



SOUTH AFRICA YEARBOOK 2022/23



Health



Health

The National Development Plan (NDP) set out nine long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population and the other four deal with aspects of strengthening health services.

By 2030, South Africa should have:

- raised the life expectancy to at least 70 years;
- progressively improved tuberculosis (TB) prevention and cure;
- reduced maternal, infant and child mortality;
- significantly reduced prevalence of non-communicable diseases (NCDs);
- reduced injury, accidents and violence by 50% from 2010 levels;
- complete health system reforms;
- primary healthcare teams that provide care to families and communities;
- universal healthcare coverage; and
- filled posts with skilled, committed and competent individuals.

National Department of Health (NDoH)

The NDoH derives its mandate from the National Health Act, 2003 (Act 61 of 2003), which requires that it provides a framework for a structured and uniform health system for South Africa and sets out the responsibilities of the three levels of government in the provision of health services. Its mission is to improve health by preventing illness and disease, and promoting healthy lifestyles. It aims to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

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

An estimated 89.2 per cent (R169 billion) of the department's budget over the MTEF period will be transferred to provincial departments of health through conditional grants. Total spending is projected to increase at an average annual rate of 0.4 per cent, from R64.6 billion in 2022/23 to R65.4 billion in 2025/26.

This nominal increase is due to baseline reductions implemented in the 2021 Budget and one-off allocations to the department in 2020/21, 2021/22 and 2022/23 for government's response to the COVID-19 pandemic, including the vaccination programme. The baseline reductions in the 2021 Budget included the conditional grants for HIV and AIDS and tertiary services.

These may need to be reviewed in future budgets. The COVID-19 vaccination programme is increasingly being integrated into routine services and does not have dedicated budget allocations over the medium term.

Preventing and treating communicable and non-communicable diseases

South Africa has a high burden of communicable and non-communicable diseases, many of which require dedicated and targeted prevention and treatment programmes. The comprehensive HIV and AIDS component of the district health programmes grant in the Communicable and Non-communicable Diseases programme is allocated an average of R25 billion per year over the medium term to fund the prevention and treatment of HIV and TB.

These funds are expected to ensure that a targeted 7 million people per year receive antiretroviral treatment by 2025/26. During the COVID-19 pandemic, adherence to antiretroviral treatment decreased and the budget for this programme may need to be reviewed over the MTEF period as performance improves.

Allocations of R10 million per year in 2023/24 and 2024/25 have been reprioritised from the Administration programme to the Communicable Diseases subprogramme to provide for the COVID-19 vaccine no-fault compensation scheme, which was established by the department to provide compensation to individuals who suffered severe injury from adverse reactions to COVID-19 vaccinations.

The large variability in spending across the Communicable and Non-communicable Diseases programme relates mostly to the large allocations for the COVID-19 vaccine programme, mainly from 2020/21 to 2022/23.

Overseeing primary health care services

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

The department will continue to provide policy guidance to the authority for port health services. The district health component of the district health programmes grant is allocated R9.2 billion over the medium term to fund the prevention and treatment of malaria, human papillomavirus and outreach services provided by community health workers.

The large one-off increase in the Primary Health Care programme in 2022/23 was to support provinces to roll out COVID-19 vaccinations. In the 2023/24 financial year, the department expected 200 more PHCs to attain ideal status, bringing the number to 2 400 and increase pace in outer years. By mid-2023, there were just under 50 000 Community Health Workers (CHW) in service.

Strengthening the health system and planning for NHI

The National Health Insurance Bill will have considerable implications for how healthcare in South Africa is funded and organised. An amount

of R2.2 billion over the medium term is allocated to the direct NHI grant for provincial health departments to contract health professionals and healthcare services, including primary healthcare doctors, oncology services and mental health services. The department also manages the national health insurance indirect grant, which has three components and a budget of R6.9 billion over the medium term.

The non-personal services component of R2 billion over the next three years supports activities aimed at strengthening the health system, such as health information systems, quality improvement initiatives and the dispensing and distribution of chronic medicines.

The personal services component is allocated R299.9 million over the MTEF period and is aimed at piloting the establishment of contracting units for primary care, through which public and private health care providers will be contracted. The third component of the grant, which seeks to revitalise health facilities, falls within the department's infrastructure interventions.

Supporting tertiary healthcare services

The national tertiary services grant is allocated R14 billion in 2023/24, R14.7 billion in 2024/25 and R15.3 billion in 2025/26 in the Hospital Systems programme to subsidise highly specialised services at the country's 31 tertiary and central hospitals.

These hospitals are generally in urban areas and are unequally distributed across provinces, resulting in a large number of referrals of patients from rural provinces to provinces with greater tertiary services capacity.

The grant aims to compensate these provinces for providing hospital care and has a developmental allocation earmarked to establish tertiary services in provinces with limited access to them. For example, oncology services are planned to be rolled out in Mpumalanga and Limpopo to reduce referrals to Gauteng.

