SOUTH AFRICA
YEARBOOK
2024/25

Health

The National Development Plan (NDP): Vision 2030 sets out nine long-term health goals for South Africa. Five of these goals relate to improving the health and wellbeing 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;
- Completed health system reforms;
- Primary healthcare teams that provide care to families and communities;
- Iniversal 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.

Over the medium term, the department will focus on: preventing and treating communicable and non-communicable diseases by continuing to strengthen primary health care; supporting tertiary services; and strengthening health systems, including infrastructure, in preparation for the introduction of National Health Insurance (NHI).

An estimated 90,3% (R173.9 billion) of the department's budget of R192.3 billion over the MTEF period comprises transfers to provincial departments of health for conditional grants. Total spending is projected to increase at an average annual rate of 4,3%, from R58.6 billion in 2023/24 to R66.4 billion in 2026/27. This is due to additional allocations of R1.2 billion in 2024/25, R1.3 billion in 2025/26 and R1.3 billion in 2026/27 for conditional grants to support provinces to partly absorb the implications of the 2023 public sector wage agreement.

These additions also partially offset Cabinet-approved reductions of R1.5 billion in 2024/25, R3 billion in 2025/26 and R3.3 billion in 2026/27. Given that more than 90 per cent of the department's budget is for conditional grants, these carry the largest share of the reductions, with the comprehensive HIV/AIDS component of the district health programmes grant being reduced, on average, by R1.3 billion per year over the MTEF period and the health facility revitalisation grant being reduced by R1.2 billion per year over the same period. These reductions were made feasible by the achievement of cost efficiencies in the form of lower than anticipated tender prices for antiretroviral drugs (ARVs), significant underspending in 2022/23, and the uptake of ARV treatment running significantly below target.

Reductions to the health facility revitalisation grant were partly justified by historical underspending and some infrastructure projects being placed on longer-term completion timeframes. The net effect results in overall reductions of R225.4 million in 2024/25, R1.7 billion in 2025/26 and R1.9 billion in 2026/27.

To address service backlogs and the pressing need to resolve the unequal distribution of tertiary services, the national tertiary services grant has been protected from reductions. An estimated R1.1 billion over the MTEF period is added to the grant to partly support provinces to fund salary increases for personnel funded through it. An amount of R80.6 million over the MTEF period is shifted to the department from the Department of Science and Innovation for the social impact bond, an outcomes-based financing mechanism, for adolescent girls and women.

Some interventions through the mechanism include the provision of ARV treatment, pre-exposure prophylaxis, contraceptives and educational programmes aimed at behavioural challenges. The South African Medical Research Council leads this work, which is funded through a new transfer payment.

Treating and preventing diseases and promoting primary healthcare

With an allocation of R85.7 billion over the MTEF period, the district health programmes grant constitutes almost half of the department's budget. This includes the comprehensive HIV/AIDS component, which has an allocation of R75.6 billion over the medium term, and the district health component, which is allocated R10.2 billion over the same period.

As the department was able to negotiate lower prices for ARVs, no major revisions have been made to targets for the comprehensive HIV/AIDS component. The target for clients remaining on ARV treatment is slightly lower than what was previously published for 2024/25 (6.7 million instead of R6.5 million) and 2025/26 (7 million instead of 6.7 million), as uptake has been lower than expected. As of November 2023, only about 5.5 million clients were on treatment against an annual target of 6 million.

This is attributed to poor health-seeking behaviour, particularly among men. The department will use outreach services such as community health workers and innovative medicine dispensing models to improve performance in this area. The target for 2026/27 is 6.9 million.

Outreach services are largely funded through the district health component, in which spending is set to increase at an average annual rate of 6.5%, from R2.9 billion in 2023/24 to R3.5 billion in 2026/27, in the Primary Health Care programme. This will enable the department to continue to retain an appropriate number of community health workers and fulfil their mandatory stipend increases. The component also funds human papillomavirus vaccinations and a range of interventions for TB and malaria.

