

ANNUAL PERFORMANCE PLAN 2022/23







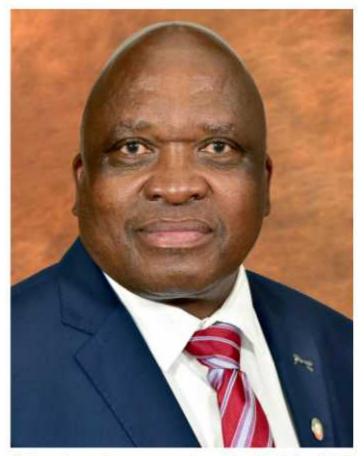
ANNUAL PERFORMANCE PLAN 2022/23



TABLE OF CONTENTS

Fore	eword by the Minister of Health	2
State	ement by the Director-General	3
Offic	cial Sign Off	4
PAR	TA: OUR MANDATE	5
1.	Constitutional Mandate	6
2.	Legislative and Policy Mandates (National Health Act, and Other Legislation)	6
	2.1. Legislation falling under the Department of Health's Portfolio	6
	2.2. Other legislation applicable to the Department	8
3.		9
	3.1. National Health Insurance Bill	9
	3.2. National Development Plan: Vision 2030	10
	3.3. Sustainable Development Goals	11
	3.4. Medium Term Strategic Framework 2019-2024	12
PAR	T B: OUR STRATEGIC FOCUS	15
4.	Vision	16
5.	Mission	16
6.	Values	16
7.	Situational Analysis	16
	7.1. External Environmental Analysis	16
	7.2. Internal Environmental Analysis	45
	7.3. Personnel	46
	7.4. Expenditure trends and estimates	47
	7.5. Expenditure trends and budgets of the National DoH	49
	7.6. Transfers and subsidies expenditure trends and estimates	51
PAR	T C: MEASURING OUR PERFORMANCE	52
	8.1. Programme 1: Administration	53
	8.2. Programme 2: National Health Insurance	58
	8.3. Programme 3: Communicable and non-communicable diseases	62
	8.4. Programme 4: Primary Health Care	71
	8.5. Programme 5: Hospital Systems	76
	8.6. Programme 6: Health System Governance and Human Resources	80
9.	Key Risks	86
10). Public Entities	88
	 Compensation Commissioner for Occupational Diseases in Mines and Works 	88
11	. Infrastructure Projects	91
Part	D: Technical Indicator Description (TIDS) for Annual Performance Plan	95
Pro	ogramme 1: Administration	96
	ogramme 2: National Health Insurance	98
Pro	ogramme 3: Communicable and non-communicable diseases	100
Pro	ogramme 4: Primary Health Care	108
	ogramme 5: Hospital Systems	110
	ogramme 6: Health System Governance and Human Resources for Health	112
	exure A: Conditional Grants	115
1.	Direct Grants	116
2.	Indirect Grants	119
	exure B: Standardized Indicators and Target for 2022/23 FY for the Sector	121
St-	andardized Indicators and Target for 2022/23 EV for the Sector	122

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.

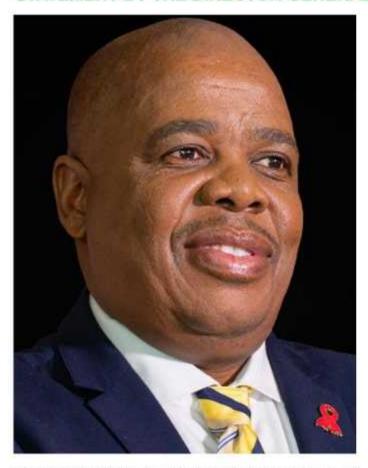
The Department will continue with the implementation of child Expanded Programme on Immunisation and the Human Papillomavirus (HPV) vaccine, which is a school health services programme, targeted at young girls, which offers a further integration opportunity to ensure improved uptake of the Covid-19 vaccine.

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 publicprivate 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 reevaluate 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

IIt 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

	Meuri,
Ms V Rennie	Signature:
Manager Programme 1: Administra	ation
Dr N Crisp	Signature: Nachales Cuisp
Manager Programme 2: National H	
Dr Z Pinini	Signature:
Acting Manager Programme 3. Con	minumeable and Non-Communicable Diseases
Mr R Morewane	Signature:
Acting Manager Programme 4: Prir	
Dr N Makhanya	Signature:
Acting Manager Programme 5: Hos	
Acting Manager Programme 3. 1103	tury (
Dr N Makhanya	Signature:
Acting Manager Programme 6: Hea	alth System Governance and Human Resources
	(A)
Mr A Venter	Signature:
Acting Chief Financial Officer	
Approved by:	36
Dr SSS Buthelezi	Signature:

PART A: OUR MANDATE

PARTA: 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
- 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.

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.

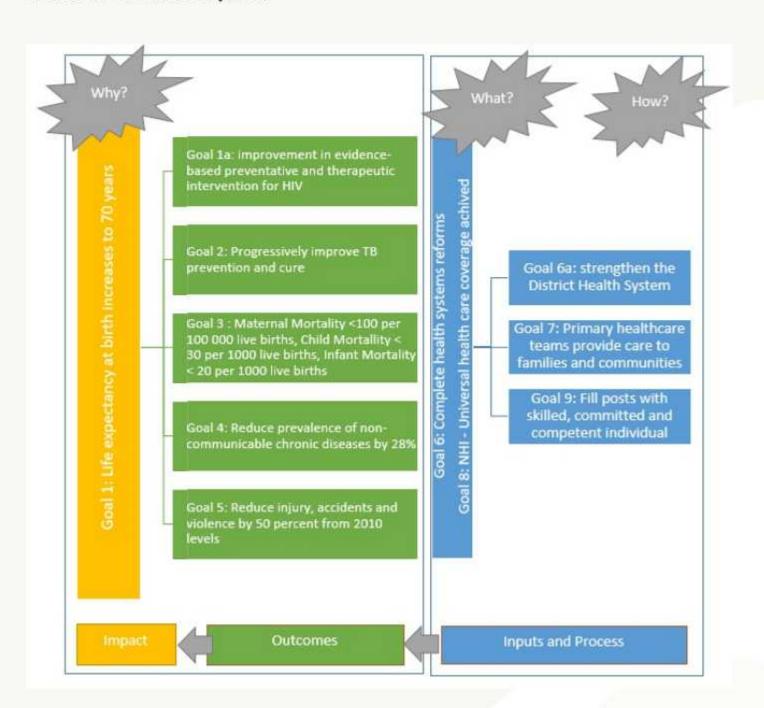
During August 2019, the National Department of Health sent the National Health Insurance Bill to Parliament. The Portfolio Committee on Health completed consultation engagements in all provinces just prior to the lockdown caused by COVID-19. Parliament also received written inputs and requests for oral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

3.2. National Development Plan: Vision 2030

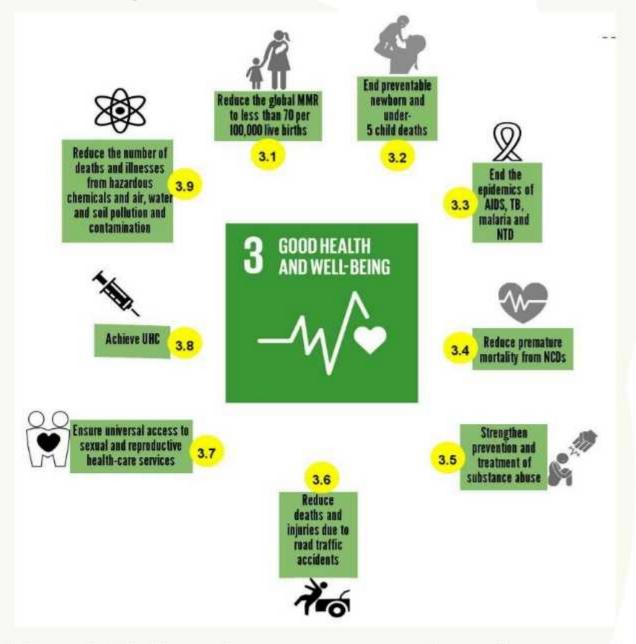
The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework.

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 report¹
"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.

²⁰²¹ Sustainable development report, Cambridge 2021

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) sec	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
	Universal Health Coverage for all South Africans	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
	progressively achieved and all citizens	Goal 3: Quality Improvement in	•	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.
msoten	protected from the catastrophic	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
ETT	financial impact of seeking health care by 2030 through the implementation		•	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
	of NHI Policy		•	Improve equity, training and enhance management of Human Resources for Health	Pillar 1: Augment Human Resources for Health Operational Plan

MTSF 2019 2024 Impacts	Healt	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

Along 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

StatsSA³ 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).

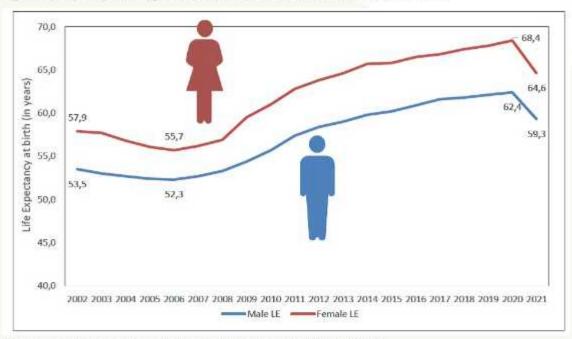
In March 2020 the first COVID-19 related death in South Africa was reported with a rise in COVID-19 related and unrelated deaths. Since then, there is an estimated increase of deaths by 175 000 from the 2020 estimates due to the virus.

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.

Service Charter, Government of South Africa, 2013 Mid Year Population Estimates, 2021, StatsSA 2021

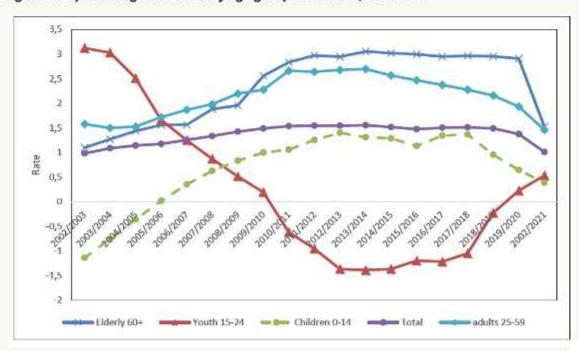
Figure 1: Life expectancy trends for South Africa over time, 2002 - 2021



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.

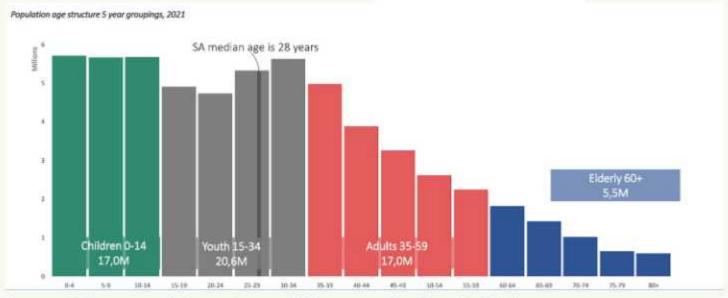
Figure 2: Population growth rates by age groups over time, 2002-2021



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.

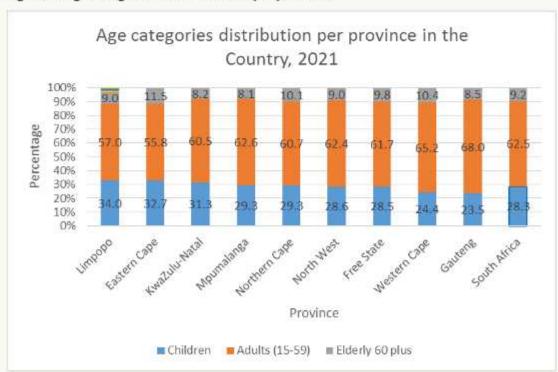
Figure 3: South Africa demography in various age categories



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. ⁴The 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 Africa⁵, 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.

^{*}Quarterly Labour Force Survey (QLFS), StatsSA, 2021
*Business impact survey of the COVID-19 pandemic in South Africa, StatsSA, 2020

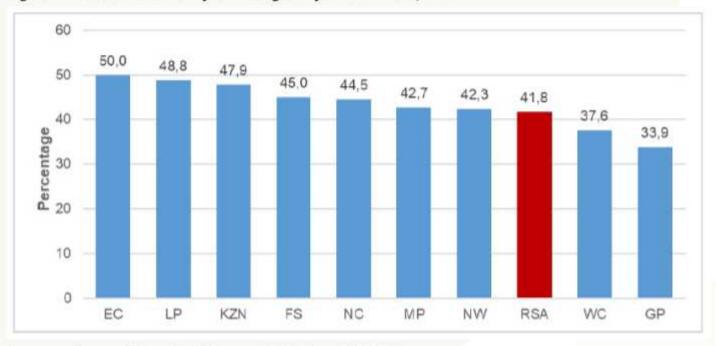
Table 2 Employee working status during pandemic, 1-31 May 2020

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: StatsSA⁶ 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 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

^{*}Census 2011: Profile of persons with disabilities in South Africa, StatsSA, 2014

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^a.

According to the latest report released by Statistics SA⁹, "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).

Higher levels of multidimensional child poverty were found in provinces that are predominantly rural (LP, EC; KZN)

Multidimensional child (0-17) poverty by province, 2015

62,0%

78,7%

73,8%

64,1%

63,8%

64,1%

63,8%

64,1%

63,8%

64,1%

63,8%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1%

64,1

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 services¹⁰. 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".
- "Collaborate across sectors to ensure that the design of other sectoral priorities take impact on health into account".

^{*}General Household Survey, 2018, Stats SA, 2019

^{*}Child poverty in South Africa: A Multiple Overlapping Deprivation Analysis, StatsSA 2020

[&]quot;NDP Implementation Plan 2019-2024 for Outcome 2*Along and heal thy life for all South Africans"

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

[&]quot;Mortality and causes of death in South Africa: Findings from death notification for 2018, StateSA

7.1.3. EPIDEMIOLOGY AND QUADRUPLE BURDEN OF DISEASE

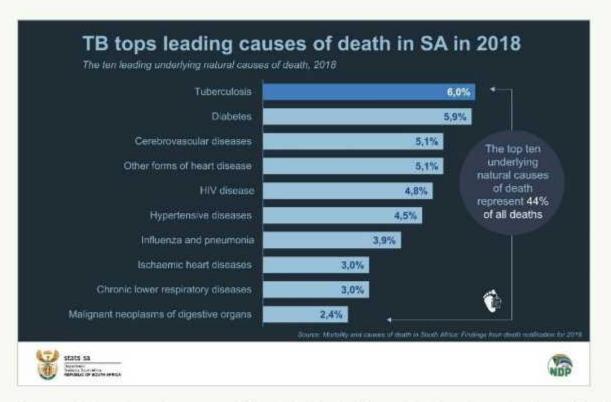
Mortality and Morbidity

According to the latest mortality and causes of death in South Africa report 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

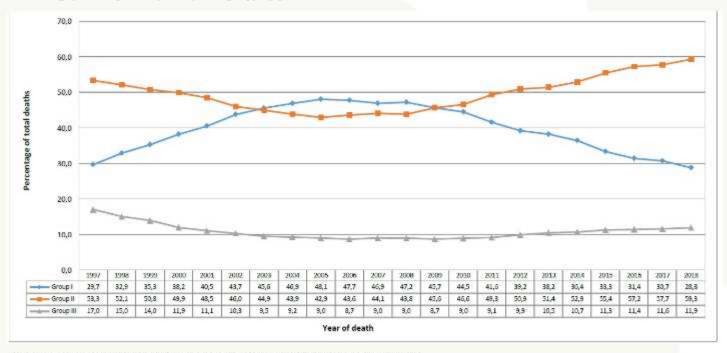


Source: Mortality and causes of death in South Africa: Findings from death notification 2018, StatsSA, 2021

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 SAMRC¹² 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".

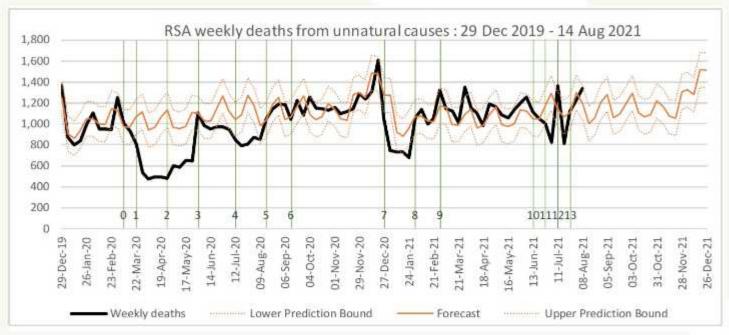
GP, KZN and EC have been the provinces with the highest numbers of excess deaths as recorded by week 32 (14 Aug 2021). A clear trend in the relationship of banning alcohol and an extension of the curfew can be noticed as show in the figure depicting non-natural causes of death.

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

PReport 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 births¹³, 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.

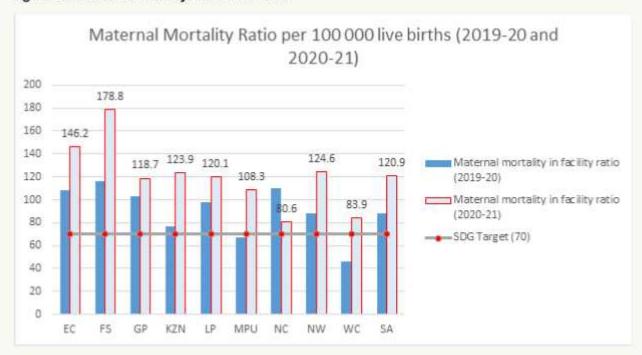
¹³ DHIS Data, 2020

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

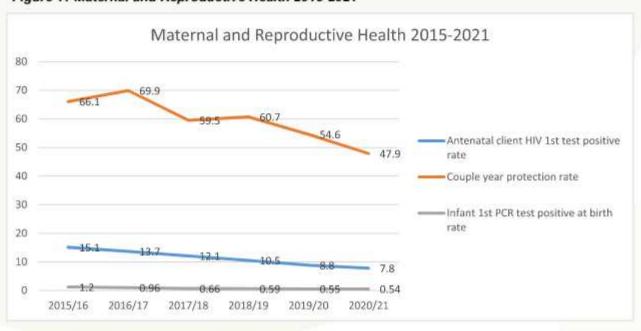
Source: District Health Information System, 2021

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 data¹⁴ 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).



Figure 12 Neonatal Mortality Rate (NMR)

Source: DHIS Data, 2020/21.

Child under 5 mortality Rate: According to StatsSA Mortality and Causes of death report¹⁵ 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.

[&]quot;Mortality and Causes of death ,2018, StatsSA2021

[&]quot;Mortality and Causes of death, 2018, 2021

^{*}Early childhood development in South Africa 2016, StateSA, 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	Туре	ZA	EC	FS	GP	KZN	LP.	MP	NW	NG	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 2 nd dose coverage (2019/20)	%	79.6	73.4	73.3	79.9	82.6	79	94	67.1	89.6	80
Measies 2 nd 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 facilities¹⁸. 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 ³⁸	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.