Improving health infrastructure

South Africa's public health infrastructure has many shortcomings, including old and often poorly maintained health facilities in need of repair, refurbishment and sometimes replacement. There is also a need to invest in new infrastructure where there are gaps in service delivery because of historical inequities or demographic changes.

In an effort to address this, the department plans to invest a projected R26.9 billion in the Hospital Systems programme over the medium term. Of this amount, R22.2 billion is set to be transferred to provinces through the health facility revitalisation grant, and the remainder through the health facility revitalisation component of the NHI indirect grant.

This includes provisions for continuing with the construction of the Limpopo Central Hospital in Polokwane, which will be the first central hospital in the province.

Developing human resources for the health sector

Compared to other middle-income countries, South Africa has a shortage of medical doctors and specialists. To improve the country's doctor-to-patient ratio, government has increased the number of doctors trained at domestic medical schools through a combination of bursary schemes that target students from underprivileged areas, and has increased the general intake at medical schools.

As a supplementary measure, government has also funded training for South African doctors in other countries such as Cuba. As part of the final stages of their training, medical students must complete statutory internships and community service in the public sector.

Legislation and policies

The legislative mandate of the NDoH is derived from the Constitution of the Republic of South Africa of 1996 and several pieces of legislation passed by Parliament. Legislation falling under the NDoH portfolio include the:

- National Health Act of 2003 provides a framework for a structured health system within South Africa, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments regarding health services.
- Medicines and Related Substances Act, 1965 (Act 101 of 1965), provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- Hazardous Substances Act, 1973 (Act 15 of 1973), provides for the control of hazardous substances, in particular those emitting radiation.
- Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), provides for medical examinations on people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- Pharmacy Act, 1974 (Act 53 of 1974), provides for the regulation of the pharmacy profession, including community service by pharmacists.
- Health Professions Act, 1974 (Act 56 of 1974), provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Dental Technicians Act, 1979 (Act 19 of 1979), provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- Allied Health Professions Act, 1982 (Act 63 of 1982), provides for the regulation of health practitioners, such as chiropractors, homeopaths, and for the establishment of a council to regulate these professions.
- SAMRC Act, 1991 (Act 58 of 1991), provides for the establishment of a medical research council, which is responsible for health research.
- Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996),

provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

- Sterilisation Act, 1998 (Act 44 of 1998), provides a legal framework for sterilisations, including for people with mental health challenges.
- Medical Schemes Act, 1998 (Act 131 of 1998), provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- Tobacco Products Control Act, 1993 (Act 83 of 1993), provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.
- NHLS Act, 2000 (Act 37 of 2000), provides for a statutory body that offers laboratory services to the public health sector.
- The Council for Medical Schemes (CMS) Levy Act, 2000 (Act 58 of 2000), provides a legal framework for the CMS to charge medical schemes certain fees.
- Mental Health Care Act, 2002 (Act 17 of 2002), provides a legal framework for mental health in the country and, in particular the procedures for admission and discharge for various categories of mental health care users in health establishments, with an emphasis on human rights and accessible, comprehensive and integrated mental health care, treatment and rehabilitation services, including forensic mental health services.
- Nursing Act, 2005 (Act 33 of 2005), provides for the regulation of the nursing profession.
- Traditional Health Practitioners Act, 2007 (Act 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 country.
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 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.

Other legislation applicable to the NDoH:

- Criminal Law (sexual offences and related matters) Amendment Act, 2007 (Act. 32 of 2007), provides for the management of victims of crime;
- The Criminal Procedure Act, 1977 (Act 51 of 1977), sections 2124(a) and 212 8(a), provides for establishing the cause of non-natural deaths. Sections 77, 78 and 79 provides for forensic mental observations and management of state patients declared by the Courts.
- The Children's Act, 2005 (Act 38 of 2005), 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, and to make further provision regarding children's court.
- The Child Justice Act, 2008 (Act 75 of 2008), as amended; Section 11 provides for criminal capacity assessment of children who are

above 10 years but under the age of 14 years;

- The Occupational Health and Safety Act, 1993 (Act 85 of 1993), provides for the requirements with which employers must comply to create a safe working environment for employees in the workplace.
- The Compensation for Occupational Injuries and Diseases Act, 1993 (Act 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.
- The National Roads Traffic Act, 1996 (Act 93 of 1996), provides for the testing and analysis of drunk drivers; the Constitution has pertinent sections which provide for the rights of access to healthcare services, including reproductive health and emergency medical treatment.
- The Employment Equity Act, 1998 (Act 55 of 1998), provides for the measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action.
- The State Information Technology Act, 1998 (Act 88 of 1998), provides for the creation and administration of an institution responsible for the State's information technology system.
- The Skills Development Act, 1998 (Act 97 of 1998), provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.
- The Public Finance Management Act of 1999 provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- The Promotion of Access to Information Act, 2000 (Act 2 of 2000), amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), amplifies the constitutional provisions pertaining to administrative law by codifying it.
- The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act 4 of 2000), provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- The Division of Revenue Act, 2015 (Act 1 of 2015), provides for the manner in which revenue generated may be disbursed;
- the Broad-Based Black Economic Empowerment Act, 2003 (Act 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.
- The Labour Relations Act, 1995 (Act 66 of 1995); establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.
- The Basic Conditions of Employment Act, 1997 (Act 75 of 1997), prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

Programmes and projects

National Health Insurance

South Africa is at the brink of effecting significant and much needed reforms to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, and efficiency and effectiveness in the health system in order to realise universal health coverage.