The central chronic medication dispensing and distribution programme makes chronic medicines more accessible by allowing them to be dispensed conveniently at alternate pick-up points such as private pharmacies. It is funded through the NHI indirect grant. An estimated 40% of the department's clients on ARVs use the service.

Supporting tertiary healthcare services

Tertiary health care services are highly specialised referral services provided at central and tertiary hospitals. These

services are not, however, equitably distributed as there are only 35 hospitals offering tertiary services in the country and most of them are in urban areas. As such, patients are often referred from one province to another, which requires strong national coordination and cross-subsidisation through the national tertiary services grant to compensate provinces for providing tertiary services to patients from elsewhere.

The grant has allocations of R15.3 billion in 2024/25, R15.9 billion in 2025/26 and R16.7 billion in 2026/27 in the Hospital Systems programme, increasing at an average annual rate of 5.9%. To improve equity and reduce the need for interprovincial referrals over the long term, a portion of the grant is earmarked for strengthening tertiary services through the purchasing of machinery and equipment and recruiting medical specialists in provinces where they are underdeveloped.

Funding for oncology services, amounting to R737.3 million over the next three years, which was previously partly funded through the NHI grant, has been shifted to the national tertiary services grant to consolidate funding for cancer services.

Strengthening health systems towards providing NHI

The National Assembly and the National Council of Provinces had endorsed the NHI Bill. If enacted, it will have significant implications for the funding and organisation of health care in South Africa. Preparatory work for this, which includes capacity building, is largely funded through the NHI indirect grant, which has an allocation of R6.9 billion over the MTEF period.

The grant previously had three components, two of which (the non-personal services component and the personal services component) have been combined to form the health systems component. The new combined component is allocated R2.4 billion over the MTEF period, with spending set to increase at an average annual rate of 4,6%.

This is expected to strengthen health systems, particularly information systems; help address the findings of the Office of Health Standards and Compliance; improve implementation of the ideal clinic initiative; improve the dispensing of medicines through the central chronic medication dispensing and distribution programme; and provide proof of concept, including the piloting of contracting units, for primary health care.

The other component within the grant, which deals with health facility revitalisation, is intended to fund strategic infrastructure projects through an allocation of R4.6 billion over the MTEF period. An estimated R1.6 billion of the grant's allocation over the MTEF period, funded from the budget facility for infrastructure, is for the construction of the Limpopo Academic Hospital.

A further R22 billion over the MTEF period is set to be transferred to provinces through the direct health facility revitalisation grant. As Cabinet-approved reductions have been implemented mainly on projects in planning stages, they are not expected to impact negatively on projects that have already been initiated.

Medical Aid coverage

According to Statistics South Africa's (Stats SA) General Household Survey (GHS) of 2023, despite some fluctuations, the percentage of individuals who were covered by a medical aid scheme changed very little between 2002 and 2023, declining only slightly from 15,9% to 15,7% over the period.

Medical aid coverage was most common in the Western Cape (25,7%) and Gauteng (22,4%), and least common in Limpopo (9,5%) and Mpumalanga (9,8%). White persons comprised 31,7% of all medical aid beneficiaries.

A higher percentage of individuals in metros were members of medical aid schemes than in the general population (23,5% compared to 15,7%). Figure 5.4 shows that membership was most common in the City of Tshwane (30,0%) and Cape Town (27,8%), and least common in Mangaung (18,7%) and the City of Johannesburg (19,8%).

About 71,7% of white individuals were members of a medical aid scheme compared to 41,3% of Indian/Asian individuals, 19,6% of coloureds and 9,8% of black Africans. However, expressed as a share of all medical aid members, black Africans comprised 51,2% of all members compared to 31,7% of whites.

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 includes 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.
- National Health Laboratory Service (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 212(4)(a) and 212 (8)(a), provides for establishing the cause of non-natural deaths. Sections 77, 78 and 79 provide 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 courts.
- 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 diseases.
- The National Road 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 implemented 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 the 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 (NHI)

The programme aims to achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms. Its objectives are to:

- Expand access to chronic medication for stable patients through the delivery of 7.5 million medicine parcels through the central chronic medication dispensing and distribution programme by March 2025.

