

SOUTH AFRICA
Yearbook
2021/22

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. The Act sets out the responsibilities of the three spheres 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 contributes directly to the realisation of Priority 3 (education, skills and health) of government's 2019 – 2024 Medium Term Strategic Framework (MTSF).

As the custodian of South Africa's national health system, the department contributes to the goals, indicators and actions of Chapter 10 of the NDP, such as reducing the burden of disease and strengthening the provision of healthcare to improve the lives and lifespans of the country's citizens. In terms of the National Health Act of 2003, provincial departments of health are mandated to provide healthcare services, whereas the national department is responsible for policy formulation, coordination and support to provincial departments, as well as the monitoring, evaluation and oversight of the sector.

Additionally, it aims to progressively achieve universal health coverage, and financial risk protection for all citizens seeking health care, through application of the principles of social solidarity, cross-subsidization and equity. These targets are consistent with the United Nations Sustainable Development Goals to which South Africa subscribes, and Vision 2030, described by the NDP. A stronger health system, and improved quality of care will be fundamental to achieve these impacts.

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

Responding to the COVID-19 pandemic

By May 2022, South Africa had experienced four waves of COVID-19 infections, placing significant pressure on the country's health system and its budgets. To protect South Africans against the virus, the department aims to have vaccinated 70% of the adult population by March 2023.

An amount of R10.1 billion was allocated for the vaccine rollout in 2020/21 and 2021/22, and R4 billion is allocated for this purpose in 2022/23, of which R2.1 billion is earmarked in the Communicable and NCDs programme for purchasing additional vaccines. A further R1 billion is provisionally allocated for purchasing vaccines and can be allocated during the year. The remaining R1.9 billion, of which R1 billion is an additional allocation, is allocated to the district health component of the District Health Programmes Grant in the Primary Health Care (PHC) programme to support the administration of vaccines in provinces.

South Africa adopted a three-pronged strategy for the acquisition of the vaccines, which included procuring them from COVAX; the African Vaccine Initiative, and directly from manufacturers or developers. The implementation of the National Vaccination Programme took a three-phased approach to the roll-out of the vaccines across the country, commencing with frontline health care providers as the priority group, followed by other essential workers. Early access to COVID vaccination was provided to healthcare workers from 17th February 2021. The vaccine roll-out to the general population began on 17th May 2021. Individuals 60 years and older were initially targeted, with additional age groups being incrementally added.

As of March 2022, South Africa had administered 33 296 217 vaccine doses – 8 126 185 Johnson & Johnson and 25 170 032 Pfizer, with 19 314 839 (48.5%) of the adult population having been vaccinated. The number of adults who were fully vaccinated was at 17 403 325 (43.7%). A total of 2 025 294 had already received their booster doses. Vaccination of young people aged 12 – 17 years old commenced in 2021. By March 2022, 1 894 054 doses had been administered to this age group, with a total of 1 535 105 having had their first dose, whilst a further 358 947 had also received their second doses. COVID-19 vaccination dashboards are available at: <https://sacoronavirus.co.za/latest-vaccine-statistics>.

Phased implementation of the NHI

Activities related to the NHI are allocated R8.8 billion over the MTEF period, R6.5 billion of which goes through the NHI Indirect Grant. This includes R4.4 billion to the health facility revitalisation component, which funds infrastructure projects in the Hospital Systems programme to improve the public health system's readiness for the NHI; R1.9 billion to the non-personal services component in the NHI programme to fund initiatives to strengthen the health system, such as the dispensing and distribution of chronic medicines, the improvement of patient information systems, and the electronic management of medicine stocks; and R277.2 million to the personal services component in the NHI programme to establish proof of concept contracting units for primary care, through which it will contract PHC providers through capitation arrangements.

An amount of R2.1 billion is allocated to provincial health departments through the Direct NHI Grant for contracting PHC doctors,

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

Preventing and treating communicable and NCDs

The District Health Programmes Grant (previously called the HIV, TB, Malaria and Community Outreach Grant) is the main vehicle for funding disease-specific programmes in the sector. It previously had eight components, but to give provinces greater flexibility in using funds, these have been merged into two: the comprehensive HIV and AIDS component, with an allocation of R73.1 billion over the MTEF period; and the district health component, with an allocation of R10.9 billion over the MTEF period.

The comprehensive HIV and AIDS component in the Communicable and NCDs programme funds government's antiretroviral treatment programme, which aims to reach 6.7 million people by 2024/25, as well as HIV-prevention and TB prevention and treatment services. The district health component in the PHC programme funds community outreach services, malaria interventions and human papillomavirus vaccinations. In 2022/23, it will also fund provincial costs for the rollout of COVID-19 vaccines. In total, the grant is allocated R84 billion over the medium term.

The mental health component of the grant is for strategic purchasing of services from health professionals to complement the public sector human resource capacity to improve mental health services at PHC and to reduce the backlog of forensic mental observations.

Investing in health infrastructure

Over the MTEF period, R21.3 billion will be transferred to provincial departments of health through the Health Facility Revitalisation Grant and R4.4 billion is managed by the department on behalf of provinces through the health facility revitalisation component of the NHI Indirect Grant.

These grants are aimed at accelerating the construction, maintenance, upgrading and rehabilitation of new and existing health system infrastructure, as well as providing medical equipment required to render health services. Over the medium term, the department aims to construct or revitalise 92 health facilities through the indirect grant and conduct major maintenance work or refurbishment on a further 200 facilities.