[&]quot;Closing the gaps to eliminate mother to child transmission of HIV (MTCT) in South Africa; Goga, et al., 2018

^{*}Reducing reconatal deaths in South Africa: Progress and challenges, S Afr Med J 2018

^{*}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 population²⁰.

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 years²¹. 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.

^{*}Global tuberculosis report 2021. Geneva: World Health Organization; 2021.

The first National TB Prevalence Survey Report-South Africa 2018. NDOH; 2020

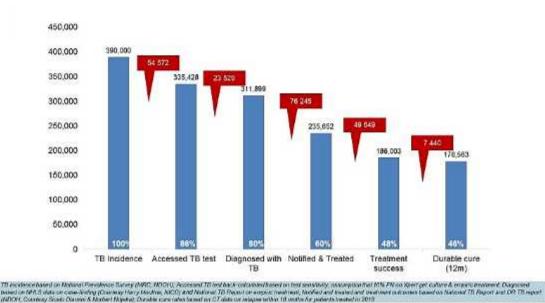
TB targets for South Africa are as follows:

Table 7: TB targets 2018-2022

Indicators			1	argets		Cummulative
	2018	2019	2020	2021	2022	Total
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

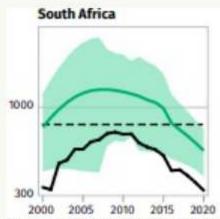
To ensure that South Africa achieves its targets the 90-90-90 targets were adopted for 2022/23. These targets aim to reach at least 90% of the population with TB screening and testing services, link at least 90% of people diagnosed with TB to treatment services and successfully treat at least 90% of 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 addressed²². 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



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

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.

³³Global 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.

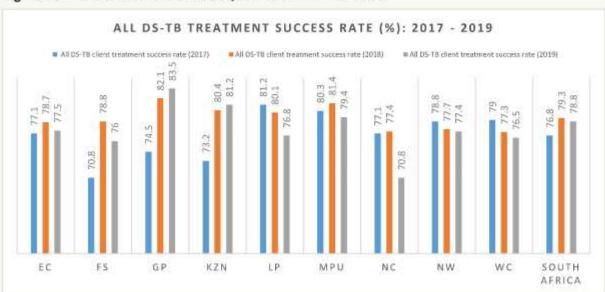


Figure 16. TB Treatment Success rate, Trends from 2017 – 2019

Source: District Health Information System (DHIS 2)

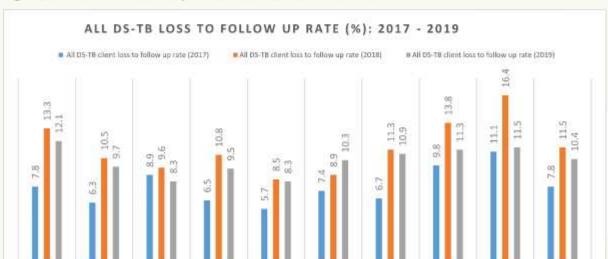


Figure 17: TB Loss to follow up rate, Trends from 2017 - 2019

Source: District Health Information System (DHIS 2)

KZN

LP

NC

MPU

NW

WC

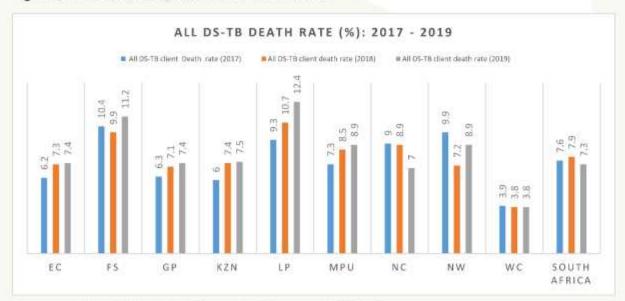
SOUTH AFRICA

GP.

EC

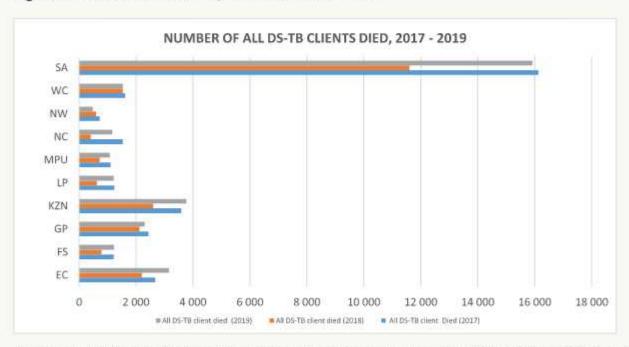
FS

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



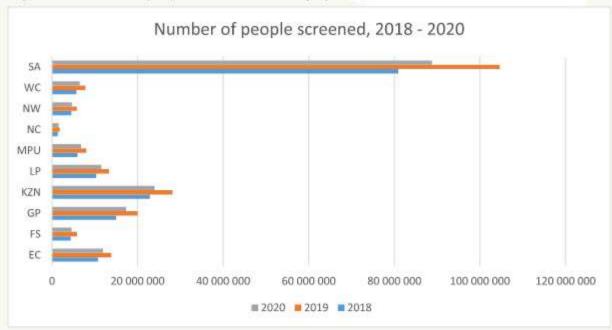
Source: District Health Information System (DHIS 2)

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 females²³. 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 deaths²⁴.

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.

* Q1 Jan Feb Mar 2019

^{*}Domington RE, Bradshaw D, Laubscher R, Nannan N (2019). Rapid mortality surveillance report 2017. Cape Town: South African Medical Research Council ISBN: 978-1-928340-36-2.

³⁴Mortality and Causes of Death in South Africa 2018, Statistics South Africa, 2021

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 disability²⁵.

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 as	%	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.

^{*}Integrating mental health with other non-communicable diseases, Stein, BMJ, 2019

[&]quot;South African Demographic and Health Survey in South Africa,

^{21(%} with adjusted HbA1c> and equal6.5%)

[&]quot;(% with adjusted HbA1c> and equal6.5%)

25,000
20,000
15,000
9,815
10,000
Breast cancer
Lung cancer

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 prognosis²⁹. Most mental disorders have their origins in childhood and adolescence with "approximately 50% of mental disorders begin before the age of 14 years³⁰. 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.

^{*}Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR et al. No health without mental health. Lancet 2007; 370:859-877

[&]quot;WHO. Mental health: the bare facts. http://www.who.int/mental_health/en/_1-28-2010. Ref Type: Internet Communication

^{*}Kurnar S, Veldhuis A and Malhorta T (2021). Neuropsychiatric and cognitive sequelae of COVID-19. Frontiers in Psychology

^{*}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. Lancel 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 72hours 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	Backlog
2012	73	250
2013	119	200
2014	173	
2015	221	150
2016	130	
2017	151	100
2018	161	50
2019	232	
2020	210	2012 2013 2014 2015 2016 2017 2018 2019 2010 11m21
Jun-21	89	to

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:

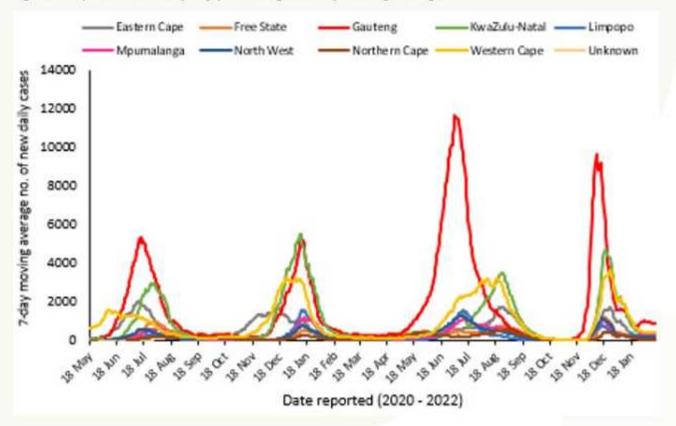
Table 10: Cumulative number of cases by province to date:

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

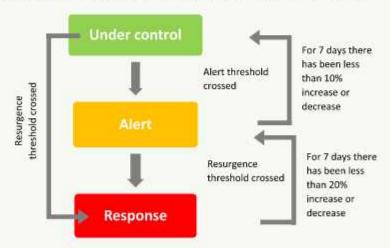


A National vaccine roll-out campaign commenced mid May 2021, comprising of either a Pfizer manufactured vaccine, which consists of 2 doses apart or a Janssen one dose vaccine. Prior to the roll-out, healthcare workers had the option to enrol in the 3b Sisonke clinical trial which commenced in February 2021, where just below 500 000 healthcare workers participated in and were vaccinated using the Janssen (J&J) vaccine³³. 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 Plan³⁴ 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

Source: http://acfi-reporting.sahpra.org.za/, SAHPRA, 2021, accessed, 30Aug 2021

^{*}Resurgence Plan v 6.3, NDoH, 2020

[&]quot;High-quality health systems in the Sustainable Development Goals era: time for a revolution, Kruk, ME et al, 2018

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	4	MP	MN	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 report³⁷ the National Committee of Confidential Enquiry on Maternal Deaths (NCCEMD) has reported that about 60% of all maternal deaths had factors that were potentially modifiable.

The 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 Treasury³⁸ "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.

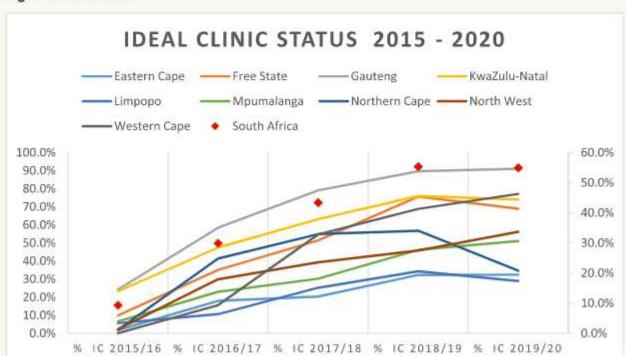


Figure 25 - Ideal Clinics

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.

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
	15000-1000-1	(1929) 2250000	1-37-3300-330-	Switzenson	- New York (1997)
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

	estima	r of posts sted for sch 2022			Nu	mber and	cost² o	f perso	onnel post	s filled,	/plann	ed for on	funded	estab	lishment			Average growth rate (%)	Average: Salary level/ Total (%)
3	1000000	of posts additional	,	Actual		Revis	ed estin	nate		j	Medic	ım-term e	xpendit	ture es	timate				
	posts	to the establish- ment		20	20/21	20	021/22		20	022/23	0164	2	023/24		20	024/25	20.40	1023007	/22 - 1/25
Health			Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit	Number	Cost	Unit		
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	200000	0.7	-6.1%	100.0%
1-6	568	72	568	174.5	0.3	558	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	143.7	1.3	110	147.1	1.3	103	140.0	1.4	102	141.3	1.4	102	147.6	1.4	-2.5%	8.4%
Other	2	- 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%
Programm e	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	222	135.7	0.6	224	135.6	0.6	224	141.8	0.6	-3.3%	18.6%
Programme 4	370	72	370	296.2	0.8	269	219.1	0.8	274	227.6	8.0	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 noncommunicable 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 Noncommunicable 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	Auc	dited outcor	ne	Adjusted appropriation	Average growth rate (%)	Average: Expen- diture/ Total (%)	Medium	n-term expe estimate	nditure	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				2 865.5		- 1	2 875.5	1 234.0	942.0		
Budget estimate											

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	-39.5%	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	79.8	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%

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

7.6. Transfers and subsidies expenditure trends and estimates

Table 15: Vote transfers and subsidies trends and estimates

	10%	udited outcome		Adjusted appropriation	Average growth rate [%]	Average: Exper- diture/ Total (%)	Medie	m-term expenditure		Average growth ratu (%)	Average: Expen- diture/ Total (%)
8 thousand	2018/19	2019/20	2020/21	2021/22	2018/19 -	1000	2022/23	2023/24	2024/25	2021/22 -	
Households	2010/19	2019/20	2920)21	averyes	String to -	ana ipa k	2022/24	2043/24	2004/23	every ex-	200-1/2-2
Social benefits											
Current	2 145	2.454	1928	100	-100.0%		2.				1.00
	- 2700		100000		500000	- 7			-	- 1	
Employee social benefits	2 145	2.454	1928	-	-100.0%			-	- 1	- 3	
Non-profit institutions			100,000	2000000	200.00	12761			- 3A307		
Current	161.167	167 285	170 574	183 000	4.3%	0.3%	189 000	189 766	198 309	2.7%	0.3%
Non-governmental organisations: Ufeline	23 276	24 579	27 130	28 010	8.4%	0.1%	18.673	28 980	30 388	2.6%	11.1%
Non-governmental organisations: lovel, file	54.750	68 376	59 527	61 976	-1.4%	0.1%	64 327	64 635	67 538	2.9%	0.1%
Non-governmental organisations: Soul City	20.270	21 336	23 567	24 331	8.3%		25 065	25 161	26 291	2.6%	100
Non-greenmental organisations: HfV and AIDS	49 740	49 687	58 796	65 553	9.6%	0.1%	67 529	67.788	70 832	2.6%	0.15
South African Renal Registry	370	381	433	447	6.5N	10000	460	461	482	2.5%	57012
South African Federation for Mensal Health	393	415	459	473	5.4%		468	490	512	2.7%	
			337		348.00	II.			53.0	100000	
South African National Council for the Blind	890	929	7.15	1,060	8.4%	3	1 092	1 096	1145	2.6%	- 5
South African Medical Research Council	550	581	642	-	-100.0%	1	-	-	-	-	
National Council Against Smoking	908	991		1 110	0.4%		1 194	1 369	1.321	2.6%	- 24
Households											
Other transfers to households											
Current	120	12.1	160	72	- 2		20	23	2		- 2
Employee social benefits	-	74.	160		-	-	23		-	- 4	- 14
Departmental agencies and accounts		-	0.037								
Departmental agencies (non-business entities)	19888811	15655568	172531422	44032033	2222	170,534	1333334	05333537	550/000	1200	643
Current	1 715 720	1 826 249	2 029 761	1 827 565	2.1%	3.7%	1 887 700	1 857 454	1 941 038	2.0%	3.3%
Health and Welfare Sector Education and Training	2.487	2 642	679	2,536	0.7%	-	2 530	2.552	2.667	1.7%	
Authority	17,000,000	1155.044	1159-40	55598	49.50		465559	10/78767	9000	0.65	
South African National AIDS Council	17 108	18.066	18 106	28 901	19.1%	1	19.860	20 234	25 143	-9.9%	_
South African Medical Research Council	624.629	688.312	854 643	851 714	10.9%	1.5%	779 521	797 597	833 489	-0.7%	1.4%
National Health Laboratory Service	830.759	791 497	855 583	640 057	-7,6%	1.5%	772 521	725 255	757 891	3.8%	1.3%
Office of Health Standards Compkanos	129 678	135 471	137 648	151 889	5.4%	0.3%	157 50%	152 724	159 599	1.2%	0.3%
Council for Medical Schemes	5 670	5.987	6 530	5.181	2.9%	-	6 271	6.557	6851	3.4%	
South African Health Products Regulatory Authority	125-189	185 274	156.572	146 287	5.386	0.3%	149 965	152 553	159 418	2.9%	0.3%
Provinces and municipalities		1000000									
Provincial revenue funds											
Current	35 306 896	39 517 135	45 797 265	46 027 052	9.2%	83.4%	49 471 990	47 063 505	48 809 610	2.0%	84.2%
570776 Tab	27.200.00	5,650,000	2775000000	100000000000000000000000000000000000000	2.4.4	0555555	460	100000000000000000000000000000000000000	315000011		
National health insurance grant		285 288	145 132	268 677	- 61	0.4%	693 747	694 675	716 945	39.7%	1.0%
Human resources capacitation grant	-	905 696	_			0.5%	-	-	-		
HIV, TB, matario and community outreach grant:			218 781	220 258	= 1	0.2%	-		=	100.0%	0.1%
Human pepilismevirus vaccine component	100000	455,000	142	44	1100000	6.00					
Human papillomavirus saccine grant	200 000	157 200	_		-100.0%	0.2%			-		
HIV, TB, malaria and community outreach grant: HIV		19 963 270	20 377 504	22 563 773		31.5%	-	5.5	-	-100.0%	9.9%
and AIDS component HIV, TB, makinia and community outroach grant:		1000	100000	101.151	100	1000				1000	
Malaria elimination component		90 425	116 234	104 181	1 4	0.2%		-	-	-100.0%	
HIV, TB, malaria and community outreach grant.		1 500 000	2 556 667	2 480 213		3.3%				-100.0%	11%
Community outreach services component		1,000,000	11,000,000	1 400 133		0.016	-		7	100.014	1557
HIV, I S, malaria and community outreach grant.	100	485.300	507.780	506 117	22	0.7%			-	-300.0%	0.2%
Tuberculosis companent		=2077	202							1111111	
HIV, TB, malarie and community outreach grant:	19 921 697	14		143 401	-80.7%	10.0%	-	-	-	-100.0%	0.1%
Mental health services component											
HIV, TB, malurus and community outreach grant:	121	22.0		334 933	12	0.1%	20	2	-	-100.0%	8.1%
Oncology services component.				1000000		1000				116.00	
HIV, TB, materia and community outreach grant:		-	3 422 157	1 500 000	1.3	2.5%	-		+	-100.0%	0.7%
COVID-15 component			174						2002		
District health programmes grant: District health	72.0	72			7.2	+	4 888 597	2 931 257	5 062 (118	-	4.8%
component											
National tertiary services grant	12 400 701	10 105 528	14.013.153	13.707.798	3.4%	26.7%	14 306 051	14123 946	38 653 754	2.2%	24.9%
Human resources and training great	720	120	4 339 857	4 297 681	7.4	4.3%	5 449 065	5 479 023	5 360 517	7.7%	9.1%
Health professions training and development grant	2 784 496	2 540 428	-		-100.0%	2.9%			-	-	
District health programmes grant: Comprehensive	100	7.6	-	-	- 40	-	24 134 521	13 934 604	25 009 465	-	32.1%
HIV and AIDS component							S. S. Dallier, C.	Contraction (2000		00000
Capital	6 057 202	6 346 273	6 315 282	6 435 188	2.0%	12.0%	6 779 546	7 119 860	7 361 181	4.0%	12,2%
Health facility revitalisation grant	6 057 202	6 348-273	6 315 282	6 435 188	2.0%	12.6%	6 779 546	7 119 860	7 361 181	4.0%	12.2%
Departmental agencies and accounts								1111401110			
Social security funds											
Current	3 836	4 950	4.038	3.437	27.9%		1.504	1735	1803	8.1%	7.1
	7 500	10000	7,655	2799	47,1004		1100000	20070	37.77		- 1
	2,870	4 (100)	47000	9.499	-TT-696		1.000	3.750	8 14 5 2		
Compensation Commissioner for Occupational Diseases in Mines and Works	3.836	4 050	4 058	1487	-27.5%		1544	1735	1813	8.3%	