- Implement an equitable budgeting system and the contracting of providers for the delivery of primary health care services in contracting units for primary health care.

Subprogrammes:

- Programme Management provides leadership to the programme to improve access to high-quality healthcare services by developing and implementing universal health coverage policies and health financing reform.
- Affordable Medicine is responsible for developing systems to ensure the sustained availability of and equitable access to pharmaceutical commodities. This is achieved through the development of governance frameworks to support: the selection and use of essential medicines; the development of standard treatment guidelines; the administration and management of pharmaceutical tenders; the development of provincial pharmaceutical budget forecasts; the reform of the medicine supply chain; and the licensing of people and premises that deliver pharmaceutical services.
- Health Financing and NHI designs and tests policies, legislation and frameworks to achieve universal health coverage and to inform proposals for national health insurance. It develops health financing reforms, including policies affecting the medical schemes environment; provides technical oversight of the Council for Medical Schemes; manages the direct national health insurance grant and the NHI indirect grant; and implements the single exit price regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees. This subprogramme will focus increasingly on evolving health financing functions such as user and provider management, healthcare benefits and provider payment, digital health information, risk identification and fraud management.

Role of the NHI in South Africa

Since the dawn of democracy, the health sector has undergone several reforms to establish a more equitable, accessible and affordable healthcare system that can meet the health needs of all South African residents. However, these past reforms have been too little and too slow. Everyone has the right of equal access to quality and affordable healthcare. Fundamental changes are required to create a strengthened healthcare system capable of providing this level of service.

The problem: South Africa's health system is very complicated and fragmented, resulting in high levels of waste. Consequently, health outcomes do not match the resources invested in the system. Both public and private sectors have challenges that make current healthcare delivery systems unsustainable.

The plan to strengthen the health system: South Africa is a member of the United Nations community and has committed to implement universal health coverage, as have all other 95 member states. The desired outcome is that "all people have access to the full range of quality health services they need, when and where they need them, without financial hardship".

The NHI is South Africa's strategy to achieve universal health coverage. It is a centralised, national insurance fund from which the government will buy healthcare services from healthcare providers in both public and private sectors. All eligible South African residents, as defined in the NHI Act, 2023 (Act 20 of 2023), will be able to visit these providers whenever they need healthcare, without any payment. The NHI will make healthcare more affordable, by reducing the cost of healthcare due to the economies of scale that can be achieved by purchasing healthcare for the entire population.

Like home or car insurance, everyone will contribute to this fund routinely, whether they need healthcare or not, and then make a withdrawal from these pooled funds when they need healthcare. Contributions will be made through taxes and special contributions, in line with what each person can afford. "Withdrawals" will be made every time they visit a healthcare provider. When visiting a healthcare provider, they will not have to make any payment, because the NHI Fund will pay for the costs of care.

NHI's history: The NHI is a journey to transform South Africa's health sector. It will take many years to be fully realised and requires input from all sectors to ensure no one is left behind. For the NHI Fund to be effective, the entire health system will undergo reform for many years to come. These reforms include integration of the private and public sectors and reforms to make both sectors more effective and more efficient, which will include implementation of robust governance structures.

The NHI is not a new concept, nor specific to South Africa. Many countries around the world implement a similar structure to provide affordable and accessible quality healthcare. The NHI journey started in 2011 when the NHI Green Paper was published for public consultation. This was followed by NHI pilot projects in 2012 with a focus on health system strengthening initiatives. The NHI White Paper was published in 2015 laying the foundation for the NHI as the vehicle to achieve universal health coverage and a unified health system.

President Cyril Ramaphosa signed the NHI Bill into law on 15 May 2024, marking a key milestone in the journey towards universal and comprehensive quality health coverage for all.

Now that the Bill has been assented to by the President, the NHI Act of 2023 will be phased in gradually, using a progressive and programmatic approach based on financial resource availability from 2024 to 2028. The Act will be implemented in two phases:

- Phase 1 commenced in 2023 and will continue for three years until 2026.
- Phase 2 will commence in 2026 and will run for another three years until 2028.

