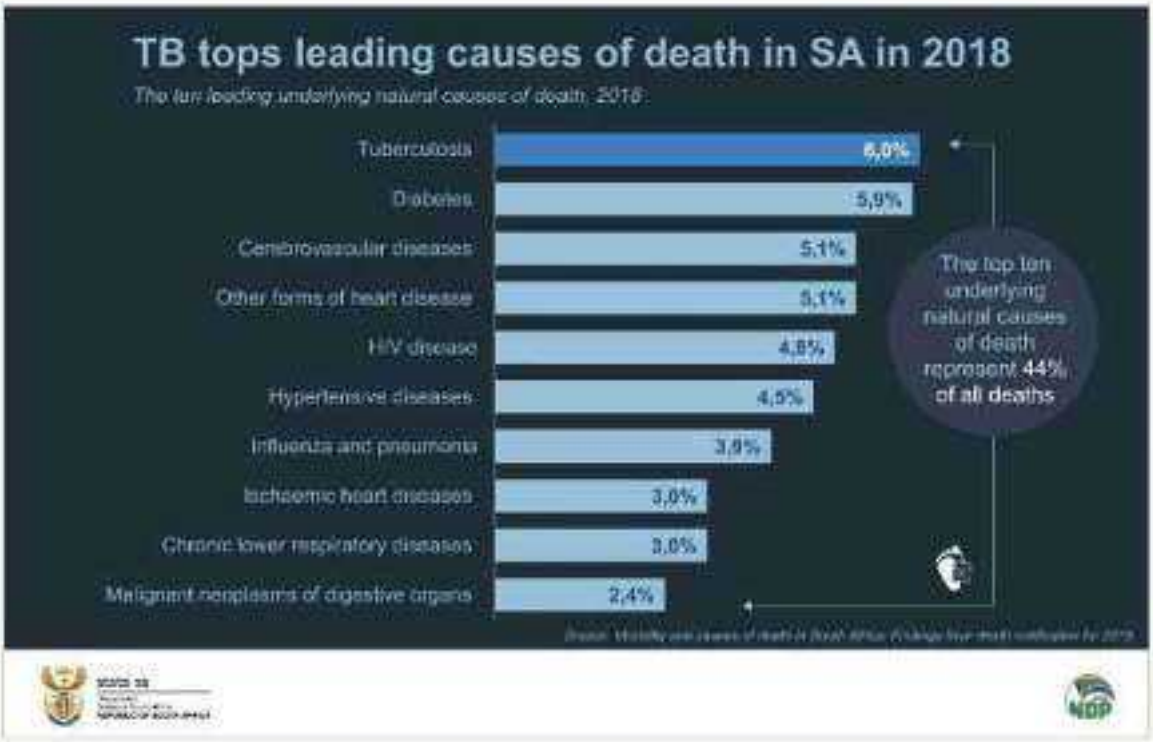
Mortality and Morbidity

According to the latest mortality and causes of death in South Africa report[11] the highest number of deaths in 2018 occurred among the 65-69 year olds (8.4%) - excluding COVID-19 deaths not recorded in this report. TB remains the leading cause of death for 3 years since 2016 – 2018, albeit a 0.5% drop in the proportion of death.

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

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

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

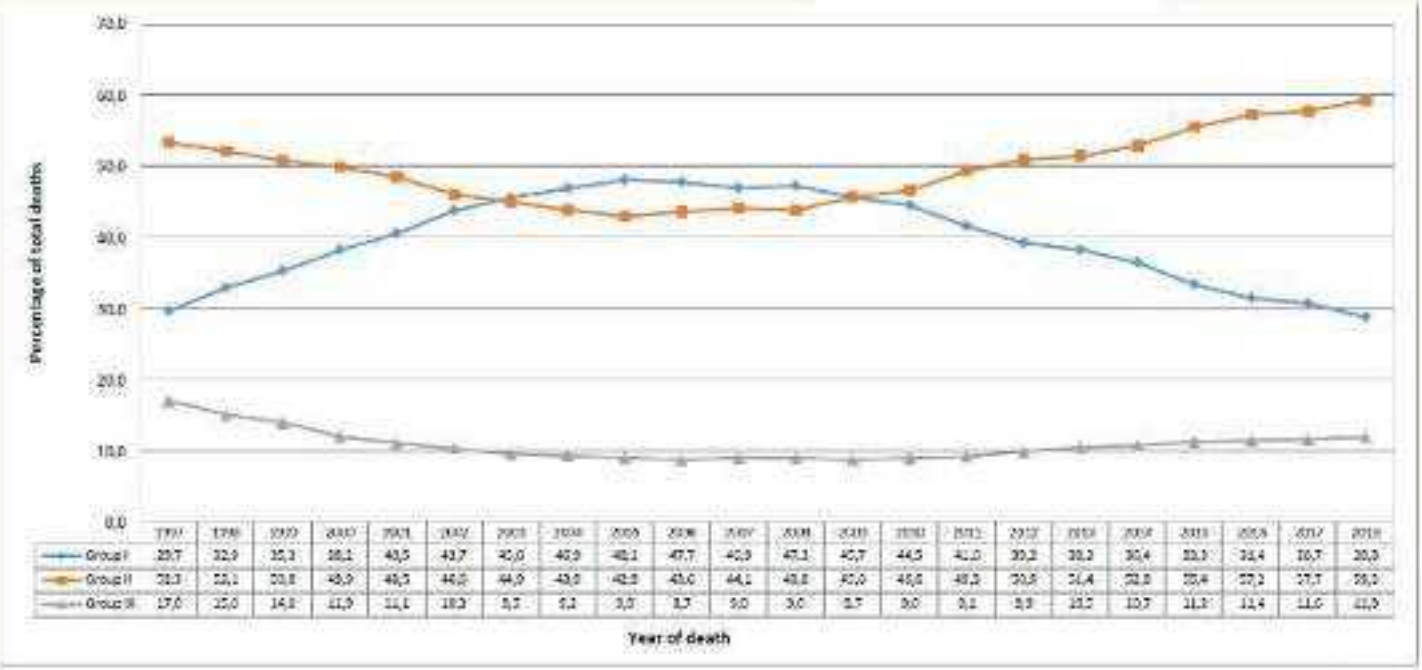


Source: Mortality and causes of death in South Africa: Findings from death notification 2018, StatsSA, 2021

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

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

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



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

Excess deaths* from natural causes. A recent report form SAMRC[12] indicated that since 3 May 2020, there were 238,949 excess cumulative deaths and since 3 January 2021, 154,081 cumulative excess deaths in all ages, see table below:

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

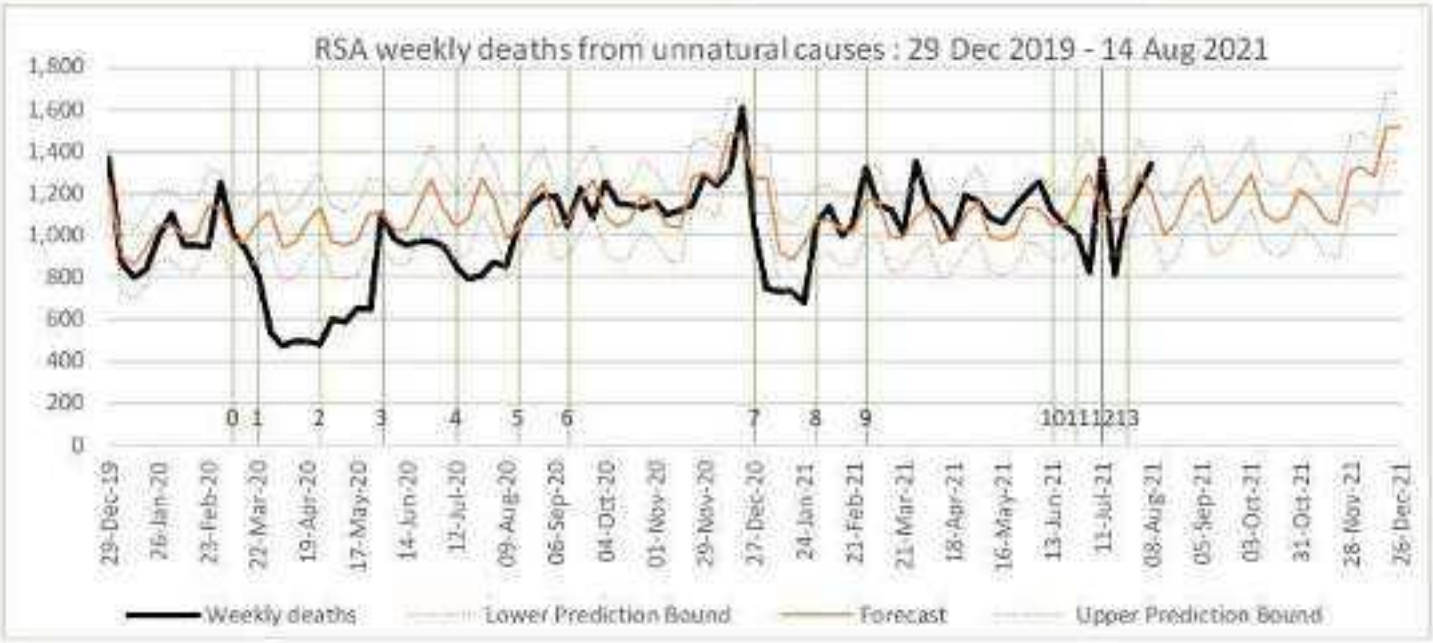
GP, KZN and EC have been the provinces with the highest numbers of excess deaths as recorded by week 32 (14 Aug 2021). A clear trend in the relationship of banning alcohol and an extension of the curfew can be noticed as show in the figure depicting non-natural causes of death.

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

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

[12] Report on weekly deaths in South Africa, Burden of Disease Research Unit, SAMRC, 17 Aug 2021

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



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

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

Maternal, Infant and Child Mortality

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

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

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

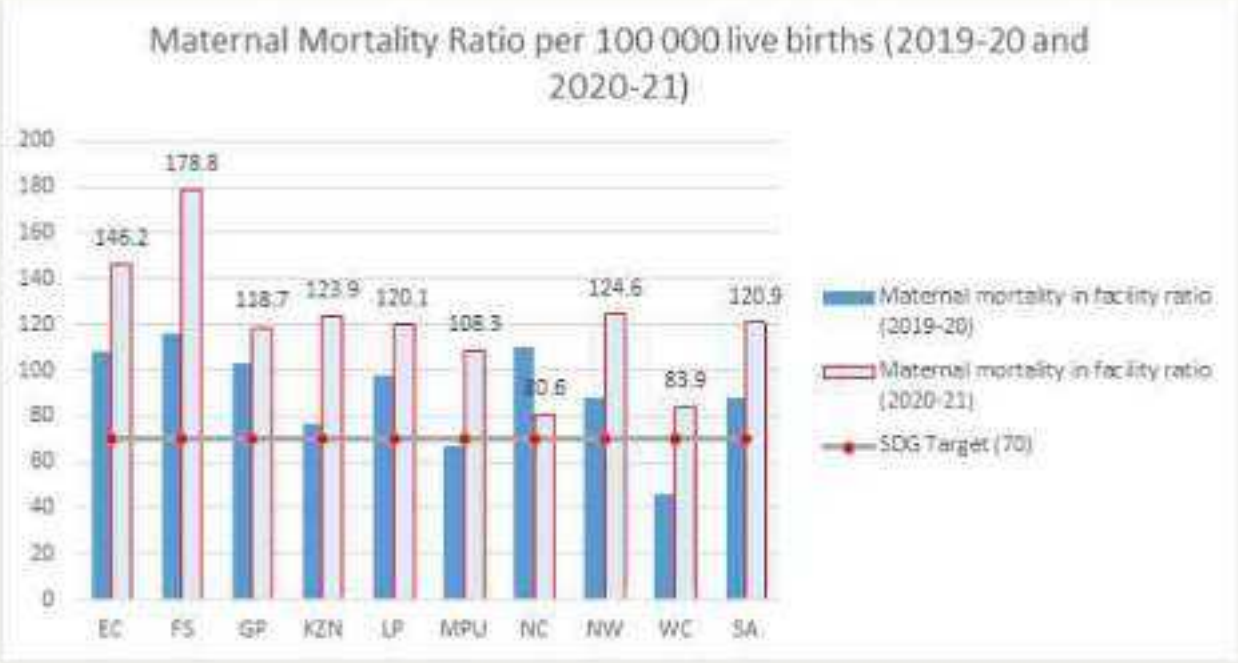
[13] DHIS Data, 2020

Table 4 Maternal Mortality in South Africa

Indicators	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
Maternal mortality in facility ratio (2019-20)	108.2	116.2	102.9	76.9	97.8	67.1	109.9	88	46.4	88.3
Maternal mortality in facility ratio (2020-21)	146.2	178.8	118.7	123.9	120.1	108.3	80.6	124.6	83.9	120.9

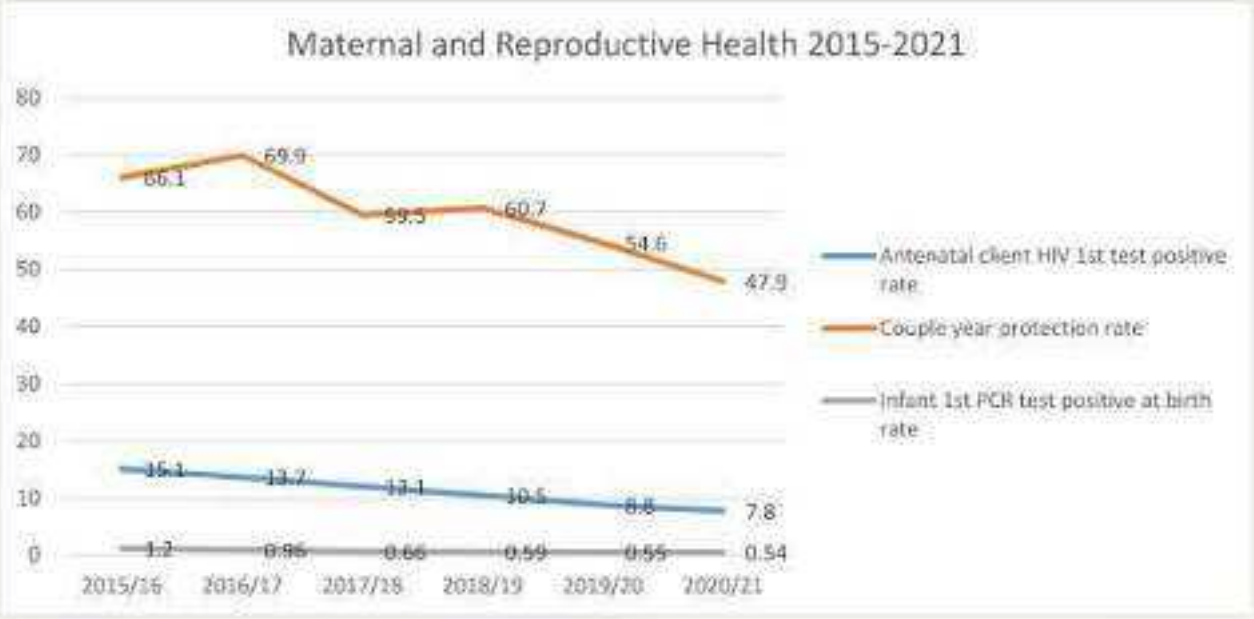
Source: District Health Information System, 2021

Figure 10 Maternal Mortality in South Africa



Source: DHIS Data,2021

Figure 11 Maternal and Reproductive Health 2015-2021



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

Neonatal mortality (child deaths within the first 28 days) in South Africa stands at 12.6 per 1 000 live births (up from 11.9 for 2020), and account for about half of infant mortality, and one third of child (under 5 years) mortality. According to StatsSA latest data[14] the leading cause of death in neonates were respiratory and cardiovascular disorders specific to the early neonatal period (the first 7 days of life), accounting for just over 1/3rd (30.1%%) of deaths, followed by deaths caused by other disorders originating in the perinatal period; infections and disorders related to length of gestation and foetal growth (30%) (South Africa has achieved the SDG target of less than 12 per 1 000, but for a middle income country should aim to reach target of not more than 7 per 1000 by 2030.

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

Figure12 Neonatal Mortality Rate (NMR)

Source: DHIS Data, 2020/21.

Child under 5 mortality Rate: According to StatsSA Mortality and Causes of death report[15] the three leading underlying causes of death for those aged 1 – 4 years was influenza and pneumonia (9,1%) followed by Intestinal infectious diseases (8,9%) and Malnutrition (5,1%). Minimizing exposure to poverty and improving nutritional status of children is critical because these factors lower cognitive performance. The first one thousand days in a child's life defines their life-long potential. By the age of 5, almost 90% of a child's brain is developed.

[14] Mortality and Causes of death, 2016, StatsSA 2021
[15] Mortality and Causes of death, 2016, 2021
[16] Early childhood development in South Africa 2016, StatsSA, 2018

These are the formative years where factors such as adequate healthcare, good nutrition, good quality childcare and nurturing, a clean and safe environment, early learning and stimulation will, to a large extent, influence his/her future."[16]. The health system's efforts are confined to immunization to ensuring infants are protected against vaccine preventable diseases and improving case management of diarrhoea, pneumonia, and severe acute malnutrition in hospitals. The most recent comparable data for 2019 – 2020 and 2020-2021 financial years (April to March) is presented in the table below.

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

The **PMTCT programme** began 15 years ago. During 2015, the national policy introduced lifelong triple antiretroviral therapy (ART) for all HIV positive pregnant and lactating women (PMTCT Option B+), and three-monthly HIV testing of HIV-negative pregnant and lactating women. In 2016, the "Last Mile Plan" was launched focusing on the delivery systems for elimination of mother-to-child transmission of HIV (EMTCT). The policy changes yield positive results, reducing early (6 weeks postpartum) in the MTCT rate (% HIV-exposed infants who acquire HIV infection from their mothers) from 3.5% in 2010 to 1.1% in 2015-2016. [17]

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

Indicator	Type	ZA	EC	FS	GP	KZN	LP	MP	NW	NC	WC
Immunisation under 1 year coverage 2019/2020	%	**83.6**	76	77.2	86.9	91.2	73.6	96.4	62.5	89.5	84.8
Immunisation under 1 year coverage (2020/21)	%	**79.6**	69.3	75.8	85	86.4	60.6	91.5	72	79.9	85
Measles 2nd dose coverage (2019/20)	%	**79.6**	73.4	73.3	79.9	82.6	79	94	67.1	89.6	80
Measles 2nd dose coverage (2020/21)	%	**76.4**	66.5	73.3	77.8	80.6	76.3	84.2	64.9	83.5	80.4
Child under 5 years diarrhoea case fatality rate (2019/20)	%	**1.8**	2.8	0.94	1.7	1.7	2.8	2.1	2.8	1.5	0.24
Child under 5 years diarrhoea case fatality rate (2020/21)	%	**2.5**	4	2.7	2.7	2.6	3.8	2.5	2.7	2.3	0.18
Child under 5 years Pneumonia case fatality < 5 years rate (2019/20)	%	**1.6**	3.4	1.8	1.8	2	2.7	2.3	1.2	1.7	0.22
Child under 5 years Pneumonia case fatality < 5 years rate (2020/21)	%	**2.1**	3.3	3.1	2.3	2.3	4.2	5.3	3.2	2.1	0.23
Severe acute malnutrition death under 5 years rate (2019/20)	%	**17.5**	18.7	23.9	10.3	15.8	19.2	18.3	35.2	25.9	2.5
Severe acute malnutrition death under 5 years rate (2020/21)	%	**14.4**	13.2	25	9.2	18.7	12.8	13.9	27.1	19.1	2.9

Source: District Health Information System, 2021

Data from the Committee on Morbidity and Mortality in Children (CoMMiC) report estimates that 45% of the under-5 deaths occur outside of health facilities[18]. Strengthening not only antenatal care; managing complications during delivery and preventing infections but also focusing on post-natal care, will be crucial in avoiding premature deaths in infants. First antenatal care visit by 20 weeks coverage varies between provinces, with a country average of 80% of pregnant women presenting for a 1st visit in a public facility for antenatal care. EC (64%) and KZN (74%) have the lowest percentage of antenatal 1st visit coverage.

Communicable Diseases

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

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

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

Year[19]	Number of Births	Number of deaths	Number of AIDS related deaths	Percentage of AIDS deaths
2011	1 191 786	561 287	158 309	28,2
2012	1 184 121	542 479	141 111	26,0
2013	1 179 890	535 947	133 785	25,0
2014	1 177 790	521 842	113 260	21,7
2015	1 184 554	524 567	112 060	21,4
2016	1 186 863	519 084	98 366	18,9
2017	1 185 832	517 909	93 063	18,0
2018	1 182 200	517 533	83 065	16,1
2019	1 178 178	517 618	79 744	15,4
2020	**1 174 320**	**515 804**	**79 625**	**15,4**

Source: Mid-Year Population estimates, StatsSA, 2020

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

[18] "Closing the gaps to eliminate mother to child transmission of HIV (MTCT) in South Africa, Goga, et al., 2018
[19] "Reducing neonatal deaths in South Africa: Progress and challenges, S Afr Med J 2018
[19] Data is for a 12 - month period from July of the previous year to June of that year

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

Source: HIV treatment cascade tool, June 2021

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

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

COVID-19 impact on HIV and AIDS response

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

As COVID-19 continues to spread globally, its detrimental effects on HIV and AIDS efforts worldwide have already been seen and felt, including disruptions of essential health services, such as testing, treatment, and prevention programs.

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

This is largely attributable to the improvement in Antiretroviral Treatment coverage and treatment for latent TB infection (TPT) for people living with HIV who do not have active TB disease. A downward trend in the TB mortality rate has been noted from 46 per 100 000 in 2015 to 42 per 100 000 in 2020, a change in mortality rate of -4.9%. However, the mortality rates remain high among PLHIV with 36 000 people dying of TB disease compared to 25 000 in HIV negative population[20].

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

The population groups who are missed are youth in the age group 15 - 24 years and the elderly ≥ 65 years[21]. The prevalence was found to be higher in men than women, about 57.8% of people found to have TB were asymptomatic and 28.8% were HIV positive. The TB treatment coverage (notified/ estimated incidence) in 2020 remained the same as in 2019 58% (CI 43-83)1. To reduce morbidity, mortality, and ongoing transmission of TB in the communities the health sector needs to find and treat everyone with TB disease.

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

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

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

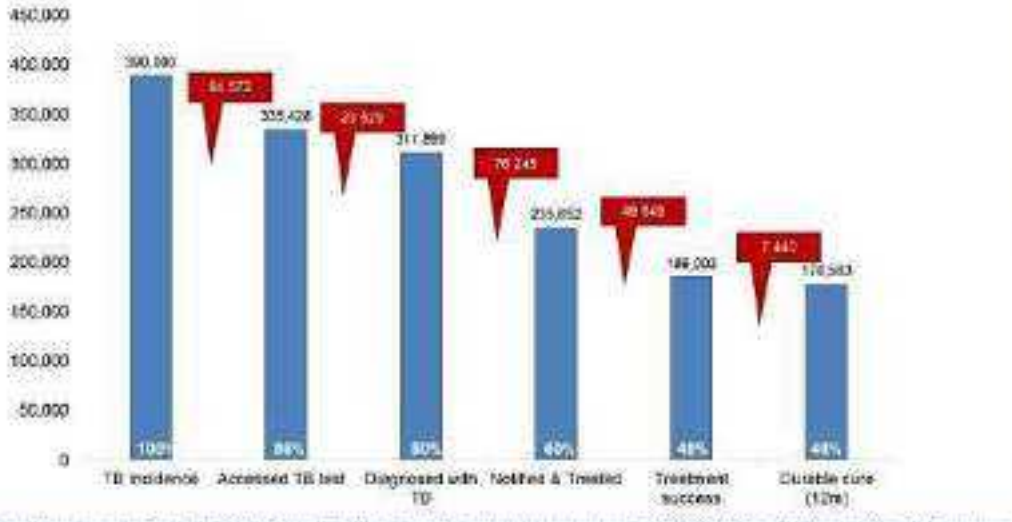
TB targets for South Africa are as follows:

Table 7: TB targets 2018-2022

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

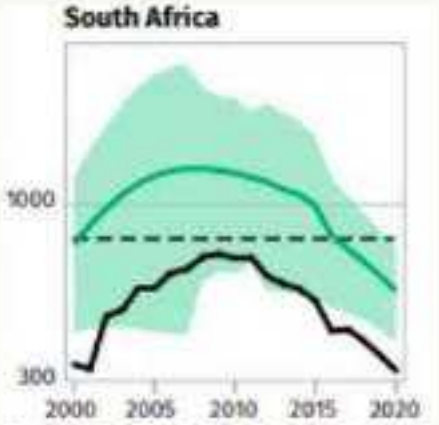
To ensure that South Africa achieves its targets the 90-90-90 targets were adopted for 2022/23. These targets aim to reach at least 90% of the population with TB screening and testing services, link at least 90% of people diagnosed with TB to treatment services and successfully treat at least 90% of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

Figure 14: National TB Care Cascade



South Africa is one of the six high burden countries that are estimated to have reached the 2020 End TB Strategy target of 20% reduction in the TB incidence. The reduction in the TB incidence is estimated at 34% in 2020. However, there is still a high notification gap that needs to be addressed[22]. This is not the case with TB mortality, the reduction has been 9% against a target of 35%.