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

			į.			Estimated			2	MTEF Targets			
0	Output	Output Indicator	A	Audited Performance	ance	Performance	Annual Target		Quarterly Targets	argets			
			2018/19	2019/20	2020/21	2021/22	2022/23	7	8	8	8	2023/24	2024/2025
Financial Audit of Mati strengthened In the health sector	Audit outcome of National DoH	Inancial Audit outcome Audit outcome Unqualified Strength	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion for 2019/20 FY received	Unqualified Unqualified Unqualified audit opinion audit tor 2019/20 for 2020/21 opinion for FY received FY received 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 aplnian for 2022/23 FY received	Unqualified Unqualified audit opinion for opinion for 2022/23 2023/24 FY received

		4024/4045	manage manage manage manage medico-legal medico-legal dedoc-legal claims in claims in promulgated promulgated and implemented	Management Management system system system continuously continuously mplemented implemented (rollout) in all 8 8 participating participating provinces
	7	4043/44	Legislation to manage medico-legal claims in South Africa promulgated	
		8	Drafted Bill to be processed through Cabinet structures	
MTEF Targets	argets	8	Drafted Bill consulted with identified stakeholders	GP DoH EC DoH Instorical historical data data data (Medico-legal Cases) Legal cases) In the Case In the Case Nanagement Management System
M	Quarterly Targets	75	Drafted Bill consulted with identified stakeholders	
٠		큠	Bill to be drafted in Draft line with the South consultation Law Reform with Commission ident Recommendations stake	2 (MPU and LP) of 4 (MPU; LP; GP and EC) Provincial DoH, recording their historical data historical data (Medico-Legal Cases) in the Case Management System
	Annual Target	2022/23	Legislation to manage medico-legal claims in South Africa developed	Management Management Management system System used system developed to manage implemented and new medico (rollout) in the implemented legal claims remaining in 3 four of eight provinces provinces provinces excluding excluding excluding
Estimated	Performance	2021/22	A policy and legal framework gazette to manage medico-legal claims in South Africa	Case Management System used to manage new medico legal claims in 7 provinces
	anc.	2020/21	A policy and legal framework developed to manage claims in South Africa (also referred to as Litigation Strategy) drafted	Case Management Managemer system System user developed to manage and new medico implemented legal claims in 3 provinces provinces
		2019/20	Not Applicable	Not Applicable
•	ŧ.	2018/19	Not Applicable	Not Applicable
	Output		A policy and legal framework to manage medico-legal claims in South Africa developed	A secure case management system developed and implemented to streamline case management in 8 Provinces
	Output		A policy and legal framework to manage medico-legal claims in South Africa	A secure case management system developed and implemented
	Outcome		Management of Medico- legal cases in the health system strengthened	Management of Medico- legal cases in the health system strengthened

				A STATE OF THE PERSON	2000	Estimated			IM	MTEF Targets			
Outcome	Output	Output	₹	Audited Performance	ance	Performance	Annual Target		Quarterly Targets	rrgets		The Contract of	
			2018/19	2019/20	2020/21	2021/22	2022/23	17	7	8	8	2023/24	2024/2025
Premature mortality due to NCDs reduced to 26% (10% reduction)	Health Promotion messages actively marketed through social	Number of Health promotion messages broadcasted on Social Media to supplement other channels of	Not Appilcable	Not Applicable	veek) health promotion promotion messages messages broadcaste broadcasted on social 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	Monitoring the Percenta implementation Women, to reach the level app minimum targets at NDOH according the equit targets	Percentage of Not Women, at SMS Applicable level appointed at NDoH accordingly to the equity targets	Not Applicable	Not Applicable	63.4% 50% of Women at Women SMS level SMS level appointed at appoint NDoH accordingly to the e to the equity targets	SO% 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	30% Women 40% Women appointed at appointed at SMS level SMS level	50% Women appointed at SMS level	Minimum Equity targets achieved	Minimum Equity targets achleved

		2023/24 2024/2025	Minimum Minimum Equity Equity targets targets achieved achieved	Minimum Minimum Equity Equity targets targets achieved achieved
		3	255	
		8		Mith disabilities appointed
MTEF Targets	argets	8	20% Youth appointed	5.1% Peopl with disabilities appointed
Σ	Quarterly Targets	7	10% Youth appointed	3.4% People 5.1% People 7% People with with disabilities disabilities appointed appointed appointed
		7	5% Youth appointed	7% of People 7% of People 1.7% People with with with disabilities disabilities appointed at appointed at NDOH NDOH accordingly to other equity.
	Annual Target	2022/23	30% Youth appointed at NDoH accordingly to the equity targets	7% of People with disabilities appointed at NDOH accordingly to the equity
Estimated	Performance	2021/22	30% Youth appointed at NDoH accordingly to the equity targets	0.39 % 7% of People 7% of Peo People with with With Disabilities disabilities disabilities appointed at appointed at appointed NDOH NDOH NDOH accordingly accordingly accordingly to the equity.
	Buce	2020/21	19.4 %Youth appointed at NDoH accordingly to the equity targets	0.39 % People with Disabilities appointed at NDOH accordingly
Anna Carlos	Audited Performance	2018/19 2019/20	Not Applicable	Not Applicable
	¥	2018/19	Not Applicable	Not Applicable
	Output Indicator		Percentage of Not Youth App appointed at NOOH accordingly to the equity targets	- 0
	Output		Monitoring the implementation to reach the minimum targets	Monitoring the Percentage o implementation People with to reach the disabilities minimum targets appointed at NDOH accordingly the equity
	Outcome		Staff equitably distributed and have right skills and	Staff equitably distributed and have right skills and attitude

Budget Allocations

Administration expenditure trends and estimates by subprogramme and economic classification

swaprogramme	Au	dited outcome	.,,	Adjusted appropriation	Average growth rate (%)	Average: Expen- diture/ Total (%)	Mediu	m-term expenditu	**	Average growth rate (%)	Average: Expen- diture/ Total (N)
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	39.1	32.2	46.7	£7.2%	5.9%	44.0	42.0	39.5	-5.4%	5.3%
Management	9.0	8.6	7.1	21.0	6.7%	1.4%	10.2	10.1	11.4	1.4%	1.5%
Corporate Services	289.8	273.5	310.9	423.4	73.5%	52.5%	389.2	427.2	436.1	2.0%	50.9%
Property Management	136.3	120.0	112.9	186.4	11.0%	22.5%	163.7	168.9	180.4	-1.1%	21.4%
Financial Management	87.1	101.1	87.9	161.3	22.8%	17.7%	274.7	174.2	184.5	4.6%	21.2%
Total	551.2	547.4	551.0	828.7	14.6%	100.0%	781.7	812.4	852.1	0.9%	100.0%
Change to 3021				12.4	7100000		(36.5)	(45.9)	(32.6)		
Budget estimate							F-5-19-11	A-00-80			
Economic classification											
Current payments	546.0	533.3	546.7	812.2	14.1N	98.6%	764.0	860.2	839.3	1.1%	99,2%
Compensation of employees	239.8	249.3	245.9	250.2	1.4%	29.8%	245.7	244.9	255.2	0.7%	30.4%
Goods and services	306.2	284.0	300.7	562.0	22.4%	\$8.7%	518.2	555.3	584.7	2.3%	67.8%
of which:				12.000.11					20.7.10.70		
Audit costs: External	17.2	28.6	20.4	53.5	46.0%	4.4%	53.5	53.5	55.9	2.5%	6.6%
Computer services	39.0	21.0	23.0	59.9	25.4%	5.4%	51.4	57.4	60.0	-	2.0%
Consultants: Business and advisory services	6.4	27.4	39.2	39.6	83.4%	4.5%	42.9	44.9	46.9	5.8%	5.3%
Operating leases	109.7	92.7	99.3	147.5	10.4%	18.1%	223.8	126.6	236.2	-2.6%	26.3%
Property payments	32.7	28.7	28.2	51.9	16.6%	5.3%	52.4	56.2	58.8	4.2%	6.7%
Travel and subsistence	27.8	3.4	6.8	55.0	25.5N	3.8%	47.5	57.0	59.6	2.7%	6.7%
Transfers and subsidies	2.8	2.3	1.8	2.5	-3.4%	0.4%	2,5	2.6	2.7	1.7%	0.3%
Departmental agencies and accounts	2.5	2.6	0.7	2.5	0.7%	0.3%	2.5	2.6	2.7	1.7%	0.3%
Housekolds	0.3	0.6	1.1		-200.0%	0.1%	-	100	-		-
Payments for capital assets	2.4	5.8	2.5	14.0	80.6%	2.0%	15.2	9.7	10.1	-10.1%	1.5%
Machinery and equipment	2.4	5.8	2.5	34.0	80.6%	1.0%	15.2	9.7	10.1	-10.3%	1.5%
Total	551.2	542.4	551.0	828.7	14.6%	100.0%	782.7	812.4	852.1	0.9%	200.0%
Proportion of total programme expenditure	1.2%	1.1%	0.9%	J.3%	-		1.2%	1.3%	1.4N	Ť	-
Details of transfers and subsidies											
Households											
Social benefits											
Current	0.3	0.6	1.1	2	-200.0%	6.1%	-20	72		2	- 12
Employee social benefits	0.3	0.6	1.1	-	-200.0%	0.1%		7.61	-		-
Departmental agencies and accounts	11207.										
Departmental agencies (non-business entities)											
Current	2.5	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	2.5	2.6	0.7	2.5	0.7%	0.3N	2.5	2.6	2.7	1.7%	0.3%

Personnel Information

Table 18.7 Administration personnel numbers and cost by salary level

	Number of posts 31 More				Number	and cost ² of p	ersonnel po	asts filled/	planned for a	s funded as	tabl/shme	ne						Average growth	Average: Salary
	Number of funded posts	Number of posts additional to the		Actual		Revise	ol estimate				M	ediam-term ex	pensiture i	stimate				rate (NQ	hevel/ Total (%)
		establish- ment		2	020/21		2021/22			2022/23			2023/24			2024/25		2021/22 - 2	1024/25
					Delt			Unit			Unit			4mit			Cheff		
Administration			Number	Cost	cost	Number	Cost	cost	Number	Cost	cost	Mumber	Cost	cost	Number	Cost	cost		
Salary level	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%	100.0%
2-6	254	- 3	254	63.0	0.2	254	68.2	0.3	254	69.6	0.8	255	67.4	0.3	249	69.6	0.8	-0.7%	54.4%
7-10	139	-	139	79.8	0.6	239	83.8	0.6	126	77.3	0.6	426	76.6	0.6	126	80.1	0.6	-3.2%	27.8%
23-22	50	7.3	50	ALI.	1.0	40	46.1	1.0	45	45.8	1.0	45	45.7	1.0	#5	47.7	1.1	0.7%	9.7%
23-26	38	- 2	38	49.4	1.5	45	46.4	2.8	35	47.2	2.8	36	49.5	1.4	36	51.7	2.4	0.9%	2.6%
Other		12)	2	5.6	2.8	2	5.7	2.8		5.7	2.6	2	5.8	2.9	2	6.1	3.0		0.4%

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.

	anna Anna		NHI Branch in NDOH purchasing PHC benefits in proof-of- concept CUPS by 2024/25	6.5millon registered patients
	AC/ 0000		the	6 millon registered r
		3	Portfolio Portfolio NHI Bill Committee Committee and Serving at the and NCOP NCOP National public hearings Assembly on the NHI Bill on the NHI Bill In Parliament In Parliament attended attended	5,5million registered patients
MTEF Targets	y Target	8	Portfollo Committee and NCOP public hearings on the NHI Bill in Parliament attended	5.4million registered patients
	Quarterly Target	8	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	5,3million registered patients
		ð	Portfolio Portfolio Portfolio Committee Committee Committee Committee Committee and NCOP NCOP public hearings public hearings on the NHI Bill on the NHI Bill in Parliament in Parliament attended attended attended	5.1 million registered patients
	Annual Target	2022/23	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	5.5 million registered patients
Estimated	Performance	2021/22	Portfolio Committee and NCOP public hearings on the NHI Bill in Parliament attended	4.8million registered patients
		2020/21	Portfolio Committee public hearings on the NH! Bill in Parliament attended	4.3 million registered pattents
400 100 100		2019/20	Not Applicable	3million registered patients
The state of the s		2018/19	Not Applicable	2.5million registered patients
	Output Indicator		NHI Fund purchasing health services by 2024/25	Number of patients registered on the central chronic medication dispensing and distribution (CCMDD) programme
	Output		NHI Fund purchasing Health Services by 2024/25	Expand the Numbe access to registe chronic registe stable central patients medication patients dispenant and and company of the company of th
	Outcome		Package of services available to the population is expanded on the basis of cost-effectiveness and equity	Package of services available to the population is expanded on the basis of cost- effectiveness and equity

e.			Audiend Berffermann	Comment		Estimated				MTEF Targets			
Outcome	Output	Output Indicator				Performance	Annual Target		Quarter	Quarterly Target		Ann and a	acout book
			2018/19	2019/20	2020/21	2021/22	2022/23	큠	8	a	ð		4044/4043
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 NH! organogram filled	Not Applicable	Not Applicable	Not Applicable	Not Applicable	70% of funded Organogram posts in the for NHI NHI confirmed organogram filled	Organogram for NHI confirmed	Advertisements 50% of funded 70% of funded for funded posts in the published NHI NHI Organogram organogram filled	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 frontline providers, with flexibility to manage it to manage it their local needs	Health facilities reporting stock availability at national surveillance centre	Total number of health facilities reporting stock availability at national surveillance centre	80 60 60	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

Subprogramme	Air	lited outcome		Adjusted appropriation	Average grawth rate (%)	Average: Expen- diture/ Total (%)	Medium	-term expenditur estimate		Average growth rate (N)	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 Management	4.2	4.3	3.3	6.0	12.5%	0.3%	2.7	2.8	50	-5.9%	0.3%
Affordable Medicine	76.7	35.4	32.4	51.8	-12.3%	3.9%	56.0	56.0	47.9	-2.6%	3.75
Health Financing and National Health Insurance!	2 222.4	2.800.4	986.2	924.8	-4.3%	95.8N	1.458.7	1 429.3	2,560.0	37.0%	96.0%
Total	1 192.3	1 840.0	1 021.9	1 032.1	-4.7%	300.0N	1527.4	1 538.1	1 612.9	16.0%	100.0%
Change to 2022				(308.4)			90.4	89.4	119.6		
Budget estimate							2500	1000	59115		
Economic classification											
Current payments	1 073.3	568.6	760.9	737.0	-11.8%	61.7%	779.3	788.6	838.7	4.4%	55.0%
Compensation of employees	45.1	43.0	42.1	46.2	0.8%	3.5%	45.2	45.0	47.1	0.6%	3.2%
Goods and services ²	2 028-2	525.7	728.8	690.8	-12.4%	58.3%	734.0	743.6	291.6	4.6%	51.8%
of which:											
Advertising	2707	0.9	0.2	26.2	-	0.5%	18.9	19.2	20.4	-7,5%	2.5%
Minor assets	4.1	3.5	3.2	14.8	53,8%	0.5N	10.7	10.8	11.5	-7.9%	0.8%
Consultants: Business and advisory services	78.4	128.9	126.9	58.9	9.1%	7.7N	48.0	48.7	51.7	4.3%	3.6%
Contractors	493.8	324.2	538.2	445.8	-3.3%	35.4%	547.3	554.3	593.2	10.0%	37.5%
Agency and support/outsourced services	343.0	-	-	100.1	-33.7%	£.7N	72,4	73.2	25.2	-9.1%	5.6%
Travel and subsistence	21.9	0.2	2.2	23.4	25.4%	0.2%	18.9	19.3	20.4	4.6%	1.4%
Transfers and subsidies	0.0	1 195.2	245.2	268.7	1836.5%	33.6%	693.7	694.7	716.9	38.7%	41.4%
Provinces and municipalities	57	1 195.0	245.2	268.7	73. m. T	33.6N	693.7	694.7	716,9	38.7%	42.6%
Households	0.0	0.2	0.0	-	-200.0%		000000	1.00	0100		1000
Payments for capital assets	219.0	76.2	25.9	26.4	-29.4%	4.7%	54.4	54.8	57.2	29.4%	3.4%
Machinery and equipment	119.0	76.2	25.9	26.4	-39.4%	4.7%	54.4	54.8	57.2	29.4%	3.4%
Total	1 192.3	1 840.0	1 021.9	1 032.1	-4.7%	100.0N	1527.4	1.538.1	1 612.9	26.0%	100.0%
Proportion of total programme expenditure to vote expenditure	2.6%	3.6%	1.8%	1,6%	-	1.5	2.4%	2,5%	2.6%	-	-
Details of transfers and subsidies				-							
Households									- 1		
Social benefits											
Current	0.0	0.2	0.0	-	100.0%	-	-		-	-	-
Employee social Benefits	0.0	6.2	0.0	-	-200.0%	7.4	-		-		3
Provinces and municipalities											
Provinces											
Provincial revenue funds						11000			10000		
Correct	177	1 195.0	245.3	268.7	-	33.6%	693.7	694.7	716.9	38.7%	41.6%
National health insurance grant		289.3	245.1	268.7		15.8%	693.7	694.7	726.9	38.7%	41.6%
Human resources capacitation grant		905.7				17.8%					5

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*

	Number of posts 31 More				Mumber	and cost' of pe	rsoenel pe	osts (Mod/	planned for an	funded es	rabilitime	int						Average growth	Average: Salary
	Number of funded posts	Number of posts additional to the		Actual			f estimate					adium-term as	penditure :	estimate				rate (%)	level/ Total (%)
		establish- ment			020/21		2021/22			2022/23			2023/24			2024/25		2021/22 - 2	024/25
National Health	Insurance		Number	Cost	Linit	Number	Cost	(Unit cost	Number	Cont	Unit	Number	Cost	Unit cost	Mumber	Cour	Unit		
Salary level	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%	100.0%
1-6	15		25	4.3	0.3	-17	5.3	0.3	17	5.4	0.3	17	5.2	0.3	17	5.5	0.3	-	25.2%
7-10	307		30	14.9	0.9	30	13.8	0.5	29	25.3	0.5	29	15.1	0.5	.19	25.8	0.5	-1.1%	41.25
11-12	13		23	12.5	0.9	13	12.8	1.0	12	12.0	1.0	12	12.0	1.0	.12	12.5	1.0	-2.6%	18.1%
23-25				10.5	1.7	9	12.3	2.4	9	17.5	1.4	9	12.8	2.4	9	27.7	2.5		12.2%

^{1.} Data has been provided by the department and may not necessarily reconcile with afficial government personnel data.

^{2.} Rand million.

8.3. Programme 3: Communicable and noncommunicable 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; noncommunicable 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.