Communicable and Non-Communicable Diseases (NCDs)

The programme develops and supports 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. It develops strategies and implements programmes that reduce maternal and child mortality.

Its objectives are to:

- Reduce the risk of women developing cervical cancer by vaccinating 90% of eligible girls aged nine to 14 against human papillomavirus in each year over the medium term, and expanding screening to 38 districts by March 2027.
- Reduce maternal and child mortality by training 390 clinicians in sexual and reproductive health by March 2027.
- Support the effective implementation of the national strategic plan on malaria elimination over the medium term by:
  - Ensuring indoor residual insecticide spray coverage of at least 95% of households in malaria-endemic municipalities
  - Conducting information and communication campaigns on malaria prevention
  - Investigating and classifying confirmed cases within 72 hours.
- Increase the total number of HIV-positive people accessing antiretroviral treatment from 6.5 million in March 2024 to 6.9 million in March 2027 by:
  - Implementing the universal test-and-treat policy; and
  - Expanding the number of public health care facilities with youth zones from 2 140 in March 2024 to 2 400 by March 2027.
- Make progress towards ending TB by 2035 by improving treatment adherence to achieve a drug-susceptible TB treatment success rate of 95% by March 2027 and multidrug-resistant TB treatment success rate of 82% by March 2027.
- Reduce premature mortality as a result of non-communicable diseases by screening 60% of clients for hypertension and diabetes in 2024/25.

Subprogrammes:

- Programme Management ensures that efforts by all stakeholders are harnessed to support the overall purpose of the programme, and 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 formulates policy services related to HIV and sexually transmitted infections, and monitors and evaluates these services; and manages and oversees 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, TB and Malaria; and the United States Centres for Disease Control and Prevention.
- Tuberculosis Management develops national policies and guidelines for TB services; sets norms and standards, and monitors their implementation in line with the vision of eliminating infections, mortality, stigma and discrimination; coordinates and manages the national response to the TB epidemic; and incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB and drug-resistant TB.
- Women's Maternal and Reproductive Health develops and monitors policies and guidelines for maternal and women's health services; sets norms and standards, and monitors and evaluates the implementation of these services; and supports the implementation of key initiatives as indicated in the maternal and child health strategic plan and the reports of the ministerial committees on maternal, perinatal and child mortality.

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.
- Noncommunicable Diseases (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, while 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. 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 providing expert policy and technical advice and recommendations on the role of nurses in the attainment of desired health outputs.

The programme has five subprogrammes:

- The Hospitals and Tertiary Health Services is responsible for tertiary services planning, policies that guide the management of and service standards in hospitals, as well as ensuring 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 coordinating 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 to active and ex-workers in controlled mines and workers who have been certified to be suffering from cardiopulmonary-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 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. The National Strategic Plan (NSP) for HIV, TB and STIs 2023-2028 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. Since 2000, partnerships and collaboration among government, civil society, organised labour and business sectors of SANAC have been central to implementing the National Strategic Plans. 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 community-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 made; as well as several challenges that need to be addressed urgently.

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 into 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, and 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 come for preventative services by taking a patient-centric view that encompasses the full value chain of the 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 stockouts. 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 timely 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, is 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, it ensures 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.

It works 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 in one day to collect absurd and, often, illegal amounts of medication. As part of the NHI, the NDoH has implemented this system in collaboration with the Council for Scientific and Industrial Research and the departments of Science, Technology and Innovation and Home Affairs.

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 on-site 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 infection 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, 1973 (Act 78 of 1973) and was listed as a Schedule 3A public entity effective from 2023/24. The fund collects levies from controlled mines and works; compensates workers, former workers and the dependants of deceased workers in controlled mines and works who have developed occupational diseases in their cardiorespiratory organs; and reimburses workers for any loss of earnings while being treated for TB. The fund is administered and controlled by the department's Compensation Commissioner for Occupational Diseases subprogramme.

