

2019/20 SOUTH AFRICA YEARBOOK

Health



Health

The National Development Plan (NDP) sets 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 health systems strengthening.

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.

Department of Health (DoH)

The DoH 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 levels of government in the provision of health services. The department contributes directly to the realisation of Priority 2 (education, skills and health) of government's 2019 – 2024 Medium Term Strategic Framework.

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. For carrying out the department's core responsibilities through the

provision of healthcare, conditional grants to provinces comprise an estimated 88.9% (R159.7 billion) of the department's total budget over the Medium Term Expenditure Framework (MTEF) period.

Over the medium term, the DoH will focus on implementing the phased implementation of the National Health Insurance (NHI), investing in health infrastructure, preventing and treating communicable and NCDs, and financing tertiary hospital services.

Phased implementation of the NHI

The *2017 National Health Insurance White Paper* outlines the design and functioning of the NHI, and the department is preparing the legal foundation of this reform. Once the NHI Bill, which was submitted to Parliament in 2019, is enacted, it will reconfigure the way health services, both public and private, are financed. One of the central aspects of the Bill is the establishment of the NHI Fund as a public entity. To build a capable NHI unit, R55.6 million over the MTEF period in the NHI programme is reprioritised for building capacity within the department to be transferred to the new entity when it is created. This allocation brings the total amount earmarked for this purpose to R102.8 million over the medium term, to be periodically reviewed according to progress made in implementing the NHI.

Prior to the formation of the NHI Fund, the NHI will largely be funded through an indirect grant, which is managed and spent by the national department on behalf of provinces. The grant comprises three components. The non-personal services component funds initiatives to strengthen the health system in preparation for the NHI. These include information systems, the Ideal Clinic initiative, the centralised dispensing and distribution of chronic medicines, including antiretroviral (ARVs) drugs, and the piloting of the national quality health improvement plan. This component is allocated R2.2 billion over the MTEF period, and is expected to ensure that, by 2022/23, 54 million patients are registered on the NHI beneficiary registry, 4.5 million patients are registered to collect chronic medicines at their pick-up point of choice, and 3 830 facilities electronically report on medicines stock through the national stock surveillance system. In 2020/21,

R25 million is reprioritised towards this component to fund the pilot implementation of the national quality health improvement plan developed in a collaboration between The Presidency and the DoH. Allocations for this purpose in subsequent years will be determined by progress made in the pilot phase.

The personal services component funds the contracting of healthcare services, and is allocated R935.9 million over the MTEF period. This amount is mainly used to contract private general practitioners to provide primary healthcare services in their own practices. These practitioners will be paid according to the number and risk profile of the patients for whom they care. The allocations and scope of the component has been significantly narrowed, as R1.4 billion over the MTEF period is reallocated towards direct conditional grants, which are transferred to provinces. These reallocations include R900.1 million to the Direct NHI Grant to fund the contracting of general practitioners to do session work in public and primary healthcare facilities, and R452 million to provinces to strengthen provision of mental health and oncology services. The third part of the NHI Indirect Grant is the health facility revitalisation component.

Investing in health infrastructure

The department is working with the National Treasury, and other stakeholders, to develop strategies to accelerate the delivery of infrastructure in the health sector for the implementation of the NHI. Although the details of these proposals are still being finalised, they are likely to draw on the budget facility for infrastructure and the Infrastructure Fund to complement existing budgets for health infrastructure. The Direct Health Facility Revitalisation Grant is the largest source of funds for public health infrastructure, with an allocation of R20.1 billion over the MTEF period, and is transferred to provincial departments of health through the Health Facilities Infrastructure Management subprogramme in the Hospital Systems programme. This subprogramme also houses the health facility revitalisation component of the NHI Indirect Grant, which is allocated R4.3 billion over the MTEF period and includes allocations for planning and building the Limpopo Central Hospital in Polokwane, which is planned to be completed in 2025/26.