This spending is in the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme. In an endeavour to improve access to mental health services, the department is attaching mental health units to general hospitals and further planning to construct new forensic mental observations units in Gauteng and Limpopo.

Supporting tertiary healthcare services

Tertiary healthcare services are highly specialised referral services provided at central and tertiary hospitals. However, due to their specialised nature, there are only 31 of these hospitals in the country and most of them are in urban areas. This unequal distribution results in patients often being referred from one province to another, which requires strong national coordination and cross-subsidisation to

compensate provinces for providing tertiary services to patients from elsewhere. These services are subsidised through the National Tertiary Services Grant, which is allocated R14.3 billion in 2022/23, R14 billion in 2023/24 and R14.7 billion in 2024/25 in the Hospital Systems programme. To improve equity and reduce the need for interprovincial referrals, a portion of the grant is ringfenced for strengthening tertiary services in provinces in which they are underdeveloped.

Developing the health workforce

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

COVID-19 response

On 31 December 2019, the World Health Organization (WHO) reported a cluster of pneumonia cases in Wuhan City, China. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was confirmed as the causative agent of what came to be known as COVID-19. Since then, the virus has spread all over the world.

To combat the spread of the virus in South Africa, government put in place various measures, including declaring a national state of disaster which resulted in regulations that limited public gatherings, travel from high-risk countries and the sale of alcohol. In March 2020, government implemented a three-week nationwide lockdown with severe restrictions on travel and movement. People were only allowed to leave their homes to buy food, seek medical help or under other extreme circumstances.

In addition, borders were closed to reduce the rate of infection from those travelling into South Africa from other countries. A quarantine was also enforced on inbound travellers and returning citizens. Government also established five alert levels:

- Level 5: at this level drastic measures were required to contain the spread of the virus to save lives.
- Level 4: some activity could be allowed to resume, subject to extreme precautions required to limit community transmission and outbreaks.
- Level 3: the easing of some restrictions, including on work and social activities, to address a high risk of transmission.
- Level 2: the further easing of restrictions, but the maintenance of physical distancing and restrictions on some leisure and social activities to prevent a resurgence of the virus.
- Level 1: most normal activity could resume, with precautions and health guidelines followed at all times.

Since the first case of COVID-19 was reported in South Africa in March 2020, an evidence-based health response strategy to COVID-19 has been implemented across the country. The National Plan for COVID-19 Health Response has nine strategic priorities:

- Provide effective governance and leadership;
- Strengthen surveillance and strategic information;

- Augment health systems readiness including emergency medical services;
- Enhance community engagement;
- Improve laboratory capacity and testing;
- Clarify care pathways;
- Scale-up infection prevention and control measures; and
- Boost capacity at ports of entry;
- Expedite research and introduction of therapeutics, diagnostics and vaccines.

The plan has been updated to include vaccination as part of the response. The COVID-19 pandemic in South Africa continues to evolve. The initial phase of intense community transmission lasted seven weeks from late May to mid-July 2020, and thereafter there was a sustained decline from the end of July to Mid-October. Subsequently, the country plunged into a second wave of increasing infections reaching a peak in January 2021 that was higher than the first wave.

The second wave was driven by varied resurgences occurring in all provinces but more particularly in the Eastern Cape, Western Cape, KwaZulu-Natal and Gauteng. The magnitude of the second wave was attributed to the high transmissibility of the Beta variant of the COVID-19 virus, while the third wave had a mix of Alpha, Beta, and Delta variants.

Another COVID-19 variant, (B.1.1.529): SARS-CoV-2 (Omicron), was detected in South Africa from specimens collected in November 2021. It was designated by the WHO as a variant of concern. In December 2021, South Africa officially entered the fourth wave of the pandemic.

Main prevention efforts are continuing across the country. In April 2022, government ended the National State of Disaster, with the exception of a few transitional regulations. The COVID-19 non-pharmaceutical interventions – hand washing, social distancing and wearing of masks remained in place even when all other restrictions were eased. In June 2022, government lifted the remaining COVID-19 restrictions, including limitations on gatherings, international travel and wearing of masks in public.

The decision to lift the restrictions was made in the light of a decline in daily cases, hospitalisations and reported deaths. The NDoH continues to strengthen COVID-19 resurgence planning, surveillance and response in all provinces; as well as vigilance, tracking and timely response to emerging hotspots.

COVID Alert SA

COVID Alert SA is an official Bluetooth contact-tracing application (app) to help fight COVID-19. The mobile app is built on the Apple-Google Exposure Notifications app programmable interface. Anyone in South Africa who has a Bluetooth-enabled smartphone can access this app.

The app is under three megabytes, free and does not feature in-app purchases. The data to use the app has been zero-rated by all South Africa's mobile network providers. One of the most critical aspects of combating COVID-19 is the ability to detect people who have tested positive for the virus early, followed by the process of contact tracing.

The app uses Bluetooth contact-tracing technology to let people know if they have been in contact with someone who has COVID-19. It gives everyone the chance to understand their exposure to the virus, so every member of the community is protected, especially those most at risk. It is an important tool to combating the pandemic, which can help

slow the spread of the virus and save lives.

The COVID Alert SA app is an extension of the NDoH's COVIDConnect's platform, which was launched in July 2020. While the COVID Alert SA app can only be downloaded to a smartphone, COVIDConnect works on any mobile phone. It offers news and information, a risk-assessment tool and COVID-19 test results via WhatsApp or SMS.