The fund will focus on increasing the number of benefit payments made from 3 930 in 2023/24 to 5 000 in 2024/25, as well as increasing claims finalised by the compensation commissioner from 3 353 in 2023/24 to 5 000 in 2026/27. These activities will be funded through revenue generated by levies and interest received from investments in the compensation for ex-miners programme, which accounts for 99.9 per cent of overall expenditure. Expenditure for programme is set to increase at an average annual rate of 7,5%, from R383.8 million to R476.2 million over the same period.

The fund expects to derive 77,9% (R1.4 billion) of its revenue over the medium term through interest on investments and 22% (R405.4 million) through the levies it receives from controlled mines and works. Revenue is expected to increase at an average annual rate of 1,2%, from R582.5 million in 2023/24 to R604.6 million in 2026/27.

Council for Medical Schemes

The CMS was established in terms of the Medical Schemes Act, 1998 (Act 131 of 1998) to oversee the medical schemes industry and regulate it by controlling and coordinating its functions. As part of this, the council also serves the needs of medical scheme members by protecting and informing the public about their rights, handling complaints, ensuring industry compliance with the Act, improving management and governance, and advising the Minister of Health on regulatory matters as they pertain to medical schemes.

Over the MTEF period, the council will continue to ensure sound regulation of the medical schemes industry and support the department in its efforts to achieve universal health coverage. The council aims to achieve this partly by completing its review of prescribed minimum benefits and consolidating options and medical schemes to mitigate against risk pool fragmentation.

Total expenditure is expected to increase at an average annual rate of 5%, from R203.6 million in 2023/24 to R236 million in 2026/27. The council expects to generate 94,2% (R655.8 million) of its revenue over the medium term through the collection of levies from medical schemes and derive 2,8% (R19.1 million) through transfers from the department.

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. From 2022/23, it assumed responsibility for forensic chemistry laboratory services from the department. The entity also houses the National Institute for Communicable Diseases and the National Institute for Occupational Health.

The entity will continue to play a critical role in the diagnosis of HIV and TB over the MTEF period. To ensure early detection of cervical cancer, in addition to cervical smear testing, the entity plans to implement human papillomavirus testing in 2024/25. Funding for these activities will be made available through the laboratory tests programme, which has an allocation of R33.4 billion over the medium term, constituting 76,6% of total expenditure.

The entity will continue to conduct surveillance of communicable diseases through the National Institute for Communicable Diseases, provide specialised diagnostic services and outbreak responses when needed, conduct research into public health, and build capacity through targeted training to produce a fit-for-purpose and responsive workforce in the surveillance of communicable diseases. An estimated R1.3 billion is allocated over the MTEF period to carry out these functions.

Total expenditure is expected to increase at an average annual rate of 4,9%, from R13.4 billion in 2023/24 to R15.5 billion in 2026/27. To address backlogs and increase the processing capacity of laboratories through additional space, analytic instruments and human resources, spending on forensic chemistry laboratories is expected to account for 2% (R875.3 million) of the entity's total budget over the period ahead.

The service expects to derive 92,1% (R40.7 billion) of its revenue over the MTEF period through the fees it charges for laboratory tests and 4,5% (R1.9 billion) through transfers from the department. Transfers from the department have been reduced by R159 million in 2024/25, R165.5 million in 2025/26 and R171.3 million in 2026/27, partly because of the entity's large accumulated surpluses.

Office of Health Standards Compliance (OHSC)

The Office of Health Standards and Compliance was established in terms of the National Health Amendment Act (2013), which mandates it to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the health system, and ensure the consideration, investigation and settlement of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair manner.

Over the medium term, the office will continue to monitor the delivery of health care services in an effort to improve the quality and safety of health care at public and private health facilities. As such, the office expects to increase the percentage of private health establishments it inspects and certifies for compliance with established norms and standards, from 19% in 2023/24 to 21% over the medium term. To bolster the necessary support for the health ombud's work on investigations and handling complaints, the entity is allocated an additional R30 million over the MTEF period to retain about 10 temporary employees.