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



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

Table 8: Country progress against the UNHLM targets

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

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

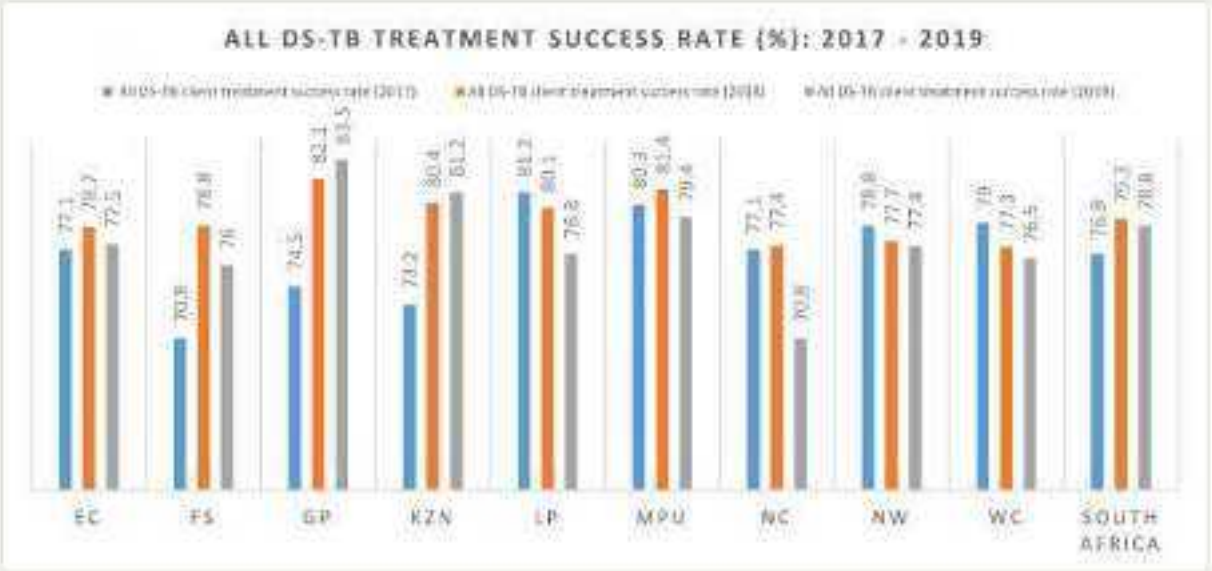
---

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

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

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

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

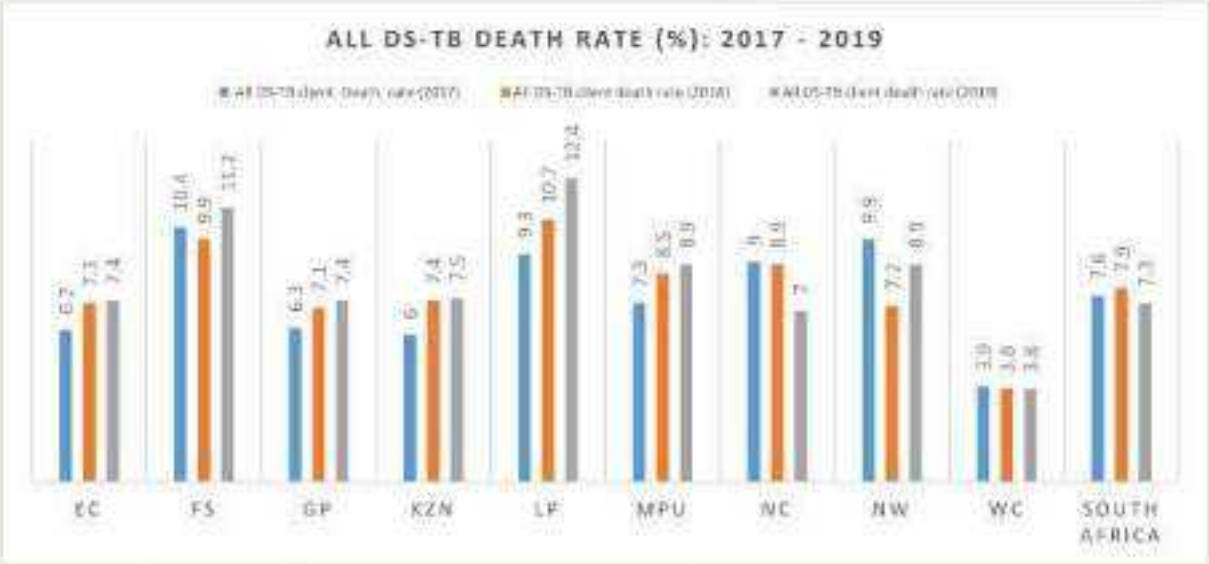


Source: District Health Information System (DHIS 2)

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

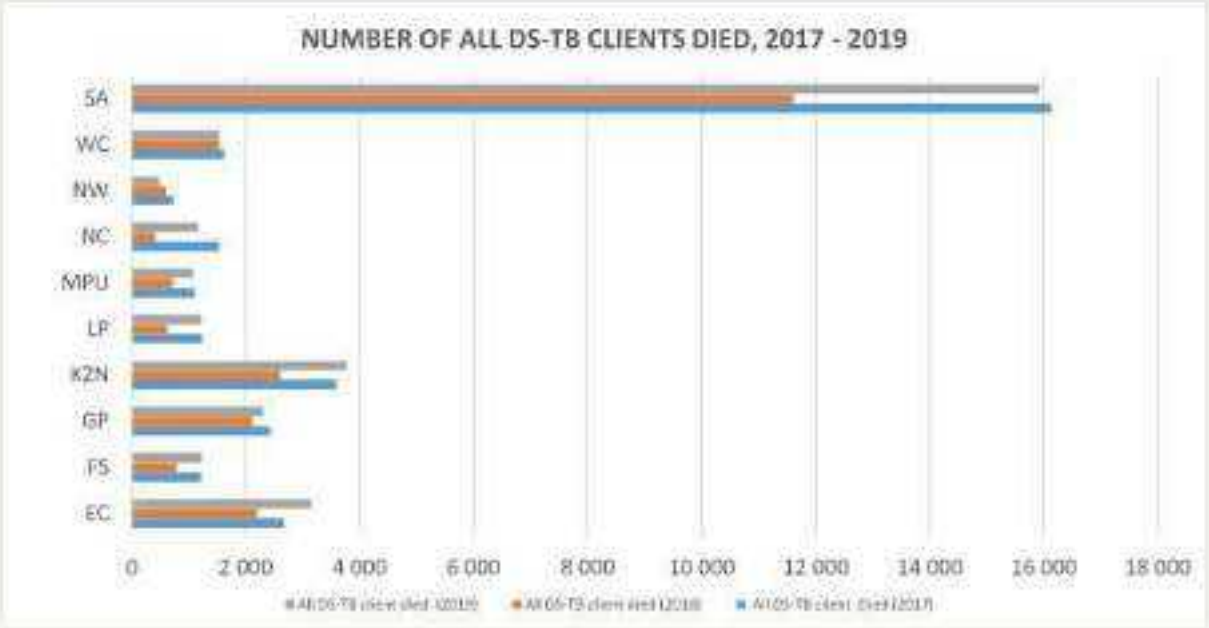
Source: District Health Information System (DHIS 2)

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



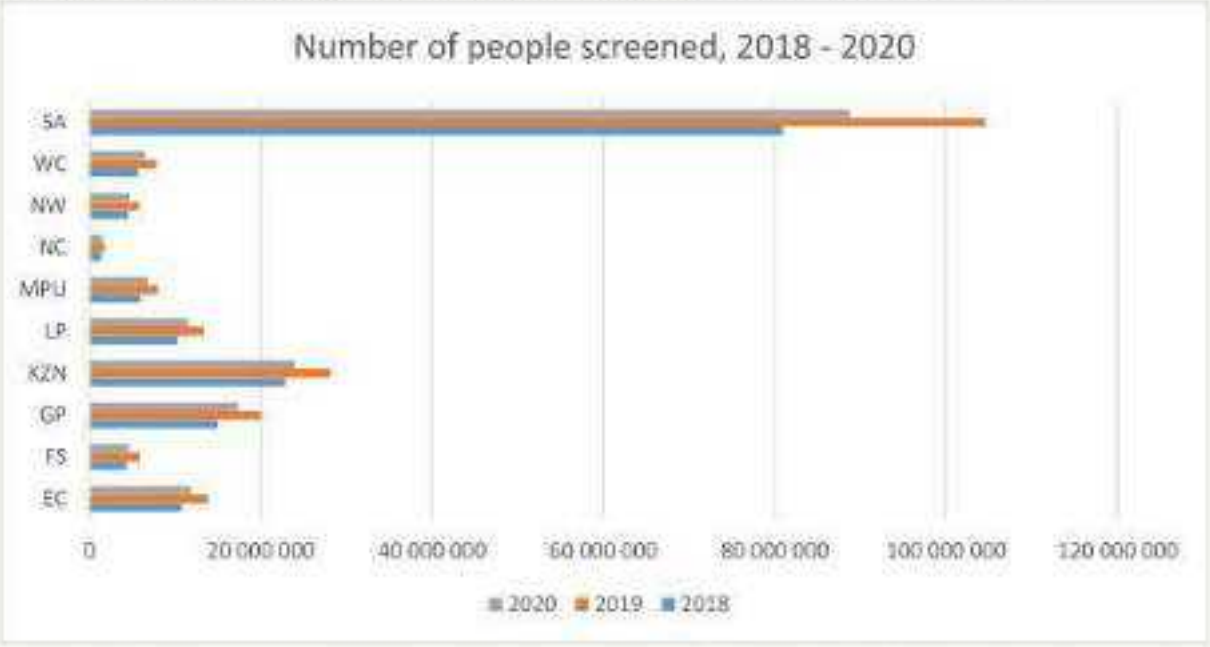
Source: District Health Information System (DHIS 2)

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



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

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



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

Non-Communicable Diseases

The probability of **premature mortality**, between the ages of 30 and 70, due to selected NCDs (considered to be preventable) including cardiovascular disease, cancer, diabetes and chronic respiratory diseases is 34% for males and 24% for females[23]. According to WHO, 80% of the priority NCDs are avoidable as they are due to preventable risk factors including use of tobacco, harmful use of alcohol, physical inactivity, unhealthy diet and air pollution. Diabetes is increasing in proportion as the underlying cause of death, which increased from 5.5% in 2016 to 5.9% in 2018. According to StatsSA, NCDs contribute 59.3% of all deaths[24].

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

---

[23] Donnington RC, Bradshaw D, Laubscher R, Nannan N (2019). Rapid mortality surveillance report 2017. Cape Town: South African Medical Research Council. ISBN: 978-1-928340-36-2.
[24] Mortality and Causes of Death in South Africa 2018, Statistics South Africa, 2021
* Q1 Jan Feb Mar 2019

Over the period 1997 – 2017, the percentage of deaths due to non-communicable diseases show significant increase in comparison to communicable diseases and injury and trauma. However recent data show rapidly increasing co and multi-morbidities especially between NCDs and HIV and AIDS and TB which contribute to morbidity and disability[25].

Most recently, SADHS 2016, revealed that 46% of women and 44% of men aged 15 years and older have hypertension[26] (Table 9). Since 1998 the prevalence of hypertension has nearly doubled, from 25% to 46% among women and from 23% to 44% among men. 22% percent of women and 15% of men report that they are taking medication to lower their blood pressure.

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

Table 9 Non-Communicable Diseases (Hypertension and Diabetes)

Indicator		ZA	EC	FS	GP	KZN	LP	MPU	NW	NC	WC
Women age 15+ with hypertension	%	46	50	54	42	48	34	46	40	53	52
Men age 15+ with hypertension	%	44	47	48	40	48	29	46	37	52	59
Women age 15+ with diabetes[27]	%	13	18	14	9	17	15	12	9	12	12
Men age 15+ with diabetes[28]	%	8	10	8	7	9	10	7	4	7	13

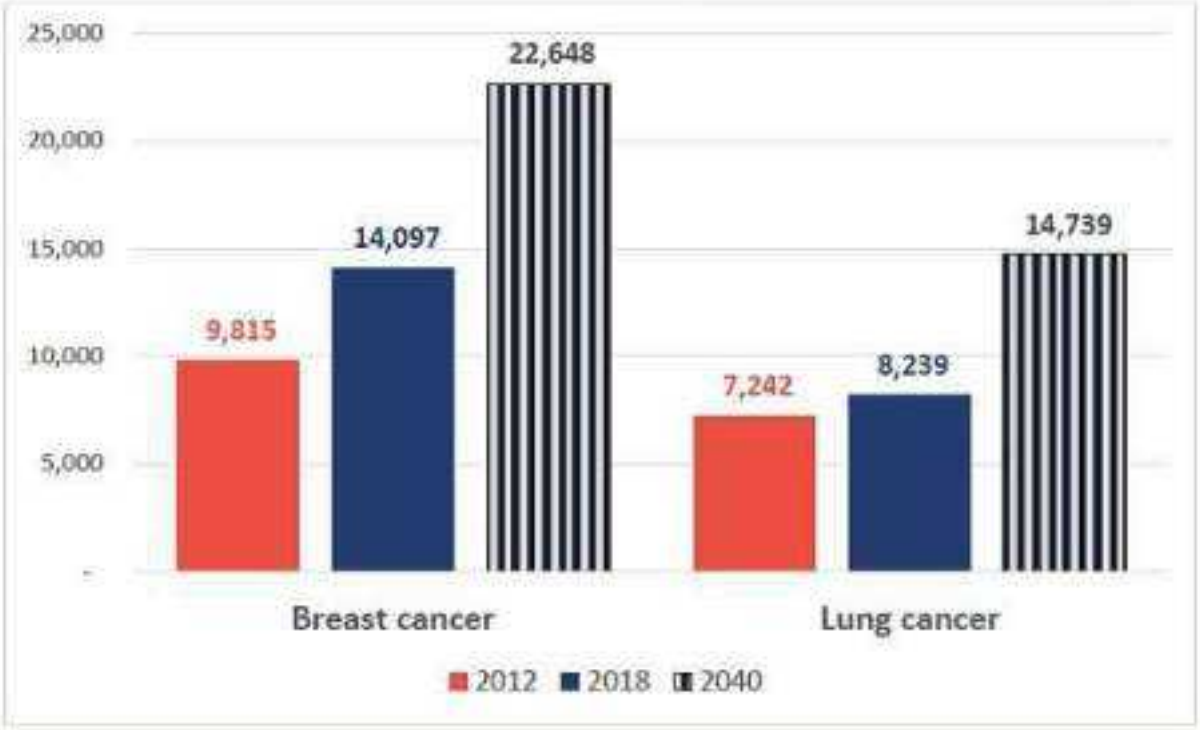
Source: South African Demographic and Health Survey (SADHS) 2016, 2019

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

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

[25] Integrating mental health with other non-communicable diseases, Stein, BMJ, 2019
[26] South African Demographic and Health Survey in South Africa,
[27] (% with adjusted HbA1c> and equal6.5%)
[28] (% with adjusted HbA1c> and equal6.5%)

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



Source: WHO Country Cancer profile, 2020

There is a strong correlation between **mental disorders** and communicable diseases like HIV and AIDS, TB and non-communicable diseases like diabetes and cancer with the comorbidity negatively influencing health-seeking behaviour, delaying diagnosis and treatment which lead to poor prognosis[29]. Most mental disorders have their origins in childhood and adolescence with "approximately 50% of mental disorders begin before the age of 14 years"[30]. The most prevalent mental disorders are anxiety disorders, substance abuse disorders and mood disorders. The Mental Health Care Act, Act No 17 of 2002 provides a framework for the delivery of mental health services in the country. This legislation among others prescribes integration of mental health into the general health services environment at all levels, promotes community based mental health and prescribe procedures to be followed in the provision of care, treatment and rehabilitation of various categories of mental health care users. Mental wellbeing also requires that multidimensional interventions be implemented with other sectors to address the socio-economic determinants of mental disorders.

The review of the status of mental health care in South Africa conducted by the South African Human Rights Commission came up with a number of findings and made recommendations that the health sector as well as other relevant sectors need to implement to address the identified gaps. COVID-19 pandemic has brought about other challenges on the mental health of people. Diverse neuropsychiatric and cognitive complications following COVID-19 infection have been found to affect a large proportion of individuals previously suffering from COVID-19[31,32]. COVID-19 has also been associated with high levels of stress, anxiety and depression. The pandemic may lead to an increase in the incidence and prevalence of psychiatric and cognitive problems.

---

[29] Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR et al. No health without mental health. Lancet 2007; 370:859-877
[30] WHO. Mental health: the bare facts. http://www.who.int/mental_health/en/. 1-29-2010. Ref Type: Internet Communication
[31] Kumar S, Veldhuis A and Malhotra T (2021). Neuropsychiatric and cognitive sequelae of COVID-19. *Frontiers in Psychology*
[32] Rogers JP, Chesney E, Oliver D, Pollak TA, McGuire P, Fusar-Poli P, et al (2020). Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry* 7; 611-627

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

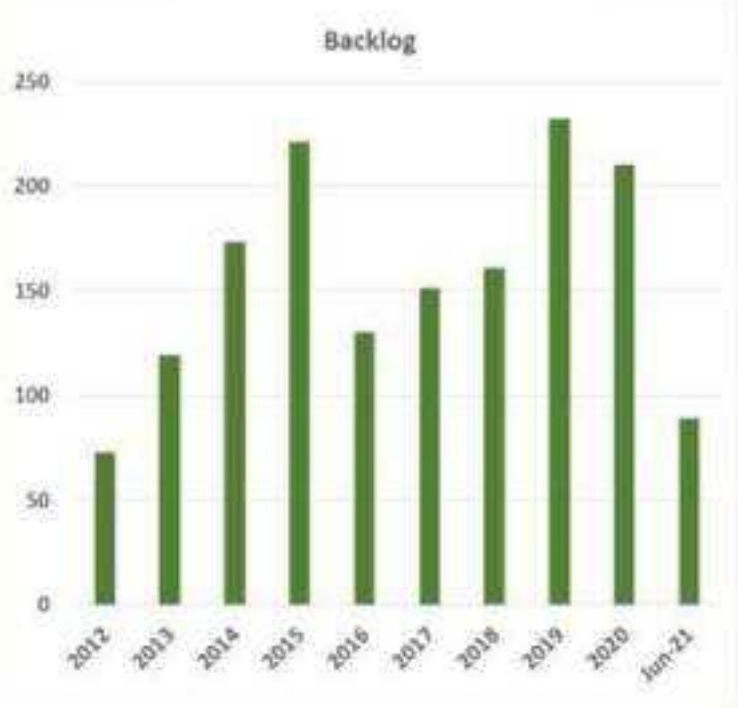
- Mental Health Review Boards were established in all provinces;
- Members of the Ministerial Advisory Committee on Mental Health were appointed. The Committee is established in terms of Section 71 of the Mental Health Care Act,2002;
- Inter-sectoral Committee on Mental Health (composed of government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

Forensic Mental Health

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

Figure 22: Backlog for forensic psychiatric evaluations

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



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

COVID-19 Epidemic

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

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

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

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

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

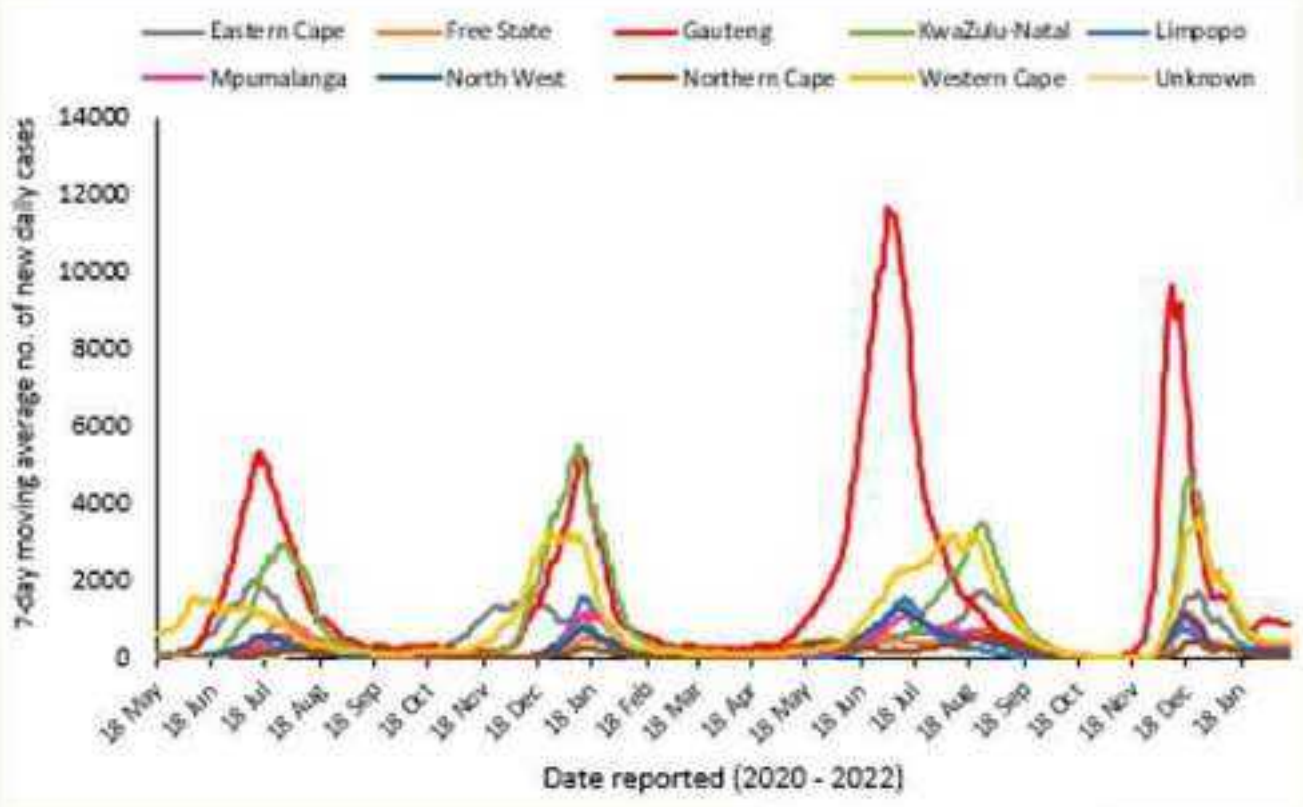
Table 10: Cumulative number of cases by province to date:

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

Source: NICD, Surveillance report 13 February 2022

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

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

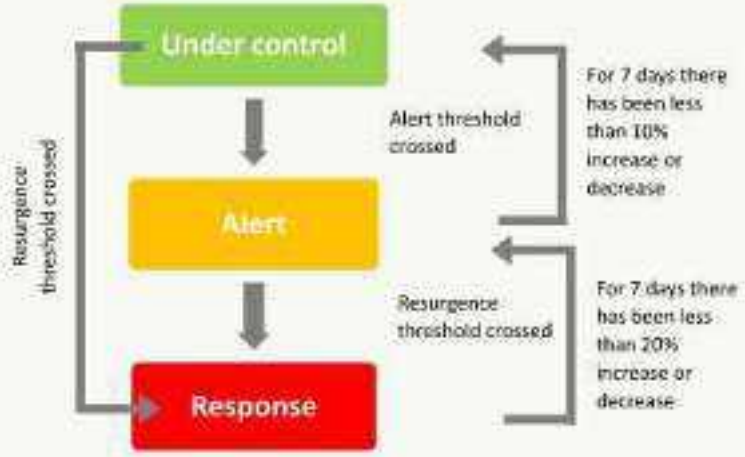


A National vaccine roll-out campaign commenced mid May 2021, comprising of either a Pfizer manufactured vaccine, which consists of 2 doses apart or a Janssen one dose vaccine. Prior to the roll-out, healthcare workers had the option to enrol in the 3b Sisonke clinical trial which commenced in February 2021, where just below 500 000 healthcare workers participated in and were vaccinated using the Janssen (J&J) vaccine[33]. As of 13 February 2022, the total number of individuals that have received a Johnson & Johnson Vaccine (J&J) or Pfizer 1st dose as registered on the Electronic Vaccination Data System (EVDS) is 30,559,431. GP has the largest number of vaccines administered at close to 9 million with WC following with close to 5million administered. More individual females in all population groups are vaccinated, which account for 56.55% compared to 43.45% individual males. The 60+ population is currently the highest proportion of individuals vaccinated at 67.51 %, with lower coverages among 50-59; 35-49 and 18-34.