In the case of positive test results, users are prompted to provide further information to identify close contacts. They are, in turn, immediately alerted of their potential exposure to COVID-19 via SMS, without disclosing the index patient's details. The system can also geolocate the nearest quarantine or healthcare facility. Both the COVID Alert SA app and COVIDConnect platforms function without infringing on users' privacy or data.

South Africa began the first round of its vaccination roll-out programme on 17 February 2021. The country secured the single-dose Johnson & Johnson vaccine for use in the Sisonke Study, which were distributed to up to 500 000 health care workers in 18 public sector hospitals across all nine provinces.

Phase two of the vaccine roll-out programme commenced on 17 May, 2021 – with the vaccination of persons 60 years of age and older, and ran simultaneously with the continuing vaccination of health care workers whose vaccination was affected by the regulatory issues that beset the Johnson & Johnson vaccine in the United States of America and Europe.

By October 2021, all citizens aged 12 years and above were eligible for a COVID-19 vaccine.

COVID-19 research and related activities

The COVID-19 pandemic has motivated South African health institutions to rethink, reorganise and reshape their priorities and agendas. In this context, many of South Africa's leading research institutions and senior researchers have forged new national and global research collaborations aimed at urgently answering critical clinical and public health questions.

When the country went into its first lockdown, surveillance studies for COVID-19 were established to monitor trends in COVID-19 infections among health care workers and pregnant women. In addition, surveillance studies were being planned to investigate trends in infection in households, communities, outbreaks, and in various workplaces such as the mining industry.

Other studies were aimed at evaluating improved diagnostic tests for the detection of recent and past infections. In parallel, the South African Health Products Regulatory Authority (SAHPRA) and the National Health Laboratory Services (NHLS) developed a novel strategy to evaluate the quality of serology and molecular tests – both were critical for the country's management and understanding of the evolving outbreak. There are many clinical trials in planning and in progress that aim to identify new technologies for the prevention of COVID-19 infection.

These include vaccine studies, pre-exposure prophylaxis studies, and studies aimed at evaluating new therapies for both early treatment and for later treatment of hospitalised patients. Other studies underway include the establishment of a pregnancy register to evaluate

potential harm to pregnant women and/or their babies caused by COVID-19 infection, and a number of qualitative studies exploring the sociopsychological impacts of COVID-19 infection, and of the pandemic more generally on the social and mental well-being of South African citizens.

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 212 4(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.

Budget

The NDoH's budget for 2021/22 was R64.8 billion. An estimated 86.7% (R166.6 billion) of the department's budget over the MTEF period will be transferred to provinces through conditional grants. This includes additional allocations amounting to R758.7 million in 2022/23 to fund conditions of service improvements to employees who are funded by these grants. Total expenditure is set to decrease at an average annual rate of 1.7%, from R65.4 billion in 2021/22 to R62.2 billion in 2024/25. This is the result of once-off allocations for the COVID-19 response in 2021/22 and baseline reductions effected over the 2021 MTEF period.

The mental health services and oncology services components of the District Health Programmes' Grant in the Communicable and Non-communicable Diseases programme have shifted to the National Health Insurance Grant. This results in a R299.4 million increase to the baseline over the medium term in the NHI programme. The R9.8 billion reduction to the baseline over the medium term in the Communicable and NCDs programme is linked to an increase of R10.9 billion in the PHC programme.

This results from the shift of the new District Health component (which funds community outreach services, malaria, human papillomavirus and COVID-19 vaccine administration) of the District Health Programmes Grant.

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. The country's performance against the Joint UN Programme on HIV and AIDS strategy for control of the HIV pandemic is 93-73-88, meaning that as at the end of February 2021 93% of people living with HIV knew their status and 73% of people living with HIV were on ART.

The estimated proportion of patients on ART that are virally suppressed is 88%. Results for each of the sub-populations vary, with adult females at 95-78-89, adult males at 92-65-89, and children at 80-61-63. The public health management of HIV, as with all communicable diseases, focuses on early detection, early initiation of treatment and prevention of onward spread.

As of February 2021, 5 069 398 people were on ART and in the last financial year 93.7% of antenatal HIV positive clients were initiated on ART against the MTSF target of 98%. To achieve 90-90-90 targets, South Africa must increase the number of adult men on ART by 565 349, the number of adult women on ART by 368 020 and the number of children on ART by 74 662.

To improve this indicator towards the 90:90:90 goal, the NDoH is scaling up and promoting same day initiations at every point of care, including mobile clinics; intensifying the use of standard operating procedures for ART in communities (including initiation of pre-

exposure prophylaxis and post-exposure prophylaxis where indicated); supporting data management in provinces; and strengthening the Welcome Back Campaign to improve compliance and client retention.

Government continues to promote the consistent use of condoms to prevent HIV, other STIs and unplanned pregnancies. As of May 2021, 537 330 419 male condoms were distributed, against a target of 850 000 000. The department continues to explore all non-traditional platforms for condom distribution to ensure that anyone can access a condom. The NDoH is committed to finding all persons living with active TB and to meeting the 90-90-90 targets for TB as outlined in the National Strategic Plan for HIV, TB and STIs 2017 – 2022. Achieving this goal is a high priority as the department recorded a 50% reduction in the number of TB tests conducted during the COVID-19 period and a suboptimal TB success rate of 78.3%, against a target of 90%.

TB catch up plans have been developed in line with the recommendations of the National TB Prevalence Survey and are implemented at district level, buttressed by the adoption of eHealth technologies, such as the TB self-screening using the TB Health Check – a WhatsApp and SMS-based system designed to make self-screening easy and efficient.