This is set to drive an increase in expenditure in the complaints management and office of the ombud programme at an average annual rate of 18.7 per cent, from R21.4 million in 2023/24 to R35.8 million in 2026/27. Total expenditure is expected to increase at an average annual rate of 7,4%, from R161.5 million in 2023/24 to R200.1 million in 2026/27. The office derives its revenue entirely through transfers from the department.

South African Health Products Regulatory Authority (SAHPRA)

The South African Health Products Regulatory Authority was established in terms of the Medicines and Related Substances Act of 1965. The authority's functions are to provide for the monitoring, evaluation, regulation, investigation, inspection, registration, and control of medicines, scheduled substances, clinical trials, medical devices, in vitro diagnostics, and other related matters in the public interest.

Over the MTEF period, the authority will focus on ensuring adequate health product registrations. This includes issuing safety and quality certifications for products, including verifying their efficacy. Since the authority's work is labour intensive, its main cost driver is compensation of employees, which increases at an average annual rate of 4,4%, from R265 million in 2023/24 to R301.4 million in 2026/27.

Expenditure is expected to increase at an annual average rate of 4,9%, from R394.8 million in 2024/25 to R455.1 million in 2026/27. The authority's revenue is mainly derived through transfers from the department, amounting to R449 million over the medium term; and from fees charged, amounting to R777.8 million. Revenue is expected to increase at an average annual rate of 6,1%, from R380.9 million in 2023/24 to R455.1 million in 2026/27.

South African Medical Research Council (SAMRC)

The council's mandate in terms of the South African Medical Research Council Act (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 intends to accept and publish about 3 075 journal articles, books and book chapters by authors affiliated with or funded by it. This work will be undertaken by the core research programme, which accounts for an estimated 53,7% (R2.7 billion) of the council's budget over the medium term.

Expenditure is expected to increase at an average annual rate of 9,3%, from R1.3 billion in 2023/24 to R1.7 billion in 2026/27, partly as a result of funds reallocated from the Department of Science and Innovation to the council through a transfer payment from the Department of Health to continue the work on the social impact bond for adolescent girls and women.

The council's revenue is mainly derived through departmental transfers, which account for an estimated 55,9% (R2.7 billion) of the council's revenue over the period ahead, while income received from grants amounts to 39,2% (R2 billion). Total revenue is projected to increase at an average annual rate of 9,3%, from R1.3 billion in 2023/24 to R1.7 billion in 2026/27.

Health Professions Council of South Africa (HPSCA)

The HPCSA is committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining high 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 include 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 wellbeing 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 traditional health practitioners in South Africa. It is estimated that South Africa has approximately 300 000 trained traditional health practitioners currently practising. This figure does not include those still in training, new graduates entering the sector each year, or practitioners migrating from neighbouring countries.

Several research studies have estimated that approximately 70% of the country's population 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

South Africa's mid-year population is estimated to have increased to 63,02 million in 2024, with the female population accounting for 51% (approximately 32,13 million) of the population. This according to the report released by Statistics South Africa in July 2024.

Gauteng continues to record the largest share of the South African population, with approximately 15,83 million people (25,1%) living in this province. KwaZulu-Natal is the province with the second largest population, with an estimated 12,34 million people (19,6%) living in this province. With a population of approximately 1,36 million people (2,2%), the Northern Cape remains the province with the smallest share of the South African population.

According to the report, 27,5% of the population is aged younger than 15 years (16,8 million) and approximately 9,7% (6,13 million) is 60 years or older. The provinces reflecting the highest percentage of children younger than 15 within their structures are Limpopo (33,2%) and the Eastern Cape (31,8%). 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.

The report further shows that life expectancy at birth for 2024 is estimated at 63,6 years for males and 69,2 years for females. The infant mortality rate for 2024 is estimated at 22,9 per 1 000 live births.

The estimated overall HIV prevalence rate is approximately 12,7% among the South African population. The total number of people living with HIV (PLWHIV) is estimated at approximately 8,0 million in 2024. For adults aged 15-49 years, an estimated 16,7% of the population is HIV positive.

For the period 2021-2026, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 401 895 and 491 296 respectively.

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 national and provincial population.