Financing strategic disease programmes

Some health programmes are funded through conditional grants allocated to the national department. The HIV, TB, Malaria and Community Outreach Grant is the main vehicle for funding such programmes, with seven components over the medium term. The largest is the HIV and AIDS component, which is allocated R70.9 billion over the MTEF period. The bulk of the funding in this component is used for ARV treatment (ART), with the intention of ensuring it reaches 6.5 million people by 2022/23, but also includes considerable allocations for prevention activities such as condom distribution, medical male circumcision and HIV testing.

The community outreach services component was introduced in 2018/19 to ensure that the training, remuneration and monitoring and evaluation of the performance of community health workers, who play a pivotal role in ensuring access to healthcare to the most vulnerable people in South Africa, is more uniformly standardised. Accordingly, R800 million is reprioritised from the HIV and AIDS component to the community outreach services component in 2020/21 to ensure that the standardised stipend of R3 500 per month is implemented throughout the country for all community health workers. The TB component is allocated R1.6 billion over the MTEF period, and the malaria elimination component is allocated R345.4 million.

Three new components were introduced in the 2020 budget. From 2020/21, the Human Papillomavirus Vaccine programme will be integrated as a component within the HIV, TB, Malaria and Community Outreach Grant. It is allocated R701.7 million over the MTEF period. Similarly, the allocations for mental health and oncology are shifted from the NHI indirect Grant to new components within the HIV, TB, Malaria and Community Outreach Grant from 2021/22, each receiving R110.4 million in 2021/22 and R115.7 million in 2022/23.

Supporting tertiary healthcare services

Highly specialised referral services are offered at 29 tertiary hospitals throughout South Africa. However, these services are not equally distributed, which results in patients being referred to facilities in other provinces. This requires strong national

coordination and funding mechanisms that compensate provinces for providing services to patients from elsewhere. The department subsidises tertiary services through the National Tertiary Services Grant, which is allocated R14.1 billion in 2020/21, R14.7 billion in 2021/22 and R15.3 billion in 2022/2. To increase equitable access to tertiary service across the country, a developmental allocation within the grant will be introduced from 2020/21. This is expected to reduce referrals to other provinces by bringing tertiary services closer to the patients in provinces where these services are relatively underdeveloped, such as the Eastern Cape, Limpopo, Mpumalanga and North West.

Coronavirus Disease 2019 (COVID-19)

On 31 December 2019, the World Health Organisation (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 to more than 100 countries, including South Africa.

To combat the spread of the virus in South Africa, the 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, President Cyril Ramaphosa announced 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. The 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.

In May 2020, the national COVID-19 alert level was lowered from level 5 to level 4. Other measures included the launching of 60 new mobile laboratories to boost the country's capacity to test for COVID-19. The sampling and testing units, procured by the National Health Laboratory Service (NHLS), were deployed nationwide to all priority districts and metros. A total of 10 000 community healthcare workers were deployed across the country for door-to-door household screening and referral of symptomatic people to clinics for testing.

In April 2020, 217 Cuban health specialists and workers arrived in South Africa to support the country's efforts in the fight against COVID-19. Their arrival followed a request made by President Ramaphosa to President Díaz Canel Bermúdez of Cuba. The group consisted of:

- experts in the fields of epidemiology, biostatistics, and public health;
- family physicians to guide interventions through door-to-door testing and to assist local health workers in health promotion and disease surveillance at the community level;
- healthcare technology engineers to assist in maintaining the inventory, deployment and repair of aged medical equipment; and
- experts to provide technical assistance working with local experts.

COVID Alert SA

In September 2020, the government launched COVID Alert SA – an official Bluetooth contact-tracing application (app) to help fight COVID-19. The mobile app is built on the Apple-Google Exposure Notifications application programmable interface. Anyone in South Africa who has a Bluetooth-enabled smartphone can access this app.

The app is under 3 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 COVID Alert SA 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

The first participants in South Africa's first clinical trial for a vaccine against COVID-19 were vaccinated in June 2020. This was the first clinical trial in South Africa and on the continent for a COVID-19 vaccine. The South African Ox1Cov-19 Vaccine VIDA-Trial aims to find a vaccine that will prevent infection by SARS-CoV-2, the virus that causes COVID-19.