Resurgence Plan for COVID-19

According to the Department's Resurgence Plan[34] A COVID-19 resurgence is defined as an increase in incidence after a period of lower transmission." The plan is a "practical guide" to mitigate and plan for a possible resurgence of the pandemic applicable at all levels of health care. The plan details several key resurgence indicators to monitor the adequate action of either "under control, an alert or response" action, based on the data monitored as noted in the figure below.

Figure 24 Depicting the flow between scenarios of "under control, alert and response"



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

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

The Lancet Global and South African commissions have argued that high coverage (or access to care) is necessary but not sufficient to shift morbidity and mortality patterns.[35] Better health outcomes and impact can only be achieved by ensuring that a high proportion of people receive care (coverage) that is effective (delivered at high quality).[36]

---

[33] Source: http://aefi.reporting.sahpra.org.za/, SAHPRA, 2021, accessed, 30 Aug 2021
[34] Resurgence Plan v 6.3, NDoH, 2020
[35] High quality health systems in the Sustainable Development Goals era: time for a revolution, Kruk, ME et al, 2018
[36] District Health Planning and Monitoring Framework, National Department of Health, Aug 2017

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

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

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

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

7.1.4.1. Quality of Care from Patients' Perspective

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

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

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

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

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

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

7.1.4.2. Clinical Quality

Modifiable factors contributing to mortality: According to the Lancet Commission report[37] the National Committee of Confidential Enquiry on Maternal Deaths (NCCEMD) has reported that about 60% of all maternal deaths had factors that were potentially modifiable.

[37] The South African Lancet National Commission, 2017

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

Clinical governance and clinical forums all play a vital role in ensuring quality from a clinical perspective. Part of the next 5-year initiatives to improve quality is to strengthen clinical governance through creation of a learning and collaborative culture (that empowers clinicians and administrative staff across levels of care to improve quality of care collaboratively). Quality of care is one of the categories the government is working to address to reduce medico-legal claims. As noted by National Treasury[38] "medico-legal contingent liabilities reached R99.2 billion in 2018/2019, while medico-legal claim payments reached R2 billion. These payments are affecting the budgets of public facilities and, in turn, the delivery of services." Government aims to stabilize and possibly reduce medico-legal claims through a series of interventions, including addressing quality of care, improving administration of medical records and investigating potential fraud in law firms specializing in this area.

7.1.4.3. Quality of the Health System

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

Figure25 - Ideal Clinics

Source: Ideal Clinic Software Information System, 2019/2020

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

[38] Budget Review, National Treasury, 2020

Table 12 Ideal Clinic status as of 2015 to 2020

Province	% IC 2015/16	% IC 2016/17	% IC 2017/18	% IC 2018/19	% IC 2019/20
EC	1.8%	18.0%	20.3%	32.2%	32.5%
FS	9.9%	35.1%	51.4%	75.7%	68.9%
GP	24.2%	58.4%	79.1%	89.7%	91.0%
KZN	23.2%	47.4%	63.1%	75.9%	74.0%
LP	5.6%	10.6%	25.2%	34.3%	28.9%
MP	6.6%	22.9%	30.2%	46.2%	51.0%
NC	1.9%	41.4%	54.9%	56.8%	34.6%
NW	2.3%	29.9%	39.3%	45.8%	56.2%
WC	0.0%	15.6%	54.8%	68.8%	77.2%
South Africa	**9.3%**	**29.9%**	**43.4%**	**55.3%**	**54.9%**

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

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

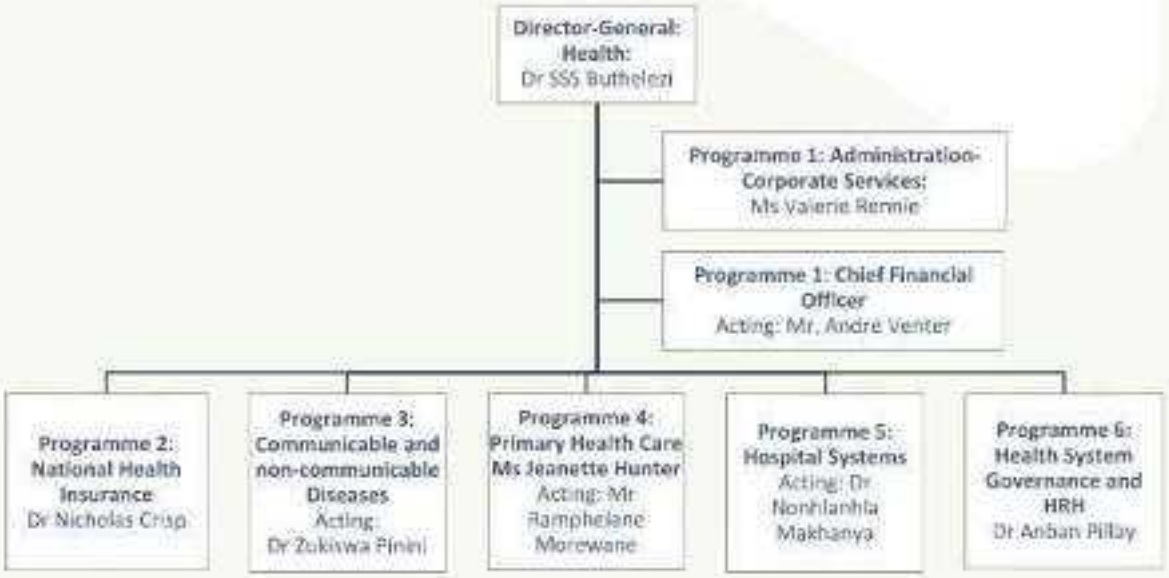
The direct *health facility revitalisation grant* is the largest source of funds for public health infrastructure with an allocation of R19.9 billion over the MTEF period, and is transferred to provincial departments of health through the *Health Facilities Infrastructure Management* subprogramme in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

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

7.2. Internal Environmental Analysis

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

Figure 26: Organisational structure (currently under review)



7.3. Personnel

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

Personnel numbers and cost by salary level and programme

Programmes

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

	Number of posts estimated for 31 March 2022		Number and cost[1] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate							2021/22 - 2024/25	
			2020/21			2021/22			2022/23			2023/24			2024/25		
Health			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	**1 484**	**80**	**1 484**	**927.3**	**0.6**	**1 410**	**898.8**	**0.6**	**1 198**	**787.3**	**0.7**	**1 173**	**760.1**	**0.6**	**1 167**	**794.3**	**0.7**	**-6.1%**	**100.0%**
1 – 6	568	72	568	174.5	0.3	550	181.7	0.3	444	140.0	0.3	440	133.8	0.3	434	139.1	0.3	-8.1%	37.9%
7 – 10	631	–	631	438.5	0.7	580	406.3	0.7	509	362.3	0.7	492	344.2	0.7	492	360.3	0.7	-5.3%	41.9%
11 – 12	171	1	171	165.0	1.0	160	158.0	1.0	140	139.3	1.0	137	135.0	1.0	137	141.1	1.0	-5.0%	11.6%
13 – 16	112	7	112	148.7	1.3	110	147.1	1.3	103	146.0	1.4	102	141.3	1.4	102	147.6	1.4	-2.5%	8.4%
Other	2	–	2	5.6	2.8	2	5.7	2.8	2	5.7	2.9	2	5.8	2.9	2	6.1	3.0	–	0.2%
Programme	**1 484**	**80**	**1 484**	**927.3**	**0.6**	**1 410**	**898.8**	**0.6**	**1 198**	**787.3**	**0.7**	**1 173**	**760.1**	**0.6**	**1 167**	**794.3**	**0.7**	**-6.1%**	**100.0%**
Programme 1	483	3	483	245.9	0.5	476	250.1	0.5	462	245.7	0.5	464	244.9	0.5	458	255.2	0.6	-1.3%	37.6%
Programme 2	66	5	66	42.1	0.6	69	46.2	0.7	67	45.2	0.7	67	45.0	0.7	67	47.1	0.7	-1.0%	5.5%
Programme 3	233	–	233	131.9	0.6	248	151.2	0.6	232	135.7	0.6	224	135.6	0.6	224	141.8	0.6	-5.3%	18.6%
Programme 4	370	72	370	296.2	0.8	269	219.1	0.8	274	227.6	0.8	245	201.9	0.8	245	211.4	0.9	-3.1%	20.9%
Programme 5	48	–	48	23.5	0.5	61	30.9	0.5	53	27.7	0.5	54	27.7	0.5	54	28.9	0.5	-4.0%	4.5%
Programme 6	284	–	284	187.7	0.7	287	201.3	0.7	120	105.3	0.9	119	105.0	0.9	119	109.8	0.9	-25.4%	13.0%

7.4. Expenditure trends and budgets of the National DoH

7.4.1. Expenditure overview

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

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

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

The R9.8 billion reduction to the baseline over the medium term in the Communicable and Non-communicable Diseases programme is linked to an increase of R10.9 billion in the Primary Health Care programme. This results from the shift of the new district health component (which funds community outreach services, malaria, human papillomavirus and COVID-19 vaccine administration) of the district health programmes grant.

7.4.2. Responding to the COVID-19 pandemic

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

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

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

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

7.4.3. Phased implementation of National Health Insurance

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

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

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

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

7.4.4. Preventing and treating Communicable and Non-communicable Diseases

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

The district health component in the *Primary Health Care* programme funds community outreach services, malaria interventions and human papillomavirus vaccinations.

In 2022/23, it will also fund provincial costs for the rollout of COVID-19 vaccines. In total, the grant is allocated R84 billion over the medium term.

7.4.5. Investing in health infrastructure

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

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

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

7.4.6. Supporting tertiary health care services

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

This unequal distribution results in patients often being referred from one province to another, which requires strong national coordination and cross-subsidisation to compensate provinces for providing tertiary services to patients from elsewhere.

These services are subsidised through the *national tertiary services grant*, which is allocated R14.3 billion in 2022/23, R14 billion in 2023/24 and R14.7 billion in 2024/25 in the *Hospital Systems* programme. To improve equity and reduce the need for interprovincial referrals, a portion of the grant is ringfenced for strengthening tertiary services in provinces in which they are underdeveloped.

7.4.7. Developing the health workforce

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

7.5. Expenditure trends and estimates

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

Expenditure trends and estimates by programme and economic classification

Programmes

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

Programme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expen-diture/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expen-diture/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme 1	551.2	542.4	551.0	828.7	14.6%	1.1%	781.7	812.4	852.1	0.9%	1.3%
Programme 2	1 192.3	1 840.0	1 021.9	1 032.1	-4.7%	2.3%	1 527.4	1 538.1	1 612.9	16.0%	2.3%
Programme 3	20 688.3	22 713.5	28 348.4	35 750.6	20.0%	48.7%	26 913.1	24 629.2	25 733.0	-10.4%	44.7%
Programme 4	199.4	216.9	315.0	250.1	7.9%	0.4%	5 150.2	3 165.9	3 308.5	136.5%	4.7%
Programme 5	19 189.9	20 413.7	21 188.5	21 114.1	3.2%	37.1%	22 639.1	22 951.6	23 150.8	3.1%	35.6%
Programme 6	4 773.5	5 046.2	6 691.8	6 433.1	10.5%	10.4%	7 519.4	7 523.2	7 500.3	5.2%	11.5%
Total	**46 594.6**	**50 772.8**	**58 116.6**	**65 408.8**	**12.0%**	**100.0%**	**64 531.0**	**60 620.5**	**62 157.6**	**-1.7%**	**100.0%**
Change to 2021 Budget estimate				2 865.5			2 875.5	1 234.0	942.0		

Economic classification											
Current payments	**2 582.0**	**2 114.8**	**2 966.5**	**9 977.5**	**56.9%**	**8.0%**	**4 772.2**	**2 727.9**	**2 803.3**	**-34.5%**	**8.0%**
Compensation of employees	793.2	830.9	927.3	898.8	4.3%	1.6%	787.3	760.1	794.3	-4.0%	1.3%
Goods and services[1]	1 788.8	1 283.8	2 039.2	9 078.7	71.9%	6.4%	3 984.9	1 967.8	2 009.0	-39.3%	6.7%
of which:											
Consultants: Business and advisory services	*289.3*	*345.2*	*400.6*	*218.8*	*-8.9%*	*0.6%*	*300.1*	*300.7*	*277.4*	*8.2%*	*0.4%*
Contractors	*509.8*	*357.8*	*556.5*	*490.8*	*-1.3%*	*0.9%*	*590.1*	*594.0*	*631.5*	*8.8%*	*0.9%*
Inventory: Medical supplies	*74.1*	*34.8*	*39.9*	*98.8*	*10.1%*	*0.1%*	*107.1*	*115.7*	*118.2*	*6.1%*	*0.2%*
Inventory: Medicine	*44.0*	*0.0*	*477.8*	*7 329.7*	*450.1%*	*3.6%*	*2 120.5*	*37.7*	*39.4*	*-82.5%*	*3.8%*
Operating leases	*121.6*	*104.2*	*111.3*	*151.0*	*7.5%*	*0.2%*	*127.2*	*130.1*	*139.9*	*-2.5%*	*0.2%*
Travel and subsistence	*79.9*	*3.8*	*100.0*	*150.9*	*23.7%*	*0.2%*	*133.9*	*148.3*	*151.3*	*0.1%*	*0.2%*
Transfers and subsidies[1]	**43 247.0**	**47 863.5**	**54 319.0**	**54 474.2**	**8.0%**	**90.5%**	**58 329.8**	**56 232.3**	**58 312.0**	**2.3%**	**90.0%**
Provinces and municipalities	41 364.1	45 863.4	52 112.5	52 462.2	8.2%	86.8%	56 251.5	54 183.4	56 170.8	2.3%	86.7%
Departmental agencies and accounts	1 719.6	1 830.3	2 033.8	1 829.0	2.1%	3.4%	1 889.2	1 859.2	1 942.9	2.0%	3.0%
Non-profit institutions	161.2	167.3	170.6	183.0	4.3%	0.3%	189.0	189.8	198.3	2.7%	0.3%
Households	2.2	2.5	2.1	–	-100.0%	0.0%	–	–	–	0.0%	0.0%
Payments for capital assets	**765.6**	**794.5**	**831.1**	**957.0**	**7.7%**	**1.5%**	**1 429.0**	**1 660.2**	**1 042.3**	**2.9%**	**2.0%**
Buildings and other fixed structures	591.0	592.0	740.1	838.7	12.4%	1.3%	1 083.5	1 325.5	692.5	-6.2%	1.6%
Machinery and equipment	174.6	202.5	91.0	118.4	-12.2%	0.3%	345.5	334.7	349.8	43.5%	0.5%
Total	**46 594.6**	**50 772.8**	**58 116.6**	**65 408.8**	**12.0%**	**100.0%**	**64 531.0**	**60 620.5**	**62 157.6**	**-1.7%**	**100.0%**

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

7.6. Transfers and subsidies expenditure trends and estimates

Table15: Vote transfers and subsidies trends and estimates

R thousand	Audited outcome 2018/19	2019/20	2020/21	Adjusted appropriation 2021/22	Average growth rate (%) 2018/19 - 2021/22	Average: Expenditure/Total (%) 2018/19 - 2021/22	Medium-term expenditure estimate 2022/23	2023/24	2024/25	Average growth rate (%) 2021/22 - 2024/25	Average: Expenditure/Total (%) 2021/22 - 2024/25
Households											
Social benefits											
Current	**2 145**	**2 454**	**1 938**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	2 145	2 454	1 938	–	-100.0%	–	–	–	–	–	–
Non-profit institutions											
Current	**151 167**	**157 295**	**170 574**	**183 080**	**6.6%**	**0.3%**	**185 080**	**189 746**	**198 305**	**2.7%**	**0.3%**
Non-governmental organisations: Lifeline	23 279	24 579	27 153	28 000	6.4%	0.1%	18 875	28 986	30 188	2.5%	0.1%
Non-governmental organisations: loveLife	84 756	88 376	58 537	93 976	3.4%	0.2%	94 527	98 635	97 538	2.0%	0.2%
Non-governmental organisations: Soul City	20 779	21 856	21 587	24 331	6.5%	–	15 085	25 161	26 293	2.6%	–
Non-governmental organisations: HIV and AIDS	49 746	49 087	58 798	65 553	9.6%	0.1%	67 329	67 788	70 852	2.6%	0.1%
South African Renal Registry	379	391	413	447	6.5%	–	460	461	482	2.5%	–
South African Federation for Mental Health	393	415	439	475	6.4%	–	488	490	512	2.7%	–
South African National Council for the Blind	888	929	–	1 080	6.4%	–	1 092	1 096	1 145	2.6%	–
South African Medical Research Council	558	585	642	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	888	890	–	1 108	6.4%	–	1 164	1 100	1 111	2.0%	–
Households											
Other transfers to households											
Current	**–**	**–**	**100**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	–	–	100	–	–	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**1 715 720**	**1 826 259**	**2 029 760**	**1 827 383**	**2.1%**	**3.7%**	**1 887 789**	**1 897 414**	**1 941 929**	**2.0%**	**3.3%**
Health and Welfare Sector Education and Training Authority	2 451	2 602	879	2 536	0.7%	–	2 530	2 552	2 667	1.7%	–
South African National AIDS Council	17 138	18 088	18 126	29 401	19.7%	–	19 500	20 154	21 047	-9.5%	–
South African Medical Research Council	624 929	688 912	858 983	851 730	10.9%	1.5%	779 523	797 097	833 685	-0.7%	1.4%
National Health Laboratory Service	833 758	791 487	800 583	640 037	-7.5%	1.5%	772 521	725 295	757 891	5.8%	1.3%
Office of Health Standards Compliance	129 678	130 471	137 938	151 880	5.4%	0.3%	157 589	152 720	159 596	1.7%	0.3%
Council for Medical Schemes	5 878	5 987	6 518	6 381	2.8%	–	6 232	6 137	6 411	0.2%	–
South African Health Products Regulatory Authority	123 188	181 274	156 572	145 287	5.7%	0.3%	149 265	152 553	159 418	3.1%	0.3%
Provinces and municipalities											
Provincial revenue funds											
Current	**35 366 890**	**39 167 336**	**45 797 265**	**46 027 632**	**9.2%**	**83.4%**	**48 471 990**	**47 063 185**	**48 889 830**	**2.0%**	**84.2%**
National health insurance grant	–	185 258	245 132	260 677	–	0.4%	693 747	694 675	730 545	38.7%	1.1%
Human resources capacitation grant	–	301 096	–	–	–	0.5%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	–	–	218 781	320 238	–	0.3%	–	–	–	-100.0%	0.1%
Human papillomavirus vaccine grant	200 000	257 238	–	–	-100.0%	0.2%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: HIV and AIDS component	–	19 063 270	20 377 504	22 563 773	–	31.0%	–	–	–	-100.0%	9.9%
HIV, TB, malaria and community outreach grant: Malaria elimination component	–	99 415	116 234	104 181	–	0.2%	–	–	–	-100.0%	–
HIV, TB, malaria and community outreach grant: Community outreach services component	–	1 500 906	1 558 867	2 480 112	–	3.2%	–	–	–	-100.0%	1.2%
HIV, TB, malaria and community outreach grant: Tuberculosis component	–	491 308	527 758	586 117	–	0.7%	–	–	–	-100.0%	0.2%
HIV, TB, malaria and community outreach grant: Mental health services component	23 921 007	–	–	145 401	-81.7%	10.0%	–	–	–	-100.0%	0.1%
HIV, TB, malaria and community outreach grant: Oncology services component	–	–	–	424 833	–	0.2%	–	–	–	-100.0%	0.2%
HIV, TB, malaria and community outreach grant: COVID-19 component	–	–	2 422 117	1 500 000	–	2.0%	–	–	–	-100.0%	0.7%
District health programmes grant: District health component	–	–	–	–	–	–	4 868 592	2 911 217	3 042 898	–	4.8%
National tertiary services grant	12 400 721	13 183 528	14 213 610	13 707 798	3.4%	26.7%	14 306 059	14 322 966	14 051 718	2.2%	24.9%
Human resources and training grant	–	–	4 328 817	4 237 681	–	4.2%	3 449 060	5 479 023	5 180 317	7.7%	8.2%
Health professions training and development grant	2 784 476	2 940 423	–	–	-100.0%	2.9%	–	–	–	–	–
District health programmes grant: Comprehensive HIV and AIDS component	–	–	–	–	–	–	24 124 521	23 534 684	25 085 495	–	32.3%
Capital	**6 057 233**	**6 846 271**	**6 515 282**	**6 411 188**	**2.0%**	**12.6%**	**6 779 540**	**7 120 840**	**7 161 181**	**4.0%**	**12.2%**
Health facility revitalisation grant	6 057 233	6 846 271	6 515 282	6 411 188	2.0%	12.6%	6 779 540	7 120 840	7 161 181	4.0%	12.2%
Departmental agencies and accounts											
Social security funds											
Current	**5 626**	**4 050**	**4 218**	**2 427**	**-27.0%**	**–**	**1 546**	**1 735**	**1 813**	**0.2%**	**–**
Compensation Commissioner for Occupational Diseases in Mines and Works	5 626	4 050	4 218	2 427	-27.0%	–	1 546	1 735	1 813	0.2%	–
Total	**43 040 961**	**47 883 448**	**54 319 328**	**54 474 122**	**8.6%**	**100.0%**	**58 319 780**	**56 757 560**	**58 311 951**	**2.3%**	**100.0%**

PART C: MEASURING OUR PERFORMANCE

PART C: MEASURING OUR PERFORMANCE

8. Institutional Programme Performance Information

8.1. Programme 1: Administration

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

Outcomes:
Outputs, performance indicators and targets

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Financial Management strengthened in the health sector	Audit outcome of National DoH	Audit outcome of National DoH	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion for 2019/20 FY received	Unqualified audit opinion for 2020/21 FY received	Unqualified audit opinion for 2021/22 FY received	Not Applicable	Not Applicable	Unqualified Audit Opinion from Auditor General of SA (2021/22)	Not Applicable	Unqualified audit opinion for 2022/23 FY received	Unqualified audit opinion for 2023/24 FY received