It guides users through a series of questions on TB risk factors and symptoms and then advises them on whether they need a TB test or not. Since its introduction in October 2020, a total of 60 000 screens for TB have been conducted with 14% being repeat screening. By April 2022, 14 504 screened positive, 2058 tested for TB and 231 (12.8%) were diagnosed with TB. The yield from this intervention is higher than that reported nationally from facility screening.

As part of addressing the decline in testing, the department has introduced testing irrespective of TB symptoms for high-risk groups namely – people living with HIV, household contacts and people previously treated for TB, testing for people presenting with a cough of any duration or any other TB symptom. These interventions are based on the local evidence and a TB prevalence survey which showed that the department was missing a lot of sub-clinical TB – people who do not have TB symptoms but have TB disease. The NHLS has sufficient capacity to double the current testing volumes.

Mobile Gene-Xpert testing units will also be utilised for the hard-to-reach areas. Bidirectional TB and COVID-19 screening and testing will be implemented in an integrated manner due to overlap of symptoms. Chest x-ray screening has been piloted in six districts supported by the Global Fund. The lessons learnt from the pilot programme will inform the scale up to all districts in the country. This technology will assist in triaging people with no symptoms and would, therefore, have been missed.

Mobile chest x-ray vans will be used to conduct community outreach screening services with referrals of people to clinics. Tracing and screening of household contact of people with TB will be strengthened, this requires high coverage of ward-based outreach teams who will conduct home visits. A rapid test for TB in urine has been rolled out to hospitals, community health centres and clinics for use in the diagnosis of TB in people living with HIV. This is expected to result in early diagnosis and treatment and reduce TB deaths among people living with HIV.

To address the barriers to accessing health care, the NDoH is developing a social and behavioural change communication strategy which aims to mitigate stigmatization and promote proactive health-

seeking behaviour. The differentiated model of TB care will be implemented by integrating into existing systems such as the Central Chronic Medicines Dispensing and Distribution Programme, multi-month dispensing adherence clubs or support groups for people already enrolled in these, to ensure patient centred care.

Digital health solutions for linkage to treatment and adherence will be piloted with a plan to scale solutions that have been found to work. Technical partners, civil society organizations and funding agencies will be mobilised to support some of these initiatives. Infection control remains the most effective strategy for TB prevention but very challenging to implement.

Lessons from COVID-19 have shown that it is possible to implement a mask mandate, a measure that should remain in place, especially in health facilities. In addition, treatment of latent TB infection by providing TB preventative therapy (TPT) reduces the incidence of the disease among people at high risk of developing disease. The NDoH plans to introduce shorter treatment regimens for TPT, including a combination of Rifapentine and Isoniazid as well as a combination of Rifampicin and Isoniazid both taken for three months. In addition, government is considering introducing a shorter (four months) treatment regimen for drug sensitive TB.

Government is using the Universal Test and Treat Policy, which states that the NDoH should offer treatment to everyone diagnosed with HIV, regardless of their CD4 count, which is the marker for the strength of the immune system. Community health workers play a pivotal role in ensuring access to primary healthcare services in South Africa's most vulnerable communities. In recognition of this, over the medium term, the department intends adding a community outreach services component to the Comprehensive HIV, AIDS and TB Grant.

The new component is expected to enable the sector to improve the efficiencies of the ward-based primary healthcare outreach teams programme by standardising and strengthening the training, service package, and performance monitoring of community health workers.

According to the *mid-year population estimates of 2022*, an estimated 13.9% of the total population is HIV positive. Almost a fourth of South African women in their reproductive ages (15–49 years) are HIV positive. HIV prevalence among the youth aged 15–24 has remained stable over time.

The total number of persons living with HIV (PLHIV) in South Africa increased from an estimated 3,68 million in 2002 to 8,45 million by 2022. Having the largest number of people enrolled on ART programme in the world, the South African government was indeed concerned about the impact of COVID-19 on PLWHIV as well as impact on testing and treatment programmes.

In March 2022, the NDoH published proposed health regulations to deal with COVID-19 and other notifiable medical conditions post-National State of Disaster for public comment. This was part of government transitional plans as the country moved from the National State of Disaster, which had been for more than two years. This would ensure that the country had specific legal instrument to manage the current and future pandemics. The proposed regulations sought to introduce a number of control measures, including:

- surveillance and control of notifiable medical conditions;
- public health measures at points of entry;
- management of human remains; and
- environmental health measure.

The deadlines for the public consultations was 5 July 2022.

National Strategic Plan (NSP) for HIV, TB and STIs 2017 – 2022

The purpose of the strategic plan is to enable the many thousands of organisations and individuals who drive the response to HIV, TB and STIs to work as a concerted force and moving towards the same direction. It is the third strategic plan to be unveiled, following the first one 10 years ago.

The document sets out intensified prevention programmes that combine biomedical prevention methods such as medical male circumcision and the preventative use of ARV drugs and TB medication, with communication designed to educate and encourage safer sexual behaviour in the case of HIV and STIs.

The goals of the NSP for HIV, TB and STIs 2017 – 2022 include:

- accelerating prevention to reduce new HIV and TB infections and new STIs;
- reducing illness and deaths by providing treatment, care and adherence support for all infected;
- addressing social and structural drivers of HIV and TB infections;
- grounding the response to HIV, TB and STIs in human rights principles and approaches;
- mobilising resources to ensure sustainable responses; and
- strengthening strategic information to drive progress towards achieving the desired outcome.