			2			Estimated				MTEF Targets	S		
Outcome	Output	Output Indicator	Audi	Audited Performance		Performance	Performance Annual Target		Quarte	Quarterly Targets		and come	Trace of the second
		100000000000000000000000000000000000000	2018/19	12/0202 02/6102 61/8102	2020/21	2021/22	2022/23	10	03	603	50	2023/24	5024/5025
90:90:90 targets for HIV offering HIV AIDS achieved Self Screenir by 2020 and (HIVSS) 95:95:95 targets by 2024/25	90:90:90 Facilities Number of targets for HIV offering HIV facilities AIDS achieved Self Screening offering HIV 95:95:95 targets by 2024/25	<u>10</u>	Not Applicable	Not Not Applicable Applicable	7	Not Applicable 200 facilities offering HIV 5 Screening	200 facilities offering HIV Self Screening	200 facilities 50 facilities offering HIV Self Screening Screening	100 facilities offering HIV Self Screening	100 facilities 150 facilities offering HIV Self offering HIV Self Screening Screening	200 facilities offering HIV Self Screening	340	380
90:90:90 Men's haracters for HIV services AIDS achieved piloted 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	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 Heal Men's Health Services pik Services piloted in 10 facilities 5 facilities	Men's Health 20 Facilities Services piloted in providing men's 10 facilities health services	20 Facilities providing men's health services	40 Facilities providing men's health services
HIV incidence among youth reduced	HIV incidence PHC facilities among youth with youth reduced zones	Number of PHC facilities with youth zones	Not Applicable	Not Applicable	Not Not 652 PHC 1600 PHC Applicable Applicable facilities with youth zones 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	1900 PHC facilities 2000 PHC facilities with youth zones with youth zones	1900 PHC facilities 2000 PHC facilities 2400 PHC facilities 2500 PHC facilities with youth zones with youth zones with youth zones	. 2500 PHC facilitie with youth zones

	3000/8000	4047 4043	%56	8510
	ACL SCOR	F3 (5303	3606	10980
ts		충	%5%	12381
MTEF Targets	Quarterly Targets	8	84% %	12999
	Quarte	62	983%	13617
	2440	ð	81%	14235
	Annual Target	2022/23	%58	12381
Estimated	Performance Annual Target	22/1202	%08	14853
N.	mance	2020/21	New Indicator	New
A Company	ilted rendi	2018/19 2019/20		New Indicator
	Aut	2018/19	New Indicator	3 New Indicator
	Output Indicator		Drug- New New susceptible (DS) Indicator Indicator - TB Treatment Success Rate	Number of drug New susceptible Indic (DS)-TB Deaths
	Output		Improved drug. susceptible (DS) - TB treatment adherence	Reduce the number of drug susceptible (DS)-TB deaths
	Outcome		Significant Improved progress drug-made towards susceptible ending TB by (DS) - TB 2035 through treatment Improving adherence prevention and treatment strategies	Significant Reduce the progress number of made towards drug ending TB by susceptible 2035 (DS)-TB deathrough improving prevention and treatment strategies

						Estimated				MTEF Targets			
Outcome	Output	Output Indicator	And	Audited Performance	mance	Performance	Performance Annual Target		Quarter	Quarterly Targets		* c. c. c. c.	acoct senc
			2018/19	2018/19 2019/20 2020/21	2020/21	2021/22	2022/23	17	70	693	ρō	47 /c707	5707/6707
Progressive Find and Tr Improvement people with in the total life TB disease expectancy of South Africans	Progressive Find and Treat Number of improvement people with people start in the total life TB disease on TB expectancy of treatment South Africans	Pa	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 Training Report on Cold collection of cold workshops chain capacity in chain audit data conducted in nine all depots, subdeveloped provinces on cold depots and 50% chain audit public sector hospitals approved by Director General	Report on Cold Report produchain capacity in on Cold chair all depots, sub-depots and 50% of depots, sub-public sector depots, hosp hospitals and 30% of P acilities Director General	Report produced on Cold chain capacity at all f depots, subdepots, hospitals and 30% of PHC facilities	Report produced on Cold chain capacity at all depots, sub-depots, hospitals and 75% of PHC facilities

	300/1/005	5054/505	Not Applicable	Continue review meetings
	Ar/ conc	£7/£3/£	Not Applicable	Continue review meetings
(45)		04	36 episodes broadcast on 10 radio stations	Quarterly review meeting facusing on performance against key CYSH targets held with provincial CYSH managers
MTEF Targets	Quarterly Targets	63	24 episodes broadcast on 10 radio stations	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers
	Quarter	02	18 episodes broadcast on 10 radio stations	Four quarterly Quarterly review Quarterly review Quarterly review focusing meetings focusing meeting focusing focusing on performance on performance on performance against key CYSH against key CYSH against key CYSH targets held with targets held with targets held with provincial CYSH provincial CYSH provincial CYSH managers managers managers
		10	9 episodes broadcast on 10 radio stations	Quarterly review meeting focusing on performance against key CYSH targets held with provincial CYSH managers
	Performance Annual Target	2022/23	36 episodes 9 episodes broadcasted on broadcast on 10 radio stations radio stations	four quarterly quarterly review review meetings meeting focusing on performance performance against key CYSH targets held with provincial CYSH managers managers
Estimated	Performance	2021/22	Not Applicable 35 episodes broadcasted 10 radio stat	New Indicator
	manne	2020/21	Second season of Side-by-Side radio shows broadcasted	New Indicator
Andless de Contraction		2018/19 2019/20	New New Indicator	Indicator
Į		2018/19	New Indicator	Indicator
	Output Indicator		Number of episodes broadcast during third season of Side- by-Side radio shows	Number of quarterly review meetings focusing on performance against key CYSH targets held with provincial CYSH managers
	Output		Side-by-Side Numb campaign episod radio shows broads which during promote all seasor components by-Sid of child health shows and nutrition broadcast	Regular quarterly review of progress in achieving key national and provincial Child, Youth and School Health (CYSH) targets
	Outcome		Maternal, Child, Infant and neonatal mortalities reduced	Maternal, Child, Infant and reconstal mortalities reduced

	andr/ Mede	2024/2023	Continue review meetings	Continue enrollment of clinicians for training on SRH
	Vel scor	47/C707	Continue review meetings	Continue enrollment of clinicians for training on SRH
20		\$5	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	100 clinicians who 100 clinicians who Continue completed one enrollmes of the SRH module of the SRH module clinicians online.
MTEF Targets	Quarterly Targets	69	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	100 clinicians who 100 clinicians who Continue completed one enrollment of the SRH module clinicians for online.
	Quarter	70	Quarterly review Quarterly review meeting focusing meeting focusing on performance on performance against key against key against key WMRH targets WMRH targets held with held with held with provincial provincial provincial WMRH managers managers	100 clinicians who completed one of the SRH module online,
		10	Quarterly review meeting focusing on performance against key WMRH targets held with provincial WMRH managers	100 clinicians who completed one of the SRH module online,
	A-	2022/23	Four quarterly review meetings focusing on performance against key WMRH targets held with provincial WMRH managers	400 clinicians who completed one of the SRH module online,
Estimated	Performance	2021/22	New Indicator	New indicator
	mance	2020/21	indicator	New indicator
	Audited Performance	2019/20	indicator indicator	indicator indicator
	Audi	2018/19	ndicator indicator	New indicator
	Output Indicator		Number of quarterly review meetings focusing on performance against key WMRH targets held with provincial WMRH	Number of clinicians who enrolled in SRH modules focusing on maternal, neonatal and reproductive health modules
	Output		Regular quarterly review of progress in achieving key national and provincial women maternal and reproductive (WMRH)	Regular monitoring of Sexual and Reproductive Health (SRH) curriculum modules enrollment and completion rate through the knowledge hub
sc.	Outcome		Maternal, Child, Infant and neonatal mortalities reduced	Maternal, Child, Infant and neonatal mortalities reduced

	2024/2025		Not Applicable	Not Applicable
	2023/24		Not Applicable	Not Applicable
		8	75% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	65% of adults 35- 49 years vaccinated against Covid-19 (at least one dose)
MTEF Targets	Quarterly Targets	c/3	75% of adults 50 67.5% of adults 10% of adults 50 72.5% of adults 50 Not Applicable years and older and older vaccinated against Covid-19 against Covid-19 (at least one (at least one dose) one dose) one dose)	65% of adults 35 56% of adults 35 62.5% of adults 35 65% of adults 35 Not Applicable -49 years -49 years -49 years -49 years vaccinated spainst Covid-19 against Covid-19 (at least one (at least one (at least one dose) dose) dose)
		705	67.5% of adults 70% of adults 50 72.5% of adults 50 50 years and older years and older older vaccinated vaccinated vaccinated against Covid-19 against Covid-19 (at least one dose) dose)	60% of adults 35 (49 years vaccinated against Covid-19 (at least one dose)
		10	67.5% of adults 70% of adult 50 years and ol older vaccinated vaccinated against Covid-19 against Covid-19 (at least one dose) dose)	56% of adults 35 -49 years vaccinated against Covid-19 (at least one dose)
	Annual Target 2022/23		75% of adults 50 years and older vaccinated against Covid-19 (at least one dose)	65% of adults 35 -49 years vaccinated against Covid-19 (at least one dose)
Estimated	Estimated Performance Annual Target 2021/22		65% of adults 75% of 50 years and years older vaccinated against Covid- (at least one dose) dose)	52% of adults 65% of adults 35 - 49 years - 49 years vaccinated vaccinated against Covid- against Covid 19 (at least one (at least one dose)
	mance	2020/21	New Indicator	New Indicator
	Audited Performance	12/0202 2019/20 2020/21	New Indicator	New Indicator
The state of the s	And	2018/19	New Indicator	New
Output Indicator			Morbidity and Proportion of Proportion of New New Mortality due adults 50 adults 50 years indicator indicator indicator to Covid-19 years and and older reduced older vaccinated against Covid-19 (at least one against Covid-19 dose)	Proportion of Proportion of adults 35 - 49 adults 35-49 years years vaccinated against Covidaginst Covidagins Covidagi
	Output		Proportion of adults 50 years and older vaccinated against Covid- 19	Proportion of adults 35 - 49 years vaccinated against Covid- 19
Outcome			Morbidity and Proportion Mortality due adults 50 to Covid-19 years and reduced older vaccinater against Cc	Morbidity and Proportion of Proportion of Mortality due adults 35 - 49 adults 35 - 49 to Covid-19 years reduced against Covid-against Covid-against Covid-19 dose)

	2024/2025		Not Applicable	30% of school attending children attending children (5AC) in (5AC) in (5AC) in schistosomiasis schistosomiasis endemic districts endemic districts receive receive receive preventive preventive preventive chemotherapy chemotherapy
	2023/24		Not Applicable	30% of school attending children (5AC) in schistosomiasis receive schistosomiasis preventive chemotherapy
.5	Quarterly Targets	8	52.5% of young 60% of young people (12 - 34 years) vaccinated years) vaccinated against Covid-19 against Covid-19 (at least one dose) (at least one dose)	Schistosomlasis MDA implementation plan approved
MTEF Targets		69	52.5% of young people (12 -34 years) vaccinated against Covid-19 (at least one dose)	Preparatory phase Schistosomlasis of the MDA implementation plan concluded plan approved
		20	60% of young 37.5% of young 45% of young people (12 - 34 peopl	Schistosomiasis MDA implementation plan drafted
		8	37.5% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Schistosomiasis stakeholders' engagement
	Annual Target 2022/23		60% of young people (12 - 34 years) vaccinated against Covid-19 (at least one dose)	Not Applicable Schistosomiasis Mass Drug Implementation Plan in place
Estimated	Estimated Performance Annual Target 2022/23		30% of young 60% or people (12 - 34 people years) years vaccinated again against Covid- (at least one dose) dose)	Not Applicable
	mannce	12/0202	New Indicator	Not Applicable
A discass	2018/19 2019/20			Not Not Applicable Applicable
		2018/19	New New Indicator	
	Output Output Indicator		Proportion of young people (12 - 34 years) vaccinated against Covid- 19 (at least one dose).	School School Mass attending drug children (SAC) administration in schistosomiasis schistosomiasis endemic preventive districts who chemotherapy received according to schistosomiasis the approved preventive plan
			Morbidity and Proportion of Mortality due young people to Covid-19 (12 to 34 reduced years) vaccinated against Covid-19	School Mass attending drug children (SAC) administration in schistosomiasis schistosomias endemic preventive districts who chemotherap received according to schistosomiasis the approved preventive plan
	Outcome		Morbidity and Mortality due to Covid-19 reduced	Maternal, Child, Infant and neonatal mortalities reduced

	2024/2025		8 sub-districts implementing the Foci clearing programme	Monitor Monitor implementation of Spians with 9 plans with ongoing review and and response response
MTEF Targets	2023/24		Monitoring 8 sub-districts implementation of implementing the the NSP 2019- Foci clearing 2023 and the FOCI programme clearing programme	Monitor implementation of 9 plans with I ongoing review and response
	Quarterly Targets	5 0	2 sub-districts reporting Zero malaria cases	4 provinces report 5 provinces report Monitor on the progress on progress on implementation the the 9 plans with implementation of implementation of ongoing review provincial plans and response on the NSP for NCDS NCDS
		603	Quarterly review Quarterly review Quarterly review 2 sub-districts of the of the implementation implementation of implementation of the foci of the foci of the foci of the foci clearing clearing clearing programme and programme and programme and programme and the NSP 2019-23 the NSP 2019-23	4 provinces report on the progress on implementation of provincial plans on the NSP for NCDS
		70	Quarterly review Quarterly review Quarterly review of the implementation implementation implementation of the foci of the foci of the foci clearing clearing clearing programme and prog	stion
		10	Quarterly review duarterly review of the implementation of the foci clearing clearing programme and programme and the NSP 2019-23 the NSP 2019-23	
	Performance Annual Target 2021/22		Not Applicable 2 targeted sub- districts reporting zero local malaria cases	9 provinces Implementation progress reports of NSP for NCDs on the workshopped implementation with relevant of provincial plans on the NSP Programs and 9 for NCDS Provinces
Estimated	Estimated Performance 2021/22		Not Applicable	Draft NSP for NSP for NCDs NCDs developed and developed published
	nance	2020/21	Applicable	Draft NSP for NCDs developed
	Audited Performance	2018/19 2019/20	Not Not Not Applicable Applicable	Not Not Draft N Applicable Applicable NCDs develo
	Andi	2018/19	Not Applicable	
Output Indicator			Proportion of sub-districts with an incidence <1 per 1000 malaria cases	Provinces Number of progress provincial reports on the progress implementatio reports on the n of provincial implementation plans on the NSP for NCDS plans on the NSP for NCDS
	Output		Targeted sub- Proport districts sub-dist reporting zero with an malaria cases incident per 100 malaria	Provinces Number progress properts on the progress implementatio reports on of provincial implemental implementa
Outcome (Morbidity and Targeted sub- Proportion of Mortality due districts sub-districts to malaria cases incidence <1 per 1000 malaria cases imalaria cases incidence <1 per 1000 malaria cases	Premature mortality due pto NCDs reduced to 26% (10% reduction)

MTEF Targets	2024/2025		150 new State patients admitted into designated psychiatric hospitals	National Mental Health Policy Framework and Strategic Plan Implementation monitored, and quarterly reports produced
	2023/24		100 new State 125 new State 150 new State patients admitted patients admitted into designated into designated psychiatric psychiatric psychiatric psychiatric pospitals hospitals hospitals	Provincial reports National Mental on the Health Policy implementation Framework and on the National Strategic Plan Mental Health Implementation Policy Framework monitored, and and Strategic Plan quarterly reports produced
	Quarterly Targets	各	100 new State patients admitted into designated psychiatric hospitals	National Mental Provincial report Health Policy on the Framework tabled implementation at the NHC Tech on the National and NHC for Mental Health approval Policy Framework and Strategic Planes (New York)
		60	80 new State pattents admitted into designated psychiatric hospitals	Final draft developed
		70	50 new State patients admitted into designated psychiatric hospitals	First draft developed
		10	20 new State patients admitted into designated psychiatric hospitals	Stakeholder
	Annual Target 2022/23		100 new State patients admitted into designated psychiatric hospitals	A National Mental Health Policy Framework tabled at NHC
Estimated	Estimated Performance Annual Target 2021/22		75 new State 75 new State patients admitted admitted into designated designated psychiatric psychiatric hospitals	Not applicable A National Mental Hea Policy Framework tabled at Ni
Audited Derformance	mance	2020/21	75 new State patients admitted into designated psychiatric hospitals	Not applicable
	tea Perior	2018/19 2019/20	Applicable applicable pattents admitted into designate psychiatr psychiatr hospitals	Not Not applicable applicable
11	And	2018/19	applicable	
	Output Indicator		Number of new Not State patients appl admitted into designated psychiatric hospitais	A National Mental Health Policy Framework Framework and and Strategic Strategic Plan developed
	Output		New State patients admitted into designated psychiatric hospitals	
	Outcome		Premature mortality due to NCDs reduced to 26% (10% reduction)	Premature mortality due to NCDs reduced to 26% (10% reduction)

10	2024/2025		296 hospitals 349 hospitals obtain 75% and above on the food above on the food service policy service policy assessment tool assessment tool	Implementation of the strategy monitored, and quarterly reports produced
	2023/24			Layout and design Implementation of the strategy of the strategy completed, and monitored, and strategy published quarterly reports produced
:: M::	Quarterly Targets	8	75 100 296 hospitals hospitals obtain 75% and (including 5 (including 7 above on the Tertiary Hospitals Tertiary Hospitals service policy cumulative) assessment tool above on the food above on the food above on the food service policy assessment tool assessment tool	Layout and design Implementation of the strategy of the strategy completed, and monitored; and strategy published quarterly report produced
MTEF Targets		EØ.	75 hospitals (including 5 Tertiary Hospitals cumulative) obtain 75% and above on the food service policy assessment tool	Collate inputs Present strategy from to Tech NHC and stakeholders and NHC for approval finalize the strategy
		70	cluding cluding e) % and the ce ce	Collate inputs from stakeholders and finalize the strategy
		10	Additional 100 25 hospitals 50 hospitals hospitals (including 1 obtain (in (including 7 Tertlary 3 tertlary Tertlary Hospitals) obtain 75% and above cumulative Hospitals) obtain 75% and above on the food obtain 75 on the food service policy assessment tool food service service policy assessment assessment	Develop final draft of the strategy and consult with stakeholders
	Performance Annual Target 2021/23		98 hospitals Additional 100 obtain 75% and hospitals above on the (including 7 food service Tertiary policy Hospitals) obtain assessment tool 75% and above on the food service policy assessment	Updated Strategy for the prevention and control of obesity in SA developed and published
Estimated	Estimated Performance 2021/22		98 hospitals Additional obtain 75% and hospitals above on the (including food service Tertiary policy Hospitals) assessment tool 75% and a service pc service pc	Not Applicable Updated Strategy f preventio control of obesity in develope published
P. Control	mance	12/0202 2019/20 2020/21	Applicable	Not Applicable
	Audited Performance	2019/20	Not Not Applicable Applicable	Not Applicable
	Anoi	2018/19		Not Applicable
***************************************	Output Indicator		als lant with od service	Updated Strategy for the prevention and control of obesity in SA developed and published
Output			Hospitals Numb obtain 75% hospit and above on complitue food the foo service policy policy assessment tool	
Outcome			Quality and Hospitals Safety of Care obtain 75% Improved and above of the food service politic assessment tool	Premature mortality due to NCDs reduced to 26% (10% reduction)