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Management of Medico-legal cases in the health system strengthened	A policy and legal framework to manage medico-legal claims in South Africa	A policy and legal framework to manage medico-legal claims in South Africa developed	Not Applicable	Not Applicable	A policy and legal framework developed to manage medicolegal claims in South Africa (also referred to as Litigation Strategy) drafted	A policy and legal framework gazette to manage medico-legal claims in South Africa	Legislation to manage medico-legal claims in South Africa developed	Bill to be drafted in line with the South African Law Reform Commission Recommendations	Drafted Bill consulted with identified stakeholders	Drafted Bill consulted with identified stakeholders	Drafted Bill to be processed through Cabinet structures	Legislation to manage medico-legal claims in South Africa promulgated	Legislation to manage medico-legal claims in South Africa promulgated and implemented
Management of Medico-legal cases in the health system strengthened	A secure case management system developed and implemented	A secure case management system developed and implemented to streamline case management in 8 Provinces	Not Applicable	Not Applicable	Case Management system developed and implemented in 3 provinces	Case Management System used to manage new medico legal claims in 7 provinces	Case Management system implemented (rollout) in the remaining four of eight (4/8) participating provinces, excluding Western Cape.	2 (MPU and LP) of 4 (MPU; LP; GP and EC) Provincial DoH, recording their historical data (Medico-Legal Cases) in the Case Management System	GP DoH recording historical data (Medico-Legal Cases) in the Case Management System	EC DoH recording historical data (Medico-Legal cases) in the Case Management System	8 Provincial DoH recording new Medico-Legal cases in the Case Management System	Case Management system continuously implemented (rollout) in all 8 participating provinces	Case Management system continuously implemented (rollout) in all 8 participating provinces

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
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	Not Applicable	Not Applicable	213 (4 per week) health promotion messages broadcasted on social media	100 health promotion messages broadcasted on social media	100 health promotion messages on NDOH social media placed	25 health promotion messages on social media placed	25 health promotion messages on social media placed	25 health promotion messages on social media placed	25 health promotion messages on social media placed	Social media platforms with NDoH presence increased (YouTube)	Social media platforms with NDoH presence increased (TikTok)
Staff equitably distributed and have right skills and attitude	Monitoring the implementation to reach the minimum targets	Percentage of Women, at SMS level appointed at NDoH accordingly to the equity targets	Not Applicable	Not Applicable	53.4% Women at SMS level appointed at NDoH accordingly to the equity targets	50% of Women at SMS level, appointed accordingly to the equity targets	50% of Women at SMS level appointed at NDoH accordingly to the equity targets	10% Women appointed at SMS level	30% Women appointed at SMS level	40% Women appointed at SMS level	50% Women appointed at SMS level	Minimum Equity targets achieved	Minimum Equity targets achieved

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Staff ecuitably distributed and have right skills and attitude	Monitoring the implementation to reach the minimum targets	Percentage of Youth appointed at NDoH accordingly to the equity targets	Not Applicable	Not Applicable	19.4 %Youth appointed at NDoH accordingly to the equity targets	30% Youth appointed at NDoH accordingly to the equity targets	30% Youth appointed at NDoH accordingly to the equity targets	5% Youth appointed	10% Youth appointed	20% Youth appointed	30% Youth appointed	Minimum Equity targets achieved	Minimum Equity targets achieved
Staff ecuitably distributed and have right skills and attitude	Monitoring the implementation to reach the minimum targets	Percentage of People with disabilities appointed at NDoH accordingly to the equity targets	Not Applicable	Not Applicable	0.39 % People with Disabilities appointed at NDoH accordingly to the equity targets	7% of People with disabilities appointed at NDoH accordingly to the equity targets	7% of People with disabilities appointed at NDoH accordingly to the equity targets	1.7% People with disabilities appointed	3.4% People with disabilities appointed	5.1% People with disabilities appointed	7% People with disabilities appointed	Minimum Equity targets achieved	Minimum Equity targets achieved

Budget Allocations

Administration expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Ministry	29.0	34.1	32.7	46.7	17.3%	5.9%	44.0	42.0	39.5	-5.4%	5.4%
Management	8.0	8.6	7.1	11.0	8.7%	1.4%	10.2	10.1	10.4	-1.4%	1.3%
Corporate Services	269.8	273.9	308.8	424.4	16.5%	52.5%	486.0	407.2	436.3	1.0%	53.9%
Property Management	116.1	128.0	112.9	189.4	17.9%	22.5%	183.7	199.9	180.4	-1.7%	21.4%
Financial Management	87.1	101.1	87.9	161.3	22.8%	17.7%	174.7	174.1	184.5	4.6%	21.2%
Total	**551.2**	**542.4**	**551.0**	**828.7**	**14.5%**	**100.0%**	**781.7**	**822.4**	**852.1**	**0.8%**	**100.0%**
Change to 2021 Budget estimate				*17.4*			*(46.6)*	*(45.9)*	*(32.6)*		
Economic classification											
Current payments	**546.0**	**533.3**	**546.7**	**817.2**	**14.1%**	**98.6%**	**764.0**	**800.2**	**816.3**	**-1.1%**	**98.2%**
Compensation of employees	219.8	248.3	245.9	253.1	4.8%	35.8%	241.7	244.9	253.1	0.7%	30.4%
Goods and services	326.2	284.9	300.7	562.0	22.4%	58.7%	518.2	555.3	564.1	0.2%	67.8%
Of which:											
Audit costs: External	17.2	16.6	26.4	53.1	46.0%	4.4%	32.0	52.1	55.8	1.6%	5.6%
Computer services	38.0	31.0	23.0	59.9	15.4%	5.4%	51.8	57.4	60.3	–	7.0%
Consultants: Business and advisory services	6.4	27.4	39.1	39.0	82.4%	4.5%	42.0	44.1	45.3	5.0%	5.3%
Operating leases	109.7	92.2	99.1	147.5	10.4%	18.1%	123.8	126.6	126.1	-2.0%	15.3%
Property payments	92.7	58.7	78.2	91.9	14.9%	9.5%	92.4	96.2	95.8	4.2%	11.7%
Travel and subsistence	27.9	3.4	6.8	55.0	25.5%	3.8%	47.0	57.0	59.6	2.7%	6.7%
Transfers and subsidies	**3.8**	**3.3**	**1.8**	**2.5**	**-8.4%**	**0.4%**	**2.5**	**2.6**	**2.7**	**1.7%**	**0.3%**
Departmental agencies and accounts	2.3	2.6	0.7	2.5	0.7%	0.3%	2.5	2.6	2.7	1.7%	0.3%
Households	0.1	0.4	1.1	–	-100.0%	0.1%	–	–	–	–	–
Payments for capital assets	**2.4**	**5.8**	**2.5**	**28.0**	**80.6%**	**1.0%**	**15.2**	**9.7**	**33.1**	**-50.2%**	**1.5%**
Machinery and equipment	2.4	5.8	2.5	28.0	80.6%	1.0%	15.2	9.7	33.1	-50.2%	1.5%
Total	**551.2**	**542.4**	**551.0**	**828.7**	**14.5%**	**100.0%**	**781.7**	**822.4**	**852.1**	**0.8%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**2.1%**	**2.1%**	**0.8%**	**2.1%**	–	–	**1.2%**	**1.2%**	**1.4%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current	**2.3**	**0.8**	**1.1**	–	**-100.0%**	**0.1%**	–	–	–	–	–
Employee social benefits	0.3	0.8	1.1	–	-100.0%	0.1%	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**2.3**	**2.6**	**0.7**	**2.5**	**0.7%**	**0.3%**	**2.5**	**2.6**	**2.7**	**1.7%**	**0.3%**
Health and Welfare Sector Education and Training Authority	2.3	2.6	0.7	2.5	0.7%	0.3%	2.5	2.6	2.7	1.7%	0.3%

Personnel Information

Table 38.7 Administration personnel numbers and cost by salary level

	Number of posts estimated for 31 March 2022		Number and cost of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate								
			2020/21			2021/22			2022/23			2023/24			2024/25		
Administration			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2021/22 - 2024/25	
Salary level	**481**	**1**	**481**	**245.9**	**0.5**	**470**	**258.1**	**0.5**	**462**	**261.7**	**0.6**	**486**	**268.9**	**0.6**	**478**	**275.2**	**0.6**	**1.1%**	**100.0%**
1 - 6	254	–	254	63.0	0.2	254	68.2	0.3	254	69.6	0.3	270	67.4	0.2	269	69.6	0.3	0.7%	54.4%
7 - 10	139	–	139	78.8	0.6	139	81.8	0.6	136	77.3	0.6	138	78.6	0.6	136	80.1	0.6	-0.2%	29.0%
11 - 12	50	1	50	48.1	1.0	46	48.1	1.0	45	45.9	1.0	45	47.7	1.1	45	47.7	1.1	-0.7%	9.7%
13 - 16	38	1	38	55.4	1.5	31	59.4	1.9	27	67.2	2.5	33	74.6	2.3	28	77.8	2.8	-3.3%	7.0%
Other	1	–	1	0.6	0.6	1	0.7	0.7	1	1.7	1.7	1	1.8	1.8	1	1.9	1.9	–	0.0%

8.2. Programme 2: National Health Insurance

Programme purpose

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

Sub-programmes

- *Programme Management* provides leadership to the programme to improve access to quality health care services by developing and implementing universal health coverage policies and health financing reform.

- *Affordable Medicine* is responsible for developing systems to ensure access to essential pharmaceutical commodities. This is achieved through the selection of essential medicines, the development of standard treatment guidelines, the administration of health tenders, and the licensing of people and premises that deliver pharmaceutical services and related policies.

- *Health Financing and National Health Insurance* develops and implements policies, legislation and frameworks to achieve universal health coverage by designing and implementing national health insurance. This sub-programme commissions research on health financing, develops policy for the medical schemes industry, provides technical oversight of the Council for Medical Schemes, and manages the *national health insurance* indirect grant.

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Target				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Package of services available to the population is expanded on the basis of cost-effectiveness and equity	NHI Fund purchasing Health Services by 2024/25	NHI Fund purchasing health services by 2024/25	Not Applicable	Not Applicable	Portfolio Committee public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	NHI Bill serving at the National Assembly	NHI Branch in NDOH purchasing PHC benefits in proof-of-concept CUPS by 2024/25
Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Expand the access to chronic medication for stable patients	Number of patients registered on the central chronic medication dispensing and distribution (CCMDD) programme	2.5million registered patients	3million registered patients	4.3 million registered patients	4.8million registered patients	5.5million registered patients	5.1 million registered patients	5.3million registered patients	5.4million registered patients	5.5million registered patients	6 million registered patients	6.5million registered patients

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Target				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Number of human resources available to support the NHI implementation increased	Percentage of funded posts in the NHI organogram filled	Not Applicable	Not Applicable	Not Applicable	Not Applicable	70% of funded posts in the NHI organogram filled	Organogram for NHI confirmed	Advertisements for funded posts published	50% of funded posts in the NHI organogram filled	70% of funded posts in the NHI organogram filled	90% of funded posts in the NHI organogram filled	90% of funded posts in the NHI organogram filled
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Health facilities reporting stock availability at national surveillance centre	Total number of health facilities reporting stock availability at national surveillance centre	3 598	3 650	3 788 (3310 Clinics/CHC/ CDC, 379 Hospitals, 99 Other medicine storage sites)	3830 Health facilities	3850 Health facilities	3835 Health facilities	3840 Health facilities	3845 Health facilities	3850 Health facilities	3860 Health facilities	3870 Health facilities

Budget Allocations

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

Subprogrammes	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme Management	4.1	4.1	3.3	6.0	17.5%	0.3%	2.7	2.8	5.0	-5.9%	0.3%
Affordable Medicine	56.7	35.4	37.4	51.8	-12.3%	3.0%	56.0	56.0	47.9	-2.6%	3.1%
Health Financing and National Health Insurance[1]	1 131.4	1 800.4	980.7	974.3	-4.3%	95.8%	1 468.7	1 479.3	1 560.0	17.0%	96.0%
Total	**1 192.3**	**1 840.0**	**1 021.5**	**1 032.1**	**-4.7%**	**100.0%**	**1 527.4**	**1 538.1**	**1 612.9**	**16.0%**	**100.0%**
Change to 2021 Budget estimate				(309.4)			50.4	65.4	325.6		
Economic classification											
Current payments	**1 073.3**	**568.6**	**780.5**	**737.0**	**-11.8%**	**61.7%**	**776.8**	**786.4**	**806.7**	**4.4%**	**55.0%**
Compensation of employees	45.2	43.0	42.2	46.2	0.8%	3.5%	45.2	45.8	47.1	0.6%	3.2%
Goods and services[1]	1 028.1	525.7	738.3	690.8	-12.4%	58.3%	731.6	740.6	759.6	4.5%	51.8%
of which:											
Advertising	–	0.9	0.1	26.2	–	0.5%	18.9	19.7	20.6	-7.9%	1.5%
Minor assets	4.1	3.5	3.2	14.0	53.0%	0.5%	10.7	10.8	11.2	-7.0%	0.8%
Consultants: Business and advisory services	29.4	109.9	126.9	58.4	25.6%	7.7%	48.0	48.7	51.7	-4.0%	3.6%
Contractors	463.8	324.2	539.2	441.8	-3.3%	35.4%	547.5	554.3	559.2	10.0%	37.5%
Agency and support/outsourced services	343.9	–	–	100.1	-33.7%	8.7%	72.4	73.2	75.2	-9.2%	5.6%
Travel and subsistence	11.8	0.2	2.2	23.4	25.6%	0.7%	18.9	19.3	20.4	-4.6%	1.4%
Transfers and subsidies	**0.8**	**1 195.2**	**245.2**	**268.7**	**1806.5%**	**33.5%**	**693.7**	**696.7**	**718.9**	**38.7%**	**41.6%**
Provinces and municipalities	–	1 195.0	245.2	268.7	–	33.5%	693.7	696.7	718.9	38.7%	41.6%
Households	0.8	0.2	0.0	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**118.2**	**76.2**	**15.9**	**26.4**	**-39.4%**	**4.7%**	**56.4**	**54.8**	**57.2**	**29.4%**	**3.4%**
Machinery and equipment	118.2	76.2	15.9	26.4	-39.4%	4.7%	56.4	54.8	57.2	29.4%	3.4%
Total	**1 192.3**	**1 840.0**	**1 021.5**	**1 032.1**	**-4.7%**	**100.0%**	**1 527.4**	**1 538.1**	**1 612.9**	**16.0%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**2.0%**	**3.0%**	**1.8%**	**1.4%**	–	–	**2.4%**	**2.5%**	**2.6%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.8**	**0.2**	**0.0**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	0.8	0.2	0.0	–	-100.0%	–	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	–	**1 195.0**	**245.2**	**268.7**	–	**33.5%**	**693.7**	**696.7**	**718.9**	**38.7%**	**41.6%**
National health insurance grant	–	289.3	245.2	268.7	–	15.8%	693.7	696.7	718.9	38.7%	41.6%
Human resources capacitation grant	–	905.7	–	–	–	17.8%	–	–	–	–	–

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

Personnel Information

Table 18.9 National Health Insurance personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2022: Number of funded posts	Number of posts additional to the establishment	Number and cost[2] of personnel posts filled/planned for on funded establishment: Actual 2020/21			Revised estimate 2021/22			Medium-term expenditure estimate 2022/23			2023/24			2024/25			Average growth rate (%)	Average: Salary level/ Total (%)
National Health Insurance			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2021/22 - 2024/25	
Salary level	**66**	**1**	**66**	**42.1**	**0.6**	**68**	**46.2**	**0.7**	**67**	**45.2**	**0.7**	**67**	**45.8**	**0.7**	**67**	**47.1**	**0.7**	**-1.0%**	**100.0%**
1 – 6	15	–	21	4.5	0.3	17	5.3	0.3	17	5.4	0.3	17	5.2	0.3	17	5.5	0.3	–	25.3%
7 – 10	30	–	30	14.9	0.5	30	15.8	0.5	29	15.3	0.5	29	15.1	0.5	28	15.6	0.6	-1.1%	43.0%
11 – 12	13	–	11	12.3	0.9	13	12.9	1.0	12	12.0	1.0	12	12.0	1.0	12	12.5	1.0	-2.6%	18.1%
13 – 16	8	1	9	10.1	1.3	9	12.3	1.4	9	12.5	1.4	9	12.6	1.4	9	13.1	1.5	–	13.0%

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

8.3. Programme 3: Communicable and non-communicable diseases

Programme purpose

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

Subprogrammes

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

- *HIV, AIDS and STIs* is responsible for policy formulation, coordination and the monitoring and evaluation of HIV and sexually transmitted disease services. This entails ensuring the implementation of the health sector components of the 2017-2022 national strategic plan on HIV, TB and STIs. Other important functions of this subprogramme are the management and oversight of the comprehensive HIV and AIDS component of the district health programmes grant implemented by provinces, and the coordination and direction of donor funding for HIV and AIDS. This includes the United States President's Emergency Plan for AIDS Relief; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the United States Centres for Disease Control and Prevention.

- *Tuberculosis Management* develops national policies and guidelines, sets norms and standards for TB services, and monitors their implementation in line with the vision of eliminating infections, mortality, stigma and discrimination from TB, HIV and AIDS, as outlined in the 2017-2022 national strategic plan on HIV, TB and STIs.

- *Women's Maternal and Reproductive Health* develops and monitors policies and guidelines, sets norms and standards for maternal and women's health services and monitors the implementation of these services.

- *Child, Youth and School Health* is responsible for policy formulation, coordination and the monitoring and evaluation of child, youth and school health services. This subprogramme is also responsible for the management and oversight of the human papillomavirus vaccination programme, and coordinates stakeholders outside of the health sector to play key roles in promoting improved health and nutrition for children and young people.

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

- *Non-communicable Diseases* establishes policy, legislation and guidelines, and assists provinces in implementing and monitoring services for chronic non-communicable diseases, disability, eye care, oral health, mental health and substance abuse.

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

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Facilities offering HIV Self Screening (HIVSS)	Number of facilities offering HIV Self Screening	Not Applicable	Not Applicable	Not Applicable	Not Applicable	200 facilities offering HIV Self Screening	50 facilities offering HIV Self Screening	100 facilities offering HIV Self Screening	150 facilities offering HIV Self Screening	200 facilities offering HIV Self Screening	340	380
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/26	Men's health services piloted	Men's health services piloted in 10 facilities	Not Applicable	Not Applicable	Not Applicable	Not applicable	Men's health services piloted in 10 facilities	Develop Men's health services guidelines	Conduct operational research for men's health services in high volume sites	Phase rollout of Men's Health Services piloted in 5 facilities	Men's Health Services piloted in 10 facilities	20 Facilities providing men's health services	40 Facilities providing men's health services
HIV incidence among youth reduced	PHC facilities with youth zones	Number of PHC facilities with youth zones	Not Applicable	Not Applicable	652 PHC facilities with youth zones	1600 PHC facilities with youth zones	2000 PHC facilities with youth zones	1700 PHC facilities with youth zones	1800 PHC facilities with youth zones	1900 PHC facilities with youth zones	2000 PHC facilities with youth zones	2400 PHC facilities with youth zones	2500 PHC facilities with youth zones

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Improved drug-susceptible (DS) - TB treatment adherence	Drug-susceptible (DS) - TB Treatment Success Rate	New Indicator	New Indicator	New Indicator	80%	85%	81%	83%	84%	85%	90%	95%
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Reduce the number of drug susceptible (DS)-TB deaths	Number of drug susceptible (DS)-TB Deaths	New Indicator	New Indicator	New Indicator	14853	12381	14235	13617	12999	12381	10980	8510

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Progressive improvement in the total life expectancy of South Africans	Find and Treat people with TB disease	Number of people started on TB treatment	New Indicator	New Indicator	New Indicator	190 000	221 900	53 975	54 975	55 975	56 975	223 654	220 837
Maternal, Child, Infant and neonatal mortalities reduced	System for annual audit of cold chain capacity developed and introduced	Report produced on Cold chain capacity in all depots, sub-depots and 50% of public sector hospitals	New Indicator	New Indicator	New Indicator	New Indicator	Report on Cold chain capacity in all depots, sub-depots and 50% of public sector hospitals approved by Director General	Cold chain audit tool developed and disseminated to all provinces	Platform for collection of cold chain audit data developed	Training workshops conducted in nine provinces on cold chain audit	Report on Cold chain capacity in all depots, sub-depots and 50% of public sector hospitals approved by Director General	Report produced on Cold chain capacity at all depots, sub-depots, hospitals and 30% of PHC facilities	Report produced on Cold chain capacity at all depots, sub-depots, hospitals and 75% of PHC facilities

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Maternal, Child, Infant and neonatal mortalities reduced	Side-by-Side campaign radio shows which promote all components of child health and nutrition broadcast	Number of episodes broadcast during third season of Side-by-Side radio shows	New Indicator	New Indicator	Second season of Side by Side radio shows broadcasted	Not Applicable	36 episodes broadcasted on 10 radio stations	9 episodes broadcast on 10 radio stations	18 episodes broadcast on 10 radio stations	24 episodes broadcast on 10 radio stations	36 episodes broadcast on 10 radio stations	Not Applicable	Not Applicable
Maternal, Child, Infant and neonatal mortalities reduced	Regular quarterly review of progress in achieving key national and provincial Child, Youth and School Health (CYSH) targets	Number of quarterly review meetings focusing on performance against key CYSH targets held with provincial CYSH managers	New Indicator	New Indicator	New Indicator	New Indicator	Four quarterly review meetings focusing on performance against key CYSH targets held with provincial CYSH managers	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers	Continue review meetings	Continue review meetings

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Maternal, Child, Infant and neonatal mortalities reduced	Regular quarterly review of progress in achieving key national and provincial women maternal and reproductive (WMRH) health targets	Number of quarterly review meetings focusing on performance against key WMRH targets held with provincial WMRH managers	New indicator	New indicator	New indicator	New Indicator	Four quarterly review meetings focusing on performance against key WMRH targets held with provincial WMRH managers	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	Continue review meetings	Continue review meetings
Maternal, Child, Infant and neonatal mortalities reduced	Regular monitoring of Sexual and Reproductive Health (SRH) curriculum modules enrollment and completion rate through the knowledge hub	Number of clinicians who enrolled in SRH modules focusing on maternal, neonatal and reproductive health modules	New indicator	New indicator	New indicator	New indicator	400 clinicians who completed one of the SRH module online.	100 clinicians who completed one of the SRH module online.	100 clinicians who completed one of the SRH module online.	100 clinicians who completed one of the SRH module online.	100 clinicians who completed one of the SRH module online.	Continue enrollment of clinicians for training on SRH	Continue enrollment of clinicians for training on SRH

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Morbidity and Mortality due to Covid-19 reduced	Proportion of adults 50 years and older vaccinated against Covid-19	Proportion of adults 50 years and older vaccinated against Covid-19 (at least one dose)	New Indicator	New Indicator	New Indicator	65% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	75% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	67.5% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	70% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	72.5% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	75% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	Not Applicable	Not Applicable
Morbidity and Mortality due to Covid-19 reduced	Proportion of adults 35 - 49 years vaccinated against Covid-19	Proportion of adults 35-49 years vaccinated against Covid-19 (at least one dose)	New Indicator	New Indicator	New Indicator	52% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	65% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	56% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	60% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	62.5% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	65% of adults 35-49 years vaccinated against Covid-19 (at least one dose)	Not Applicable	Not Applicable

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Morbidity and Mortality due to Covid-19 reduced	Proportion of young people (12 to 34 years) vaccinated against Covid-19	Proportion of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose).	New Indicator	New Indicator	New Indicator	30% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	60% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	37.5% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	45% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	52.5% of young people (12 -34 years) vaccinated against Covid-19 (at least one dose)	60% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Not Applicable	Not Applicable
Maternal, Child, Infant and neonatal mortalities reduced	School attending children (SAC) in schistosomiasis endemic districts who received schistosomiasis preventive chemotherapy	School Mass drug administration of schistosomiasis preventive chemotherapy according to the approved plan	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Schistosomiasis Mass Drug implementation Plan in place	Schistosomiasis stakeholders' engagement	Schistosomiasis MDA implementation plan drafted	Preparatory phase of the implementation plan concluded	Schistosomiasis MDA implementation plan approved	30% of school attending children (SAC) in schistosomiasis endemic districts receive schistosomiasis preventive chemotherapy	50% of school attending children (SAC) in schistosomiasis endemic districts receive schistosomiasis preventive chemotherapy