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

To achieve universal health coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately, to improve health outcomes, particularly focusing on the poor, vulnerable and disadvantaged groups. The NHI is defined as a health financing system that pools funds to provide access to quality health services for all South Africans, based on their health needs and irrespective of their socio-economic status.

The goal of the NHI is to ensure that all South African citizens and residents, irrespective of their socio-economic status, have access to good quality health services provided by accredited healthcare providers in both the public and private sectors. The NHI seeks to eradicate financial barriers limiting access to healthcare.

In many countries, effective universal health coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability.

An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards universal health coverage. The NDoH has augmented, strengthened, and improved the NHI information systems capacity. This will enhance the NHI Fund capability to manage the purchasing of, and accounting for benefits from the entire health system. The department has also established a patient registry through the deployment of the Health Patient Registration System at primary healthcare facilities and hospitals. As of May 2021, 57 million individuals had registered in 3 111 public health facilities.

Primary Healthcare Services

The programme develops and oversees the implementation of legislation, policies, systems, and norms and standards for a uniform district health system, environmental health services, communicable and NCDs, health promotion, and nutrition. It has five budget subprogrammes namely:

- **District Health Services:** This is the vehicle for the delivery of primary healthcare services. It is central to supporting the health system to be efficient and effective. There is a need for functional district health management offices to manage the primary healthcare facilities such that they meet the standards of the Office of Health Standards

Compliance and Ideal Clinic status, as well as achieve set targets for their key population health indicators.

- **Environmental and Port Health Services:** Environmental health is at the heart of public health interventions. The service's mandate is to lead the implementation of public awareness, health promotion and disease prevention, surveillance and inspection of both private and public premises. It is responsible for strengthening, supporting and monitoring the provision of environmental health services by developing relevant legislation, policies, guidelines, norms and standards. These instruments are also used to assess and audit the compliance of municipalities and public health facilities to the relevant prescripts. It is also responsible for strengthening and monitoring the provision of port health services by controlling and preventing cross border movement of goods and people in order to control public health risks, prevent importation of communicable diseases and any events of international concern. In response to the department's focus on environmental health assessments in the first half of the year, compliance assessments of ports of entry were prioritised during the remaining months.
- **Health Promotion, Nutrition and Oral Health:** Optimal health promotion and disease prevention is essential to the success of primary healthcare. Recognising South Africa's quadruple burden of disease, the subprogramme has identified the need to strengthen the Tobacco Control Programme. To achieve this, the Tobacco Products Control Act of 1993 was reviewed to tighten loopholes and address key issues pertaining to tobacco control in accordance with the WHO Framework Convention on Tobacco Control.
- **NCDs:** The 2030 Agenda for Sustainable Development recognises the huge impact of NCDs worldwide, with a target set to reduce premature deaths from NCDs by one-third by 2030. The NCD Countdown 2030, stipulates that women between the ages 30 – 70 show a 21.2% likelihood of death caused by NCDs, whilst men have a 32.3% likelihood of dying from NCDs. Reducing NCDs and premature mortality requires a combination of redressing social and commercial determinants, promotion of good health through improved diet, increased physical activity, stopping tobacco use and reducing alcohol-related harm, increasing early diagnosis and treatment, and improved management and control of NCDs, including greater accessibility to services as well as strengthening referral and follow-up. The department is in the process of approving the National Strategic Plan for the Prevention and Control of NCDs 2022 – 2027.
- **The User Guide on the Management of Hypertension in Adults at PHC Level** was approved and training will be expanded over the next year. The Department will embark on a national NCD campaign to strengthen community levels services to promote wellness, improve screening for hypertension, diabetes, obesity and specified mental health conditions, early detection, linkages to care and support compliance among patients.
- **Mental disorders** continue to be a major and growing cause of Disability-Adjusted Life Years (DALYs). Importantly, the DALYs for

mental disorders are high during youth and mid-adulthood. There is substantive evidence for both the effectiveness and cost-benefit of mental health interventions, including large benefits in treating common mental disorders such as depression and anxiety. In order to further improve access to and quality of mental health service, 510 health professionals from all provinces in the country were trained to improve their skills in clinical management of mental disorders during the 2021/22 financial year. Regarding forensic mental health services, the demand for forensic psychiatric evaluations for persons who allegedly committed criminal offences is mounting. This resulted in the backlogs for the service and the resultant accumulation of state patients waiting for hospital admissions in detention centres. While the backlog for State patients is gradually declining, by December 2021, about 94 patients were still waiting for hospital admission and 282 were admitted from January to December 2021. Approximately 1516 awaiting trial detainees were waiting for forensic mental observations.

