



Official Guide to **SOUTH AFRICA** 2021/22

HEALTH

Department of Health (DoH)

The DoH derives its mandate from the National Health Act of 2003, which requires that the department 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 healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

Over the medium term, the department aimed to focus on reducing morbidity and mortality resulting from the Coronavirus Disease (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 (NHI), preventing and treating communicable and non-communicable diseases, investing in health infrastructure, supporting tertiary healthcare services in provinces, and developing the health workforce.

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 aimed to have vaccinated 70% of the adult population by March 2023.

By mid-2022, the DoH had administered 35, 182 million vaccine doses to just over 19,717 million adult individuals, which was 49,5% of all adults. The department was allocated R2 billion for vaccines in the 2022/23 financial year.

The ongoing monitoring of SARS-CoV-2 genomic data is managed by the Network for Genomic Surveillance in South Africa. This includes monitoring for emergence of new variants and lineages, including from tested patients and wastewater.

Phased implementation of the NHI

The DoH planned 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.

Preventing and treating communicable and non-communicable diseases

The department 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.

Investing in health infrastructure

The department planned to accelerate the construction, maintenance, upgrading and rehabilitation of new and existing health system infrastructure, as well as

provide medical equipment required to render health services. Over the medium term, the department aimed to construct or revitalise 92 health facilities through the indirect grant and conduct major maintenance work or refurbishment on a further 200 facilities.

Improvement of quality of service at public health facilities will be a major focus in the 2022/23 financial year.

Already 21 quality learning centres had been established in the country with 102 hospitals, including private ones, 90 primary healthcare and 25 emergency medical services participating in the programme. Good quality health infrastructure, including its maintenance is key towards achieving a good quality public health service.

Supporting tertiary healthcare services

Tertiary healthcare services are highly specialised referral services provided at central and tertiary hospitals. However, due to their specialised nature, by mid-2022 there are only 31 of these hospitals in the country and most of them were 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.

Developing the health workforce

To ensure that all eligible students can complete their training through medical internships and subsequently.

Use of health facilities

Nationally, 71,9% of households said that they would first go to public clinics, hospitals or other public institutions, while 27,0% of households said that they would first consult a private doctor, private clinic or hospital, according to Statistics South Africa's General Household Survey (GHS) of 2021.

The use of public health facilities was least common in Western Cape (52,1%), Gauteng (64,2%), and most common in Limpopo (85,4%), Mpumalanga (84,8%) and Eastern Cape (82,1%). About 77,7% of white individuals were members of a medical aid scheme compared to 45,1% of Indian/Asian individuals, 19,9% of coloureds and 9,3% of black Africans.

Medical aid coverage

Despite some minor fluctuations over the period, the percentage of individuals who were covered by a medical aid scheme changed very little between 2002 and 2022, increasing only slightly from 15,9% to 16,1%. It is, however, notable that the number of individuals who were covered by a medical aid scheme increased from 7,3 million to just over 9,7 million persons during this period.

Medical aid coverage was most common in Gauteng (24,0%) and Western

Cape (23,7%), and least common in Limpopo (8,2%) and Mpumalanga (9,1%).

Teenage pregnancy

About 2,7% of females in the age group 14–19 years were at different stages of pregnancy during the 12 months before the survey. The prevalence of pregnancy increased with age, rising from 1,7% for females aged 15 years, to 6,8% for females aged 19 years.

Disability

About 4,5% of South Africans aged five years and older were classified as disabled in 2021. A larger percentage of women (4,9%) than men (4,1%) were classified as disabled. Disability was most common in Northern Cape (7,1%) and least common in Gauteng (3,1%).

Health Patient Registration System (HPRS)

The HPRS, which provides a Patient Registry and Master Patient Index using the South African identification number and other forms of legal identification, has been registering some remarkable progress.

By mid-2022, the HPRS had registered more than 57 million South Africans in 3 111 health facilities. Further work has been done towards the establishment of the single, portable patient record system with interoperable digital system.

Life expectancy and population

Life expectancy at birth for 2022 was estimated at 60,0 years for males and 65,6 years for females, according to Statistics South Africa's Mid-year population estimates of 2022. The infant mortality rate for 2022 was estimated at 24,3 per 1 000 live births.