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Morbidity and Mortality due to malaria reduced	Targeted sub-districts reporting zero malaria cases	Proportion of sub-districts with an incidence <1 per 1000 malaria cases	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2 targeted sub-districts reporting zero local malaria cases	Quarterly review of the implementation of the foci clearing programme and the NSP 2019-23	Quarterly review of the implementation of the foci clearing programme and the NSP 2019-23	Quarterly review of the implementation of the foci clearing programme and the NSP 2019-23	2 sub-districts reporting Zero malaria cases	Monitoring implementation of the NSP 2019-2023 and the FOCI clearing programme	8 sub districts implementing the Foci clearing programme
Premature mortality due to NCDs reduced to 26% (10% reduction)	Provinces progress reports on the implementation of provincial plans on the NSP for NCDS	Number of provincial progress reports on the implementation of provincial plans on the NSP for NCDS	Not Applicable	Not Applicable	Draft NSP for NCDs developed	NSP for NCDs developed and published	9 provinces progress reports on the implementation of provincial plans on the NSP for NCDS	Implementation of NSP for NCDs workshopped with relevant National Programs and 9 Provinces	9 Provinces develop implementation plans	4 provinces report on the progress on implementation of provincial plans on the NSP for NCDS	5 provinces report on progress on the implementation of provincial plans on the NSP for NCDS	Monitor implementation of 9 plans with ongoing review and response	Monitor implementation of 9 plans with ongoing review and response

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Premature mortality due to NCDs reduced to 26% (10% reduction)	New State patients admitted into designated psychiatric hospitals	Number of new State patients admitted into designated psychiatric hospitals	Not applicable	Not applicable	75 new State patients admitted into designated psychiatric hospitals	75 new State patients admitted into designated psychiatric hospitals	100 new State patients admitted into designated psychiatric hospitals	20 new State patients admitted into designated psychiatric hospitals	50 new State patients admitted into designated psychiatric hospitals	80 new State patients admitted into designated psychiatric hospitals	100 new State patients admitted into designated psychiatric hospitals	125 new State patients admitted into designated psychiatric hospitals	150 new State patients admitted into designated psychiatric hospitals
Premature mortality due to NCDs reduced to 26% (10% reduction)	A National Mental Health Policy Framework and Strategic Plan	A National Mental Health Policy Framework and Strategic Plan developed	Not applicable	Not applicable	Not applicable	Not applicable	A National Mental Health Policy Framework tabled at NHC	Stakeholder consultation	First draft developed	Final draft developed	National Mental Health Policy Framework tabled at the NHC Tech and NHC for approval	Provincial reports on the implementation on the National Mental Health Policy Framework and Strategic Plan	National Mental Health Policy Framework and Strategic Plan implementation monitored, and quarterly reports produced

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Quality and Safety of Care Improved	Hospitals obtain 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	Not Applicable	Not Applicable	Not Applicable	98 hospitals obtain 75% and above on the food service policy assessment tool	Additional 100 hospitals (including 7 Tertiary Hospitals) obtain 75% and above on the food service policy assessment	25 hospitals (including 1 Tertiary Hospitals) obtain 75% and above on the food service policy assessment tool	50 hospitals obtain (including 3 tertiary hospitals cumulative) obtain 75% and above on the food service policy assessment tool	75 hospitals (including 5 Tertiary Hospitals cumulative) obtain 75% and above on the food service policy assessment tool	100 hospitals (including 7 Tertiary Hospitals cumulative) obtain 75% and above on the food service policy assessment tool	296 hospitals obtain 75% and above on the food service policy assessment tool	349 hospitals obtain 75% and above on the food service policy assessment tool
Premature mortality due to NCDs reduced to 26% (10% reduction)	Updated Strategy for the prevention and control of obesity in SA developed and published	Updated Strategy for the prevention and control of obesity in SA developed and published	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Updated Strategy for the prevention and control of obesity in SA developed and published	Develop final draft of the strategy and consult with stakeholders	Collate inputs from stakeholders and finalize the strategy	Present strategy to Tech NHC and NHC for approval	Layout and design of the strategy completed, and strategy published	Implementation of the strategy monitored; and quarterly reports produced	Implementation of the strategy monitored; and quarterly reports produced

Budget Allocations

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

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme Management	5.3	5.5	3.2	5.5	2.5%	–	5.7	5.7	5.9	2.6%	–
HIV, AIDS and STIs[1]	20 316.9	22 374.3	27 528.9	28 265.3	11.5%	55.5%	24 598.2	24 376.1	25 470.5	-3.7%	38.8%
Tuberculosis Management	21.6	27.6	14.2	28.5	9.8%	0.1%	27.6	28.6	28.4	-0.1%	0.1%
Women's Maternal and Reproductive Health	14.3	13.4	8.8	17.3	6.7%	0.0%	16.3	17.1	18.1	1.5%	0.1%
Child, Youth and School Health	248.6	181.0	18.0	30.8	-50.1%	0.4%	28.3	28.0	29.6	-1.1%	0.1%
Communicable Diseases[2]	15.6	51.7	718.8	7 180.9	678.6%	7.6%	2 151.3	50.3	53.1	-80.7%	8.5%
Non-communicable Diseases	29.5	35.4	31.9	85.3	44.1%	0.2%	85.3	88.6	93.2	2.1%	0.3%
Health Promotion and Nutrition	17.4	28.9	23.6	36.5	28.0%	0.1%	32.2	32.6	33.5	-4.2%	0.1%
Total	**20 688.3**	**22 713.5**	**28 348.4**	**35 750.6**	**20.0%**	**100.0%**	**26 913.1**	**24 629.2**	**25 733.8**	**-10.4%**	**100.0%**
Change to 2021 Budget estimate				2 145.2			(4 761.1)	(3 127.4)	(3 978.6)		
Economic classification											
Current payments	**387.5**	**330.9**	**949.6**	**7 792.7**	**171.8%**	**8.8%**	**2 552.7**	**483.1**	**502.1**	**-59.9%**	**10.8%**
Compensation of employees	122.7	138.4	131.9	151.1	7.2%	0.5%	135.7	135.6	143.8	-2.1%	0.5%
Goods and services[1]	264.8	192.5	817.6	7 621.6	206.8%	8.3%	2 417.0	347.5	360.7	-63.8%	9.5%
of which:											
Consultants: Business and advisory services	97.2	54.2	135.9	49.7	-18.7%	0.3%	43.8	38.0	39.8	-7.1%	0.2%
Agency and support/outsourced services	3.5	2.3	3.3	25.3	68.4%	–	24.4	21.4	22.4	-4.1%	0.1%
Inventory: Medical supplies	78.0	88.7	89.9	98.7	30.1%	0.2%	188.9	115.3	118.8	6.1%	0.4%
Inventory: Medicine	–	–	462.8	7 108.7	–	7.2%	2 130.5	37.7	39.4	-82.0%	8.4%
Travel and subsistence	28.7	–	45.7	46.7	17.2%	0.1%	41.3	47.9	49.6	6.5%	0.1%
Operating payments	30.2	5.0	32.8	33.3	3.9%	0.1%	53.1	54.1	57.2	18.1%	0.2%
Transfers and subsidies	**20 300.7**	**22 382.2**	**27 388.6**	**27 964.8**	**11.3%**	**91.2%**	**24 342.9**	**24 144.6**	**25 226.9**	**-3.4%**	**90.0%**
Provinces and municipalities	20 121.7	22 196.2	27 199.1	27 752.9	11.3%	90.5%	24 134.5	23 934.6	25 005.5	-3.4%	89.2%
Departmental agencies and accounts	17.3	18.1	18.1	28.9	19.1%	0.1%	19.4	20.2	21.1	-9.8%	0.1%
Non-profit institutions	161.2	167.9	170.6	183.0	4.3%	0.6%	189.0	189.8	198.3	2.7%	0.7%
Households	0.5	0.7	0.9	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**0.3**	**0.3**	**10.4**	**3.1**	**102.5%**	**–**	**17.6**	**1.8**	**3.9**	**-20.8%**	**–**
Machinery and equipment	0.3	0.3	10.4	3.1	102.5%	–	17.6	1.8	3.9	-20.8%	–
Total	**20 688.3**	**22 713.5**	**28 348.4**	**35 760.6**	**20.0%**	**100.0%**	**26 913.1**	**24 629.2**	**25 733.0**	**-10.4%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**44.4%**	**46.7%**	**45.8%**	**54.7%**	**–**	**–**	**42.7%**	**40.6%**	**41.4%**	**–**	**–**
Details of transfers and subsidies											
Households											
Social benefits											
Current	**3.8**	**0.7**	**8.8**	**–**	**-100.0%**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	3.8	0.7	8.8	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**17.3**	**18.1**	**18.1**	**28.9**	**19.1%**	**0.1%**	**19.4**	**20.2**	**21.1**	**-9.8%**	**0.1%**
South African National AIDS Council	17.3	18.1	18.1	28.9	19.1%	0.1%	19.4	20.2	21.1	-9.8%	0.1%
Households											
Other transfers to households											
Current	**–**	**–**	**0.2**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	–	–	0.2	–	–	–	–	–	–	–	–
Non-profit institutions											
Current	**161.2**	**167.9**	**170.6**	**183.0**	**4.3%**	**0.6%**	**189.0**	**189.8**	**198.3**	**2.7%**	**0.7%**
Non-governmental organisations: Lifeline	23.3	24.0	27.1	28.0	6.4%	0.1%	28.9	29.0	30.3	2.6%	0.1%
Non-governmental organisations: loveLife	64.8	68.4	59.5	67.8	1.4%	0.3%	68.3	64.6	67.5	2.5%	0.3%
Non-governmental organisations: Soul City	25.9	21.9	23.6	24.3	6.0%	0.1%	25.1	25.2	26.3	2.6%	0.1%
Non-governmental organisations: HIV and AIDS	49.7	49.7	58.9	65.6	3.6%	0.2%	67.5	67.8	70.8	2.6%	0.2%
South African Renal Registry	0.4	0.4	0.4	0.4	6.5%	–	0.5	0.5	0.5	3.0%	–
South African Federation for Mental Health	0.4	0.4	0.5	0.5	6.4%	–	0.6	0.5	0.5	2.7%	–
South African National Council for the Blind	0.9	0.9	–	1.1	6.4%	–	1.1	1.1	1.1	2.6%	–
South African Medical Research Council	0.8	0.8	0.8	–	-100.0%	–	–	–	–	–	–
National Council Against Smoking	0.9	1.0	–	1.1	6.4%	–	1.1	1.2	1.1	2.6%	–
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	**20 121.7**	**22 196.2**	**27 199.1**	**27 752.9**	**11.3%**	**90.5%**	**24 134.5**	**23 934.6**	**25 005.5**	**-3.4%**	**89.2%**
HIV, TB, malaria and community outreach grant: Human papillomavirus vaccine component	–	–	218.8	220.3	–	0.4%	–	–	–	-100.0%	0.2%
Human papillomavirus vaccine grant	200.0	157.2	–	–	-100.0%	0.3%	–	–	–	–	–
HIV, TB, malaria and community outreach grant: HIV and AIDS component	–	14 961.2	20 437.5	22 163.8	–	46.5%	–	–	–	-100.0%	20.0%
HIV, TB, malaria and community outreach grant: Malaria elimination component	–	90.4	118.2	104.2	–	0.3%	–	–	–	-100.0%	0.1%
HIV, TB, malaria and community outreach grant: Community outreach services component	–	1 500.0	2 555.7	2 480.2	–	6.1%	–	–	–	-100.0%	2.2%
HIV, TB, malaria and community outreach grant: Tuberculosis component	–	483.3	507.8	508.2	–	1.4%	–	–	–	-100.0%	0.4%
HIV, TB, malaria and community outreach grant: Mental health services component	19 921.7	–	–	143.4	-80.7%	18.7%	–	–	–	-100.0%	0.1%
HIV, TB, malaria and community outreach grant: Oncology services component	–	–	–	250.9	–	0.2%	–	–	–	-100.0%	0.2%
HIV, TB, malaria and community outreach grant: COVID-19 component	–	–	3 423.2	1 881.8	–	4.8%	–	–	–	-100.0%	1.8%
District health programmes grant: Comprehensive HIV and AIDS component	–	–	–	–	–	–	24 134.5	23 934.6	25 005.5	–	64.7%

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

Personnel Information

Table 18.11 Communicable and Non-communicable Diseases personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2022		Number and cost[2] of personnel posts filled/planned for on funded establishment														Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate									
			2020/21			2021/22			2022/23			2023/24			2024/25			
Communicable and Non-communicable Diseases			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2021/22 - 2024/25	
Salary level	222	-	222	131.9	0.6	248	151.2	0.6	222	135.7	0.6	224	139.6	0.6	224	141.8	0.6	-3.3%	100.0%
1 – 6	27	-	27	8.2	0.3	39	8.4	0.2	26	8.0	0.3	27	8.3	0.3	27	8.5	0.3	-7.2%	14.2%
7 – 10	118	-	118	58.7	0.5	120	63.3	0.5	120	59.1	0.5	120	60.3	0.5	120	60.9	0.5	-1.6%	49.2%
11 – 12	53	-	53	41.3	0.8	57	48.3	0.8	48	39.9	0.8	49	40.3	0.8	49	41.1	0.9	-4.9%	22.1%
13 – 16	24	-	24	23.5	0.9	32	31.2	1.0	28	28.0	1.0	28	28.5	1.0	28	29.2	1.1	-2.3%	12.6%

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

8.4. Programme 4: Primary Health Care

Programme purpose

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

Subprogrammes

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

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

- *Environmental and Port Health Services* coordinates the delivery of environmental health services, including the monitoring and delivery of municipal health services; and ensures compliance with international health regulations by coordinating and implementing port health services at all South Africa's points of entry.

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

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	Evaluation report available to inform the revised District Health System Policy framework and strategy for 2022-2026	Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	New Indicator	New Indicator	New Indicator	New Indicator	Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	Draft review framework on the review of District Health System Policy framework and strategy for 2014-2019	Consultation sessions with 9 Provincial DHS & PHC Management on the DHS strategy review methodology and plan	Conduct the evaluation of the implementation of DHS policy framework and policy and strategy for 2014-19 at 18 Districts	Feedback sessions on the evaluation of the implementation of the DHS policy framework and policy and strategy for 2014-19 held in all 18 districts (reports available)	DHS District Health System Policy framework and strategy for 2022-2026 developed and approved	DHS District Health System Policy framework and strategy for 2022-2026 implemented
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	District Health Management Offices (DHMO) Guidelines tested in Districts	Audit report available on testing of DHMO Guidelines	New Indicator	New Indicator	New Indicator	New Indicator	District Health Management Offices (DHMO) Guidelines tested in 18 Districts	Consultations conducted regarding the methodology to be used for the testing of District Health Management Offices (DHMO) Guidelines	Guidelines on the organograms tested in 10 Districts	Guidelines on the organograms tested in 8 Districts	Audit report completed	Audit report findings used to update DHMO Guidelines	DHMO Guidelines implemented by Provincial Departments of Health

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Community participation promoted to ensure health system responsiveness and effective management of their health needs	PHC Facilities with Ward Based Primary Health Care Outreach Teams	Number of PHC Facilities with Ward Based Primary Health Care Outreach Teams	Not Applicable	Not Applicable	2185	1250	2700	1000	1800	2000	2700	2900	3000
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Clients lost to follow up for TB and HIV treatment traced by CHWs	Number of clients lost to follow for TB and HIV treatment traced by CHWs	Not Applicable	Not Applicable	308097	250000	350000	100000	200000	300000	350000	400000	150000
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 based on self-assessments	Not Applicable	Not Applicable	9 ports of entry self-assessed for compliance with international health regulations	18 ports of entry compliant with international health regulations based on self-assessments	25 ports of entry compliant with international health regulations based on self-assessments	7 Port of Entry compliant with IHR based on self assessments	14 Port of Entry compliant with IHR based on self assessments	20 Port of Entry compliant with IHR based on self assessments	25 Port of Entry compliant with IHR based on self assessments	30 ports of entry compliant with international health regulations based on self-assessments	35 ports of entry compliant with International health regulations based on self-assessments

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Districts and metropolitan municipalities compliant with National Environmental Health Norms and Standards.	Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	30 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	22 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Not Applicable	11 Metropolitan and District Municipalities (which performed below 75%) 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	Planning, Development of Implementation Plan, Communication to provinces and Provincial Manager's Workshop on assessments	6 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	16 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 assessed for compliance to National Environmental Health Norms and Standards	52 Metropolitan and District Municipalities compliant with the National Environmental Health Norms and Standards based on Self-Assessment/ Provincial Assessments.
Quality and Safety of Care Improved	9 Provinces assessed for compliance with Emergency Medical Services Regulations	Number of provinces assessed for compliance with Emergency Medical Services Regulations	Not Applicable	Not Applicable	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	2 Provinces assessed for compliance with Emergency Medical Services Regulations	3 Provinces assessed for compliance with Emergency Medical Services Regulations	2 Provinces assessed for compliance with Emergency Medical Services Regulations	2 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations

Budget Allocations

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

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme Management	4.7	4.4	3.5	4.3	-2.9%	1.9%	4.6	4.6	4.6	2.5%	0.2%
District Health Services[1]	15.0	16.7	14.0	19.0	8.2%	6.6%	4 909.2	2 920.4	3 082.2	443.4%	82.3%
Environmental and Port Health Services	179.1	187.3	190.6	218.8	6.9%	88.6%	227.5	202.3	213.4	-0.8%	7.3%
Emergency Medical Services and Trauma	9.6	8.1	6.9	7.9	-6.3%	3.6%	9.4	8.6	8.4	2.2%	0.3%
Total	**208.4**	**216.5**	**215.0**	**250.1**	**7.0%**	**100.0%**	**5 150.2**	**3 135.9**	**3 308.5**	**136.5%**	**100.0%**
Change to 2021 Budget estimate				27.8			4 926.7	2 909.8	3 075.5		
Economic classification											
Current payments	**208.1**	**215.9**	**214.8**	**247.7**	**7.1%**	**99.6%**	**293.1**	**282.7**	**293.6**	**5.8%**	**8.4%**
Compensation of employees	176.6	192.0	196.2	219.0	7.4%	90.6%	227.6	201.9	211.4	-1.2%	7.2%
Goods and services[1]	31.5	23.8	18.6	28.7	-3.1%	9.1%	31.5	30.8	32.2	3.9%	1.0%
of which:											
Communication	3.6	3.2	3.2	3.4	-1.9%	1.5%	1.9	1.9	2.5	-9.7%	0.1%
Contractors	0.8	3.3	0.2	0.8	1.2%	0.2%	0.8	0.8	0.8	0.0%	–
Fleet services (including government motor transport)	10.0	10.9	10.9	13.4	10.3%	4.6%	13.7	13.5	14.3	2.2%	0.5%
Inventory: Clothing material and accessories	0.2	2.3	1.0	1.7	104.1%	0.6%	1.6	1.6	1.7	0.0%	0.1%
Travel and subsistence	5.7	3.0	3.6	6.2	2.8%	1.5%	9.1	8.7	9.1	14.0%	0.6%
Venues and facilities	1.0	–	0.2	1.4	11.9%	0.3%	1.5	1.4	1.5	2.0%	–
Transfers and subsidies	**0.4**	**0.4**	**0.0**	**–**	**-100.0%**	**0.1%**	**4 858.6**	**2 851.3**	**3 032.9**	**–**	**91.6%**
Provinces and municipalities	–	–	–	–	–	–	4 858.6	2 851.3	3 032.9	–	91.6%
Households	0.4	0.4	0.0	–	-100.0%	0.1%	–	–	–	–	–
Payments for capital assets	**0.6**	**0.6**	**0.2**	**2.4**	**58.7%**	**0.4%**	**2.5**	**1.9**	**2.0**	**-5.9%**	**0.1%**
Machinery and equipment	0.6	0.6	0.2	2.4	58.7%	0.4%	2.5	1.9	2.0	-5.9%	0.1%
Total	**208.4**	**216.5**	**215.0**	**250.1**	**7.0%**	**100.0%**	**5 150.2**	**3 135.9**	**3 308.5**	**136.5%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**0.4%**	**0.4%**	**0.3%**	**0.4%**	**–**	**–**	**8.0%**	**5.2%**	**5.4%**	**–**	**–**
Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.4**	**0.4**	**0.0**	**–**	**-100.0%**	**0.1%**	**–**	**–**	**–**	**–**	**–**
Employee social benefits	0.4	0.4	0.0	–	-100.0%	0.1%	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	**–**	**–**	**–**	**–**	**–**	**–**	**4 858.6**	**2 851.3**	**3 032.9**	**–**	**91.6%**
District health programmes grant: District health component	–	–	–	–	–	–	4 858.6	2 851.3	3 032.9	–	91.6%

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

Personnel Information

Table 18.13 Primary Health Care personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2022		Number and cost[2] of personnel posts filled/planned for on funded establishment															Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate										
			2020/21			2021/22			2022/23			2023/24			2024/25			2021/22 - 2024/25	
Primary Health Care			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost		
Salary level	376	72	330	296.2	0.9	269	235.1	0.9	278	227.6	0.8	269	201.9	0.8	265	213.8	0.8	-4.1%	100.0%
1 – 6	86	72	44	38.2	0.4	69	30.8	0.4	69	30.7	0.4	63	27.6	0.4	63	28.9	0.5	3.0%	21.6%
7 – 10	256	–	258	200.6	0.8	172	154.6	0.9	177	151.9	0.9	180	148.2	0.8	181	155.2	1.0	-2.4%	64.8%
11 – 12	36	–	30	32.2	1.1	18	20.6	1.1	18	20.4	1.1	18	15.8	1.1	14	16.5	1.2	-9.0%	4.7%
13 – 16	10	–	16	22.2	1.4	10	14.4	1.4	10	14.7	1.5	8	12.3	1.5	8	12.9	1.6	-7.2%	3.0%

8.5. Programme 5: Hospital Systems

Programme purpose

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

Subprogrammes

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

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

- *Hospital Systems* focuses on the modernised and reconfigured provision of tertiary hospital services, identifies tertiary and regional hospitals to serve as centres of excellence for disseminating quality improvements, and is responsible for the management of the *national tertiary services grant*.