- The Department is in the process of developing Regulations for Renal Dialysis and Organ Transplantation, in order to regulate and improve these services in the country.
- **Communicable Diseases:** These are major causes of morbidity and mortality, and life expectancy is expected to increase through effectively addressing these conditions. Communicable diseases are therefore central to obtaining the department's vision of a long and healthy life for all South Africans.

Hospital, Tertiary Health Services and Human Resource Development

The programme develops policies, delivery models and clinical protocols for hospitals and emergency medical services (EMS). It also ensures the alignment of academic medical centres with health workforce programmes, training of health professionals and that the planning of health infrastructure meets the health needs of the country.

It also assists government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations on the role of nurses in attainment of desired health outputs.

The programme has five subprogrammes:

- The Hospitals and Tertiary Health Services is responsible for tertiary services planning, policies that guides the management of and service standards in hospitals as well as to ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals.
- The Trauma, Violence, EMS and forensic Chemistry Laboratory is responsible for improving the governance, management and functioning of EMS in the country through strengthening the capacity and skills of EMS personnel, identification of needs and service gaps, and provision of appropriate and efficient EMS by providing oversight of provinces. It is also responsible for ensuring the effective and efficient rendering of forensic chemistry services

to support the criminal justice system and reduce the burden of disease and unnatural causes of death.

- The Office of Nursing Services is responsible for ensuring that nursing and midwifery practitioners are competent and responsive to the burden of disease and population health needs.
- The Health Facilities Infrastructure Planning focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care in line with national policy objectives.
- The Workforce Development, Management and Planning Programme is responsible for effectively articulating human resource needs and optimising the performance of the health workforce to achieve the strategic goals of the national health system in line with the adopted national Human Resources for Health Strategy.

Health Regulation and Compliance Management

The programme promotes accountability and compliance by regulatory bodies and public entities for effective governance and the quality of healthcare. It has two subprogrammes:

- The Compensation Commissioner for Occupational Diseases and Occupational Health, which is responsible for the payment of compensation of active and ex-workers in controlled mines and workers who have been certified to be suffering from cardio-pulmonary related diseases as a result of workplace exposures in the controlled mines or works. Over the medium term, business processes will be re-engineered with regard to revenue collection; reducing the turnaround period in settling claims, amending the Occupational Diseases in Mines and Works Act of 1973; and improving governance, internal controls and relationships with the stakeholders.
- The Public Entities Management, which exercises oversight over the public entities and statutory councils in support of the executive authority's responsibility for public entities and statutory health professional councils falling within the mandate of the health legislation.

HIV, AIDS and TB

HIV, AIDS, TB, other communicable diseases of interest and NCDs remain great threats to overall public health in South Africa. Government continues to promote the consistent use of condoms to prevent HIV, other STIs and unplanned pregnancies.

National Strategic Plan (NSP) for HIV, TB and STIs 2023 – 2028

The NSP for HIV, TB, and STIs serves as a blueprint and roadmap to guide and inform the country's response to HIV, TB and STI epidemics. Through the implementation of the four previous NSPs, South Africa has made notable progress with respect to the HIV prevention and treatment programme, with over 5.7 million people on treatment. Of those on treatment and tested for viral load suppression, about 92% were virally suppressed, as of November 2022.

New HIV infections have been declining and continue to do so. Successes have also been recorded in the prevention of mother-to-child transmission of HIV. At the centre of implementing the National Strategic Plans since the year 2000, has been partnerships and collaboration among government, civil society, organised labour and business sectors of SANAC.

These partnerships have been strengthened over time, resulting in the development and launch of the SANAC Partnerships Strategy in 2020 and the adoption of the Policy-in-Action approach, which ensures multi-sectoral provision of integrated services to communities, including those that are most vulnerable and hard to reach.

This fifth NSP for HIV, TB and STIs NSP 2023-2028 provides the strategic framework for a multi-sectoral approach that is people-and communities-centred, to overcome these three epidemics as public health threats and social challenges.

It provides a review of the burden of disease for HIV, TB and STIs; outlines some of the progress we have made; as well as several challenges that need to be addressed with urgency.

Operation Phakisa and the Ideal Clinic Initiative

Operation Phakisa 2 is a government programme aimed at prioritising 3 500 primary healthcare facilities. It aims at turning every public health clinic to a facility that is people-centred and provides comprehensive, quality healthcare services. The Ideal Clinic Realisation and Maintenance Process started in 2013 to systematically build on the work of the facility improvement teams.