The estimated overall HIV prevalence rate is approximately 13,9% among the South African population. The total number of people living with HIV is estimated at approximately 8,45 million in 2022. For adults aged 15–49 years, an estimated 19,6% of the population is HIV positive.

There is a reduction in international migration, which is indicative of the COVID-19 travel restrictions and subsequent impact on migratory patterns since March 2020. Migration is an important demographic process, as it shapes the age structure and distribution of the provincial population (and so the country's population structure). For the period 2021–2026, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 443 978 and 460 489 respectively.

Gauteng still comprises the largest share of the South African population, with approximately 16,10 million people (26,6%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 11,54 million people (19,0%) living in this province. With a population of approximately 1,31 million people (2,2%), Northern Cape remains the province with the smallest

share of the South African population.

About 28,07% of the population is aged younger than 15 years (17,01 million) and approximately 9,2% (5,59 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within its structure are Limpopo (33,6%) and Eastern Cape (32,7%).

The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and as such policies and programmes to care for the needs of this growing population should be prioritised.

National Health Insurance

The NHI aims to ensure that all citizens and residents of South Africa, irrespective of socio economic status, have access to good-quality health services provided by both the public and private sectors, thereby eradicating financial barriers to healthcare access. The NDP envisions a health system that works for everyone, produces positive health outcomes and is accessible to all.

By 2030, the NDP expects South Africa to have, among other things, raised the life expectancy of South Africans to at least 70 years; produced a generation of under-20s that is largely free of HIV; achieved an IMR of less than 20 deaths per thousand live births, including an U5MR of less than 30 per thousand; achieved a significant shift in equity, efficiency and quality of health service provision.

Potential benefits from the NHI Fund would include:

- treatment for schoolchildren with physical barriers to learning such as eyesight, hearing, speech and oral health;
- free ante-natal care in the form of eight visits to a doctor to each of the 1,2 million women who fall pregnant annually. Family planning, breast and cervical cancer screening and where appropriate, treatment, will be provided;
- better services for mental health users, such as screening;
- assistive devices for the elderly like spectacles, hearing aids and wheelchairs.

Medical schemes

By August 2022, there were over 80 medical schemes in South Africa, with over eight million beneficiaries.

Health entities:

- The **National Health Laboratory Service (NHLS)** was established in terms of the National Health Laboratory Service Act of 2000. The entity operates more than 230 laboratories in nine provinces and is the sole provider of training for pathologists and medical scientists, provides comprehensive and affordable pathology services to more than 80% of the South African population, and plays a significant role in the diagnosis and monitoring of HIV and TB.
- The NHLS also houses the National Institute for Communicable Diseases, which is internationally renowned for its role in the surveillance and monitoring

of communicable diseases. It provides expertise to southern African countries on outbreaks such as Ebola, listeriosis and, most recently, COVID-19.

- The **South African Medical Research Council (SAMRC)** conducts and funds health research and medical innovation in terms of the amended SAMRC Act of 1991. The council is mandated to contribute to improved health and quality of life for the South African population by providing evidence-based recommendations to various policy-makers through health research, development, technology transfer and capacity development.
- The **Compensation Commissioner for Occupational Diseases in Mines and Works** was established in terms of the Occupational Diseases in Mines and Works Act of 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 that have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.
- The **Council for Medical Schemes** is a regulatory authority designated in terms of the Medical Schemes Act of 1998 to oversee the medical schemes industry. The Act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functions of medical schemes, collecting and distributing information about private healthcare, and advising the Minister of Health on matters concerning medical schemes.
- The **Office of Health Standards Compliance** was established in terms of the National Health Amendment Act of 2013 to protect and promote the health and safety of users of health services by ensuring that private and public health facilities comply with prescribed norms and standards. This includes inspecting health facilities for compliance with norms and standards, investigating complaints made by the public, and initiating enforcement actions against facilities where there is persistent non-compliance.
- The **South African Health Products Regulatory Authority** derives its mandate from the National Health Act of 2003 and the Medicines and Related Substances Act of 1965. The authority is responsible for regulating medicines intended for human and animal use; licensing manufacturers, wholesalers and distributors of medicines, medical devices, radiation-emitting devices and radioactive nuclides; and conducting trials.