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

Subprogramme	.120	dited outcome		Adjusted	Average growth rate	Expen- diture/ Total	Mediu	n-term expenditu	e	Average growth yote	Expan- diture/ Total
R million	2018/19	2019/20	2020/21	appropriation 2021/22	2018/19	2021/22	2022/23	2023/24	2024/25	2021/22	2024/25
Programme Monagement	5.1	5.5	3.2	5.5	2.8%	-	5.7	5.7	5.9	2.6%	-
MV, AIDS and STIs ¹	20 336.9	22 374.9	27 528.9	28 265.3	11.5%	91.5%	24 566.2	24 376.1	25 472.9	-J.3%	90.8%
Tuberculosis Management Wamen's Maternal and Reproductive Health	21.6 14.3	23,4 13,4	14.2 9.8	28.5 17.3	9.6% 6.2%	0.1% 0.1%	27.6 16.9	28.6 17.1	28.4	-0.1%	0.1%
			2.3	233	1000	22160				25000	
Child, Fouth and School Health Communicable Diseases	248.9 15.6	181.0 51.2	28.0 718.8	30.9 7.380.9	-50.1% 678.6%	2.4% 7.6%	28.3 2.151.3	28.0 56.5	29.9 53.1	-J.1% -80.7%	0.1% 8.5%
Non-communicable Diseases	28.5	35.4	31.9	85.3	44.1%	0.2%	85.0	58.6	91.1	2.2%	0.3N
Health Promotion and Nutrition	17.4	28.8	23.8	36.9	28.6%	0.1%	32.2	32.6	32.5	4.1%	0.7%
Total	20 688.3	22 713.5	28.348.4	35 750.6	20.0%	200.0%	26 913.1	24 629.2	25 733.0	-10.4%	400.0%
Change to 2021 Budger estimate				3 145.2			(3 761.1)	/3:127.4)	(2.878.6)		
Economic classification											
Current payments	387.5	110.9	949.6	7 792.7	171.8%	8.8%	2 552.7	483.1	502.5	-59.9%	10.0%
Compensation of employees	122.7	138.4	131.9	151.1	7.2%	0.5%	135,7	135.6	141.8	-2.1%	0.5%
Goods and services*	264.8	292.S	817.6	7631.6	206.6%	8.3%	2 417.0	347.5	360.7	-63.8%	9.5%
of which: Consultants: Business and advisory services	91.1	59.2	135.5	49.7	-18.3%	0.3%	43.6	78.0	39.8	-7.2%	0.2%
				1000		100			1078	7274	
Agency and support/butsourced services	5.5	2.3	2.3	25.3	66,4%		14,4	21.4	22.4	-4.1%	0.2%
Inventory: Medical supplies	74.0	34.7	39.9	98.7	10.1%	0.2%	206.9	115.5	118.0	6.1%	0.4%
Inventory: Medicine	20.7		462.8	7 329,7	31.2%	7.2N 0.1N	2 120.5 35.0	37.7 37.9	39.4	-82.5% -5.3%	8.4N 0.1N
Travel and subsistence Operating payments	30.2	5.0	81.7 62.8	46.7 33.9	31.2%	0.1% 0.1%	53.1	54.5	57.2	19.1%	0.1%
Transfers and subsidies	20 300.7	22 382.2	27 388.6	27 964.8	22.3%	93.2%	24 342.9	24 144.6	25 228.9	-1.4%	90.0%
Provinces and municipalities	20:121.7	22 296.2	27.199.1	27.752.9	31.3%	90.5%	24 134.5	23 934.6	25 009.5	-3.4%	89.2%
Departmental agencies and accounts	17.1	1.81	28.2	26.9	19.1%	0.2%	19.4	20.2	21.1	-9.9%	0.1%
Mon-profit Institutions Households	181.2	267.3	170.6	283.0	-100.0%	0.6%	289.0	189.8	298.3	2.7%	0.7%
Payments for capital assets	0.1	0.3	10.3	3.1	192.5%	7.4	17.5	1.5	1.5	-20.8%	
Machinery and equipment	0.3	0.1	10.3	3.1	192.5%		17.5	7.5	1.5	-20.8%	-
Total	20 688.3	22 713.5	28 348.4	35 750.6	20.0%	100.0N	26 913.1	24 629.2	25 733.0	-10.4%	100.0N
Proportion of total programme expenditure to vate expenditure	44.4%	44.7%	48.8N	54.7%		-	42.7%	40.6%	41.4N	-	
Details of transfers and subsidies Hauseholds Social benefits											
Current	0.8	0.7	0.6	:+	-160.0%	7.4		120	-	-	
Emplayee racial benefits Departmental opencies and accounts	0.8	0.7	0.6		-100.0%	117			- 5	- 7	-
Departmental agencies (non-business entities)											
Current	17.1	1.81	18.1	28.9	19.1%	0.2%	19,4	20.2	21.1	9.9%	0.29
South African National AIDS Council	27.2	1.81	18.1	28.9	19.1%	0.1%	19,4	20.2	21.1	9.9%	0.2%
Households											
Other transfers to households Current			0.2					1967			
Emplayee social benefits			0.2		- 0	74					
Non-grafit institutions											
Current	161.2	162.3	170.6	283.0	4.3%	0.6%	189.0	189.8	198.3	2.7%	0.2%
Non-governmental organisations: Lifetine	23.3	24.6	27.2	28.0	6.4%	0.2N	28.9	29.0	30.3	2.6%	0.25
Non-governmental organisations: laveLife	64.8 20.3	68.4	59.5	62.0	-1,4%	0.2N	64.3	64.6	67.5	2,0%	0.2%
Non-governmental organisations: Soul City Non-governmental organisations: HIV and AIDS	49.7	21.3 49.7	23.6 58.8	24.3 65.6	6.3% 9.6%	0.1N 0.2N	25.1 67.5	25.2 57.8	26.3 70.8	2.6%	0.2%
South African Renal Registry	0.4	0.4	11.4	0.4	6.5%		0.5	0.5	0.5	2.5%	77.
South African Federation for Mental Health	0.4	0.4	0.5	0.5	6.4%		0.5	0.5	0.5	2.7%	
South African National Council for the Blint	0.9	0.9		2.1	6.4%	-	2.1	1.1	1.1	2.6%	-
South African Medical Research Council	0.6	0.6	0.6	5	-100.0%	15	-	-		+ 200	
National Council Against Smoking Provinces and municipalities	0.9	2.0	-	1.1	6.4%	.(16)	1.2	12	1.2	2.6%	
Provinces											
Provincial revenue funds											
Current	20 121.7	22 296.2	27 199.1	27 752.9	21.3%	90.5%	24 234.5	23 934.6	25 009.5	-3.4%	89.2%
HV, 7B, malaria and community outreach grant:		-	218.8	220.3	1	0.4%	-	-		-100.0%	0.2%
Human papillamovinus vaccine component Human papillamovinus vaccine grant	200.0	157.2			-100.0%	0.3N		563		2	
HIV, TB, malaria and community outreach grant: HIV	200.0	19 963.3	20 377.5	22.563.8	-	58.5N	-			100.0%	20.0N
and AIOS component			PROPERTY.	0.309870		0.000000				C194400000	60000
MV, TB, malaria and community outreach grant: Malaria elimination component	3	90.4	126.2	104.2	+	0.3%	-	-	1	100.0%	0.25
HIV, 78, malaria and community autreach grant:	2	1 500.0	2 556.7	2 480.2	-	6.IN	2	-	- 4	-100.0%	2.25
Community outreach services component			7100			333				2330	
MV, TB, malaria and community outreach grant: Tuberculous component	87	485.3	507.8	506.1	-	1.4%			9	-100.0%	0.4%
MV, Till, malaria and summunity outreach grant:	19 921.7	100		249,4	-80.7%	28.7%	-	-	-	-100.0%	0.2%
Mental health services component				5000		50,00			0	70.00000	9/5/
SHV, TB, malaria and community outreach grant: Oncology services component	-	-		294.9	_	0.2%		-	-	-100.0%	0.2%
HV, TB, malaria and community autreach grant:		-	3 422.2	1 500.0	-	4.6%	-	-		-100.0%	1.38
COVID-19 component				2.7		100	24 134.5	29 994.6	25 009.5	3.3	64.7%
District health programmes grant: Comprehensive											

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.
 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

	Number of pasts 31 More				Number	and cost" of p	ersonne/pe	orts (Wed/	planned for o	funded es	tabilitime	nt						Average	Average: Salary
	Number of funded posts	Number of pasts additional to the		Actual			d extimate		ivia coulce in	10/10/100		edium-term ex						rote (NO	Jevel/ Total (96)
		establish- ment			020/21		2021/22			2022/23			2023/24			2024/25		2021/22	2024/25
Communicable :	and Non-communicable	e Diverses	Number	Cont	Sin/3	Number	Cost	COST	Number	Core	Linit cost	Number	Cont	Unit cost	Mumber	Cost	cost		
Salary level	233	- 4	233	131.9	0.6	248	151.2	0.6	222	135.7	0.6	224	135.6	0.6	224	142.8	0.6	-3.3%	200.0%
2-6	37		37	8.2	0.2	39	9.6	0.2	36	8.8	0.2	37	8.6	0.2	37	9.0	0.2	-2.7%	16.2%
7-10	216	14	216	58.7	0.5	122	8.50	0.5	230	59.1	0.5	110	58.2	0.5	220	60.9	0.6	-14%	49.2%
23-22	53		53	41.5	0.8	57	45.5	0.8	48	19.8	0.6	45	40.3	0.8	49	42.2	0.9	4.9%	22.1%
25-25	27		27	23.5	0.0	30	29.3	1.0	29	28.0	1.0	28	28.5	1.0	28	29.7	1.1	-2.1%	12.4%

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

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	Audited Performance	formance		Estimated	MTEF Targets						
		Total of the latest of the lat				remormance	Annual Target	Annual Target Quarterly Targets	sts			2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22	4044/43	10	203	63	04		
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	Resources are Evaluation Evaluation available to report report on the managers and available to review of th frontline inform the District providers, with revised District Health Rexibility to Health System manage it Policy Policy according to framework and framework their local strategy for for 2014 needs. 2022-2026 2019	Evaluation report on the review of the District Health System Policy framework for 2014- 2019 available	New Indicator	Indicator	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 Conduct the Feesessions with 9 evaluation of sessions with 9 evaluation of Provincial DHS & the PHC Management implementation the on the DHS of DHS policy importation of the policy and	Conduct the evaluation of the implementation of DHS policy framework and policy and strategy for 2014-19 at 18 Districts	dback sions on the luation of lementation he DHS cy cy nework and cy and tegy for 4.19 held in 8 districts oorts	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 Guldelines	New Indicator	New Indicator	New Indicator	New Indicator	District Health Management Offices (DHMO) Guidelines tested in 18 Districts	Consultations Guidelin conducted organog regarding the tested in methodology to Districts 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	Audit report findings used to update DHMO Guidelines	DHMO Guidelines Implemented by Provincial Departments of Health

Output A		Audited Performance	formance		Estimated Performance	MTEF Targets						100000000000000000000000000000000000000
						Annual Target	Annual Target Quarterly Targets	sta			2023/24	2024/2025
2018/19 2019/20		2019/20		2020/21	2021/22	- /	10	02	8	5		
PHC Facilities Number of Not Not State of Not Not Not Not Number of Number of Not Not Number of Number Number of Num	Not Applicable	icable	22	2185	1250	2700	1000	1800	2000	2700	2900	3000
Number of Not Not 30 clients lost to Applicable follow for TB and HIV treatment traced by CHWs	Not Applicable	licable	m m	308097	250000	350000	100000	200000	300000	350000	400000	150000
Ports of entry Number of Not Not 9 por services Applicable Applicable entry compliant with entry international compliant with regulations per international health regulations are international health regulations assessments ergul	Not Applicable	licable	9 p. ent.	9 ports of assessed for compliance with international health	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	20 Port of Entry 30 ports of compliant with compliant with compliant with self assessments international assessments regulations based on self assessments	at ports of an analysis of entry compliant with with international international health regulations based on self-assessments assessments	35 ports of entry compliar with international health regulations based on self-assessments

Outcome	Output	Output	Audited Performance	ormance		Estimated	MTEF Targets						
		Indicator				Performance	Annual Target	Annual Target Quarterly Targets	its			2023/24	2024/2025
			2018/19	2019/20	2020/21	2021/22	57/7707	10	05	63	49		
Environmental Districts and Health metropolitan strengthened municipalitie by contributing compliant wit to improved National quality of Environment water, Health Norm sanitation, and Standard and food Services	Environmental Districts and Number of 30 22 Health metropolitan Metropolitan Metropolitan Metropolitan Metropolitan Metropolitan strengthened municipalities and District and	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 Environmenta Health Norms and Standards	Number of 30 22 Not Wetropolitan Metropolitan Applicable and District and District and District and District assessed assessed assessed for for for compliance compliance compliance compliance compliance compliance to National to National to National Environmental Environmental Environmental Environmental Abalth Health Health Standards Standards Standards Standards		11 Metropolitan 26 and District Municipalities and District (which Municipalitie performed below assessed for 75%) assessed compliance to National For compliance to National Health Norms and Standards	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	Planning, 6 Metropolitate Development of and District Implementation Municipalities Plan, assessed for Communication compliance to to provinces National and Provincial Environmental Manager's Health Norms Workshop on Standards assessments	6 Metropolitan and District Municipalities and District assessed for Municipalities compliance to assessed for National Environmental National Health Norms and Environmental Standards Health Norms and Standards	16 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	26 Metropolitan 26 and District Me Municipalities and assessed for Mu compliance to ass National Corrections and Environmental Nathealth Norms Environmental And Standards Health Norms and Standards and	26 Metropolitan and District Municipalities assessed for compliance to National Environmental Health Norms and Standards	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 assessed for compliance compliance with Emergency Medical Ser Medical Regulations Regulations	with	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces 3 Provinces 3 Provinces assessed for assessed for assessed for compliance compliance compliance with Emergency with Emergency Emergency Medical Medical Medical Services Services Regulations	3 Provinces assessed for compliance with Emergency Medical Services Regulations	2 Provinces 2 Provinces assessed for assessed for compliance compliance with Emergency Emergency Medical Services Services Regulations Regulations	2 Provinces assessed for assessed for compliance with compliance Emergency with Emerge Medical Services Medical Regulations Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for assessed for compliance compliance with Emergency with Emergency Medical Services Services Regulations

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

Subgrogramme	Aus	lited outcome		Adjusted appropriation	Average growth rate (N)	Average: Expen- diture/ Tatal (%)	Mediun	r-term capenditu	e	Average growth rate (N)	Average: Expen- diture/ Total (%)
E million	2018/19	2019/20	2020/21	2021/22		2021/22	2022/23	2023/24	2024/25	2021/22	
Programme Management	4.7	4.8	3.5	4.4	-1.5%	1.8%	4.8	4.6	4.6	1.1%	0.2%
District Health Services!	15.0	16.7	14.0	19.0	8.2%	6.6%	4 909.2	2 950.4	3 082.2	445.4%	92.3%
Environmental and Port Health Services	179.1	187.3	290.6	218.8	8.2%	88.6%	227.9	202.9	213.4	-0.8%	7.3%
Emergency Medical Services and Trauma	5.6	8.1	6.8	7.9	5.9%	3.0%	8.4	8.6	8.4	2.2%	0.3%
Total	199.4	216.9	315.0	250.1	7.9%	100.0%	5 150.2	9 165.9	3 308.5	136.5%	100.0%
Change to 2022				27.8		11 11	4.926.7	2 939.8	3 075.5		
Budget estimate				. 272			- Parameter	74,440.55	0.70725		
2017-2019-2019											
Economic classification	Tan 4	Ave a	27.72	2422	-	40.00			400.0	2.00	
Current payments	198.3	215.9	314.8	247.7	7.7%	99.5%	259.1	232.7	243.6	-0.6%	11.2%
Compensation of employees	176.4	192.0	296.2	219.0	7.5%	90.0%	227.6	201.9	212.4	-1.2%	7.2%
Goods and services ²	21.9	23.8	18.6	28.7	9.5%	9,5%	31.5	30.8	32.2	3.8%	1.0%
of which:	14.41					14.44					
Communication	2.6	1,2	2,2	2.9	6.2%	0.6%	1.9	1.9	2.9	0.7%	0.1%
Contractors	0.8	0.5	0.3	0.8	2.2%	0.2%	0.8	0.8	0.9	0.5%	927
Fleet services (including government mator transport)	10.0	10.6	10.9	13.9	21.5%	4.6%	23.7	13.5	14.1	0.7%	6.5%
Inventory: Clothing material and accessories	0.2	2.3	2.8	1.7	101.5%	0.6%	1.6	1.6	2.7	0.6%	0.1%
Travel and subsistence	5.7	0.0	2.8	6.2	2.6%	1.5%	9.1	8.7	1.6	14.09	0.3%
Venues and facilities	1.0		0.2	1.4	10.7%	0.3%	1.5	1.4	1.5	0.5%	
Transfers and subsidies	0.4	0.4	0.0	- 4	-100.0%	0.1%	4 888.6	2 931.3	3.062.9		92.6%
Provinces and municipalities		-	-	0.00	+	-	4.888.6	2.931.3	3 062.9	100	92.6%
Households	0.4	0.4	0.0	1.0	-100.0%	0.2%	-	-			
Payments for capital assets	0.6	0.6	0.2	2.4	55.2%	0.4%	2.5	2.9	2.0	-5.3%	0.1%
Machinery and equipment	0.6	0.6	0.2	2.4	55.1%	0.4%	2.5	1.9	2.0	-5.3%	0.1%
Total	299,4	216.9	315.0	250.1	7.9%	100.0%	5 150.2	3 165.9	3.808.5	136.5%	100.0%
Proportion of total programme	0.4%	0.4%	0.5%	0.4%			8.0%	5.2%	5.3%	1.0	-
expenditure to vote expenditure							3000011	1-0000	0000	- 7	
Details of transfers and subsidies											
Households			- 1	Ť		T			1		
Social benefits											
Current	0.4	0.4	0.0		-100.0%	0.1N			-		
Employee social benefits	0.4	0,4	0.0		-100.0%	0.2%			- 1	- 12	
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9.4	0.9	0.0		-100.000	1958.99					_
Provinces and municipalities											
Provinces											
Provincial revenue funds			1935			757	102225	22100	50000	100	96743
Current		-	-	-			4 888.6	2 931.3	3 062.9		91.6%
District health programmes grant: District health component	51	=	- 1	-	- 5	7	4.888.6	2 931.3	3 062.9	3.5	92.6%

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*

3111101-201110	Number of posts 31 March		000000000000000000000000000000000000000		Number	and cost of p	ersonnel po	ists filled/	planned for or	funited es	teälishme	se						Average	Average: Salary
	Number of funded posts	Number of posts adultional to the		Actual			d estimate			The street		edism-term ex	penditure i	estimate				rate (N)	Acvet/ Total (NJ
		establish- ment		2	020/21		2021/22			2022/23			2023/24			2024/25		2021/22 - 2	2024/25
Primary Health	Core		Aumber	Cost	Cost	Mumber	Cost	Unit	Mumber	Cost	COST	Number	Cost	Unit	Alumber	Cost	tinit cost		
Salary level	170	72	370	296.2	0.8	269	219.1	0.0	274	227.6	0.8	245	201.9	0.8	245	211.4	0.0	-LIN	300.0N
2-6	86	72	86	35.2	0.4	89	10.0	0.4	69	30.7	0.4	63	27.6	0.4	4.5	28.0	0.5	3.0%	25.6%
7-10	238		238	206.6	0.9	172	254.6	0.9	177	151.9	0.9	260	246.2	0.9	160	253.2	1.0	-2.4%	64.8%
21-12	30	-	30	32.2	2.2	38	20.0	1.1	18	30.4	1.1	14	15.8	1.1	34	16.5	1.2	-8.0%	6.2%
13-16	16		16	22.5	2.4	20	14.4	1.4	10	14.7	1.5	8	12.3	1.5	8	12.9	1.6	-7.2%	3.5%

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.