An ideal clinic has good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An ideal clinic will cooperate with other government departments as well as with the private sector and NGOs to address the social determinants of health.

Facilities must be maintained to function optimally and remain in a condition that can be described as the "ideal clinic". Integrated clinical services management (ICSM) will be a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who came for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

Access to medicine

The Affordable Medicines Directorate within the NDoH is responsible for developing and implementing networked systems to provide end-to-end visibility of the medicines supply chain with the aim of reducing stock outs. In order to support the modernisation of the pharmaceutical supply chain the NDoH implemented a number of strategic information system reforms, including the implementation of the:

- Stock Visibility System (SVS);
- Rx Solution and other electronic stock management systems; and
- Central Chronic Medicines, and Dispensing and Distribution Programme.

One of the key initiatives to realise the visibility of healthcare commodities in the country is the National Surveillance Centre (NSC) – a web-based platform that visualises medicine availability information from several sources of the value chain into one central point. The submission of the information to the NSC is made possible through the collective efforts of health establishments, provincial warehouses and supplier stakeholders who submit relevant data to the system at agreed time intervals.

The information comes from various health systems, including SVS, Rx Solution, Medsas, Oracle and Commerce for warehouses, RSA Pharma Database and other electronic stock management systems as applicable. Using key performance indicators, data is visualised into easy to interpret graphs and tables that allow responsible persons to proactively manage, and make timeous decisions regarding medicine availability, thereby contributing to a more resilient medicine supply chain.

Medicine pricing

The Pharmaceutical Economic Evaluations Directorate within the NDoH, in conjunction with the Pricing Committee are responsible for ensuring transparency in medicine prices in the private sector through the implementation of a single exit price, logistics fees and dispensing fees for pharmacists and other licensed persons.

In consultation with the Minister of Health, they ensure the exclusion of certain medicines as prescribed by Section 18A of the Medicines and Related Substances Act, 1965 (Act 101 of 1965) which prohibits the use of incentive schemes during the sale of medicines and medicinal devices.

They work jointly with the South African Health Products Regulatory Authority (SAHPRA), and the Council for Medical Schemes (CMS) to regulate medical devices and ensure improved access to costly medicines respectively.

Records Management and Unique Patient Identifier

This is a system whereby patients are registered on a central database, which enables quick and effective dispensing of the right medication to the right client, as well as serving as a deterrent to people visiting multiple clinics or medical centres on one day to collect absurd and, often, illegal amounts of medication. Working with the Council for Scientific and Industrial Research as well as the departments of Science and Innovation and Home Affairs, the NDoH has rolled out this system as part of the NHI.

School health: Integrated School Health Programme (ISHP)

The departments of Basic Education and Health jointly implemented the ISHP – a programme that will extend the coverage of school health services to all learners in primary and secondary schools. The programme offers a comprehensive and integrated package of services, including sexual and reproductive health services for older learners.

The health services package for the ISHP includes a large component of health education for each of the four school phases (such as how to lead a healthy lifestyle, and drug and substance abuse awareness), health screening (such as screening for vision, hearing, oral health and TB) and onsite services (such as deworming and immunisation). The ISHP services contribute to the health and well-being of learners by screening them for health barriers to learning.

Prevent, Avoid, Stop, Overcome and Protect (PASOP) Campaign

The PASOP Campaign was launched in an effort to call on all communities to join hands with government in the fight against HIV and AIDS, and TB. It is aimed at influencing people's behaviour and attitude around these diseases, as the NDoH works tirelessly to ensure that new HIV infections rates are reduced. The campaign calls on South Africans to:

- P - prevent new infections and transmissions;
- A - avoid re-infections, deaths and mother-to-child transmission;
- S - stop risky behaviour and practices;
- O - overcome living with HIV and the stigma; and
- P - protect themselves, loved ones and others.

PASOP targets all but with a distinct focus on lesbian, gay, bisexual, transgender and intersex, men-sleeping-with-men, the youth, commercial sex workers, migrant workers, informal settlements, women and drug users. The campaign places high emphasis on the responsibility of self and non-stigmatisation.

Public entities and statutory health professional councils

Mines and Works Compensation Fund

The Mines and Works Compensation Fund was established in terms of the Occupational Diseases in Mines and Works Act of 1973. It is not yet listed as a public entity and the administration of the fund is done by the department, but legislation is being prepared to formally establish it as a schedule 3A public entity.

The Act mandates the fund 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.

Over the MTEF period, the fund aimed to focus on increasing the number of benefit payments made from 7 600 in 2022/23 to 8 600 in 2025/26 and the number of certifications finalised from 13 200 to 15 000 over the same period.

Beneficiary payments are expected to increase from R449.8 million in 2022/23 to R543.3 million in 2025/26 at an average annual rate of 6.5%, mainly driven by the unwinding adjustment on the provision for the outstanding claims liability, which increases from R312.2 million in 2022/23 to R396.5 million in 2025/26.