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Packages of services available to the population is expanded on the basis of cost-effectiveness and equity	Draft Regulations relating to designation/ classification of hospitals reviewed.	Regulations relating to the designation/ classification of hospitals reviewed and published for comment.	Not Applicable	Not Applicable	Not Applicable	Not applicable	Regulations relating to designation /classification of Hospitals reviewed and published for comment.	Regulations presented and discussed with the National Hospital Coordinating Committee (NHCC) for comments and inputs.	Regulations presented to Management Committee of the National Department of Health.	Regulations tabled at the meeting of the Technical Committee of the National Health Council.	Regulations tabled at the meeting of the National Health Council (NHC) for approval.	Regulations relating to the designation/ classification of hospitals published for implementation	Monitoring implemented on the approved Regulations.
Financing and Delivery of infrastructure projects improved	To assess the User Asset Management Plans (UAMPs) for the PHC facilities	Number of UAMPs assessed for the PHC facilities to be constructed or revitalised	Not Applicable	Not Applicable	55 PHC facilities constructed or revitalised (according to UAMPs assessed)	40 PHC facilities constructed or revitalised (according to UAMPs assessed)	40 facilities constructed or revitalised (according to UAMPs assessed)	0 facilities constructed or revitalised (according to UAMPs assessed)	5 facilities constructed or revitalised (according to UAMPs assessed)	10 facilities constructed or revitalised (according to UAMPs assessed)	25 facilities constructed or revitalised (according to UAMPs assessed)	45 facilities constructed or revitalised (according to UAMPs assessed)	42 facilities constructed or revitalised (according to UAMPs assessed)
Financing and Delivery of infrastructure projects improved	To assess the Infrastructure Programme Management Plans (IPMPs) of the Health Provincial Departments	Number of IPMPs assessed for the Hospitals to be constructed or revitalised	Not Applicable	Not Applicable	25 Hospitals constructed or revitalised (according to IPMPs assessed)	21 Hospitals constructed or revitalised (according to IPMPs assessed)	21 Hospitals constructed or revitalised (according to IPMPs assessed)	0 Hospitals constructed or revitalised (according to IPMPs assessed)	0 Hospitals constructed or revitalised (according to IPMPs assessed)	2 Hospitals constructed or revitalised (according to IPMPs assessed)	19 Hospitals constructed or revitalised (according to IPMPs assessed)	30 Hospitals constructed or revitalised (according to IPMPs assessed)	50 Hospitals constructed or revitalised (according to IPMPs assessed)

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Financing and Delivery of infrastructure projects improved	To assess the Maintenance Plans for the Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, repaired and/or refurbished	Number of Maintenance Plans assessed for the public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, repaired and/or refurbished	Not Applicable	Not Applicable	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	3 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	10 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	15 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	92 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	159 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed	200 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed

Budget Allocations

Hospital Systems expenditure trends and estimates by subprogramme and economic classification

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/ Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme Management	1.0	1.1	1.0	1.4	10.4%	–	1.8	2.0	4.2	43.7%	–
Health Facilities Infrastructure Management	6 790.7	7 219.0	7 107.2	9 392.6	11.3%	34.3%	8 326.6	8 914.7	8 482.4	-3.3%	36.0%
Hospital Systems	12 400.2	13 193.6	14 020.4	13 709.1	3.4%	65.1%	14 306.1	14 033.9	14 663.8	2.3%	63.1%
Total	**19 189.9**	**20 413.7**	**21 128.5**	**23 104.2**	**6.3%**	**100.0%**	**22 634.5**	**22 951.6**	**23 150.8**	**0.2%**	**100.0%**
Change to 2021 Budget estimate				(218.2)			199.2	(123.2)	(624.2)		
Economic classification											
Current payments	**305.2**	**173.3**	**76.2**	**48.2**	**-7.9%**	**0.3%**	**225.3**	**221.5**	**175.0**	**27.7%**	**0.8%**
Compensation of employees	21.1	23.7	23.5	31.9	11.9%	0.1%	27.7	27.7	28.3	-3.2%	0.1%
Goods and services	80.2	149.3	52.6	52.3	-14.7%	0.4%	191.8	190.9	143.1	-31.2%	0.6%
of which											
Minor assets	0.0	2.1	–	2.3	-66.9%	–	6.1	6.3	4.6	26.7%	–
Consultants: Business and advisory services	70.4	87.2	48.0	24.5	-32.1%	0.2%	116.6	120.8	88.1	53.6%	0.4%
Contractors	0.2	0.1	0.1	0.9	67.8%	–	2.5	2.6	1.9	26.7%	–
Fleet services (including government motor transport)	0.6	0.7	0.2	1.0	68.4%	–	3.7	3.9	2.9	34.6%	–
Consumable supplies	0.1	33.7	1.8	17.1	470.9%	0.1%	47.1	47.9	34.8	26.7%	0.2%
Travel and subsistence	2.9	0.1	1.4	4.0	11.9%	–	13.8	13.7	10.1	35.6%	–
Transfers and subsidies	**18 457.9**	**19 132.3**	**20 128.4**	**20 143.0**	**3.0%**	**85.8%**	**21 085.5**	**21 143.8**	**22 624.3**	**3.0%**	**91.9%**
Provinces and municipalities	18 457.9	19 131.8	20 128.4	20 143.0	3.0%	85.8%	21 085.5	21 143.8	22 624.3	3.0%	91.9%
Households	–	0.5	–	–	–	–	–	–	–	–	–
Payments for capital assets	**426.8**	**708.8**	**783.9**	**888.8**	**12.3%**	**3.7%**	**1 104.2**	**1 184.3**	**962.8**	**2.7%**	**5.3%**
Buildings and other fixed structures	381.0	652.9	740.1	838.7	12.4%	3.4%	1 043.5	1 125.5	883.3	1.8%	4.4%
Machinery and equipment	45.8	105.7	43.8	49.1	11.3%	0.3%	250.7	218.8	270.4	76.3%	0.9%
Total	**19 189.9**	**20 413.7**	**21 128.5**	**23 104.2**	**6.3%**	**100.0%**	**22 634.5**	**22 951.6**	**23 150.8**	**0.2%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**41.2%**	**40.2%**	**36.6%**	**32.3%**	–	–	**35.3%**	**32.9%**	**37.2%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current	–	**0.1**	–	–	–	–	–	–	–	–	–
Employee social benefits	–	0.1	–	–	–	–	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	**12 400.7**	**13 185.3**	**14 013.2**	**13 707.8**	**3.4%**	**65.1%**	**14 306.1**	**14 033.9**	**14 653.8**	**2.3%**	**63.1%**
National tertiary services grant	12 400.7	13 185.3	14 013.2	13 707.8	3.4%	65.1%	14 306.1	14 033.9	14 653.8	2.3%	63.1%
Capital	**6 057.2**	**6 146.2**	**6 215.2**	**6 435.2**	**2.0%**	**30.7%**	**6 779.5**	**7 118.9**	**7 261.2**	**4.1%**	**32.9%**
Health facility revitalisation grant	6 057.2	6 146.2	6 215.2	6 435.2	2.0%	30.7%	6 779.5	7 118.9	7 261.2	4.1%	32.9%

Personnel Information

Table 18.15 Hospital Systems personnel numbers and cost by salary level[1]

	Number of posts estimated for 31 March 2022		Number and cost[2] of personnel posts filled/planned for on funded establishment													Average growth rate (%)	Average: Salary level/ Total (%)
	Number of funded posts	Number of posts additional to the establishment	Actual			Revised estimate			Medium-term expenditure estimate								
			2020/21			2021/22			2022/23			2023/24			2024/25		
Hospital Systems			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2021/22 - 2024/25	
Salary level	**48**	–	**48**	**21.5**	**0.5**	**61**	**32.0**	**0.5**	**53**	**27.7**	**0.5**	**54**	**27.7**	**0.5**	**54**	**28.3**	**0.5**	**-6.0%**	**100.0%**
1 – 6	15	–	15	3.5	0.2	18	4.6	0.3	15	3.5	0.2	13	3.3	0.2	13	3.3	0.3	-5.3%	26.4%
7 – 10	24	–	24	11.8	0.5	32	16.7	0.5	28	14.8	0.5	30	15.6	0.5	30	15.7	0.5	-1.1%	55.0%
11 – 12	4	–	4	3.2	0.8	5	4.2	0.8	4	3.4	0.9	4	3.4	0.9	4	3.6	0.9	-7.2%	7.7%
13 – 16	5	–	5	3.2	1.0	6	6.9	1.1	6	6.0	1.1	6	6.0	1.1	6	5.7	1.1	–	11.0%

8.6. Programme 6: Health System Governance and Human Resources

Programme purpose

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

Subprogrammes

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

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

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

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

- *Health Information, Monitoring and Evaluation* develops and maintains a national health information system, commissions and coordinates research, implements disease notification surveillance programmes and monitors and evaluates strategic health programmes.

- *Human Resources for Health* is responsible for medium- to long-term human resources for health policy, planning and management. This entails developing and monitoring the implementation of the national human resources for health strategy, facilitating capacity development for the planning of a sustainable health workforce, and developing and implementing human resource information systems for effective planning and monitoring.

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
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	New Indicator	New Indicator	New Indicator	New Indicator	Two (2) Boards appointment recommendations made prior expiry of the term of office (SAMRC and OHSC)	Call for nominations published in National newspapers and in the Gazette for the SAMRC Board	Call for nominations published in National newspapers and in the Gazette for the OHSC Board	(1) SAMRC Board appointed for the new term of office	(1) OHSC Board appointed for the new term of office	(3) SAPC, SANC, NHLS Board / Council appointed for the new term of office	(2) CMS and SADTC Board / Council appointed for the new term of office
Quality and Safety of Care Improved	Entities governance and performance monitored for compliance with applicable legislation, policies and guidelines	Statutory Health Professional Councils and Public Entities governance report produced	New Indicator	New Indicator	New Indicator	New Indicator	Bi-annual governance report produced	Not Applicable	Statutory Health Professional Councils and Public Entities governance report produced	Not Applicable	Statutory Health Professional Councils and Public Entities governance report produced	Bi-annual governance report produced	Bi- annual governance report produced

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Quality and safety of care improved	Nursing Colleges supported to develop training plans for nurse / midwife specialists.	Number of Nursing Colleges supported to develop training plans for nurse / midwife specialists.	New Indicator	New Indicator	New Indicator	New Indicator	9 Nursing Colleges supported to develop training plans for nurse / midwife specialists.	Support 9 Nursing Colleges in conducting a situational analysis on the development of training plans	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Not Applicable	Not Applicable
Adaptive learning and decision making is improved through use of strategic information and evidence	National Health Research Priorities identified to generate the required knowledge for the South African health system	Annually Revised set of Health research priorities produced	Not Applicable	Not Applicable	National Health Research Priorities identified	Revised set of Health research priorities produced	Revised set of Health Research Priorities produced	National Department Programmes consultation completed	Provincial consultation completed	Draft Health research priorities produced	Revised set of Health Research Priorities produced	Revised set of Health Research Priorities produced	Not applicable

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Adaptive learning and decision making is improved through use of strategic information and evidence	Performance dashboards for national, provincial and district levels developed	Performance dashboards for national, provincial and district levels developed	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Performance dashboards for national, provincial and district levels developed	Conceptual framework developed on the requirements for standard Performance Dashboards required for each level of healthcare	Consultations conducted with relevant stakeholders to determine user requirements for Performance Dashboards	Draft Performance Dashboards produced; and Data analytics capabilities built	Development of Performance Dashboards finalised and training plan developed	Performance dashboards implemented in 9 x Provincial Head Offices, and 52x District Offices	Performance dashboards implemented in 9 x Provincial Head Offices, and 52x District Offices
Quality and Safety of Care Improved	PHC Facilities and Hospitals implementing the National Health Quality Improvement Programme	Number of health facilities implementing the National Health Quality Improvement Programme	Not Applicable	Not Applicable	16 Quality Learning Centres identified to cover 80 hospitals and 64 PHC facilities	100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme	100 PHC Facilities and 80 Hospitals implementing the National Health Quality Improvement Programme	25 PHC Facilities and20 Hospitals implementing the National Health Quality Improvement Programme	50 PHC Facilities and 40 Hospitals implementing the National Health Quality Improvement Programme	75 PHC Facilities and 60 Hospitals implementing the National Health Quality Improvement Programme	100 PHC Facilities and80 Hospitals implementing the National Health Quality Improvement Programme	200 PHC Facilities and 160 Hospitals implementing the National Health Quality Improvement Programme	300 PHC Facilities and 240 Hospitals implementing the National Health Quality Improvement Programme

Outcome	Output	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets						
							Annual Target 2022/23	Quarterly Targets				2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22		Q1	Q2	Q3	Q4		
Quality and Safety of Care Improved	PHC facilities that qualify as Ideal Clinics	Number of primary health care facilities that qualify as ideal clinics	1920 PHC facilities qualify as ideal clinics	2000 PHC facilities qualify as ideal clinics	1 444 PHC facilities in the districts qualify as Ideal Clinics	2100 PHC facilities qualify as Ideal Clinics	2200 PHC facilities that qualify as Ideal Clinics	Baseline status determination commencing to 3400 Primary Health care facilities	Continue and complete baseline status determination for 3400 Primary Health care facilities	Draw scale-up plans and conduct cross district peer reviews of ideal clinic status	Peer-review updated with 2200 PHC facilities that qualify as Ideal Clinics	2250 PHC facilities that qualify as Ideal Clinics	2600 PHC facilities that qualify as Ideal Clinics
Staff equitably distributed and have right skills and attitudes	Community service policy reviewed	Community service policy review report and recommendations produced	Not Applicable	Not Applicable	Not applicable	Not Applicable	Community service policy review report with recommendations finalised and presented to Tech NHC	Present review proposals to the National Health Council (NHC) Technical Advisory Committee	Stakeholder engagement	First Draft circular / directive on the reviewed Policy	Second Draft of the Circular / directive of the reviewed Policy	Implementation of the Reviewed Policy	Not applicable
Staff equitably distributed and have right skills and attitudes	Facilitate implementation of the HRH plan 2020/21 - 2024/25 to address human resources requirements	HR Information System implemented at National DoH and Provincial Head Offices	Not Applicable	Not Applicable	Not applicable	HR Information System operational and 41% of the HRIS transition / institutionalization framework activities achieved	Utilization and functionality of HRIS for HRH planning extended	Demonstrate the HRH planning module through a use case	Complete a concept note for Financial System data exchange	Conduct end user training on the HRIS, change management and data quality improvement	Capabilities of HRIS evaluated and reviewed	Roll out of HRIS to Health Districts and facilities	HRIS transitioned to the NDoH HRIS unit

Budget Allocations

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

Subprogramme	Audited outcome			Adjusted appropriation	Average growth rate (%)	Average: Expenditure/Total (%)	Medium-term expenditure estimate			Average growth rate (%)	Average: Expenditure/Total (%)
R million	2018/19	2019/20	2020/21	2021/22	2018/19 - 2021/22		2022/23	2023/24	2024/25	2021/22 - 2024/25	
Programme Management	5.7	5.9	5.3	6.1	2.5%	0.1%	6.0	5.9	6.2	0.3%	0.1%
Policy and Planning	9.0	8.1	5.4	7.7	-5.1%	0.1%	7.1	7.3	7.9	0.8%	0.1%
Public Entities Management and Laboratories	1 697.7	1 880.7	2 234.2	2 001.0	5.6%	26.5%	2 053.2	1 925.9	2 016.5	0.3%	27.3%
Nursing Services	8.8	8.1	7.6	9.4	2.4%	0.1%	9.7	9.5	9.7	1.0%	0.1%
Health Information, Monitoring and Evaluation	54.5	50.5	45.0	58.1	2.2%	1.0%	71.6	72.5	73.2	8.0%	1.0%
Human Resources for Health[1]	2 999.8	3 639.8	4 090.1	4 327.8	15.4%	61.2%	5 471.3	5 502.0	5 188.9	7.4%	71.4%
Total	**4 775.5**	**5 596.2**	**6 651.8**	**6 435.1**	**10.5%**	**100.0%**	**7 519.4**	**7 523.2**	**7 300.5**	**5.2%**	**100.0%**
Change to 2021 Budget estimate				246.0			1 456.9	1 402.2	1 082.5		
Economic classification											
Current payments	**271.7**	**293.0**	**338.5**	**314.8**	**5.0%**	**5.2%**	**197.8**	**199.6**	**206.2**	**-13.2%**	**3.3%**
Compensation of employees	188.0	184.1	187.7	201.4	2.3%	3.1%	105.1	105.6	109.8	-18.3%	1.8%
Goods and services[1]	83.6	108.5	150.8	113.4	10.7%	1.9%	92.6	93.7	96.4	-5.3%	1.4%
of which:											
Audit costs: External	2.7	4.3	2.6	4.6	20.1%	0.1%	3.1	2.8	4.0	-4.6%	–
Consultants: Business and advisory services	34.9	43.4	50.2	47.0	10.4%	0.8%	46.9	48.2	38.3	-2.3%	0.7%
Contractors	6.6	27.8	30.5	21.3	28.8%	0.4%	19.4	9.1	7.1	-14.2%	0.1%
Fleet services (including government motor transport)	3.9	3.5	0.8	4.6	6.0%	0.1%	3.0	3.4	3.5	-8.6%	0.1%
Travel and subsistence	9.9	–	5.1	13.7	11.5%	0.2%	10.1	11.6	12.2	-4.0%	0.2%
Operating payments	3.8	1.1	2.4	5.0	9.8%	0.1%	1.8	4.0	3.2	-13.9%	–
Transfers and subsidies	**4 485.1**	**4 750.3**	**6 355.1**	**6 095.2**	**10.8%**	**94.5%**	**7 316.4**	**7 315.4**	**7 285.5**	**6.1%**	**96.7%**
Provinces and municipalities	2 786.5	2 940.4	4 530.9	4 297.7	15.6%	62.6%	5 468.1	5 479.0	5 366.5	7.7%	72.1%
Departmental agencies and accounts	1 700.0	1 809.9	2 025.9	1 797.6	1.9%	31.9%	1 667.3	1 836.4	1 919.0	2.2%	25.6%
Households	0.6	0.3	0.2	–	-100.0%	–	–	–	–	–	–
Payments for capital assets	**18.7**	**2.9**	**38.3**	**23.1**	**11.4%**	**0.3%**	**5.1**	**8.1**	**8.5**	**-28.2%**	**0.2%**
Machinery and equipment	18.7	2.9	38.3	23.1	11.4%	0.3%	5.1	8.1	8.5	-28.2%	0.2%
Total	**4 775.5**	**5 596.2**	**6 651.8**	**6 433.1**	**10.5%**	**100.0%**	**7 519.4**	**7 523.2**	**7 300.3**	**5.2%**	**100.0%**
Proportion of total programme expenditure to vote expenditure	**10.2%**	**9.5%**	**11.5%**	**9.8%**	–	–	**11.7%**	**11.4%**	**12.1%**	–	–
Details of transfers and subsidies											
Households											
Social benefits											
Current	**0.6**	**0.3**	**0.2**	–	**-100.0%**	–	–	–	–	–	–
Employee social benefits	0.6	0.3	0.2	–	-100.0%	–	–	–	–	–	–
Departmental agencies and accounts											
Departmental agencies (non-business entities)											
Current	**1 696.1**	**1 805.3**	**2 021.8**	**1 796.1**	**1.9%**	**31.9%**	**1 665.8**	**1 834.7**	**1 917.2**	**2.2%**	**25.6%**
South African Medical Research Council	624.8	688.1	654.6	651.7	1.4%	11.3%	779.5	797.6	833.5	8.5%	11.3%
National Health Laboratory Service	630.8	792.3	955.6	693.1	3.2%	13.5%	772.4	726.2	757.9	3.0%	10.0%
Office of Health Standards Compliance	129.7	135.3	137.6	151.9	5.4%	2.4%	157.9	152.7	159.6	1.7%	2.1%
Council for Medical Schemes	5.7	6.0	6.5	6.2	2.9%	0.1%	6.3	6.5	6.6	2.4%	0.1%
South African Health Products Regulatory Authority	125.2	183.3	196.6	146.3	5.3%	2.7%	150.0	152.6	159.4	2.9%	2.1%
Households											
Other transfers to households											
Current	–	–	–	–	–	–	–	–	–	–	–
Employee social benefits	–	–	–	–	–	–	–	–	–	–	–
Provinces and municipalities											
Provinces											
Provincial revenue funds											
Current	**2 786.5**	**2 940.4**	**4 530.9**	**4 297.7**	**15.6%**	**62.6%**	**5 468.1**	**5 479.0**	**5 366.5**	**7.7%**	**72.1%**
Human resources and training grant	–	–	4 530.9	4 297.7	–	37.6%	5 468.1	5 479.0	5 366.5	7.7%	72.1%
Health professions training and development grant	2 786.5	2 940.4	–	–	-100.0%	25.0%	–	–	–	–	–
Departmental agencies and accounts											
Social security funds											
Current	**3.8**	**4.1**	**4.1**	**1.4**	**-27.9%**	**0.1%**	**1.5**	**1.7**	**1.8**	**8.1%**	–
Compensation Commissioner for Occupational Diseases in Mines and Works	3.8	4.1	4.1	1.4	-27.9%	0.1%	1.5	1.7	1.8	8.1%	–

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

Personnel Information

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

	Number of posts estimated for 31 March 2022: Number of funded posts	Number of posts additional to the establishment	Number and cost[1] of personnel posts filled/planned for on funded establishment: Actual 2020/21			Revised estimate 2021/22			Medium-term expenditure estimate 2022/23			2023/24			2024/25			Average growth rate (%)	Average: Salary level/Total (%)
Health System Governance and Human Resources			Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Unit cost	2021/22 - 2024/25	
Salary level	**288**	–	**244**	**187.7**	**0.7**	**207**	**201.1**	**0.7**	**120**	**105.3**	**0.9**	**118**	**106.3**	**0.9**	**118**	**109.8**	**0.9**	**-16.4%**	**100.0%**
1 – 6	161	–	132	60.3	0.4	89	64.3	0.4	53	21.5	0.4	53	21.7	0.4	53	22.3	0.4	-15.8%	45.6%
7 – 10	84	–	80	66.8	0.8	68	60.6	0.9	28	25.7	0.9	27	25.2	0.9	27	27.7	0.9	-22.0%	20.9%
11 – 12	21	–	21	27.3	1.3	21	28.1	1.3	13	17.8	1.4	13	17.9	1.4	13	18.7	1.4	-14.8%	8.2%
13 – 16	18	–	18	34.1	1.9	21	49.1	1.9	26	41.2	2.0	26	42.7	2.0	26	44.2	2.1	-8.7%	20.7%

The reduction in personnel is due to the shift of the forensic chemistry laboratories to the National Health Laboratory Service.

9. Key Risks

Outcomes	Risks	Mitigation
1. Maternal, Child, Infant and neonatal mortalities reduced 2. HIV incidence among youth reduced 3. 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25 4. Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies 5. Premature mortality from Non-communicable diseases reduced by 10% 6. An equitable budgeting system progressively implemented, and fragmentation reduced 7. Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs 8. Financial management strengthened in the health sector 9. Management of Medico-legal cases in the health system strengthened 10. Package of services available to the population is expanded on the basis of cost-effectiveness and equity 11. Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care 12. Quality and safety of care improved 13. Staff equitably distributed and have right skills and attitudes 14. Community participation promoted to ensure health system responsiveness and effective management of their health needs	Inadequate Financial Management (which may lead to Irregular, fruitless/wasteful and unauthorised expenditure and negative Audit Outcomes)	• Implementation of approved Financial policies and procedures • Staff training on application and implementation of financial guidelines • Implement consequence management on transgressions with financial guidelines • Delegations and accountability framework implemented • Monitoring of action plans to address audit findings. • Enhanced collaboration with stakeholder departments on forensic mental health services
	Fraud and Corruption	• NDoH Fraud Prevention policy and Strategy in place. • Established Ethics Committee • Conduct Fraud and Corruption awareness campaigns.
	Escalating Medico-Legal Fraudulent claims	• Development of a Case Management system • Collaborate with Special Investigative Unit (SIU) to investigate alleged fraudulent claims
	Lack of adequate funding (in order to meet health delivery service needs)	• Continue to engage with National Treasury and other relevant Stakeholders e.g. Donor Funders for additional funds.
	Ineffective Supply Chain Management processes which may have negative effect on service delivery due to procurement delays	• Approved Procurement policy and Delegation of duties in place • Approved Standard Operating Procedures circulated to all branches. • Staff training on Supply Chain Management (SCM) processes
	Shortages of Pharmaceuticals leading to compromised provision of patient care	• Contracts with suppliers in place • Supplier performance management systems • Enforcement of penalty clauses on non-compliance with the delivery terms. • Implementation of electronic stock management systems
	Delays in finalisation and implementation of the NHI Bill/Act	• Seek Legal Opinion to address potential areas of Legal challenges • Address matters raised by Portfolio Committee of health and Provincial Legislatures
	Shortages of Human Resources in Critical positions	• Development of a comprehensive strategy and plan to address human resource requirements, including filling of critical vacant posts

Outcomes	Risks	Mitigation
15. Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services 16. Financing and Delivery of infrastructure projects improved 17. Adaptive learning and decision making is improved through use of strategic information and evidence 18. Information systems are responsive to local needs to enhance data use and improve quality of care		• Expansion of Primary Health Care system by strengthening the community Health Workers Programme • Consolidate nursing colleges • Expand the Nelson Mandela-Fidel Castro Programme to supplement the production of much-needed medical practitioners and other health professionals.
	Resurgence of Covid-19 pandemic which may severely affect service delivery across value chain.	• Continue to implement Covid-19 guidelines • Develop and implement Business Continuity Plans
	Inadequate Health Care Infrastructure (new or revitalisation of Old Hospitals and Clinics).	• Ensure effective Implementation of the 10 year National Health Infrastructure Plan to improve health facility planning in order to ensure construction of appropriate health facilities on a need and sustainable basis.
	Inadequate Health Prevention and Promotion	• Training of Community Health Workers (CHWs) for outreach programmes. • Health Promotion improved
	Inadequate Information, Communication, Technology (ICT) Infrastructure	• Adequate ICT infrastructure made available to public health facilities, through the implementation of Digital Health Strategy 2019-2024 • Development of a streamlined, integrated information system for decision-making, as required by the Digital Health strategy 2019-2024
	Limited delivery of planed Healthcare Infrastructure due to non-performance of implementing agents/service providers/contractors.	• Improve monitoring and oversight on the compliance/implementation of IDMS and relevant infrastructure legislation, regulation and policies; • Utilise the Project Management Information System to monitor the projects. • Strengthen enterprise contract management in order to effectively deal with non-performance of implementing agents/service providers/contractors;