The plan will draw on the vision of the United Nations (UN) programme of zero new HIV infections, zero preventable deaths associated with HIV and zero discrimination associated with HIV. It is also in line with the WHO's goals for reducing TB incidents and mortality.

The plan serves as the strategic guide for the national response to HIV, TB and STIs in South Africa. One of the objectives of the plan is to intensify focus on geographic areas and populations most severely affected by the epidemics. The slogan of the NSP for HIV, TB and STIs 2017 – 2022 is; "Let our Actions Count".

Child Health

South African paediatrics continues to gain strength as seen in improved key health indicators. However, this specialty was also not spared the impact of COVID-19, as evidenced by decreased overall use of key child health services.

The NDoH is working in partnership with UN agencies, private health sector, non-governmental organisations (NGOs) and vaccine manufacturers to implement a catch-up drive for children who missed their vaccination schedule during lockdown and in years preceding lockdown. Demand generation strategies are also in place and implemented at all levels of health care.

To address this the NDoH is implementing various strategies to improve the health of children under five years, including:

- side-by-side radio shows and social media campaigns to intensify communication of child health promotion and encourage demand for immunisation,
- early detection and referral of children with common childhood illnesses through improved use of the standard treatment guidelines and protocols,
- strengthening the implementation of standard inpatient paediatric register to improve data quality for data-based response, and
- collaborating with other departments and non-state players to address the socio-economics determinants that lead to poor health outcomes for children.

According to the Statistics South Africa's (Stats SA) *mid-year population estimates of 2022*, the infant mortality rate for 2022 was estimated at 24,3 per 1 000 live births.

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 gCommerce 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. The NDoH has created a COVID-19 dashboard on the NSC, where availability information right down to facility level is available. The NSC was expanded to include availability information of PPEs

and vaccines and related commodities. Using data from the NSC and the implementation of centralised demand and supply planning, the consistent availability of medicines in the public sector was ensured. Centralised planning, coupled with supplier performance management ensured national medicine availability of above 85% despite global supply chain disruptions.

At the start of the pandemic, a ministerial advisory committee was established to provide specific patient-focused evidence-based recommendations to support therapeutic and preventative therapies for COVID-19, as well as supportive agents for the management of comorbid diseases, for inclusion in the Clinical Management of Suspected or Confirmed COVID-19 Disease Guideline.

This guideline applies to situations where guidance is lacking from standard management of similar clinical conditions (pneumonia, severe acute respiratory distress) already recommended in the current National Essential Medicines List Committee (NEMLC)-approved Standard Treatment Guidelines and Essential Medicines List.

Recommendations by the subcommittee are provided in a rapid medicine review format, based on the principles of evidence-based medicine and the Health Technology Assessment (HTA) approach used by NEMLC.

Additionally, the Ministerial Advisory Committee on COVID-19 Vaccines (VMAC) was established to support the Minister of Health in the evaluation of the vaccine development and trial phase to ensure valid and credible outcomes of the research and to develop suitable policies and guidelines amongst others to ensure that South Africa is well positioned to become an early joiner in the case of successful outcomes of the vaccine trials. The VMAC has provided a number of advisories in support of the COVID-19 Vaccine Implementation Programme.

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 18 A 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 NHl.

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 Compensation Commissioner for Occupational Diseases in Mines and Works

The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational Diseases in Mines and Works Act 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 workers that have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.

Over the medium term, the commissioner will focus on increasing the number of benefit payments made from 7 700 in 2021/22 to 9 000 in 2024/25, and the number of certifications finalised from 12 000 to 14 000 over the same period. To enable this, the commissioner's expenditure is expected to increase marginally from R287.8 million in 2021/22 to R288.2 million in 2024/2025. The payment of claims is largely funded through levies collected from controlled mines and works on behalf of their employees. Over the medium term, the commissioner is set to generate 36.9% (R383 million) of its revenue from this and the

remainder from interest received (R648.5 million) and transfers from the department (R5.1 million). Revenue is expected to increase at an average annual rate of 2.6%, from R326.9 million in 2021/22 to R353.3 million in 2024/25.

Council for Medical Schemes

The CMS is a regulatory authority that oversees the medical schemes industry. The functions of the council include protecting the interests of beneficiaries, controlling and coordinating the functions of medical schemes, collecting and distributing information about private health care, and advising the Minister of Health on matters concerning medical schemes. Over the MTEF period, the council will continue to ensure the efficient and effective regulation of the medical scheme industry and support the department in its efforts towards the achievement of universal health coverage through national health insurance.

The council aims to work towards this through measures such as developing the guidance framework for low-cost benefit options and finalising the proposals for the Medical Schemes Amendment Bill, which incorporates relevant aspects of the national health insurance reforms and recommendations from the health market inquiry. To carry out this and other work, total expenditure is expected to increase at average annual rate of 4.8%, from R185.6 million in 2021/22 to R213.4 million in 2024/25, in line with inflationary adjustments.

The council expects to generate 95.6% (R588.2 million) of its revenue over the medium term through the collection of levies from medical schemes and 3.2% (R19.6 million) through transfers from the department. Revenue is expected to increase at an average annual rate of 4.9%, from R186.6 million in 2021/22 to R215.3 million in 2024/25.

Some of the key challenges facing the industry other than the continued escalating healthcare costs is the ageing profile of members and the burden of diseases. The top three most prevalent chronic conditions in the sector include Hypertension, Hyperlipidaemia and Diabetes Mellitus Type 2. Bipolar Mood Disorder and HIV feature in the top five most prevalent chronic conditions.