Over the medium term, the fund expects to derive 74.4% (R1.2 billion) of its revenue through interest received from investments and 25.6% (R399.9 million) through the levies it receives from controlled mines and works. Revenue is expected to increase at an average annual rate of 7.8%, from R433.1 million in 2022/23 to R542.3 million in 2025/26.

Council for Medical Schemes

The CMS was established in terms of the Medical Schemes Act of 1998 as the 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 medical scheme beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare, and advising the Minister of Health on any matter concerning medical schemes.

The council plays a significant role in supporting the department and coordinating the medical industry's efforts towards realising universal health coverage.

Over the MTEF period, the council aims to complete a review of the prescribed minimum benefits that all medical schemes must cover, promote the consolidation of options and medical schemes, and support presidential health compact activities related to the standardisation of healthcare technology, infrastructure and architecture.

Total expenditure is expected to increase at average annual rate of 4.7%, from R193.4 million in 2022/23 to R221.9 million in 2025/26. The council expects to generate an estimated 95.2% (R616.4 million) of its revenue over the medium term through the collection of levies from medical schemes and 3.2% (R20.4 million) through transfers from the department. Revenue is set to increase in line with spending.

National Health Laboratory Service

The NHLS was established in terms of the NHLS Act of 2000, and provides pathology services for the majority of the South African population through its 233 laboratories across the country. This includes forensic chemistry laboratory services, which the service took over from the department in 2022/23. The service also houses the National Institute for Communicable Diseases (NICD) and the National Institute for Occupational Health.

Total expenditure is expected to increase at an average annual rate of 9.6%, from R11.6 billion in 2022/23 to R15.3 billion in 2025/26.

Laboratory tests are expected to comprise 73.8% (R32 billion) of the service's total spending over the medium term. Expenditure on these tests is projected to increase at an average annual rate of 11.1% due to the projected increase in test volumes other than COVID-19 tests as services normalise.

This will result in increased expenditure on material (reagents) and the maintenance of laboratory equipment. Accordingly, the service expects to improve turnaround times for laboratory tests, with the majority of HIV viral load tests set to be completed within 96 hours and TB GeneXpert tests within 40 hours. The NICD is responsible for disease surveillance, specialised diagnostic services, outbreak response, public health research and capacity building. To carry out related activities, R1.5 billion is allocated over the next three years through the surveillance of communicable diseases programme.

The primary responsibility of the National Institute for Occupational Health is to develop and support occupational health initiatives to improve and maintain the health of the South African workforce. It is allocated R551.9 million over the medium term through the occupational health programme.

The service expects to derive 92.4% (R40 billion) of its revenue over the MTEF period through fees charged for laboratory tests and 5.6% (R2.3 billion) through transfers from the department. Laboratory tests are funded through revenue generated from fees charged for the tests.

This revenue is expected to increase at an average annual rate of 10.1%, from R10.7 billion in 2022/23 to R14.3 billion in 2025/26, in line with the projected increase in test volumes. The service's research programme and institutes are primarily funded through transfers from the department.

Office of Health Standards Compliance

The Office of Health Standards Compliance (OHSC) was established in terms of the National Health Amendment Act of 2013 to promote and protect the health and safety of the users of health services. It is mandated to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to noncompliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner.

In an effort to strengthen the quality of healthcare delivery, the office is expected to increase the number of health establishments it inspects and certifies for compliance with norms and standards. The percentage of public health facilities inspected is expected to increase from 14.5% in 2021/22 to 18.4% in 2025/26.

This is enabled by additional allocations of R10 million in 2023/24, R12 million in 2024/25 and R15 million in 2025/26. The bulk of this funding is allocated to the compliance inspectorate programme, which carries out most of the office's work and constitutes an estimated 35.7% (R182.1 million) of its total projected expenditure over the MTEF period. Expenditure is expected to increase at an average annual rate of 4.9%, from R157.5 million in 2022/23 to R181.7 million

in 2025/26. The office derives its revenue entirely through transfers from the department. These are expected to amount to R516.1 million over the medium term.

South African Health Products Regulatory Authority

The SAHPRA derives its mandate from the National Health Act of 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.

The core activities of evaluating the safety, quality and therapeutic efficacy of medicines, and registering them, is expected to account for 31% (R392.4 million) of the authority's expenditure over the MTEF period. To improve efficiency and enable access to medicines to be rapidly scaled up by improving timelines for scientific evaluation and clinical trials, the authority plans to upskill its personnel through talent management and recruit expertise in core areas.

Accordingly, its number of personnel is set to increase from 292 in 2022/23 to 331 in 2023/24 and for the remainder of the MTEF period. This is expected to result in an increase in spending on compensation of employees, from R210.5 million in 2022/23 to R286 million in 2025/26. Total revenue and expenditure are expected to increase at an average annual rate of 7%, from R349.4 million in 2022/23 to R428.4 million in 2025/26. The authority expects to derive 54.9% (R696.8 million) of its revenue over the MTEF period through fees charged for its services and 40.1% (R478.5 million) through transfers from the department.