	200/1800		Monitoring implemented on the approved Regulations.	42 facilities constructed or revitalised (according to UAMPs assessed)	30 Hospitals 50 Hospitals constructed or revitalised revitalised (according to (according to IPMPs assessed)
	\$c/2500		Regulations relating to the designation/ classification of hospitals published for implementation	45 facilities constructed or revitalised (according to UAMPs assessed)	
		24	Regulations tabled at the meeting of the National Health Council (NHC) for approval.	25 facilities constructed or revitalised (according to UAMPs assessed)	2 Hospitals 19 Hospitals constructed or constructed or evitalised revitalised according to (according to PMPs assessed) (PMPs assessed)
MTEF Targets	/ Targets	69	Regulations tabled at the meeting of the Technical Committee of the National Health Council.	10 facilities constructed or revitalised (according to UAMPs assessed)	2 Hospitals constructed or revitalised (according to IPMPs assessed)
	Quarterly Targets	70	Regulations presented to Management Committee of the National Department of Health.	5 facilities constructed or revitalised (according to UAMPs assessed)	0 Hospitals constructed or revitalised (according to IPMPs assessed)
		10	Regulations presented and discussed with the National Hospital Coordinating Committee (NHCC) for comments and inputs.	O facilities constructed or revitalised (according to UAMPs assessed)	21 Hospitals 0 Hospitals 0 Hospitals constructed or revitalised revitalised revitalised (according to (according to IPMPs assessed) IPMPs assessed)
	Annual Target	2022/23	Regulations relating to designation / classification of Hospitals reviewed and published for comment.	40 facilities constructed or revitalised (according to UAMPs assessed)	21 Hospitals constructed or revitalised (according to IPMPs assessed)
Estimated	Performance	2027/22	Not applicable	55 PHC 40 PHC facilities 40 facilities constructed revitalised revitalised recording to (according to UAMPs assessed) UAMPs assessed)	21 Hospitals constructed or revitalised (according to IPMPs assessed)
, ince		2020/21	Not Applicable	SS PHC facilities constructed or revitalised (according to UAMPs assessed)	25 Hospitals constructed or revitalised (according to IPMPs assessed)
Audited Devicements		2019/20	Not Applicable	Not Applicable	Not Applicable
41.0		2018/19	Not Applicable	Not Applicable	Not Applicable
10	Output Indicator		Regulations relating to the designation/ classification of hospitals reviewed and published for comment.	Number of UAMPs assessed for the PHC facilities to be constructed or revitalised	Number of IPMPs assessed for the Hospitals to be constructed or revitalised
	Output		Draft Regulations Regulations relating to relating to the designation/ designation/ classification of classification hospitals of hospitals reviewed and published for comment.	To assess the User Asset Management Plans (UAMPs) for the PHC facilities	To assess the Infrastructure Programme Management Plans (IPMPs) of the Health Provincial Departments
	Outcome		Packages of Draft services Regulation available to the relating to population is designation expanded on classification the basis of hospitals cost-reviewed.	Financing and Delivery of infrastructure projects improved	Financing and Delivery of infrastructure projects improved

	Sens/sens		200 public health Facilities (Clinics, Hospitals, Hospitals, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed
	96		200 public (Clinics, Hospitals, nursities, E base statio maintained or repaired at refurbishe wantenan Maintenan Plans asser
	Ac/25000		159 public 200 public health Facilities (Clinics, Hospitals, Hospitals, nursing colleges, EMS colleges, EMS base stations) hase stations) maintained, maintained, repaired and/or repaired and/or repaired and/or refurbished according to the Maintenance Maintenance Plans assessed
		**	92 public health 159 public 200 public facilities (Clinics, health Facilities (Clinics, (Clinics, Clinics, Clinics, Hospitals, EMS base nursing colleges, EMS colleges, EMS colleges, EMS maintained, base stations) base stations) colleges, EMS maintained, maintained, maintained, repaired and/or repaired and/or refurbished refurbished refurbished refurbished refurbished according to the maintained according to the Maintenance Maintenance Plans assessed Plans assessed
MTEF Targets	Targets	63	15 public health 92 public healt Facilities (Clinics, Hospitals, Hospitals, Hospitals, Hospitals, EMS base colleges, EMS stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed Plans assessed
	Quarterly Targets	0,2	100
		10	120 public a public health health health health health health facilities (Clinics, Clinics, Clinics, Colleges, EMS nursing hase stations) colleges, EMS nursing base stations) colleges, EMS maintained, base stations) repaired and/or maintained, repaired and/or repaired and/or repaired and/or repaired and/or refurbished refurbished refurbished refurbished refurbished refurbished refurbished refurbished maintained Maintenance according to the Plans assessed Plans assessed Plans assessed
	Annual Target	2022/23	120 public health 120 public Bacilities (Clinics, Hospitals, Clinics, Colleges, EMS base nursing stations) base stations) base stations) base stations repaired and/or maintained, maintained, maintained, cefurbished refurbished refurbished refurbished refurbished refurbished refurbished refurbished plans assessed Maintenance Maintenance Plans assessed Plans assessed
Estimated	Performance	2021/22	120 public health 120 public Facilities (Clinics, health Facilities (Clinics, nursing colleges, Hospitals, EMS base nursing stations) colleges, EMS maintained, base stations) repaired and/or maintained, refurbished according to the refurbished according to the refurbished Amintenance Amintenance Plans assessed Maintenance Plans assesses
1	are a	2020/21	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Maintenance Plans assessed
Auditor Berformsone		02/6102	Not Applicable
Arriv		2018/19	Not Applicable
100 100	Output Indicator		Number of Maintenance Plans assessed for the public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, repaired and/or returbished
	Output		To assess the Maintenance Plans for the Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) to be maintained, repaired and/or refurbished
14	Outcome		Financing and Delivery of Infrastructure projects improved

Hospital Systems expenditure trends and estimates by subprogramme and economic classification

Au	Ned outcome		Adjusted operagriation	Average growth rate (%)	Average: Expen- diture/ Total (%)	Medius	n-term expenditure extinate	n	Average growth rate (%)	Average: Expen- diture/ Total (%)
		2020/21	- Andreas - Andr			2022/23	2023/24	2024/25		
The state of the s			The same of the sa		-				-	
6 729.7	2219.0	7 167.3	7 392.6	2.9%	34.9%	8 320.6	8 914.7	8 482.4	4.7%	36.8%
12 409.2	11 292.6	14 020 4	13 720 3	3.4%	65.1%	24 315.7	74 034.1	14 654.3	2.2%	63.1%
19 189.9	20 413.7	21 188.5	21 114.1	3.2%	100.0%	22 639.1	22 951.6	23 150.8	3.1%	100.0N
			(258.2)			199.2	(123.1)	(624.3)		
			172.00			.5727.6	1,13355,11	SECTION .		
205.2	173.0	76.2	83.2	-7.6%	0.5%	219.3	223.5	173.0	27.7%	0.8N
21.1	23.7	29.5	30.9	13.6%	0.1%	27.7	27.7	28.9	-2.2%	0.1%
84.2	249.3	52.6	52.3	-14.7%	0.496	192.6	195.9	144.1	40.2%	0.6%
								200		
0.9	2.1	-	2.3	36.9%	-	6.1	6.3	4.6	26.7%	
78.4	87.2	48.9	23.5	-33.1%	0.3%	118.6	120.6	88.5	55.6%	0.4%
0.2	0.1	0.3	0.9	67.8%	-	2.5	2.6	2.9	26.7%	
0.3	0.7	0.2	LO	58.3%		17	1.9	2.5	14.6%	
0.1	58.7	1.8	27.1	470.9%	0.1%	47.1	47.9	34.8	26.7%	0.2%
3.9	0.1	1.4	6.0	15.9%		13.0	13.7	10.5	20.6%	-
18 457.9	29 532.0	20 328.4	20 143.0	3.0%	95.8%	21 085.6	21 143.8	22 014.9	3.0%	93.9%
18 457.9	29 531.8	20.328.4	20 143.0	3.0%	95.8%	21 085.6	21 143 8	22 014.9	3.0%	33.9%
20100025	0.1			:0/8	30000		100	200000	5559	
626.8	708.8	783.9	288.0	12.3%	3.7%	1 334.2	1 584.3	952.9	2.7%	5.3%
591.0	592.0	740.1	838.7	12.4%	3.4%	1 083.5	1 325.5	692.5	-6.2%	4.4%
35.8	116.7	43.8	49.3	12.3%	0.3%	250.7	258.8	270.4	76.3%	0.9%
29 289.9	20 413.7	21 188.5	21 114.1	1.2%	100.0%	22 639.1	22 951.6	25 150.8	3.1%	100.0%
41.2%	40.2%	36.5%	32.3N		-	18.1%	37.9%	37.2%	-	-
				T I						
	0.1	-		-	-	-		-	-	-
-	0.1	-				-		-	-	-
12 409.7	13 185.5	14 013.2	13 707.8	3.4%	65.1%	14 306.1	14 023.9	14 653.8	2.2%	63.1%
PT			100000000000000000000000000000000000000		7.0000000					63.1N
1						100000000000000000000000000000000000000		-		30.8%
2,00012	6 346.3	6325.3	6 435.2	2.0%	30.7%	6779.5	7119.9	7 351.2	4.6%	30.8%
	2018/19 1.0 6 779.7 12 409.3 19 189.9 205.2 21.1 86.2 0.8 78.4 0.2 0.3 0.1 3.9 18 457.9 18 457.9 626.8 591.0 35.8 20 189.9	1.0 1.1 6799.7 7219.0 12409.2 13129.5 2043.7 2043.7 2043.7 2043.7 2043.7 2043.7 2043.7 205.2 178.0 211.1 22.7 84.2 109.3 0.8 2.1 78.4 87.2 0.3 0.7 0.1 58.7 3.9 0.1 58.7 3.9 0.1 18457.9 19532.0 18457.9 19532.0 2043.7 41.2 2043.7 40.2 30.3 2041.5 20	2018/19 2019/26 2020/21 1.0 1.1 1.0 6 779.7 7 219.0 7 167.3 12 409.2 13 192.6 14 1070.4 19 189.9 20 413.7 21 188.5 105.2 173.0 76.2 21.1 22.7 23.5 84.2 169.3 52.6 0.9 2.1 - 78.4 87.2 48.9 0.2 0.1 0.1 0.3 0.7 0.2 0.1 53.7 1.8 3.9 0.1 1.4 18 457.9 19 532.0 20 328.4 18 457.5 19 531.8 20 326.4 - 0.1 - 626.8 708.8 783.9 591.0 592.0 740.1 35.8 116.7 43.8 120 189.9 20 419.7 21 188.5 41.2% 40.2% 36.5%	Audited outcome	Audited outcome	Auchited outcome Auchited outcome Appropriation (%) 2018/19 2019/20 2020/21 2021/22 2018/19-2021/22	Audited outcome	Adjusted Adjusted Super-Street Color Color	Audited outcome	Audited outcome

Personnel Information

Table 18.15 Hospital Systems personnel numbers and cost by salary level*

	Number of posts 31 March				Mumber	and cost of pe	ersonnel po	ests filled	planned for an	funded es	toblishme	et						Average	Average: Salavy
	Number of Junded posts	Number of posts additional to the	-	Actual		Revise	d estimate		December of the second		M	edium-term ex	penditure i	stimate				rate (N)	level/ Total (N)
		establish ment			020/21		2021/22			1022/23			2023/24			2024/25		2021/22 - 2	024/25
Hospital Systems			Number	Cost	COST	Number	Cost	Unit cost	Number	Cost	Unit cost	Number	Cost	Cost	Auntier	Cost	cost		
Solary level	48	-	48	21.5	0.5	-61	30.9	0.5	83	27.7	0.5	54	27.7	ū.s	54	28.9	0.5	-4.0%	100.6%
1-6	15		25	3.5	0.2	18	4.6	0.3	25	2.9	0.3	15	3.7	0.2	15	5.9	0.5	-5.9%	28.4%
7-30	24	-	24	22.6	0.5	23	16.7	0.5	29	14.9	0.5	30	15.0	0.5	30	25.7	0.5	-3.2%	55.0%
21-22	4	-	4	1.2	0.0	5	4.2	0.8	4	2.4	0.9	4	3.4	0.9	4	3.6	0.9	-7.2%	2.2%
23-26	5	-	5	5.2	1.0	9	5.3	1.1	5	5.4	1.1	5	5.5	1.1	5	5.7	1.1	-	9.0%

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.

	Scort broc	5054/5053	(2) CMS and SADTC Board / Council appointed for the new term of office	Bi- annual governance report produced
	Nel croc	es/cs03	(3) SAPC, SANC, NHLS Board / Council appointed for the new term of office	Bi-annual governance report produced
		ě	(1) OHSC Board appointed for the new term of office	Statutory Health Professional Councils and Public Entities governance report produced
MTEF Targets	Quarterly Targets	63	(1) SAMRC Board appointed for the new term of office	Not Applicable Statutory Health Profession Councils a governan report produced
IM	Quarter	70	Call for nominations published in National newspapers and in the Gazette for the OHSC Board	Statutory Health Professional Councils and Public Entities governance report produced
		10	Call for nominations published in National newspapers and in the Gazette for the SAMRC Board	Not Applicable Statutory Health Profession Councils a Public Ent governan report produced
	Annual Target	2022/23	Two (2) Boards appointment recommendations made prior expiry of the term of office (SAMRC and OHSC)	Bi-annual governance report produced
Estimated	Performance	2021/22	New Indicator	New Indicator
	nance	2020/21	New Indicator	New
	Audited Performance	2019/20	New Indicator	New Indicator
	And	2018/19	New Indicator	New Indicator
	Output Indicator		Number of Boards New / Councils Indicappointment recommendations made prior expiry of the term of office	Statutory Health Professional Councils and Public Entitles governance report produced
	Output		Improved corporate governance practices through establishment of effective governance structures for regulation of health practitioners and service delivery	Entities governance and performance monitored for compliance with applicable legislation, policies and guidelines
	Outcome		Quality and Safety of Care Improved	Quality and Safety of Care Improved

		£0.£~1,£0.£3	Not Applicable	Not applicable
	arl conc	F3 (C303	Not Applicable	Revised set of Health Research Priorities produced
		\$5	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Revised set of Health Research Priorities produced
MTEF Targets	Quarterly Targets	693	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Draft Health research priorities produced
Σ	Quarter	0,2	Support 3 Nursing Colleges to develop training plans for nurse / midwife specialists.	Provincial consultation completed
		10	Support 9 Nursing Colleges in conducting a situational analysis on the development of training	National Department Programmes consultation completed
	Annual Target	2022/23	9 Nursing Colleges Support 9 supported to Nursing develop training Colleges in plans for nurse / conductin midwife struational specialists. the developm of training plans	Revised set of Health Research Priorities produced
Estimated	Performance	2021/22	New Indicator	Revised set of Health research priorities produced
	ance	2020/21	New	National Health Research Priorities identified
	Audited Performance	2019/20	New Indicator	Not Applicable
oli i	And	2018/19	New	Not Applicable
	Output Indicator		Number of Nursing New Colleges supported Indicator to develop training plans for nurse / midwife specialists.	Annually Revised set of Health research priorities produced
	Output		Nursing Colleges supported to develop training plans for nurse / midwife specialists.	National Health Research Priorities identified to generate the required knowledge for the South African health system
	Outcome		Quality and Nursing safety of care Colleges improved supporte develop training for nurse midwife specialis	Adaptive National learning and Health decision Research making is Priorities improved Identified through use generate to of strategic required information knowledge and evidence: the South African he system

	and there	2024/2023	e dashboards implemente d in 9 x Provincial Head Offices, and 52x District Offices	300 PHC Facilities and 240 Hospitals implementi ng the National Health Quality Improveme nt
	art come	47/6307	Performanc e dashboards implemente d in 9 x Provincial Head Offices, and 52x District	200 PHC Facilities and 160 and 240 Hospitals Implementi implementi ng the National National Health Quality Improvement in transportance improvement in transportance in transpor
		64	Development of Performance Dashboards finalised and training plan developed	100 PHC Facilities and80 Hospitals implementing the National Health Quality Improvement Programme
MTEF Targets	Targets	03	Draft Performance Dashboards produced; and Data analytics capabilities built	75 PHC Facilities and 60 Hospitals implementing the National Health Quality Improvement Programme
ITW	Quarterly Targets	0 5	Consultations conducted with relevant stakeholders to determine user requirements for Performance Dashboards	50 PHC Facilities and 40 Hospitals implementing the National Health Quality Improvement Programme
		10	Conceptual framework developed on the requirements for standard Performance Dashboards required for each level of healthcare	25 PHC Facilities and 20 Hospitals implementing the National Health Quality Improvement Programme
	Annual Target	2022/23	Performance dashboards for national, provincial and district levels developed	100 PHC Facilities and 80 Hospitals implementing the National Health Quality Improvement Programme
Estimated	Performance	2021/22	Not Applicable	100 PHC Facilities and 80 Hospitals implementing the National Quality Improvement Programme
	ance	2020/21		수 라 구
	Audited Performance	2019/20	Not Not Applicable	Not 16 Qualit Applicable Learning Centres identified cover 80 hospitals and 64 Pr facilities
	Aug	61/8102	Not Applicable	Not Applicable
	Output Indicator		Performance dashboards for national, provincial and district levels developed	Number of health facilities implementing the National Health Quality Improvement Programme
	Output		Performance dashboards for national, national, provincial and district levels developed developed	PHC Facilities and Hospitals implementing the National Health Quality Improvement Programme
	Outcome		Adaptive learning and decision making is improved through use of strategic information and evidence	Quality and Safety of Care Improved