The medical schemes industry was not immune to COVID-19, which impacted health systems across the globe. The CMS was at the forefront of some key interventions employed to curb the pandemic. The principal intervention was the inclusion of COVID-19 under the Prescribe Minimum Benefit.

The Council further intervened when it registered a complaint to the Competition Commissioner on the high prices of the COVID-19 test, resulting in price reduction from R850 to R500, including value added tax, reflecting a 40% difference. The CMS continues to resolve complaints from members of schemes, ensure continued good governance of medical schemes, approve or amend schemes rules and review and provide guidance to contribution increased annually.

National Health Laboratory Service

The NHLS provides cost-effective, high-quality diagnostic laboratory services, primarily to public health facilities. It also monitors communicable and NCDs, and conducts research. It houses the National Institute for Communicable Diseases (NICD), the National Institute for Occupational Health and the South African Vaccine Producers, as its subsidiary.

The service operates 233 laboratories in South Africa and provides pathology services for most of its population; plays a significant role in the diagnosis and monitoring of HIV and TB, which are among the

leading causes of death in the country; and is responsible for the surveillance of communicable diseases. As at 31 December 2021, the entity had conducted an estimated 79 million tests, a 17% increase when compared to the same period in the previous financial year. Of this, an estimated 3.3 million COVID-19 tests (4% contribution) were conducted.

Over the medium term, the service will focus on ensuring that it continues to provide pathology services and improve turnaround times for tests, including CD4 and HIV viral load tests. Spending on laboratory tests accounts for 77.5% (R27.7 billion) of the service's total budget over the MTEF period. As a result of efforts to reduce expenditure by negotiating discounts with suppliers for reagents used in the testing process, including for COVID-19 test kits, spending on laboratory tests is set to increase at an average annual rate of only 2.6%, from R9 billion in 2021/22 to R9.7 billion in 2024/25.

The NICD, housed in the Surveillance Of Communicable Diseases Programme, will continue to play a pivotal role in government's response to the COVID-19 pandemic in addition to providing surveillance and advice on other communicable diseases such as listeriosis and ebola. To support these efforts, as well as mobile testing, community outreach, border testing and hotline services, spending in the programme is set to increase at an average annual rate of 4.7%, from R443.2 million in 2021/22 to R508.7 million in 2024/25.

The entity expects to generate 91.4% (R33.8 billion) of its revenue over the MTEF period through fees charged predominantly for laboratory tests to the public health sector, and 6.1% (R2.3 billion) through transfers from the department. Total revenue is expected to increase at an average annual rate of 5%, from R11 billion in 2021/22 to R12.8 billion in 2024/25. The forensic chemistry laboratory function will shift from the department to the service in 2022/23. Accordingly, this budget has been added to departmental transfers.

Office of Health Standards Compliance

The Office of Health Standards Compliance (OHSC) is responsible for protecting and promoting 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 noncompliance. It functions under the authority of the OHSC Board, appointed by the Minister of Health.

The entity conducts routine inspections in both public and private health establishments, certifies health establishments that meet the required norms and standards and exercises enforcement powers. Health establishments that fail to meet the norms and standards are issued with compliance notices with timeframes to remedy breaches. Complaints of sub-standard care and breaches of norms and standards by health establishments can also be lodged with the Office of the Health Ombud, accommodated within the OHSC.

Routine inspections for different categories of health establishments can only commence once norms and standards for that category of health establishment have been prescribed and related inspection tools developed in consultation with stakeholders. The process of the development of inspection tools has been incremental as follows:

- By 2019, the OHSC had finalised regulatory processes and began to inspect public sector clinics and community health centres.

- From 2022, public and private hospitals will form part of the OHSC's compliance inspection schedule.
- The development of Inspection tools for district and regional hospitals in the public sector have been completed.
- Inspection tools for private hospitals are at an advanced stage of development and approval.
- The OHSC has been engaging stakeholders on the development of inspection tools for general medical practitioners.
- Emergency medical services tools have been developed and will be the next major category to receive attention.

The OHSC publishes an annual inspection plan on its website in April of every year, and any establishment that is selected for inspection is notified in advance. The draft NHI Bill provides that certification by the OHSC will be a precondition for health service providers seeking to obtain accreditation and ultimately be able to contract with the NHI Fund. Although the OHSC conducts hundreds of routine inspections, unannounced and risk-based inspections each year, it will have to significantly increase its capacity to inspect and consider certification of health establishments in all categories.

Over the MTEF period, the office plans to increase the percentage of public sector health establishments inspected for compliance with norms and standards from 8% in 2021/22 to 22% in 2024/25, and the percentage of private sector facilities inspected from zero to 20% over the same period.

To support this work, allocations to the compliance inspectorate account for an estimated 35.5% (R166.6 million) of the office's budget over the MTEF period. Total expenditure is expected to increase at an average annual rate of 1.7%, from R151.9 million in 2021/22 to R159.6 million in 2024/25.

The office derives all its revenue through transfers from the department. These are expected to amount to R469.8 million over the medium term. Revenue is expected to increase in line with expenditure. The entity's total budget for 2022/23 is R157.5 million.

South African Health Products Regulatory Authority

The SAHPRA 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. The authority's main objective is to provide for the monitoring, evaluation, regulation, investigation, inspection, registration and control of medicines, scheduled substances, clinical trials and medical devices, in vitro diagnostics and relate matters in the public interest.