South African Medical Research Council

The council's mandate in terms of the SAMRC Act of 1991 is to promote the improvement of the health and quality of life of the population through research, development and technology transfer. In line with this mandate, the council conducts and funds relevant and responsive health research, capacity development, innovation and research translation.

Over the MTEF period, the council aims to accept or publish approximately 1 900 journal articles, books and book chapters by authors affiliated with and/or funded by it. Core research of this kind accounts for an estimated 50.2% (R2.1 billion) of the council's budget over the medium term. Of this amount, R1.2 billion is earmarked for university research programmes, R69 million for self-initiated research projects at universities, R18 million for TB research and R15 million for COVID-19 research.

Innovation and technology projects that aim to improve health are expected to account for an estimated 24.8% (R1 billion) of the council's spending over the medium term. This includes building capacity in low-income and middle-income countries to produce mRNA vaccines, providing scholarship funding to build a vaccine-manufacturing workforce, and tracking COVID-19 viral RNA in wastewater across

more than 80 wastewater treatment plants in South Africa to ensure that outbreaks of COVID-19 are detected early. Total spending is projected to increase at an average annual rate of 0.7%, from R1.4 billion in 2022/23 to R1.5 billion in 2025/26. The decrease in 2023/24 is due to one-off allocations for COVID-19 vaccine research in 2021/22 and 2022/23.

Transfers from the department comprise an estimated 60% (R2.5 billion) of the council's revenue over the medium term, with the remaining R1.5 billion coming from research contracts with international donors, other funders and interest earned. Revenue is expected to increase at an average annual rate of 3.3%, from R1.3 billion in 2022/23 to R1.5 billion in 2025/26.

Health Professions Council of South Africa (HPCSA)

The HPCSA is committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining excellent standards of ethical and professional practice. To safeguard the public and indirectly the professions, registration in terms of the Health Professions Act of 1974 is a prerequisite for practising any of the health professions with which the council is concerned.

The council guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.

The mission of the HPCSA is quality and equitable healthcare for all. All individuals who practise any of the healthcare professions incorporated in the scope of the HPCSA are obliged to register with the council. Failure to do so constitutes a criminal offence.

Its mandate includes:

- coordinating the activities of the professional boards;
- promoting and regulating interprofessional liaison;
- determining strategic policy;
- consulting and liaising with relevant authorities;
- controlling and exercising authority over the training and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in people;
- promoting liaison in the field of training; and
- communicating to the Minister of Health information that is of public importance.

As part of its recent milestones, the new HPCSA council has developed and approved a strategic plan for the period 2021/22 – 2025/26, covering various issues, including:

- digitally enabling the council;
- ensuring that the council undertakes its business in a manner that ensures and maintains its financial viability;
- improving relationships between the council and its relevant stakeholders;
- the council will improve all processes that are employed to deliver professional conduct functions;

- the council will have fully capacitated members of council and professional boards delivering on their fiduciary responsibilities; and
- the council will achieve organisational performance improvements.

Allied Health Professions Council of South Africa (AHPCSA)

The Allied Health Professions Act, 1982 (Act 63 of 1982), provides for the regulation of complementary health practitioners, such as chiropractors, homeopaths, and other complementary health professions and for the establishment of a council to regulate these professions.

The AHPCSA is a statutory health body established in terms of the Allied Health Professions Act of 1982 to control all allied health professions, which includes aromatherapy, ayurveda, Chinese medicine and acupuncture, chiropractic treatment, therapeutic reflexology, therapeutic massage therapy, homeopathy, naturopathy, therapeutic aromatherapy, osteopathy, phytotherapy and Unani Tibb:

The AHPCSA is mandated to:

- promote and protect the health of the public;
- manage, administer and set policies relating to the professions registered with the AHPCSA;
- investigate complaints relating to the professional conduct of practitioners, interns and students;
- administer the registration of people governed by the AHPCSA; and
- set standards for the education and training of intending practitioners.

South African Dental Technicians Council (SADTC)

The SADTC controls all matters relating to the education and training of dental technicians or dental technologists and practices in the supply, making, altering or repairing of artificial dentures or other dental appliances.

Its mandate includes:

- promoting dentistry in South Africa;
- controlling all matters relating to the education and training of dental technicians, dental technologists and practitioners who supply, make, alter or repair artificial dentures or other dental appliances; and promoting good relationships between dentists, clinical dental technologists, dental technicians and dental technologists.

South African Pharmacy Council (SAPC)

The SAPC is the regulator established in terms of the Pharmacy Act of 1974 to regulate pharmacists, pharmacy support personnel and pharmacy premises in South Africa. Its mandate is to protect, promote and maintain the health, safety and well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans.