	Sent/sene		HC 2600 PHC as facilities Lalify that qualify as ideal Clinics	nenta Not the applicable ved	Roll out of HRIS HRIS to transitioned Health to the Districts and NDoH HRIS facilities unit
	art strac	400	2250 PHC facilities that qualify as Ideal Clinics	Implementa tion of the Reviewed Policy	
		94	Peer-review updated with 2200 PHC facilities that qualify as ideal Clinics	Second Draft of the Circular / directive of the reviewed Policy	Capabilities of HRIS evaluated and reviewed
MTEF Targets	Quarterly Targets	63	Draw scale-up plans and conduct cross district peer reviews of ideal clinic status	First Draft circular / directive on the reviewed Policy	Conduct end user training on the HRIS, change management and data quality improvement
×	Quarter	07	Continue and complete baseline status determination for 3400 Primary Health care facilities	Stakeholder engagement	Complete a concept note for Financial System data exchange
		10	Baseline status determination commencing to 3400 Primary Health care facilities	Present review proposals to the National Health Council (NHC) Technical Advisory Committee	Demonstrate the HRH planning module through a use case
	Annual Target	2022/23	2200 PHC facilities that qualify as ideal Clinics	Community Present service policy review report proposals to with the National recommendations Health Council finalised and presented to Tech Technical NHC Committee	Utilization and functionality of HRIS for HRH planning extended
Estimated	Performance	2021/22	2100 PHC facilities qualify as Ideal Clinics	Not Applicable	HR Information System operational and 41% of the HRIS transition / institutionalization framework activities achieved
· · · · · · · · · · · · · · · · · · ·	lance	2020/21	1444 PHC facilities in the districts qualify as ideal Clinics	Not applicable	Not applicable
este direct Proper	Andrea renormance	2019/20	2000 PHC facilities qualify as ideal clinics	Not Not Applicable applicable	Not Not Applicable applicable
		2018/19	1920 PHC facilities qualify as ideal clinics	Not Applicable	Not Applicable
	Output Indicator		Number of primary 1920 PHC health care facilities facilities that qualify as qualify as ideal ideal clinic clinics	Community service Not policy review App report and recommendations produced	HR Information System implemented at National DoH and Provincial Head Offices
	Output		PHC facilities that qualify as Ideal Clinics	Community service policy reviewed	Facilitate implementation of the HRH plan 2020/21-2024/25 to address human resources
	Outcome		Quality and Safety of Care Improved	Staff equitably distributed and have right skills and attitudes	Staff equitably distributed and have right skills and attitudes

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

Seegragramme		Med outcome		Adjusted appropriation	Average growth rate (%)	Average: Expen- diturn/ Total (N)	Medius	n-term expenditure estimate		Average growth rate (%)	Average: Expen- diture/ Total (%)
R million	2018/19	2019/20	2020/21	2021/22		- 2021/22	2022/23	2023/24	2024/25		- 2024/25
Programme Management	5.7	5.9	5.3	6.7	2.5%	0.7%	6.0	5.9	6.2	0.3%	0.1%
Policy and Planning	6.0	6.1	5.4	7.7	8.5%	0.2%	7.1	73	7.9	0.9%	0.1%
Public Entitles Management and Loboratories	1 897.7	1 986.7	2.234.2	2 021.0	2.1N	35,5%	2 953.2	1 925.9	2014.5	-0.2N	27.3%
Nursing Services	8.4	8.2	7.4	9.4	3.6%	0.1%	9.7	9.5	9.7	1.0N	6.1%
Health Information, Munitaring and Evaluation	54.3	59.5	49.0	66.1	6.8N	1.0%	71.9	72.5	79.2	3.5N	2.0%
Human Resources for Health!	2 801.2	2 979.8	4.390.5	4.322.8	15.6%	63.7%	5.471,3	5 502.0	5.388.8	2.6%	72.4%
Total .	4 773.5	5 046.2	€ 691.8	6 433.1	10.5%	100.0%	7 519.4	7 523.2	7 500.3	5.2%	100.0%
Change to 2021. Budget estimate				246.6	553.51		1 456.9	1 492.2	1 282.5		
Economic classification											
Current payments	271.7	293.0	318.5	314.8	5.0N	5.2%	197.6	199.6	206.2	-13.2N	3.2%
Compensation of employees	188.0	184.5	187.7	201.4	2.1%	3.3%	105.3	205.0	109.8	-18.3N	1.8%
Goods and services? of which:	83.6	108.5	130.8	123.4	30.7%	L996	92.6	94.7	96.7	-5.3N	1.4%
Audit costs: External	2.7	4.2	2.8	4.6	20.1%	0.1%	2.5	2.8	3.0	-14.0%	-
Comultants: Business and advisory services	34.9	42.4	50.2	47.0	10.4%	0.8%	46.9	49.2	50.3	2.3%	0.7%
Contractors	6-4	27.8	10.5	21.8	20.6%	0.2%	11.1	9.1	7.2	-14.2%	0.2%
Fleet services (including government motor tramport)	3.9	3.3	0.9	4.6	6,0%	0.2%	3.0	3.4	3.5	-8.8N	0.2%
Travel and subsistence	9.9		5.1	23.7	11.5%	0.1%	20.5	12.6	12.1	-4.0%	0.2%
Operating payments	3.9	1.7	2.3	5.0	9.0%	0.1%	2.8	3.0	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	7 285.6	6.1%	96.7%
Provinces and municipalities	2 784.5	2 940.4	4 339,9	4.297.7	15.6%	62.6%	5 449.2	5 479.0	5 366.5	7.7%	71.1%
Departmental agencies and accounts.	1 700.0	1 809.6	2 015 0	1 797.6	1.9%	31.99	1.867.3	1.836.4	1979.0	Z.2N	25.6%
Households	0.6	0.3	0.2	-	-200.0N	0.00	100000	-	0.000		
Payments for capital assets	16.7	2.9	18.3	29.1	11.4%	0.5%	5.2	8.1	8.5	-28.2%	0.2%
Machinery and equipment	16.7	2.9	18.3	23.1	12,4%	0.3%	5.1	8.1	8.5	28.2%	0.2%
Total	4 773.5	5 046.2	5 691.8	6 433.1	10.5N	100.0%	7 519.4	7 523.2	7 500.3	5.2%	100.0%
Proportion of total programme	10.2%	9.9%	21.5%	9.8%	-	2.4	11.7%	12.4%	12.1%		
Details of transfers and subsidies Households Social benefits											
Current	0.6	0.3	0.2	-	-100.0%	112	74	12		7.0	9
Employee social benefits	0.6	0.8	0.2		-200.0%	7.2	-		-	- 72	
Departmental agencies and accounts					2001018						
Departmental agencies (non-business entities)											
Current	1 696.1	1 805.5	2 011.0	1 796.1	2.9%	31.5%	1 865.8	1 854.7	1917.2	2.2%	25.6%
South African Medical Research Council	624.8	688.3	854,6	851.7	10.9%	33.2%	779.5	797.6	833.5	-0.7%	11.3%
National Health Laboratory Service	810.8	792.5	855.6	640.1	-7.6%	13.5%	772.5	725.3	757.9	5.8%	10.0%
Office of Health Standards Compliance	129.7	136.5	137.6	151.9	5.4%	2.4%	357.5	252.7	159.6	1.7%	2.2%
Council for Medical Schames	5.7	6.0	6.5	6.2	2.9%	0.1%	6.3	6.5	6.8	3.4%	0.1%
South African Health Products Regulatory Authority	125.2	183.3	156.6	346.3	5.3%	2.7%	150.0	152.6	159.4	2.9%	2.1%
Households											
Other transfers to households											
Current	12	<u> </u>	- 1	-		10.2	-	12	-	12	
Employee social benefits			-	1.00	-			-	-		-
Provinces and municipalities											
Provinces											
Provincial revenue funds Current	2.784.5	2 940.4	4 319.9	4.297.7	15.6N	62.6%	5 449.1	5 479.0	5 366.5	7.2%	71.1%
	2 /84.3	2 340.4	4 339.9	4 297.7	23.0%	17.5%	5 449.2	100000000000000000000000000000000000000	5 306.5	2.2%	71.1%
Human resources and training grant	3 704 6	2 940.4	7.450.0	4 (107.7	J00.0N	25.0%	3 440.2	5 479.0	3 300.3	100	71.1%
Health professions training and development grant Departmental agencies and accounts	2 784.5	2 340.4			200,076	23.4%					
Social security funds	15	200	77	- 1		3500	23		192	200	
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%	0.2%	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

lealth System Governance and Human Resources personnel numbers and cast by salary level

	Number of posts 32 March				Number	and cost* of p	ersonnel pa	sts /filed/	planned for as	funded es	tublishme	ee						Average growth	Average
	Number of funded posts	Mumber of posts additional to the		Actual	uter le	Revise	d estimate		() and least bear		, AA	odium-term ex	nenditure o	știmate				rote (%)	Jeve(/ Fotol (N)
		establish- ment		2	020/21		2021/22			2022/25			2023/24			2024/25		2021/22 - 2	2024/25
Health System G	overnance and Huma	n Resources	Mumber	Cost	tieit cost	Number	Cost	CART	Mumber	Cost	Linit	Number	Cost	Chit	Number	Cost	Unit cost		
Solary level	284	VXC)1333	284	187.7	0.7	287	201.3	0.7	120	105.3	0.9	119	205.0	0.9	129	109.6	0.9	-25.4%	100.0%
1-8	162	- E	161	60.0	0.4	267	84.7	0.4	5.8	21.5	0.4	8.0	21.2	0.4	5.1	22.2	0.4	-31.0%	49.4%
7-20	84		84	66.8	0.8	84	65.6	0.8	38	33.7	0.9	37	33.2	0.9	37	34.7	0.9	23.9%	30.4%
11-12	22	1.4	21	37.5	1.3	22	28.3	2.3	2.8	17.8	1.4	13	17.0	2.4	23	28,7	1.4	-14.8%	3.3N
13-16	18	27	38	33.1	1.8	21	39.3	4.9	26	32.2	2.0	16	32.7	2.0	16	34.2	2.1	8.7%	20.7%

The reduction in personnel is due to the shift of the farensic chemistry laboratories to the Napional Health Laboratory Service;

9. Key Risks

Out	tcomes	Risks	Mitigation
 2. 3. 4. 	Maternal, Child, Infant and neonatal mortalities reduced HIV incidence among youth reduced 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25 Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies Premature mortality from	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
6.	Non-communicable diseases reduced by 10% An equitable budgeting system progressively implemented, and	Fraud and Corruption	NDoH Fraud Prevention policy and Strategy in place. Established Ethics Committee Conduct Fraud and Corruption awareness campaigns.
7.	fragmentation reduced Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs	Escalating Medico-Legal Fraudulent claims	Development of a Case Management system Collaborate with Special Investigative Unit (SIU) to investigate alleged fraudulent claims
8.	Financial management strengthened in the health sector	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.
9. 10.	Management of Medico- legal cases in the health system strengthened Package of services available to the population is expanded on the basis of cost-effectiveness and	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
	equity Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care Quality and safety of care improved	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
	Staff equitably distributed and have right skills and attitudes Community participation promoted to ensure health	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
	system responsiveness and effective management of their health needs	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 		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.
decision making is improved through use of strategic information and evidence	Resurgence of Covid-19 pandemic which may severely affect service delivery across value chain.	Continue to implement Covid-19 guidelines Develop and implement Business Continuity Plans
 Information systems are responsive to local needs to enhance data use and improve quality of care 	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.	80% of interim rule amendments processed within 14 working days of receipt of all information per year 90% of annual rule amendments processe 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
	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.	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	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

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	e to land	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: Gengge 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	R1118	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 1856	R3181
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:	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 daims 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 seture 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:	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	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	(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	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 tarkets	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: N	Programme 2: National Health Insurance	urance										
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries Transfe (where applicable) applica	Disaggregation Spatial Calcu of Beneficiaries Transformation Type (where (where applicable) applicable)	Calculation Type	Reporting Cycle Desired perform	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 No patients Der registered to receive chronic medication through the CCMDD programme	nominator	Monthly reports from contracted service providers that track patients enrolled into the CCMDD	Not applicable	Not applicable Not Applicable All Districts	All Districts	(year-to-date)	Quarterly	5.5million	NHI: Technical specialist: Contracting
Percentage of funded posts in the NHI organogram filled	Percentage of Numerato funded posts in the Letters of NHI organogram appointm filled to commence staff work on the NHI establishm Programme Denoming FINE 2022 reflecting funding available?	Numerator: Letters of appointment, staff establishment Denominator: ENE 2022 reflecting the funding available for NHI	Number of posts Number of filled in the NHI funded posts organogram in the NHI organogram	a e	appointment	Funding will be made available to fill posts; and DPSA will approve organogram	Funding will be Not Applicable Not Applicable Quarterly made available to fill posts, and DPSA will approve.	Not Applicable	Not Applicable	Quarterly	70% of funded DDG: National posts in the Health NHI Insurance and organogram DDG: Corporate Services	DDG: National Health Insurance and DDG: Corporate Services

Programme 2: N	Programme 2: National Health Insurance	urance										
Output Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries Transfe (where applicable) applica	ormation ible)	lation	Reporting Cycle Desired perform	Desired performance	Indicator Responsibility
NHI Fund purchasing health services by 2024/25	NHI Fund Public hearings on Documents purchasing health NHI Bill attended by attendance services by comprehensive minutes) response to confirming questions so that attendance NHI fund is established and able to purchase health services once established	Documents (e.g. Not Applicable register and minutes) confirming attendance of public hearings	Not Applicable	Not Applicable	Documents confirming attendance of public hearings	Documents Attendance of confirming the Portfolio attendance of Committee public hearings public hearings on the Bill in Parliament	Attendance of Not Applicable All Districts the Portfolio Committee public hearings on the Bill in Parliament		Not Applicable Quarterly	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 Dashboard facilities reporting report from stock availability at National national surveillance centre centre that confirms number and type of facility availability availability availability	Dashboard report from National surveillance centre that confirms number and type of facilities reporting stock availability	Sum of health No facilities with no Denominator 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		(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 Assessmen (Numerato	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Calcı Transformation Type (where applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of facilities offering HIVSS	Number of facilities Provincial offering HIV self-report screening Indicating Self-scree	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 Not Applicable None	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 Reports from facilities with PHC facilities designated area for confirming the youth to offer activation of health services youth zones	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

×
9
思
8
署
- 54
≝
묲
8
=
5
5
E
를
8
ĭ
돗
z
득
×
ਜ
ᇹ
ᇹ
ŭ
Œ
3
Ε
喜
ᄎ
ŭ
**
m
ē
Ε
F
ē
1
7
E
•

Output Indicator Title	Definition	Source of Data Method of Calculation Assessmen (Numerato	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Disaggregation Spatial Calcu of Beneficiaries Transformation Type (where applicable) 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	Not applicable Facility TIER.Ne	Facility	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 Count of a people started who had a on TB treatment diagnosis on TB treatment diagnosis were starte treatment	Number of Count of all people DHIS 2 people started who had a on TB treatment 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	Facility level TIER.Net and EDR.Web reports	None	Not Applicable	All treating health facilities	(Year-end)	Quarterly	Increase the Chief Director number of TB Control and people treated Management 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 Repo episodes broadcast SABC during third season of Side-by-Side radio shows to promote child health and	Reports from SABC	No of episodes broadcast for each radio station	No of episodes Not applicable Report from broadcast for SABC each radio station	SABC	Estimated that 4million persons can be reached	Estimated that Not Applicable Amillion persons can be reached	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 Assessmen (Numerato	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiarles (where applicable)	Disaggregation Spatfal Calcu of Beneficiaries Transformation Type (where (where applicable) applicable)	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility
Number of Quarterly quarterly review meetings conducte focusing on provincia against key on perfor CYSH targets against key against key against key against key against key provincial CYSH achieving managers provincia (YSH achieving Health (CHealth (CHealth (CHealth (CHEALTH)))	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	(Year-end)	Quarterly	Four quarterly Chief D review Child, N meetings held and Scl with provincial Health CYSH managers	Four quarterly Chief Director: review Child, Youth meetings held and School with provincial Health CYSH managers
Number of Quarterly quarterly review meetings meetings focusing on provincial performance managers against key on performance with targets 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	(Year-end)	Quarterly	Four quarterly Chief Director review Women meetings held Maternal and with provincial Reproductive WMRH health managers	Four quarterly Chief Director: review Women meetings held Maternal and with provincial Reproductive wMRH health managers

Responsibility Chief Director: Chief Director: completed one Maternal and module of SRH Reproductive Child, Youth and School Indicator Nomen Health health performance 400 clinicians 75% of adults against Covid-50 years and 19 (at least vaccinated curriculum one dose) training Desired older Reporting Quarterly Quarterly Calculation Cumulative Cumulative (Year-end) (Year-toof Beneficiaries Transformation Type date) All Provinces All Districts applicable) Disaggregation Spatial (where Not applicable Not Applicable applicable) (where Assumptions sites would be IT support for implementing private sector recorded on vaccinations vaccinating (public and hub will be knowledge would be consistent the EVDS) the EVDS hubs print out Vaccine Data Verification Knowledge generated Means of Electronic (from Stats SA) System System report Not applicable in South Africa Denominator older residing Calculation / Assessment Method of Number of people 50 years and rogramme 3: Communicable and non-communicable diseases against Covidthan 50 years Calculation / (Numerator) people older Assessment 19 (at least Source of Data Method of certificates cnowledge vaccinated Number of one dose) yd baussi Training 9 against Covid 19 (at System (EVDS), 2020/21 based on 2019 MYPE Denominator: Vaccine Data estimates for Numerator: population certificates knowledge Electronic ssued by Training StatsSA offered through the adults 50 years and modules of the SRH training curriculum module training is knowledge hub. It facilitated session or online session. older vaccinated can include that against Covid-19 least one dose) any of the 14 Proportion of Reproductive Health (SRH) Sexual and Definition health modules enrolled in SRH adults 50 years ndicator Title clinicians who Proportion of neonatal and eproductive at least one focusing on Number of vaccinated maternal, and older modules Jutput dose)

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

19 (at least

one dose)

sites would be

private sector

public and

from Stats SA) System

19 (at least

(asop auo

population

StatsSA

one dose)

at least one

dose).