In fulfilling its mandate, SAHPRA has taken the following key policies and strategies into consideration and has ensured that its work is aligned to the:

- United Nations Sustainable Development Goals,
- NDP,
- the National Drug Policy; and
- Nine-Pillar Presidential Health Summit Compact, 2018.

The authority's key focus over the medium term will be on registering medicines and medical devices to support public health needs; licensing medicine and medical device manufacturers and importers; authorising, monitoring and evaluating clinical trials; and managing the safety, quality, efficacy and performance of health products throughout their life cycles. It will also prioritise clearing its backlog of

product registration applications it inherited from the Medicines Control Council, which was responsible for this function prior to the authority's establishment.

The advent of COVID-19 saw an increasing dependence on the SAHPRA for its science-based regulatory decisions and leadership in ensuring that all health products, including those for the treatment of the virus are safe, efficacious and of high quality so that the health and well-being of South Africans are protected. As the SAHPRA focuses on the three pillars of safety, quality and efficacy, it managed to achieve some of the following noticeable activities.

- Due to the strong partnership with other regulators, the authority was able to reduce the timeframe of vaccine approval from 20 months to 90 days. Regarding regulatory decisions taken on COVID-19 vaccines, approval was granted for the Pfizer (Comirnaty) third dose for booster (homologous) and Janssen COVID-19 vaccine booster (homologous and heterologous).
- The authority inherited a backlog of over 16 000 medicine applications and as at 31 December 2021, 92% of the backlog applications had been cleared.
- The authority continued regulating the medical cannabis industry
- and also conducting surveillance of substandard and/or falsified (medicines) related to COVID-19 and false advertising and marketing of COVID-19-related products.
- The review of COVID-19 clinical trials were expedited to enhance the country's emergency response to the pandemic and the approval turnaround times were between 7 and 10 working days.
- The SAHPRA is also providing access to ivermectin for the treatment of COVID-19 through the controlled compassionate use programme for approved unregistered ivermectin products and this programme is currently under review, based on the most recent scientific medical data available.
- The MedSafety App was launched to facilitate the reporting of adverse effects, following immunisation and to also act as a platform for collecting adverse drug reactions for other health products.
- The SAHPRA is collaborating with other national regulatory authorities in creating and reviewing various guidance document using platform such as the African Medical Device Forum, of which SAHPRA is a co-chair.

The authority is working towards deepening its scientific review base and building globally aligned review methodologies and practices, focusing on:

- applying global standards of good review practices;
- applying reliance on a risk-based approach;
- working towards being a member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use; and
- becoming a WHO listed authority.

To reduce its reliance on external evaluators, the authority aims to create internal capacity over the medium term. As a result, spending on compensation of employees is expected to increase at an average annual rate of 9.5%, from R180.6 million in 2021/22 to R237 million in 2024/25, to fill critical vacancies. Spending on goods and services is expected to decrease at an average annual rate of 8.8% because of reduced spending on contractors. Total expenditure is expected to increase at an average annual rate of 1.3%, from R357.6 million

in 2021/22 to R371.3 million in 2024/25. This marginal increase is due to the reduction of expenditure on the backlogs project, which is anticipated to be completed in 2022/23.

The authority expects to derive 42.5% (R462 million) of its revenue over the MTEF period through transfers from the department and 50.9% (R565.4 million) through the fees it charges for its services. Revenue is expected to increase in line with expenditure.

South African Medical Research Council

The SAMRC is mandated to contribute to improved health and quality of life for South Africans through research, development and technology transfer that provides policy-makers with tools to make informed decisions about health care. The council's continued focus is on funding and conducting core research, developing innovation and technology, and contributing towards building South Africa's health research capacity. The scope of research includes laboratory investigations, clinical research and public health studies. The SAMRC addresses South Africa's quadruple burden of disease through their intramural and extramural research units, with the SAMRC intramural units prioritising research into the 10 most common causes of morbidity and mortality and associated risk factors. The work of the SAMRC is to acquire evidence-based information to inform health policy and practice and improve the quality and health status of people in South Africa.

Aligned with national health priorities, the SAMRC has been at the forefront of the COVID-19 response with the NDoH. Over R260 million has been raised and allocated to more than 50 COVID-19 research and development projects, including 30 projects that are supported by funds from the Department of Science and Innovation.

Through the Sisonke Implementation Study, the SAMRC has provided the first in the world evidence of the effectiveness of the Johnson & Johnson (J&J) COVID-19 vaccine (Ad26.COV2.S) in health care workers in South Africa. Sisonke, a real-world phase 3B implementation study, provided early access to the COVID-19 vaccine administered to 496 424 health care workers at 122 vaccination sites, before a predicted third wave of COVID-19 infections hit the country. All Sisonke participants who received the J&J vaccine as part of the first Sisonke study were eligible to receive the Sisonke booster vaccination, including those who were pregnant or breastfeeding at the time.

The SAMRC is part of a world-class consortium of the first technology transfer hub for COVID-19 vaccines in Africa. In response to the WHO's call for the sharing of expertise and technology to boost the manufacturing of vaccines, the SAMRC has a traceable national footprint and proven leadership role in supporting technology development which will be valuable in this initiative.

Over the medium term, the council will focus on funding and conducting core health research, developing innovations and technology, building research capacity, and translating new knowledge into policies and practice. It will pay particular attention to risk factors associated with TB, HIV and AIDS, cardiovascular diseases, NCDs, gender, and alcohol and other drug abuse.