The council is tasked with:

- assisting in promoting the health of South Africans;
- advising the Minister of Health or any other person on any matter relating to pharmacy;

- promoting the provision of pharmaceutical care, which complies with universal norms and values;
- upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice;
- establishing, developing, maintaining and controlling universally acceptable standards; and maintaining and enhancing the dignity of the pharmacy profession.

Interim Traditional Health Practitioners Council of South Africa (ITH- PCSA)

The ITHPCSA is a professional council responsible for the regulation of the traditional health practitioners in South Africa. It is estimated that South Africa has approximately 300 000 trained traditional health practitioners. This figure excludes trainees who join the sector every year and those who enter the country from the neighbouring countries continually.

Several research studies have estimated that approximately 70% of the country's populations consult traditional health practitioners for their health needs. The growing number of traditional health practitioners, the high number of people depending on them for primary health needs, and the proliferation of bogus practitioners, makes the regulation of the sector a matter of critical significance for government.

Role players

South African National AIDS Council (SANAC)

The SANAC is a voluntary association of institutions established by Cabinet to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STIs. Under the direction of the council, government created the SANAC Trust as the legal entity that is charged with achieving its aims.

Non-governmental organisations

Many NGOs at various levels play a crucial role in healthcare, and cooperate with government's priority programmes. They make an essential contribution, in relation to HIV and AIDS, and TB, and also participate significantly in the fields of mental health, cancer, disability and the development of primary healthcare systems. The involvement of NGOs extends from national level, through provincial structures, to small local organisations rooted in individual communities.

Resources

Medical practitioners

These include doctors working for the State, those in private practice and specialists. The majority of doctors practise in the private sector. In selected communities, medical students supervised by medical practitioners provide health services at clinics.

In terms of the continuing professional development system, all doctors, irrespective of earlier qualifications, must obtain a specified

number of points to retain their registration. The system requires that doctors attend workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs. Non-compliance with the requirements of the system could result in a doctor being deregistered. Applications by foreign health professionals are subject to assessment by the Examinations Committee of the Medical and Dental Professions Board. Those admitted have to write an examination and thereafter can be registered in the particular category for which they applied and were assessed.

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public health facility.

Nurses

Nurses are required to complete a mandatory 12-month community service programme, thereafter they may be registered as nurses (general, psychiatric or community) and midwives.

Provincial hospitals

Provincial hospitals offer treatment to patients with or without medical aid cover. Patients are classified as hospital patients, if they can't afford to pay for treatment. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned.

Provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants. Patients with medical aid are charged a private rate that is generally lower than the rate charged by private hospitals.

World AIDS Day

World AIDS Day is commemorated each year on 1 December. This is a global opportunity for communities to unite in the fight against HIV and AIDS, show support for people living with HIV, and remember those who have died.

Population estimates

Statistics South Africa's Census 2022 showed that the population of South Africa increased from 51,7 million in 2011 to more than 62 million in 2022; a growth rate of 1,8% in the intercensal period. Females constituted 51,5% of the total population, while 48,5% were males. Gauteng and KwaZulu-Natal had the highest populations at 15 million and 12,4 million respectively, while the Northern Cape had the smallest (1,3 million).

Black Africans remain the dominant population group at 81,4%, followed by the coloured population at 8,2%. The white population percentage declined to 7,3% in 2022 from 8,9% observed in 2011, while that for Indians/Asians increased slightly from 2,5% in 2011 to 2,7% in 2022. The median age increased to 28 years from 25 years in 2011, suggesting a consistent increase over time and an overall

increase of three years.

More than 55 000 homeless individuals were recorded, with more males (70,1%) than females (29,9%), for both roofless and sheltered. Homelessness was more prevalent in metropolitan areas (74,1%) compared to non-metropolitan areas (25,9%). City of Tshwane recorded the highest proportion of homeless persons (18,1%), followed by City of Johannesburg at 15,6%. Looking at the top five reasons for homelessness, job loss/no income was the most cited for both males and females (41,3%), followed by alcohol and drug abuse (25%).

Internal migration results showed that two provinces still dominate internal migration in South Africa. Gauteng remained the dominant migration stream, receiving more than a third of all internal migrants, followed by Western Cape with 15%. Over the intercensal period, four provinces experienced an outflow of people, namely Limpopo, Eastern Cape, KwaZulu-Natal and Free State.

Census 2022 showed there were more than 2,4 million international migrants, which equates to just above 3% of the total population. Most of these came from the Southern African Development Community region (86%) and of these, 45,5% came from Zimbabwe, followed by Mozambique with 18,7% and Lesotho with 10,2%.

The top five sending countries to South Africa were Zimbabwe, Mozambique, Malawi, Lesotho and the United Kingdom; these five countries have also maintained their rank since 2011. More than three million children (0–4 years) participated in Early Childhood Development (ECD). Provincially, children in Northern Cape (57%) and North West (52,4%) were more likely not to participate in ECD, compared to other provinces