2020/21 based on 2019 MYPE

estimates for

vaccinating

implementing

the EVDS)

Programme 3:	Programme 5: Communicable and non-communicable diseases	a non-commu	nicable disease	9								
Output Indicator Title	Definition	Source of Data Method of Calculation Assessmen (Numerato	7.5	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Calcu Transformation Type (where applicable)	Calculation	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 alm is to reduce disease morbidity and transmission towards the morbidity and transmission towards the elimination of the disease as public thealth problem (WHO)	Approved	Not applicable Not applicable	Not applicable	Approved	Dependent on (1) approval of SAHPRA Section 21 application to receive WHO donated drugs; and approval of the MDA Implementati on 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	Proportion of Sub-districts with sub-districts an incidence <1 per risk reporting zero 1000 malaria local malaria cases.	DHISZ-MIS	Number of sub Number of Sub districts with an incidence an incidence an incidence c1 per 1000 c1 per 1000 population at population at risk reporting risk zero local malaria cases in a malaria season		Case classification within the DHIS2	Provincial implementatio n 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

- 40
- 24
æ
· O
- 90
ਚ
41
_
便
=
5
=
E
0
Ÿ
÷
- 5
=
믿
-
_
酉
一面
u
Z
=
E
E
E
ō
ū
m
O.
ĕ
E
E
ā
E
80
9
ā
_

Output Indicator Title	Definition	Source of Data Method of Calculation Assessmen (Numerato	200	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Calcu Transformation Type (where applicable)	Calculation Reporting Type Cycle	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 Total numew State of State patients on the patients waiting flat waiting flat admission designated designating psychiatric psychiatric pospitals	mber or into ed rric	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	Number of Provincial progress provincial reports on the progress reports implementation of on the provincial plans on implementation the NSP for NCDs 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 implementatio n 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		Self-generated Not Applicable Not Applicable progress reports; NHC Minutes of meeting for tabling of framework	100	Progress Stakeholde reports and will provide copy of required produced draft inputs and documents participatic adequate technical assistance obtained	Stakeholders will provide required inputs and participation; adequate technical assistance obtained	Not Applicable	Not Applicable	Applicable	Quarterly	A National Mental Health Policy Framework tabled at NHC	Chief Director: Non- Communicable Diseases

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

Programme 4: Primary Health Care

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

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

Programme 5: Hospital System

Output Indicator	10 m		Method of Calculation /	Method of Calculation /	Means of	1	Disaggregation of Beneficiaries	Spatial Transformation Calculation	Calculation	Desired	Desired	Indicator
Title	Desirision	Source of Data	Assessment (Numerator)	Assessment (Denominator)	Verification	Assumptions	(where applicable)	(where applicable)	Type	Neporting Cycle	performance	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.	The second secon	Minutes of the Not Applicable Not Applicable National Hospital Coordinating Committee and reports generated during engagements with the provincial counterparts		Reports and information shared by provinces	Regulations reviewed and published	Not applicable	All Hospitals	Not Applicable Annual	Annual	Regulations relating to designation / 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	All Districts	(year-end)	Quarterly	40	Chief Director: Health Facilities and Infrastructure Planning

Programme 5: Hospital Systems	lospital 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	Reporting Cycle perform	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		(year-end)	Quarterfy	17	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 Practical is a formal Project approved completion document prepared certificates 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	~	(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

many committee was												
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Caiculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Calcu Transformation Type (where applicable)	lation	Reporting Cycle Desired perform	• 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 Suitable the Minister to nominations recommend received for 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:
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	Not Applicable Not Applicable		A consolidated Inputs Report receive produced from Statute information Health submitted by Profes health entities Counci and statutory Entitie health professional councils.	Inputs received from Statutory Health Professional Councils and Entities	Not Applicable	Not Applicable	Not Applicable Not Applicable Bi-Annually	8. Annually	Bi-annual governance report produced to ensure that Statutory Councils and Public Entities comply with enabling legislation	Directorate:
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 Not Applicable Not Applicable Quarterly	Quarterly	Revised set of Health Research Priorities produced	Chief Director: Health Information Research, Monitoring and Evaluation

Programme 6: H	Programme 6: Health System Governance and Human Resources for Health	ernance and h	duman Resoun	ces for Health								
Indicator Title	Definition	Source of Data	Method of Calculation / Assessment (Numerator)	Method of Calculation / Assessment (Denominator)	Means of Verification	Assumptions	Disaggregation Spatial of Beneficiaries Transfor (where applicable) applica	Disaggregation Spatial Calc. of Beneficiarles Transformation Type (where (where applicable)	rlation	Reporting Cycle Desired perform	Desired	Indicator Responsibility
Performance dashboards for national, provincial and district levels developed	Performance Electronic dashboards for Performanc national, provincial dashboards and district levels on WebDHIS completed	Electronic Performance I dashboards on WebDHIS	Not Applicable	Not Applicable Not Applicable	Electronic Performance dashboards on WebDHIS	Not Applicable	Not Applicable Not Applicable All Districts	All Districts	Not Applicable Quarterly	Quarterly	Performance Chief D dashboards for Health national, Inform provincial and Resear district levels Monito developed Evaluar	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 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 NHQJP	None	Self- assessment reports reflecting compliance status	Not applicable	Not applicable Not Applicable	Quality Learning Centers	(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 Not Applicable All Districts	All Districts	Cumulative (year to date)	Quarterly	2200 PHC Chief Dis facilities that District is qualify as Ideal Services Clinics	Chief Director: District Health Services

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

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	Number of statutory posts funded from this grant (per category and discipline) and other funding sources	4 630	
	strategy and phased-in of National Health Insurance Support provinces to fund service costs associated with	Number of registrars posts funded from this grant (per discipline) and other funding sources	1 200	R4 247 198
	clinical training and supervision of health science trainees on the public service platform	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	Ensure the provision of	Number of inpatient separations	626 016	
Services Grant	tertiary health services in South Africa	Number of day patient separations	383 444	
	To compensate tertiary	Number of outpatients first attendances	1 110 111	R14 000 427
	facilities for the additional costs associated with the	Number of outpatient follow-up attendances	1 998 662	114 000 427
	provision of these services	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
	To help accelerate construction, maintenance, upgrading and rehabilitation.	Number of PHC facilities constructed or revitalised	40	
Health Facility Revitalisation Grant	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	Number of Hospitals constructed or revitalised	21	R6 770 971
	of the requirements of occupational health and safety	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	To enable the health sector to develop and implement an effective response to HIV and	Number of new patients started on ART	634 746	
Component)	AIDS To enable the health sector to	 Total number of patients on ART remaining in care 	5 536 444	
	develop and implement an effective response to TB	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	R23 871 183
		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 5rys 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 Budge 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	Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray (IRS) coverage	21	K 600
	Ward Based Primary Health Care Outreach Teams programme by harmonising and standardising services	Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas	60%	
	and strengthening performance monitoring To enable the health sector to develop and implement an effective response to support	Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas	65%	
	the effective implementation of the National Strategic Plan on Malaria Elimination 2019 –	Percentage of identified health facilities with recommended malaria treatment in stock	100%	R3 820 438
	on Malaria Elimination 2019 – 2023 To enable the health sector to prevent cervical cancer by	Demontors of identified booth	90%	
	to prevent cervical cancer by making available HPV	Percentage of identified health workers trained on malaria elimination	30%	
	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	workers trained on malaria	90%	
	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	workers trained on malaria elimination Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-	S. 1970	
	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	workers trained on malaria elimination Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health- seeking behavior interventions Percentage of vacant funded malaria positions filled as	90%	

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	7.7
		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	Number of health professionals contracted (total and by discipline)	55 (Psychiatrists: 10 Psychologists: 15 Registered Counsellors: 20 Social Workers: 5 Occupational	R689 635
	from healthcare providers	Percentage increase in the number of clients of all ages seen at ambulatory (non- inpatient) services for mental health conditions	Therapists: 5) • 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 	Number of PHC facilities constructed or revitalised	1	
	Health Insurance (NHI) To enhance capacity and capability to deliver infrastructure for NHI	Number of Hospitals constructed or revitalised	0	R1 509 091
	 To accelerate the fulfilment of the requirements of occupational health and safety 	Number of Facilities maintained, repaired and/or refurbished	5	
Name of Grant	Purpose	Output Indicators	2022/23 Targets	2022/23 Annual
NATIONAL HEALTH INSURANCE INDIRECT GRANT				Budget R'000
Non-Personal Services Component: CCMDD, Ideal Clinic, Medicine Stock	 To expand the alternative models for the dispensing and distribution of chronic medication 	Alternative chronic medicine dispensing and distribution (CCMDD) model implemented	Alternative CCMDD model implemented	R614 660
Surveillance System, Health Patient Registration System, Quality Improvement	rveillance System, alth Patient • To develop and roll out new health information systems in preparation for	Number of new and number of total patients registered in the CCMDD programme, broken down by the following: o antiretroviral treatment o antiretroviral with comorbidities o non-communicable diseases o number of pickup points (state and non-state)	5,5 million	
	implementation of the Ideal Clinic programme To implement a quality improvement plan	 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:

	Target 22/23					
Programme	Output Indicator	Consolidated Terget	(National Target)	(National Target)	National Target	Outcome Indicator (as per Standardised Indicator list 22/23)
Women's Maternal and	22 A 32 A	2022/23	2022/23	2023/24	2024/25	Maternal Mortality in
Reproductive Health	Couple year protection rate	55,2%	55.0%	TBC	60.0%	facility Ratio
	Couple Trier Protection					
	Population 15-49 years female					
hild, Youth and School Health	Delivery 10 -19 years in facility rate	13.3%	13,4%	TBC	13.4%	Maternal Mortality in facility Ratio
	Selforty 20-29 years in Jacoby					
	Delivery in facility - total					
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
	Antenutus Isi wat before 29 weeks					***
	Antenaval List visit - mini					
Women's Maternal and Reproductive Health	Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS (Programme 2)	80.6	100/100 000	TBC	70/100 000	Maternal Mortality in facility Ratio
Reploantive (Marti	Material spath in facility		Complete Second	1886-	Altonio-ena -	THEORY PLACES
*	Live births known to facility (Live birth in facility plus baby born					
Women's Maternal and Reproductive Health	ofive before arrival or facility) Maternal mortality in facility (Programme 4)	New Indicator	New Indicator	(TBC)	New Indicator	Maternal Mortality in facility Ratio
	Maternal dropts or facility					
	No Denominator					
Women's Maternal and Reproductive Health	Maternal mortality in facility (Programme S)	New Indicator	New Indicator	TBC	New Indicator	Maternal Mortality in facility Ratio
	Manamal areath in Jacobs					
	No Denominator					
Women's Maternal and Reproductive Health	Live birth under 2500g in facility rate	13.3%	твс	TRC	10.0%	Neonatal (under 28 days deaths in facility rate
	Sales birem sender 2500kg in facilitie					
1	Live both in facility					
Women's Maternal and	Mother postnatal visit within 6 days rate	78.6%	80.0%	TBC	82.0%	Neonatal (under 28 days
Reproductive Health	Mother postnored with within 6 days after delivery	10000000	C TANAL	0.000	7.7000	deaths in facility rate
	Delivery in facility total					
Women's Maternal and	Neonatal death in facility rate (PER 1000 LIVE	154442	70.0	466	220000000000000000000000000000000000000	Neonatal (under 28 days
Reproductive Health	BIRTHS)	12.1	12.0	TBC	10 and less	deaths in facility rate
	Necessari chetths (under 28 Usys) in factify				-	
	Live turn in facility					
Women's Maternal and Reproductive Health	Infant PCR test positive around 10 weeks rate	0.7%	0.8%	твс	0.5%	Death in facility under 5 years rate *
	Indiant PCR test parmise around 10 weeks					
	trfunt PCR test around 10 weeks				*	2
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*
	Immunised fully under 2 pear.				1019309	
	Population under Lyear				1132566	
hild, Youth and School Health	Measles 2nd dose coverage	84.1%	90.0%	TBC	95.0%	Death in facility under 5 years rate*
	Mondy 2nd dine		1074577		1074577	Acres 1996
	Population aged 1 year		1131134		1131134	

Child, Youth and School Health	Child under 5 years diarrhoes case fatality rate (Programme 2)	3.9%	2.0%	TBC	1,4%	Death in facility under 5 years rate*
	Derhaid and I year				407	Jean He
	D'arrhoed 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*
	Diagnosia month union 3 years				119	
	Charrhoed separation under 5 years				6838	
Tertiary & Central Hospitals	Child under 5 years diarrhoea case fatality rate (Programme 5)	3,4%	1.8%	THC	1.6%	Death in facility under 5 years rate*
	Darman stem under 1 years				46	
	Diarrhoea separation under 5 years				2954	
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*
	Primary death under It years				673	
	Presento 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*
	Presimplie dyoth whilet Syrum				207	yours race
	Pneumonia separation under 5 years				10098	
Tertiary & Central Hospitals	Child under 5 years pneumonia case fatality rate	3.2%	2.4%	TBC	2.3%	Death in facility under 5 years rate*
The state of the s	(programme 5) Prounce mostly under 3 years	Yearen	175-911	The same	169	years rate
	Presumonia separation under 5 years				7456	
Child, Youth and School Health	Child under S years severe acute malnutrition case	8.4%	6.9%	TBC	6,7%	Death in facility under 5
	fatality rate (Programme 2) Sammacute mahamitim (SAM) down under 5 years				665	years rate*
	Severe ocute makrutritian inpatient under 5 years				10152	1
Regional Hospitals	Child under 5 years severe acute malnutrition case:	8.4%	8.4%	TBC	8.3%	Death in facility under 5
NEEDONN CHOSPANIS	Fatality rate (Programme 4) Severe now maleutrition (SAM) about under 5 years	904	0.735	100	211.65	years rate*
	Severe acute majoutrition inpatient under 5 years				200000	
PASSAGE STATE (SALES)	Child under 5 years severe acute malnutrition case	14/20-1		7442	2563	Death in facility under 5
Tertiary & Central Hospitals	fatality rate (Programme 5)	4.5%	8.0%	TBC	7.6%	years rate*
	Severa acute intuitatione (SAM) tooth under 3 years				111.95	
	Severe acute mathetrition inputient under 5 years				1463	Possib in facility on the P
Child, Youth and School Health	Death under 5 years against live birth rate {Programme 2}	3.8	1.7%	твс	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)
	Depart or publicy and in Signaturable				15159	
	Live birth in family					
Regional Hospitals	Death under 5 years against live birth (Programme 4)	New Indicator		TBC		Death in facility under 5 years rate*
	Douth in physicity and in 5 proces total		5104		4966	
	No Denominator					
Tertiary & Central Hospitals	Death under 5 years against five 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	55.9%	55.0%	TBC	70.0%	Children <5 who are stunted (Souce: SADHS)
	Wramin A disse 12-38 months				3178494.2	
	Target population 12-59 months * 2				4540706	
HIV/TB and Sexually Transmitted Infections	HIV positive 15-24 years (excl ANC)	3.5%	Consolidated Target used	2.4%	TBC	HIV Incidence amongst Youth
romaning inections	WV.yasime 15-24 years (AuthAAC)		anger users	89028.5		1300
				3698414		

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 seconds in come formed			170639-1		
	ART adult stort minus cumulative transfer out			202772		
HIV/TB and Sexually Transmitted infections	ART child remain in care rate (12 months)	82.8%	Consolidated Target used	59.1%	TBC	ART client remain on ART end of month – total
	ART abbit in mate to save - small			5505.35		
	ANT child start minus cumulative transfer out.			9313		
HIV/TB and Sexually Transmitted Infections	Adult viral load suppressed rate (12 months)	89.1%	Consolidated Target used	89.5%	твс	ART client remain on ART end of month - total
	ART adult Worl (moll under AN)			130436-45		
	ART adult viral load dunc			152528		
HIV/TB and Sexually Transmitted infections	ART child viral load suppressed rate (12 months)	81.5%	Consolidated	78.1%	TBC	ART client remain on AR
transmitted infections	ART and and had anked 100	30.0152	Target used	1940.8	1,000	end of month - total
	ART civil viral load done			2486		
HIV/TB and Sexually	All DS-TB client LTF rate	8.7%	TBC	TBC	TBC	All TB Client Death Rate
Transmitted Infections	THE SECTEMBER SECTION	.00.7.19	Feauto	Notice -	Statute Hamber	THE TO SEEL DESCRIPTION
	APDS TO client that to pythorough		Normer of dnatte by 2472 (14053 23/22)	Number of deaths by 3623 (18853-22/72)	of dooths by 6943 (1465) 21/22)	
	All DS-78 patients in treatment outcome cohort					
HIV/TB and Sexually Transmitted Infections	All D5-TB Client Trestment Success Rate	81.8%	85.0%	90.0%	95% MTS#	All TB Client Death Rate
	ACDS-18 com successfully completed meanment					
	All DS-TR patients in treatment outcome cohort					
Communicable Disesses	Maloria case fatality rate	Could not calculate	0.5%	0.5%	0.5%	Malaria case fatality rate (Endemic Provinces only
	Address synthe 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 Car satisfaction rate
	Patient Expressor of Care pures retrained 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 Car satisfaction rate
	Patient Experience of Core survey satisfied responses					
	Patient Experience of Core survey book responses					
Tertiary Hospitals	Putient Experience of Care satisfaction rate (Programme 5)	81.1%	80.0%	80.0%	80.0%	Patient Experience of Car satisfaction rate
	Pattern Experience of Core survey sampled responses					
	Patient Experience of Care survey total responses					/
Primary Health Care	Ideal clinic status obtained rate	52.5N	64,7%	TBC	75.0%	ideal clinic status obtaine
	Fixed PHC health faculties have advanced from Once works		2200		2600	
	Fixed PHC clinics or fixed CHCs and or CDCs		3400		3467	
Primary Health Care	Severity assessment code (SAC) 1 incident reported	86.0%	90.0%	90.0%	90.0%	Patient Safety Incident (P: case closure rate
	within 24 hours rate (Programme 2) Scient's announced code (AAI) 2 account recovered within 24					case closure rate
	Seemity assessment code (SAC) I incident reported					
Regional Hospitals	Severity assessment code (SAC) 1 incident reported within 24 hours rate (Programme 4)	83.5%	90.0%	90.0%	90.0%	Patient Safety Incident (P case closure rate
	Severity assessment mate (ARC) I inside it reported within 24 (Aster).					
	Severity assessment code (SAC) I 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
	Severity assessment code (SAC) I incident reported within 24 fours					
	Severity assessment code (SAC) 1 incident reported					
Primary Health Care	Patient Safety Incident (PSI) case closure rate (Programme 2)	90.5%	90.0%	90.0%	90.0%	Patient Safety Incident (PS case closure rate
	Patient Sefety Incodent (PSI) suse classif					
	Patient Safety incident (PSI) case reported					
Regional Hospitals	Patient Safety Incident (PSI) case closure rate (Programme 4)	84.8%	90.0%	90.0%	90.0%	Patient Safety Incident (PS case closure rate
	Patient Sefety Incident (PSI) cour chand					
	Patient Safety incident (PSI) case reported					
Tertiary Hospitals	Patient Safety Incident (PSI) case closure rate (Programme S)	83.3%	90.0%	90.0%	90.0%	Patient Safety Incident (PS case closure rate
	Pament Safety Incident (PSI) rase classes					
	Patient Safety Incident (PSI) case reported					
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
	ENS P3 urban resistance under 30 minutes					
	EMS P1 urban responses					
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
	EMS P2 rural response soder 60 millutes					
	EMS P1 rural responses					
Infrastructure	Percentage of Health facilities with completed capital infrastructure project (Programme 8)	New Indicator		TBC		Percentage of public healt facilities refurbished, repaired and maintained
	Total number of health factibles with completed capture infrastructure projects i.e., Practical Empletion Certificate (or injuredword issued		85		51	
	Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate for vapolately planned to be issued					
ogramme 1 Administration	Audit opinion of Provincial DoH (Programme 1)	NA .	NA	NA	NA	Audit opinion of Provincia DoH
	Audit continue for regulatory main expressed by AGSA for 2021/27 (homost year					
	Na Denominator					

Notes		
		7
		V

Notes	
H	
	
	
,	
,	
,	7
,	
	7
	4

Notes			
			1
		y	
		7	
		T.	
		7	
	-		