10. Public Entities

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

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

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

11. Infrastructure Projects

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

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

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

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Limpopo: Tshilidzini hospital	Replacement of hospital	17/06/2016	31/03/2031	R 1 911 199	R 37 869	R 15 000
Limpopo: Academic hospital	Construction of new hospital	31/10/2018	31/12/2027	R 3 758 372	R 300 520	R 122 000
Limpopo: Siloam hospital	Construction of new hospital	06/07/2016	30/09/2031	R 1 350 000	R 93 773	R 13 984
Gauteng: Soshanguve hospital	Construction of new hospital	Project On Hold due to land issues		R 25 672	R 12 113	R 1 447
Eastern Cape: Bambisana hospital (refurbishment)	Revitalisation of hospital	14/4/2015	31/08/2029	R 1 000 000	R 13 789	R 40 718
Eastern Cape: Zithulele hospital	Revitalisation of hospital	26/10/2016	31/08/2027	R 1 000 000	R 35 232	R 53 789
Free State: Dihlabeng hospital revitalisation	Replacement of hospital	26/10/2016	31/08/2027	R 668 358	R 40 600	R 52 538
Eastern Cape: Nolitha clinic	Replacement of clinic	21/02/2015	15/03/2019*	R 23 725	R 19 646	R 416
Eastern Cape: Nkanga clinic	Replacement of clinic	01/12/2014	13/03/2019*	R 50 000	R 33 349	R 445
Eastern Cape: Lutubeni clinic	Replacement of clinic	16/02/2015	21/03/2019*	R 35 423	R 29 824	R 175
Eastern Cape: Maxwele clinic	Replacement of clinic	29/01/2015	22/03/2019*	R 29 500	R 28 551	R 430

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Eastern Cape: Lotana clinic	Replacement of clinic	12/02/2015	29/11/2019*	R 32 778	R 32 068	R 470
Eastern Cape: Lusikisiki clinic	Replacement of clinic	28/07/2015	29/03/2019*	R 91 559	R 87 663	R 353
Eastern Cape: Gengqe clinic	Replacement of clinic	21/02/2015	29/11/2019*	R 25 828	R 24 457	R 215
Eastern Cape: Sakhela clinic	Replacement of clinic	17/04/2015	29/03/2019*	R 36 227	R 35 948	R 240
Free State: Clocolan clinic	Replacement of clinic	16/01/2015	21/04/2025	R 65 735	R 6 454	R 5 536
Free State: Borwa clinic	Replacement of clinic	16/01/2015	21/04/2026	R 65 735	R 3 803	R 400
Free State: Lusaka community health centre	Replacement of community health centre	16/01/2015	21/04/2026	R 244 038	R 7 337	R 14 225
Limpopo: Magwedzha clinic	Replacement of clinic	16/01/2015	31/03/2021	R 61 525	R 47 818	R 5 753
Limpopo: Thengwe clinic	Replacement of clinic	16/01/2015	30/06/2020*	R 59 000	R 29 191	R 14 334
Limpopo: Mulenzhe clinic	Replacement of clinic	16/01/2015	31/03/2020*	R 73 513	R 51 563	R 1 000
Limpopo: Makonde clinic	Replacement of clinic	16/01/2015	29/06/2021	R 60 416	R 48 616	R 2 358
Limpopo: Chebeng community health centre	Replacement of community health centre	16/01/2015	30/06/2023	R 234 379	R 9 709	R 521
Mpumalanga: Msukaligwa community day centre	Replacement of clinic	16/01/2015	25/08/2024	R 161 362	R 19 232	R 10 222
Mpumalanga: Ethandakukhanya community day centre	Replacement of clinic	16/01/2015	28/06/2023	R 190 914	R 73 712	R 59 658
Mpumalanga: Vukuzakhe clinic	Replacement of clinic	16/01/2015	30/08/2019*	R 50 402	R 48 373	R 2 029
Mpumalanga: Balfour community health centre (24-hour mini-hospital)	Replacement of community health centre	16/01/2015	25/08/2024	R 344 490	R 105 794	R 149 094
Mpumalanga: Nhlazatshe 12 clinic	Replacement of clinic	16/01/2015	30/11/2019*	R 90 569	R 46 913	R 2 228
Gauteng: Chris Hani Baragwanath nursing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 21 434	R 1 118	R 115
Limpopo: Thohoyandou nursing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 23 854	R 4 622	R 62
Mpumalanga: Middelburg nursing college	Rehabilitation of existing nursing education institute facility	15/12/2014	31/06/2021	R 36 722	R 21 259	R 662
National health insurance backlog maintenance	Various projects related to rehabilitation and maintenance at various facilities	Ongoing		R 832 079	R 451 056	R 117 023
Health technology for national health insurance facilities	Various	Ongoing		R 144 571	R 105 845	R 38 726

Project Name	Project Description	Start Date	Finish Date	Total Project Cost (000's)	Total expenditure to date from previous years (000's)	Budget (Estimated expenditure for 2021/22) (000's)
Non-capital infrastructure projects, including maintenance (national health insurance facilities)	Maintenance, provision of provincial management support units and project management information systems, monitoring of 10-year health infrastructure plan	Ongoing		R 351 828	R 167 040	R 50 217
Limpopo: Hayani hospital	Upgrades and additions	14/11/2018	TBC	R 86 123	R 1 762	R 4 370
Gauteng: Mamelodi hospital	Rehabilitation	14/11/2018	TBC	R 50 000	R 429	R 490
Gauteng: Weskoppies hospital	Additions	14/11/2018	TBC	R 78 071	R 1 856	R 3 181
DBSA Backlog Maintenance Programme	Backlog maintenance	01/04/2019	31/03/2024	R 435 230	R 215 405	R 118 459
DBSA Boiler Programme	Boiler Replacement	01/04/2019	31/03/2024	R 239 991	R 175 382	R 20 006
Refurbishment of Komani Psychiatric Hospital	Refurbishment of Komani Psychiatric Hospital	TBC	TBC	R 198 000	-	R 2 000
TOTAL				**R 17 343 455**	**R 2 860 639**	**R 924 889**

PART D:

TECHNICAL INDICATOR DESCRIPTION (TIDS) FOR ANNUAL PERFORMANCE PLAN

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

Programme 1: Administration

Programme 1: Administration												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Audit outcome of National DoH	Audit opinion from Auditor General for National Department of Health for the 2021/22 financial year	Auditor General's Report confirming audit outcome for 2021/22 FY	Not Applicable	Not Applicable	Annual Report	Not Applicable	Not Applicable	Not-Applicable	Not Applicable	Annual	Unqualified audit opinion received	Chief Financial Officer
A policy and legal framework to manage medico-legal claims in South Africa developed	A policy and legal framework to manage medico-legal claims in South Africa developed	Policy and legal framework document to manage medico-legal claims in South Africa	Not Applicable	Not Applicable	Evidence (Minutes of meeting / Presentations / Documents) of Policy and legal framework presented to TechNHC and NHC	Consultation with and approval from the Department of Health legal forum	Not Applicable	All 9 Provinces	Not Applicable	Quarterly	Legislation to manage medico-legal claims in South Africa developed	DDG: Corporate Services
A secure case management system developed and implemented to streamline case management in 8 Provinces	A secure case management system developed and implemented to streamline case management of medico-legal cases	System generated report from the medico-legal case management system reflecting management of new medico legal claims	Not Applicable	Not Applicable	System generated report from the medico-legal case management system reflecting management of new medico legal claims	A secure case management system will be successfully implemented	Not Applicable	All Provinces	Not Applicable	Quarterly	Case Management system implemented (rollout) in the remaining four of eight (4/8) participating provinces, excluding Western Cape.	DDG: Corporate Services

Programme 1: Administration												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of Health promotion messages broadcasted on Social Media to supplement other channels of communication	Health promotion messages broadcasted on Social Media to supplement other channels of communication	Print outs /screenshots/ links from the Departmental Social media accounts	Total number of health promotion messages placed / broadcasted on social media	No Denominator	Print outs / screenshots / links from the Departmental Social media accounts	Accuracy of reporting	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	100 health promotion messages on NDOH social media placed	Chief Director: Communications
Percentage of Women, at SMS level appointed at NDoH accordingly to the equity targets	Ensuring achievement of targets set for WYPD	Staff Establishment report from Persal	Total number of Women employed at SMS level at NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Gender, Age and Disability	Not-Applicable	Cumulative (year to date)	Quarterly	50% of Women appointed at SMS level at NDoH accordingly to the equity targets	Chief Director: Human Resource Management and Development
Percentage of Youth appointed at NDoH accordingly to the equity targets	Ensuring achievement of targets set for WYPD	Staff Establishment report from Persal	Total number of Youth employed at NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Gender, Age and Disability	Not-Applicable	Cumulative (year to date)	Quarterly	30% Youth appointed at NDoH accordingly to the equity targets	Chief Director: Human Resource Management and Development
Percentage of People with disabilities appointed at NDoH accordingly to the equity targets	Ensuring achievement of targets set for WYPD	Staff Establishment report from Persal	Total number of people with disabilities employed at NDoH	All NDoH Employees	Persal	All employees are recorded on Persal	Gender, Age and Disability	Not-Applicable	Cumulative (year to date)	Quarterly	7% of People with disabilities appointed at NDoH accordingly to the equity targets	Chief Director: Human Resource Management and Development

Programme 2: National Health Insurance

Programme 2: National Health Insurance											
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of patients registered on the central chronic medication dispensing and distribution (CCMDD) programme	Total number of patients registered to receive medicines through the centralised chronic medicine dispensing and distribution programme	Weekly and monthly tracker reports from the contracted service providers that track the enrolled patients on the programme	Total number of patients registered to receive chronic medication through the CCMDD programme	No Denominator	Monthly reports from contracted service providers that track patients enrolled into the CCMDD Programme	Not applicable	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	5.5million	NHI: Technical specialist: Contracting
Percentage of funded posts in the NHI organogram filled	Percentage of funded posts in the NHI organogram filled to commence work on the NHI Programme	Numerator: Letters of appointment, staff establishment Denominator: ENE 2022 reflecting the funding available for NHI	Number of posts filled in the NHI organogram	Number of funded posts in the NHI organogram	Letters of appointment	Funding will be made available to fill posts; and DPSA will approve organogram	Not Applicable	Not Applicable	Not Applicable	Quarterly	70% of funded posts in the NHI organogram filled	DDG: National Health Insurance and DDG: Corporate Services

Programme 2: National Health Insurance												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
NHI Fund purchasing health services by 2024/25	Public hearings on NHI Bill attended by the DoH to prepare comprehensive response to questions so that NHI fund is established and able to purchase health services once established	Documents (e.g. attendance register and minutes) confirming attendance of public hearings	Not Applicable	Not Applicable	Documents confirming attendance of public hearings	Attendance of the Portfolio Committee public hearings on the Bill in Parliament	Not Applicable	All Districts	Not Applicable	Quarterly	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	DDG: National Health Insurance
Total number of health facilities reporting stock availability at national surveillance centre	Number of Health facilities reporting stock availability at national surveillance centre	Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability	Sum of health facilities with no stock outs on essential medicines	No Denominator	Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability	None	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	3850 Health facilities	Director: Affordable Medicines

Programme 3: Communicable and non-communicable diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of facilities offering HIVSS	Number of facilities offering HIV self-screening	Provincial report indicating HIV Self-screening	Number of facilities offering HIVSS	Not Applicable	Reports from provinces	Adequate stock supply of Self testing kits / Availability of resources	None	Province	Cumulative (Year-to-date)	Quarterly	200 facilities offering HIVSS	Chief Director: HIV and AIDS & STIs
Men's health services piloted in 10 facilities	Men's health package of services piloted in 10 facilities	Report reflecting men's health services from 10 facilities	Number of facilities reflecting men's health services	Not Applicable	Not applicable	Not Applicable	None	Not applicable	Not Applicable	Quarterly	Men's health services piloted in 10 facilities	Chief Director: HIV and AIDS & STIs
Number of PHC facilities with youth zones	Number of PHC facilities with designated area for youth to offer health services	Reports from PHC facilities confirming the activation of youth zones	Sum of PHC facilities with youth zones	No Denominator	Reports from PHC facilities confirming the activation of youth zones	The youth zone would remain active after the inspection and/or support visit	Youth	All Districts	Cumulative (Year-to-date)	Quarterly	2000 PHC facilities with youth zones	Chief Director: HIV and AIDS & STIs
DS-TB Treatment Success Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who successfully completed treatment as a proportion of all DS-TB clients who started treatment during the same reporting period (treatment cohort)	DHIS 2	Count of All DS-TB clients who successfully completed treatment	Count of All DS-TB clients who started treatment during the same reporting period (Treatment cohort)	Facility TIER.Net reports	None	Not Applicable	All treating health facilities	Cumulative (Year-to-date)	Quarterly	Increase the Treatment success rate from 80% (estimated baseline) to 85%	Chief Director: TB Control and Management

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of DS-TB Deaths	Total Number of DS-TB clients who died before treatment start and during treatment	DHIS 2	Count of All DS-TB clients who died during TB treatment and prior to TB treatment initiation	Not applicable	Facility TIER.Net	None	Not Applicable	All treating health facilities	Cumulative (Year-to-date)	Quarterly	Reduction of TB deaths from 14 853 (estimated baseline) to 12 381	Chief Director: TB Control and Management
Number of people started on TB treatment	Count of all people who had a diagnosis of DS-TB and DR-TB who were started on treatment	DHIS 2	Number of people started on TB treatment	Not applicable	Facility level TIER.Net and EDR.Web reports	None	Not Applicable	All treating health facilities	Cumulative (Year-end)	Quarterly	Increase the number of people treated for TB to 221900	Chief Director: TB Control and Management
Number of episodes broadcast during third season of Side-by-Side radio shows	Number of episodes broadcast during third season of Side-by-Side radio shows to promote child health and nutrition	Reports from SABC	No of episodes broadcast for each radio station	Not applicable	Report from SABC	Estimated that 4million persons can be reached	Not Applicable	Not Applicable	Cumulative (Year-to-date)	Quarterly	36 episodes broadcasted on 10 radio stations	Chief Director: Child, Youth and School Health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of quarterly review meetings focusing on performance against key CYSH targets held with provincial CYSH managers	Quarterly review meetings conducted with provincial CYSH managers to focus on performance against key CYSH targets in achieving key national and provincial Child, Youth and School Health (CYSH) targets	Minutes of review meetings	Number of meetings held	Not applicable	Minutes of review meeting	Provincial managers attend meetings regularly	Not applicable	All Provinces	Cumulative (Year-end)	Quarterly	Four quarterly review meetings held with provincial CYSH managers	Chief Director: Child, Youth and School Health
Number of quarterly review meetings focusing on performance against key WMRH targets held with provincial WMRH managers	Quarterly review meetings conducted with provincial WMRH managers to focus on performance against key WMRH targets	Minutes of review meetings	Number of meetings held	Not applicable	Minutes of review meeting	Provincial managers attend meetings regularly	Not applicable	All Provinces	Cumulative (Year-end)	Quarterly	Four quarterly review meetings held with provincial WMRH managers	Chief Director: Women Maternal and Reproductive health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of clinicians who enrolled in SRH modules focusing on maternal, neonatal and reproductive health modules	Sexual and Reproductive Health (SRH) module training is any of the 14 modules of the SRH training curriculum offered through the knowledge hub. It can include that facilitated session or online session.	Training certificates issued by knowledge hub	Training certificates issued by knowledge hub	Not applicable	Knowledge hubs print out	IT support for knowledge hub will be consistent	Not applicable	All Provinces	Cumulative (Year-end)	Quarterly	400 clinicians who completed one module of SRH training curriculum	Chief Director: Women Maternal and Reproductive health
Proportion of adults 50 years and older vaccinated against Covid-19 (at least one dose)	Proportion of adults 50 years and older vaccinated against Covid 19 (at least one dose)	Numerator: Electronic Vaccine Data System (EVDS), Denominator: StatsSA population estimates for 2020/21 based on 2019 MYPE	Number of people older than 50 years vaccinated against Covid-19 (at least one dose)	Number of people 50 years and older residing in South Africa (from Stats SA)	System generated report Electronic Vaccine Data System	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS)	Not Applicable	All Districts	Cumulative (Year-to-date)	Quarterly	75% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	Chief Director: Child, Youth and School Health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Proportion of adults 35-49 years vaccinated against Covid-19 (at least one dose)	Proportion of adults 35-49 years vaccinated against Covid 19 (at least one dose)	Numerator: Electronic Vaccine Data System (EVDS), Denominator: StatsSA population estimates for 2020/21 based on 2019 MYPE	Number of people 35 - 49 years vaccinated against Covid-19 (at least one dose)	Number of people 35 - 49 years residing in South Africa (from Stats SA)	System generated report Electronic Vaccine Data System	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS)	Not Applicable	All Districts	Cumulative (Year-to-date)	Quarterly	65% of adults 35 - 49 years vaccinated against Covid-19 (at least one dose)	Chief Director: Child, Youth and School Health
Proportion of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Proportion of young people (12 - 34 years) vaccinated against Covid 19 (at least one dose)	Numerator: Electronic Vaccine Data System (EVDS), Denominator: StatsSA population estimates for 2020/21 based on 2019 MYPE	Number of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Number of young people (12 - 34 years) residing in South Africa (from Stats SA)	System generated report Electronic Vaccine Data System	All the vaccinations would be recorded on the EVDS (public and private sector vaccinating sites would be implementing the EVDS)	Not Applicable	All Districts	Cumulative (Year-to-date)	Quarterly	60% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Chief Director: Child, Youth and School Health

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
School Mass drug administration of schistosomiasis preventive chemotherapy according to the approved plan	Development and approval of schistosomiasis MDA implementation plan for the mass drug administration of schistosomiasis preventative chemotherapy in endemic districts. The aim is to reduce disease morbidity and transmission towards the elimination of the disease as public health problem (WHO)	Approved plan	Not applicable	Not applicable	Approved plan	Dependent on (1) approval of SAHPRA Section 21 application to receive WHO donated drugs; and approval of the MDA implementation plan by 30 December 2022	Children	Not applicable	Non-Cumulative	Annual	100% of school attending children (SAC) in schistosomiasis endemic districts receive schistosomiasis preventive chemotherapy	Chief Director: Communicable Diseases
Proportion of sub-districts with an incidence <1 per 1000 malaria cases	Sub-districts with an incidence <1 per 1000 population at risk reporting zero local malaria cases.	DHIS2-MIS	Number of sub districts with an incidence <1 per 1000 population at risk reporting zero local malaria cases in a malaria season	Number of Sub districts with an incidence <1 per 1000 population at risk	Case classification within the DHIS2	Provincial implementation of the FOCI clearing program within targeted sub-districts as per the NSP 2019-23	Endemic Sub-district (KZN, MP, LP)	Endemic Sub-district (KZN, MP, LP)	Non-Cumulative	Annually	Targeted sub-districts have fully implemented the foci clearing programme and reported zero local case	Chief Director: Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of new State patients admitted into designated psychiatric hospitals	New State patients (patients admitted as of 1 April 2022 to March 31, 2023) into designated psychiatric hospitals.	Reports from designated psychiatric hospitals	Number of new State patients on the waiting list admitted into designated psychiatric hospitals	Total number of State patients waiting for admission into designated psychiatric hospitals	Reports from designated psychiatric hospitals	Dependent on the availability of beds and human resources	All psychiatric hospitals designated to admit State patients	All designated psychiatric hospitals	Cumulative (Year-to-date)	Quarterly	100 new State patients admitted into designated psychiatric hospitals (cumulative)	Chief Director: Non-Communicable Diseases
Number of provincial progress reports on the implementation of provincial plans on the NSP for NCDS	Provincial progress reports on the implementation of provincial plans on the NSP for NCDs	9 provincial progress reports	Number of provincial progress reports	Not Applicable	Availability of 9 Provincial progress reports on the implementation of the provincial plans on the NSP for NCDs	Dependent on the approval of the NSP by 31 Mar 2022	All Provinces	Not Applicable	Non-Cumulative	Quarterly	9 Provincial progress reports on the implementation of provincial plans on the NSP for NCDs	Chief Director: Non-communicable Diseases
A National Mental Health Policy Framework and Strategic Plan developed	A National Mental Health Policy Framework and Strategic Plan developed to inform mental health services in the country to provide guidance to provinces on mental health services.	Self-generated progress reports; NHC Minutes of meeting for tabling of framework	Not Applicable	Not Applicable	Progress reports and copy of produced draft documents	Stakeholders will provide required inputs and participation; adequate technical assistance obtained	Not Applicable	Not Applicable	Not Applicable	Quarterly	A National Mental Health Policy Framework tabled at NHC	Chief Director: Non-Communicable Diseases

Programme 3: Communicable and non-communicable diseases												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of hospitals compliant with the food service policy	According to the food service management policy, the hospital food service unit should provide food that is safe, nutritious, of good quality and culturally acceptable to meet nutritional requirements of patients. The assessment tool has been developed and it is used to measure if these standards are adhered to.	Assessment reports that measure compliance with food service policy	Number of hospitals compliant with the food service policy	Not Applicable	Assessment reposts that measure compliance with food service policy	Hospitals implemeoting the food service policy	Not Applicable	All Districts	Cumulative (Year-to-date)	Quarterly	Additional 100 hospitals (including 7 Tertiary Hospitals) obtain 75% and above on the food service policy assessment	Chief Director: Health Promotion and Nutrition
Updated Strategy for the prevention and control of obesity in SA developed and published	Updated strategy for the prevention and control of obesity in SA developed and published.	Approved Strategy for the prevention and control of obesity in SA	Not Applicable	Not Applicable	Approved Strategy for the prevention and control of obesity in SA	Participation and buy-in from all key government departments will be attained and NHC Tech and NHC will approve the strategy timeously	Not Applicable	Not Applicable	Cumulative (Year-end)	Quarterly	Updated Strategy for the prevention and control of obesity in SA developed and published	Chief Director: Health Promotion and Nutrition

Programme 4: Primary Health Care

Programme 4: Primary Health Care												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	The evaluation of the DHS policy framework and policy and strategy for 2014-19 conducted to inform the revise DHS framework for 2022-2026	Evaluation Report	Not Applicable	Not Applicable	Evaluation Report	Consultation sessions were completed	Not Applicable	All Districts	Non-Cumulative	Annual	Evaluation report on the review of the District Health System Policy framework for 2014-2019 available	Chief Director: District Health Services
Audit report available on testing of DHMO Guidelines	The assessment of the extent to which provinces have implemented the guidelines for organograms for DHMO	DHMO guidelines and Audit report on testing DHMO guidelines	Not Applicable	Not Applicable	Guidelines available	Consultations for testing of DHMO Guidelines conducted	Not Applicable	Provinces	Not Applicable	Annual	Consultations for testing of DHMO Guidelines conducted in 18 Districts	Chief Director: District Health Services
Number of PHC Facilities with Ward Based Primary Health Care Outreach Teams	Number of PHC facilities with Ward Based Primary Health Care Outreach Teams	DHIS	Sum of PHC facilities with Ward Based Primary Health Care Outreach Teams	No Denominator	DHIS	Not applicable	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	2700	Chief Director: District Health Services
Number of clients lost to follow for TB and HIV treatment traced by CHWs	Number of clients on TB and HIV treatment lost to follow traced by community health workers	DHIS	Sum of TB and HIV clients lost to follow for TB and HIV treatment traced by CHWs	No Denominator	DHIS	Not applicable	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	350000	Chief Director: District Health Services
Number of ports of entry compliant with international health regulations based on self-assessments	Number of ports of entry compliant with international health regulations based on self-assessments conducted by the management of the port	Self-assessment reports reflecting compliance status	Number of ports of entry compliant with international health regulations based on self-assessments	Not Applicable	Self-assessment reports reflecting compliance status	Not Applicable	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	25 ports of entry compliant with international health regulations based on self-assessments	Chief Director: Environmental and Port Health Services