The SAMRC has aligned its strategic plan and annual performance plan to six out of seven the key government priorities. The core research function is expected to account for 53.6% (R2.1 billion) of the council's budget over the medium term. This will support the publication of almost 3 505 journal articles, book chapters or books with authors affiliated with and/or funded by the council.

A significant portion of this will be used to support research on the COVID-19 pandemic in South Africa, including vaccine safety and effectiveness, and how the virus affects pregnancy and children.

The council will also continue to collaborate with the United States National Institutes of Health, with each contributing an estimated R90 million for research on various TB biomedical and clinical research topics over the same period. Expenditure on innovation and technology is expected to account for 22.8% (R960 million) of the council's budget over the MTEF period.

This spending will fund an estimated 105 innovation and technology projects aimed at developing, testing and/or implementing new or improved health solutions. To increase the number of young scientists, the council plans to award an estimated 1 281 bursaries, scholarships or fellowships at a project cost of R274 million over the medium term. An estimated 22.8% (R960.3 million) of the council's spending over the MTEF period goes towards sustaining innovation and technology projects aimed at developing, testing and/or implementing new or improved health solutions. A new initiative, the mRNA technology transfer hub, was established in response to the inequities in accessing COVID-19 vaccines by low- and middle-income countries, especially in Africa.

The council will manage the hub to increase access to mRNA vaccines by establishing manufacturing capacity in the region. Spending on innovation and technology is set to increase at an average annual rate of 3.1% over the medium term, from R309.1 million in 2021/22 to R339 million in 2024/25.

Total expenditure is expected to decrease at an average annual rate of 2.9%, from R1.5 billion in 2021/22 to R1.4 billion in 2024/25. This is mainly due to a one-off allocation of R150 million in 2021/22 for COVID-19 vaccine research, including the Sisonke project, through which 499 516 health workers received COVID-19 vaccines.

Revenue is expected to amount to R4 billion over the medium term, R2.2 billion of which is set to be derived through transfers from the department and R1.5 billion from research that the council is contracted to do by international donors and other research funders. Revenue is expected to decrease marginally, by R12.4 million, over the medium term.

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.

In response to national goals and health needs, the SAPC has invested in reviewing certain services offered in pharmacies, including primary care drug therapy (PCDT) and family planning services. Both stakeholder and public consultation processes on these services are at an advanced stage, and will culminate in the publication of scopes of practice, competency standards, and qualification criteria. It is envisaged that these would improve the public access to primary healthcare, especially PCDT and family planning services, in line with the NDP targets for health care.

The SAPC is currently managing a register comprising 3 719 community pharmacies, 924 hospital/institutional pharmacies, 261 pharmaceutical manufacturers (manufacturing pharmacies), 187 pharmaceutical wholesalers, nine academic pharmacies, and six consultant pharmacies. By February 2022, 17 834 pharmacists and 18 387 qualified pharmacy support personnel were practising in South Africa.

The SANC is the body entrusted to set and maintain standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act 45 of 1944), and operating under the Nursing Act of 2005.

The SANC controls and exercises authority, in respect of the education, training and manner of practices pursued by registered nurses, midwives, enrolled nurses and enrolled nursing auxiliaries.

The council's mandate includes:

- inspecting and approving nursing schools and nursing education programmes;
- conducting examinations and issuing qualifications;
- registering and enrolling nurses, midwives and nursing auxiliaries and keeping registers;
- removing or restoring any name in a register;
- issuing licences to nursing agencies; and
- requiring employers to submit annual returns of registered and enrolled nurses in their employ.

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.

In the past five years, the council invested its efforts and focus on internal capacity building and national consultation with stakeholders in the sector. As such, the council was expected to commence with the registration of traditional health practitioners in 2022.

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.

International Nurses Day is celebrated around the world on May 12, the anniversary of Florence Nightingale's birth. The theme for International Nurses Day 2022 was, "Nurses: A Voice to Lead – Invest in Nursing and Respect Rights to Secure Global Health".

The theme reflected on how nurses are central to addressing a wide range of health challenges, including the COVID-19 pandemic. Government continues to provide a framework for a structured and uniform health system for South Africa.

Health facilities

According to Stats SA's General Household Survey (GHS) of 2021, 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. 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 the Eastern Cape (82.1%).

Medical aid coverage

According to the GHS of 2021, 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%). 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.

Teenage pregnancy

According to the GHS of 2021, 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.

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. World AIDS Day 2021 was commemorated under the theme: "Working Together to End Inequalities, AIDS, TB and COVID-19", a clarion call to every South African to make the right health choices and ensure that they know their health status. The theme was aligned to the global theme for World AIDS Day, "Global Solidarity, Shared Responsibility".

Population estimates

For 2022, Stats SA estimates the mid-year population at 60,60 million people. Approximately 51,1% (approximately 30,98 million) of the population is female. On 5 March 2020, South Africa recorded its first case of COVID-19.

By 11 March 2020, the WHO declared COVID-19 a global pandemic. South Africa's first COVID-19 related death occurred on 27 March 2020. As the spread of the disease occurred over time, there was a rise in the number of direct and indirect deaths in the population due to COVID-19.

In conjunction, there was a rise in innovation in COVID-19 related treatment protocols, prevention measures and vaccination development over this time. Life expectancy at birth for 2022 is estimated at 60,0 years for males and 65,6 years for females. The infant mortality rate for 2022 is 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 (PLWHIV) 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.