Programme 4: Primary Health Care											
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Number of Metropolitan and District Municipalities (which performed below 75% during 2020/21 financial year) re-assessed for compliance to National Environmental Health Norms and Standards	Numerator: Assessment reports of Metropolitan and District Municipalities Denominator: Assessment reports of Metropolitan and District Municipalities that performed below 75% during 2020/21 financial year	Total number of metropolitan and district municipalities assessed	Total Metropolitan and District Municipalities that performed below 75% during 2020/21 financial year	Assessment Reports	All assessments would be carried without hindrances or disruptions	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Chief Director: Environmental and Port Health Services
Number of provinces assessed for compliance with Emergency Medical Services Regulations	Number of provinces assessed for compliance with Emergency Medical Services Regulations	Assessment reports	Sum of Provinces assessed for compliance with EMS Regulations	No Denominator	Assessment reports	Assessment tools sensitive to the standards required by the regulations	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	9 Provinces assessed for compliance with Emergency Medical Services Regulations	Director: EMS

Programme 5: Hospital System

Programme 5: Hospital Systems												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Regulations relating to the designation/ classification of hospitals reviewed and published for comment.	The Draft Regulations seeks to classify health establishments based on the nature and level of services they are able to provide, their geographical location and demographic reach.	Minutes of the National Hospital Coordinating Committee and reports generated during engagements with the provincial counterparts	Not Applicable	Not Applicable	Reports and information shared by provinces	Regulations reviewed and published	Not applicable	All Hospitals	Not Applicable	Annual	Regulations relating to designation / classification of Hospitals reviewed and published for comment.	Chief Director: Hospital Services
Number of UAMPs assessed for the PHC facilities to be constructed or revitalised	The User Asset Management Plan (UAMP) provides summary lists of all the identified infrastructure needs of the Health Provincial Departments – including capital, maintenance and repair requirements – to enable effective and efficient service delivery. In addition, it outlines the office accommodation required to ensure the necessary administration of the service.	Practical Project completion certificates	Sum of PHC facilities constructed or revitalised	No Denominator	Practical Project completion certificates	Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished according to UAMPs	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	40	Chief Director: Health Facilities and Infrastructure Planning

Programme 5: Hospital Systems												
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of IPMPs assessed for the Hospitals to be constructed or revitalised	The Infrastructure Programme Management Plan (IPMP) is a formal approved document prepared by the Health Provincial Departments that specifies how the infrastructure programme will be executed, monitored and controlled over the current MTEF period	Practical Project completion certificates	Sum of Hospitals constructed or revitalised	No Denominator	Practical Project completion certificates	Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished, according to IPMPs	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	21	Chief Director: Health Facilities and Infrastructure Planning
Number of Maintenance Plans assessed for the public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, repaired and/or refurbished	A maintenance plan is a formal approved document prepared by the Health Provincial Departments that defines work done to maintain assets in a facility proactively. The contents of the document helps the Health Provincial Departments to facilitate the continued use of an asset at optimum performance	Practical Project completion certificates	Sum of all public health facilities maintained, repaired and/or refurbished	No Denominator	Practical Project completion certificates	Accurate record keeping for number of PHC facilities maintained, repaired and/or refurbished, according to Maintenance Plans	Not Applicable	All Districts	Cumulative (year-end)	Quarterly	120	Chief Director: Health Facilities and Infrastructure Planning

Programme 6: Health System Governance and Human Resources for Health

Programme 6: Health System Governance and Human Resources for Health												
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of Boards / Councils appointment recommendations made prior expiry of the term of office	Statutory Health Professional Council and Public Entities governance structures established for effective corporate governance of the institutions	Appointment letters and submission to the Minister	Number of boards / councils appointed	Not Applicable	Submission to the Minister to recommend appointment of new board / council members	Suitable nominations received for appointment	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	New Boards appointed (SAMRC and OHSC)	Directorate: Public Entities
Statutory Health Professional Councils and Public Entities governance report produced	Governance and performance monitoring system implemented to strengthen oversight, compliance and corporate governance practices	Compliance and performance reports submitted by Statutory Health Professional Councils and Public Entities	Not Applicable	Not Applicable	A consolidated Report produced from information submitted by health entities and statutory health professional councils.	Inputs received from Statutory Health Professional Councils and Entities	Not Applicable	Not Applicable	Not Applicable	Bi Annually	Bi-annual governance report produced to ensure that Statutory Councils and Public Entities comply with enabling legislation	Directorate: Public Entities
Number of Nursing Colleges supported to develop training plans for nurse / midwife specialists	Support means to facilitate the review of the current training plan development practices for nurse and midwife specialists in Nursing Colleges. Support for 2nd, 3rd and 4th quarter indicators means, facilitate the development of the training plans.	Review report of provincial training development practices of the 9 Nursing Colleges	Number of Nursing Colleges supported to develop training plans for nurse/midwife specialists.	None	Review report of provincial training development practices of the 9 nursing colleges.	That all nursing colleges have training development plans.	Not Applicable	All 9 provinces	Non-Cumulative	Quarterly	9 Nursing Colleges supported to develop training plans for nurse / midwife specialists.	Chief Nursing Officer
Annually Revised set of Health research priorities produced	Revised Health research priorities produced	National Health Research priority framework	Not Applicable	Not Applicable	National Health Research priority framework	Consensus of priorities among stakeholders	Not Applicable	Not Applicable	Not Applicable	Quarterly	Revised set of Health Research Priorities produced	Chief Director: Health Information Research, Monitoring and Evaluation

Programme 6: Health System Governance and Human Resources for Health												
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Performance dashboards for national, provincial and district levels developed	Performance dashboards for national, provincial and district levels completed	Electronic Performance dashboards on WebDHIS	Not Applicable	Not Applicable	Electronic Performance dashboards on WebDHIS	Not Applicable	Not Applicable	All Districts	Not Applicable	Quarterly	Performance dashboards for national, provincial and district levels developed	Chief Director: Health Information Research, Monitoring and Evaluation
Number of health facilities implementing the National Health Quality Improvement Programme	Number of facilities in the Quality Learning centers (the QLCs is made up of a cluster of facilities in a geographical area, which consists of both public and private hospitals; public and private EMS; GPs and PHC; CHCs and Clinics) implementing the National Health Quality Improvement Programme	Self-assessment reports reflecting compliance status	Number of facilities in the QLC implementing NHQIP	None	Self-assessment reports reflecting compliance status	Not applicable	Not Applicable	Quality Learning Centers	Cumulative (year to date)	Quarterly	100 PHC Facilities and 80 Hospitals implementing the National Health Quality Improvement Programme	Director: Quality Assurance
Number of primary health care facilities that qualify as ideal clinics	Number of clinics testing the guidelines for measuring effectiveness of clinic committees	Reports from the Ideal Clinic system	Sum of PHC facilities that quality as ideal clinics	No Denominator	Reports from the Ideal Clinic system	Not Applicable	Not Applicable	All Districts	Cumulative (year to date)	Quarterly	2200 PHC facilities that qualify as Ideal Clinics	Chief Director: District Health Services

Programme 6: Health System Governance and Human Resources for Health												
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Community service policy review report and recommendations produced	The community service policy is intended as an opportunity for new graduates to provide community based service, as a societal response to the public investment in their education. The report will review the existing policy and make recommendations.	Community service policy review report; Minutes of meeting at Tech NHC	Not Applicable	Not Applicable	Community service policy review report	Not Applicable	Not Applicable	All Districts	Non-Cumulative	Quarterly	Community service policy review report with recommendations finalised and presented to Tech NHC	Chief Director: Human Resources for Health
HR Information System implemented at National DoH and Provincial Head Offices	HR Information System implemented at National DoH and Provincial Health Offices to provide access from Persal, health professional councils and Internship and Community Services Programme, to improve HRH Planning and monitoring	Human Resource for Health Information System and reports	Not Applicable	Not Applicable	Human Resource for Health Information System and reports	Not Applicable	Not Applicable	Not Applicable	Non-Cumulative	Quarterly	Utilisation and functionality of HRIS for HRH planning extended	Chief Director: Human Resources for Health

ANNEXURE A:

CONDITIONAL

GRANTS

Annexure A: Conditional Grants

1.Direct Grants

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

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
• District Health Programmes Grant (HIV/AIDS/ TB Component)	• To enable the health sector to develop and implement an effective response to HIV and AIDS • To enable the health sector to develop and implement an effective response to TB	• Number of new patients started on ART	634 746	R23 871 183
		• Total number of patients on ART remaining in care	5 536 444	
		• Number of male condoms distributed	700 000 000	
		• Number of female condoms distributed	30 000 000	
		• Number of babies PCR tested at 10 weeks	146 739	
		• Number of clients tested for HIV (including antenatal)	14 000 000	
		• Number of medical male circumcisions performed	501 927	
		• Number of HIV Positive clients initiated on Tuberculosis Preventative Therapy	651 940	
		• Number of patients tested for TB using Xpert	4 208 536	
		• Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	419 272	
		• Drug Sensitive TB (DS TB) treatment start rate (under 5yrs and 5yrs and older)	95%	
		• Number of Rifampicin Resistant (RR)/ Multi Drug Resistant TB patients started on treatment	11362	

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
District Health Programmes Grant (District Health Component)	• To ensure provision of quality community outreach services through Ward Based Primary Health Care Outreach Teams • To improve efficiencies of the Ward Based Primary Health Care Outreach Teams programme by harmonising and standardising services and strengthening performance monitoring • To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023 • To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade seven school girls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme • To enable the health sector to rollout COVID-19 vaccine	Number of malaria endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage	21	R3 820 438
		Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas	60%	
		Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas	65%	
		Percentage of identified health facilities with recommended malaria treatment in stock	100%	
		Percentage of identified health workers trained on malaria elimination	90%	
		Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-seeking behavior interventions	90%	
		Percentage of vacant funded malaria positions filled as outlined in the business plan	90%	
		Number of malaria camps refurbished and/or constructed	10	
		80 per cent of grade five school girls aged 9 years and above	80%	

Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
		vaccinated for HPV first dose in the school reached		
		80 percent of schools with grade five girls reached by the HPV vaccination team with first dose	80%	
		80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose	80%	
		80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose	80%	
		Number of community health workers receiving a stipend	49 636	
		Number of community health workers trained	10 000	
		Number of HIV clients lost to follow-up traced	461 538	
		Number of TB clients lost to follow traced	38 275	
		Number of healthcare workers rolling out the Covid – 19 vaccine funded through the grant	1500	
		Number of Covid – 19 vaccine doses administered, broken down by type of vaccine	19,292,000 (current year)	
		Number of clients fully vaccinated for Covid -19	23,878,900 (cumulative)	
• National Health Insurance Grant	• To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	• Number of health professionals contracted (total and by discipline)	• 55 (Psychiatrists: 10 Psychologists: 15 Registered Counsellors: 20 Social Workers: 5 Occupational Therapists: 5)	R689 635
		• Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions	• 25% of 15000 increase (increase by 3750 to 18750 annual target)	
		• Number of patients seen per type of cancer	5	
		• Percentage reduction in oncology treatment including radiation oncology backlog	2 200	
		• Number of health professionals contracted (total and by discipline)	12%	

2. Indirect Grants

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
Health Facility Revitalization Component	• To create an alternative track to improve spending performance as well as monitoring and evaluation on infrastructure in preparation for National Health Insurance (NHI) • To enhance capacity and capability to deliver infrastructure for NHI • To accelerate the fulfilment of the requirements of occupational health and safety	Number of PHC facilities constructed or revitalised	1	R1 509 091
		Number of Hospitals constructed or revitalised	0	
		Number of Facilities maintained, repaired and/or refurbished	5	

Name of Grant NATIONAL HEALTH INSURANCE INDIRECT GRANT	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual Budget R'000
Non-Personal Services Component: CCMDD, Ideal Clinic, Medicine Stock Surveillance System, Health Patient Registration System, Quality Improvement	• To expand the alternative models for the dispensing and distribution of chronic medication • To develop and roll out new health information systems in preparation for NHI, including human resource for health information systems • To enable the health sector to address the deficiencies in Primary Health Care (PHC) facilities systematically and to yield fast results through the implementation of the Ideal Clinic programme • To implement a quality improvement plan	• Alternative chronic medicine dispensing and distribution (CCMDD) model implemented	Alternative CCMDD model implemented	R614 660
		• Number of new and number of total patients registered in the CCMDD programme, broken down by the following: o antiretroviral treatment o antiretroviral with co-morbidities o non-communicable diseases o number of pickup points (state and non-state)	5,5 million	
		• Number and percentage of PHC facilities peer reviewed against the Ideal Clinic standards	68	
		• Number and percentage of PHC facilities achieving an ideal status	2200	
		• Number of public health facilities implementing the health patient registration system (HPRS) installed	3 200	
		• Number of the population registered on the health patient registration system	60 million	
		• National data centre hosting environment for NHI information systems established, managed and maintained	Functional NHI Information System Data Centre	
		• Development and Publication of the 2022 Normative Standards Framework for Digital Health Interoperability	2023 Normative Normative Standards Framework for Digital Health Interoperability published	
		• Development and implementation of the master Facility list policy	Master Facility List Policy Developed and Implementation Commenced	
		• Number of primary healthcare facilities implementing an electronic stock monitoring system	3 290	

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

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

ANNEXURE B:

STANDARDIZED INDICATORS AND TARGET FOR 2022/23 FY FOR THE SECTOR

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

Programme	Output Indicator	Target 22/23				Outcome Indicator (as per Standardised Indicator list 22/23)
		Consolidated Target	(National Target)	(National Target)	National Target	
		2022/23	2022/23	2023/24	2024/25	
Women's Maternal and Reproductive Health	Couple year protection rate	55.2%	55.0%	TBC	60.0%	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Child, Youth and School Health	Delivery 10 -19 years in facility rate	13.3%	13.0%	TBC	13.4%	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Antenatal 1st visit before 20 weeks rate	69.2%	68.0%	TBC	75.0%	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS (Programme 3)	80.6	100/100 000	TBC	70/100 000	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Maternal mortality in facility (Programme 4)	New indicator	New indicator	TBC	New indicator	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Maternal mortality in facility (Programme 5)	New indicator	New indicator	TBC	New indicator	Maternal Mortality in facility Ratio
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Live birth under 2500g in facility rate	13.3%	TBC	TBC	10.0%	Neonatal (under 28 days) deaths in facility rate
	[illegible]				-	
	[illegible]				-	
Women's Maternal and Reproductive Health	Mother postnatal visit within 6 days rate	78.6%	80.0%	TBC	82.0%	Neonatal (under 28 days) deaths in facility rate
	[illegible]					
	[illegible]					
Women's Maternal and Reproductive Health	Neonatal death in facility rate (PER 1000 LIVE BIRTHS)	12.1	12.0	TBC	10 and less	Neonatal (under 28 days) deaths in facility rate
	[illegible]				-	
	[illegible]				-	
Women's Maternal and Reproductive Health	Infant PCR test positive around 10 weeks rate	0.7%	0.8%	TBC	0.5%	Death in facility under 5 years rate *
	[illegible]				-	
	[illegible]				-	
Women's Maternal and Reproductive Health	Immunisation under 1 year coverage	82.3%	85.0%	TBC	90.0%	Death in facility under 5 years rate*
	[illegible]				1019809	
	[illegible]				1132566	
Child, Youth and School Health	Measles 2nd dose coverage	84.1%	90.0%	TBC	95.0%	Death in facility under 5 years rate*
	[illegible]		1074577		1074577	
	[illegible]		1131134		1131134	

Child, Youth and School Health	Child under 5 years diarrhoea case fatality rate (Programme 2)	3.9%	2.0%	TBC	1.8%	Death in facility under 5 years rate*
	Diarrhoea deaths under 5 years				407	
	Diarrhoea separation under 5 years				28807	
Regional Hospitals	Child under 5 years diarrhoea case fatality rate (Programme 4)	1.8%	1.8%	TBC	1.7%	Death in facility under 5 years rate*
	Diarrhoea deaths under 5 years				119	
	Diarrhoea separation under 5 years				6838	
Tertiary & Central Hospitals	Child under 5 years diarrhoea case fatality rate (Programme 5)	3.8%	1.8%	TBC	1.8%	Death in facility under 5 years rate*
	Diarrhoea deaths under 5 years				46	
	Diarrhoea separation under 5 years				2554	
Child, Youth and School Health	Child under 5 years pneumonia case fatality rate (Programme 2)	2.5%	1.8%	TBC	1.7%	Death in facility under 5 years rate*
	Pneumo deaths under 5 years				673	
	Pneumo separation under 5 years				40170	
Regional Hospitals	Child under 5 years pneumonia case fatality rate (Programme 4)	2.1%	2.1%	TBC	2.1%	Death in facility under 5 years rate*
	Pneumonia deaths under 5 years				207	
	Pneumonia separation under 5 years				10048	
Tertiary & Central Hospitals	Child under 5 years pneumonia case fatality rate (programme 5)	3.2%	2.4%	TBC	2.3%	Death in facility under 5 years rate*
	Pneumonia deaths under 5 years				169	
	Pneumonia separation under 5 years				7456	
Child, Youth and School Health	Child under 5 years severe acute malnutrition case fatality rate (Programme 2)	8.4%	6.9%	TBC	6.7%	Death in facility under 5 years rate*
	Severe acute malnutrition (SAM) deaths under 5 years				688	
	Severe acute malnutrition inpatient under 5 years				10152	
Regional Hospitals	Child under 5 years severe acute malnutrition case fatality rate (Programme 4)	8.4%	8.4%	TBC	8.3%	Death in facility under 5 years rate*
	Severe acute malnutrition (SAM) deaths under 5 years				211.66	
	Severe acute malnutrition inpatient under 5 years				2543	
Tertiary & Central Hospitals	Child under 5 years severe acute malnutrition case fatality rate (Programme 5)	4.5%	8.0%	TBC	7.6%	Death in facility under 5 years rate*
	Severe acute malnutrition (SAM) deaths under 5 years				111.85	
	Severe acute malnutrition inpatient under 5 years				1463	
Child, Youth and School Health	Death under 5 years against live birth rate (Programme 2)	2.0	1.7%	TBC	1.5%	Death in facility under 5 years rate (MTSF: <20 per 1 000 live births by 2024 <25 per 1 000 live births by 2025)
	Death in facility under 5 years total				15158	
	Live births in facility					
Regional Hospitals	Death under 5 years against live birth (Programme 4)	New indicator		TBC		Death in facility under 5 years rate*
	Death in facility under 5 years total		5104		4966	
	No Denominator					
Tertiary & Central Hospitals	Death under 5 years against live birth (Programme 5)	New indicator		TBC		Death in facility under 5 years rate*
	Death in facility under 5 years total		5012		4877	
	No Denominator					
Child, Youth and School Health	Vitamin A dose 12-59 months coverage	55.0%	55.0%	TBC	70.0%	Children <5 who are stunted (Source: SAOHS)
	Vitamin A dose 12-59 months				2218454.2	
	Target population 12-59 months *2				4540706	
HIV/TB and Sexually Transmitted Infections	HIV positive 15-24 years (excl ANC)	3.5%	Considered Target used	3.4%	TBC	HIV incidence amongst Youth
	HIV positive 15-24 years (excl ANC)			390388.5		
	HIV test 15-24 years (excl ANC)			3838414		

HIV/TB and Sexually Transmitted Infections	ART adult remain in care rate (12 months)	82.2%	Consolidated Target used	84.2%	TBC	ART client remain on ART end of month – total
	ART adult remain in care - total			170830.1		
	ART adult start minus cumulative transfer out			202772		
HIV/TB and Sexually Transmitted Infections	ART child remain in care rate (12 months)	82.8%	Consolidated Target used	79.1%	TBC	ART client remain on ART end of month – total
	ART child remain in care - total			55055.13		
	ART child start minus cumulative transfer out			9363		
HIV/TB and Sexually Transmitted Infections	Adult viral load suppressed rate (12 months)	89.1%	Consolidated Target used	89.5%	TBC	ART client remain on ART end of month – total
	ART adult viral load under 400			136435.41		
	ART adult viral load done			152528		
HIV/TB and Sexually Transmitted Infections	ART child viral load suppressed rate (12 months)	81.5%	Consolidated Target used	78.1%	TBC	ART client remain on ART end of month – total
	ART child viral load under 400			2040.8		
	ART child viral load done			2606		
HIV/TB and Sexually Transmitted Infections	All DS-TB client LTF rate	8.7%	TBC	TBC	TBC	All TB Client Death Rate
	All DS-TB client lost to follow up		Return Number of [illegible]	Return Number of [illegible]	Return Number of [illegible]	
	All DS-TB patients in treatment outcome cohort					
HIV/TB and Sexually Transmitted Infections	All DS-TB Client Treatment Success Rate	81.8%	85.0%	90.0%	95% MTSF	All TB Client Death Rate
	All DS-TB client successfully completed treatment					
	All DS-TB patients in treatment outcome cohort					
Communicable Diseases	Malaria case fatality rate	Could not calculate	0.5%	0.5%	0.5%	Malaria case fatality rate (Endemic Provinces only)
	Malaria deaths reported					
	Malaria new case reported					
Primary Health Care	Patient Experience of Care satisfaction rate (Programme 2)	Could not calculate	80.0%	80.0%	80.0%	Patient Experience of Care satisfaction rate
	Patient Experience of Care survey satisfied responses					
	Patient Experience of Care survey total responses					
Regional Hospitals	Patient Experience of Care satisfaction rate (Programme 4)	80.0%	80.0%	80.0%	80.0%	Patient Experience of Care satisfaction rate
	Patient Experience of Care survey satisfied responses					
	Patient Experience of Care survey total responses					
Tertiary Hospitals	Patient Experience of Care satisfaction rate (Programme 5)	83.1%	80.0%	80.0%	80.0%	Patient Experience of Care satisfaction rate
	Patient Experience of Care survey satisfied responses					
	Patient Experience of Care survey total responses					
Primary Health Care	Ideal clinic status obtained rate	62.5%	64.7%	TBC	75.0%	Ideal clinic status obtained rate
	Fixed PHC health facilities have attained Ideal Clinic status		2700		2600	
	Fixed PHC clinics or fixed CHCs and or CDCs		3430		3467	
Primary Health Care	Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme 2)	86.0%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	Severity assessment code (SAC) 1 incident reported within 24 hours					
	Severity assessment code (SAC) 1 incident reported					
Regional Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme 4)	85.5%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	Severity assessment code (SAC) 1 incident reported within 24 hours					
	Severity assessment code (SAC) 1 incident reported					

Tertiary Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme 5)	87.4%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	[illegible]					
	[illegible]					
Primary Health Care	Patient Safety Incident (PSI) case closure rate (Programme 2)	90.5%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	[illegible]					
	[illegible]					
Regional Hospitals	Patient Safety Incident (PSI) case closure rate (Programme 4)	84.8%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	[illegible]					
	[illegible]					
Tertiary Hospitals	Patient Safety Incident (PSI) case closure rate (Programme 5)	81.1%	90.0%	90.0%	90.0%	Patient Safety Incident (PSI) case closure rate
	[illegible]					
	[illegible]					
EMS	EMS P1 urban response under 30 minutes rate (Programme 3)	63.0%	65.0%	No target	No target	EMS P1 rural and urban response time
	[illegible]					
	[illegible]					
EMS	EMS P1 rural response under 60 minutes rate (Programme 3)	74.5%	74.4%	No target	No target	EMS P1 rural and urban response time
	[illegible]					
	[illegible]					
Infrastructure	Percentage of Health facilities with completed capital infrastructure project (Programme 8)	New Indicator		TBC		Percentage of public health facilities refurbished, repaired and maintained
	[illegible]		61		53	
	[illegible]					
Programme 1 Administration	Audit opinion of Provincial DoH (Programme 1)	NA	NA	NA	NA	Audit opinion of Provincial DoH
	[illegible]					
	No Denominator					

Notes

Notes

Notes

Dr. AB Xuma Building
1112 Voortrekker Road
Pretoria Townlands 351-JR
0001

Switchboard: (012) 395 8000

National Department of Health
Private Bag X828
Pretoria
0001

www.health.gov.za

RP65/2022 | ISBN: 978-0-621-50137-7