Wits University is collaborating with the University of Oxford and the Oxford Jenner Institute on the South African trial. The study was subject to rigorous review and has been approved by the South African Health Products Regulatory Authority (SAHPRA) and the Human Research Ethics Committee of the Wits University. After eliciting and considering public comment, the Department of Environment, Forestry and Fisheries approved import of the investigational vaccine for use in the trial.

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 epidemic, which can help slow the spread of the virus and save lives.

The COVID Alert SA app is the latest extension of the DoH'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 geo-locate the nearest quarantine or healthcare facility. Both the COVID Alert SA app and COVIDConnect platforms function without infringing on users' privacy or data.

Legislation and policies

The legislative mandate of the DoH is derived from the Constitution of the Republic of South Africa, 1996 and several pieces of legislation passed by Parliament:

- 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.
- The 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.

- the Hazardous Substances Act, 1973 (Act 15 of 1973), provides for the control of hazardous substances, in particular those emitting radiation.
- The 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.
- The Pharmacy Act, 1974 (Act 53 of 1974), provides for the regulation of the pharmacy profession, including community service by pharmacists.
- The 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.
- The 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.
- The 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.
- The South African Medical Research Council (SAMRC) Act, 1991 (Act 58 of 1991), provides for the establishment of the MRC and its role in relation to health research.
- The 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.
- The Sterilisation Act, 1998 (Act 44 of 1998), provides a legal framework for sterilisations, including for people with mental health challenges.
- The Medical Schemes Act, 1998 (Act 131 of 1998), provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- The 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.

- The 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.
- The Mental Health Care Act, 2002 (Act 17 of 2002), provides a legal framework for mental health in the country and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.
- The Nursing Act, 2005 (Act 33 of 2005), provides for the regulation of the nursing profession.
- The 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.
- The 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.
- 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.
- 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 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, 1999 (Act 1 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 DoH's budget for the 2019/20 financial year was R51.46 billion. Cabinet approved budget reductions to lower the national aggregate expenditure ceiling have resulted in decreases to the department's allocation – R1.2 billion in 2020/21, R1.3 billion in 2021/22 and R1.4 billion in 2022/23. These are effected in areas such as conditional grants to provinces, goods and services, transfers to public entities, and compensation of employees. They are not expected to lead to significant disturbances in service delivery as most of the affected areas were identified based on historical financial and non-financial performance, which was lower than anticipated. Despite the reductions, the department's expenditure is expected to increase at an average annual rate of 7.4%, from R51.2 billion in 2019/20 to R63.5 billion in 2022/23, largely driven by an increase in the HIV and AIDS component and the community outreach services component of the HIV, TB, Malaria and Community Outreach Grant and allocations towards the NHI.

Programmes and projects National Health Insurance

South Africa is at the brink of effecting significant and much needed changes 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 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 both the public and private sectors. The NHI seeks to eradicate financial barriers limiting access to healthcare.

By mid-2019, the department had already exceeded its annual target for the number of individuals registered on the NHI patient beneficiary registry. However, protracted negotiations with Gauteng provincial facilities caused delays in the implementation of the system in additional facilities. The number of facilities reporting to the national surveillance centre on the availability of medicine also steadily increased. The department expected to meet its target by the end of 2019/20. A total of 1 920 public healthcare facilities qualify as Ideal Clinics against a target of 1 800. The department also expected to complete the repair, maintenance or refurbishment of all health facilities in the NHI districts during the 2019/20 financial year.

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 sub-programmes 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, through annual assessments, 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. During the first half of 2019/20, the department assessed 30 municipalities for adherence to environmental health norms and standards against an annual target of 31. This is in support of the DoH's programme to emphasise environmental determinants of health, such as sanitation and food safety monitoring, as part of the delivery of environmental health services by municipalities. In response to the department's focus on environmental health assessments in the first half of the year, compliance assessments of ports of entry was prioritised during the remaining months. The department expects to meet its annual target of ensuring that 20 points of entry have port health services that comply with international health regulations by the end of the financial year.

- 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. Around 40% of deaths and 33% of the burden of disease in South Africa are attributable to NCDs. The WHO estimates that the probability of premature mortality from NCDs in South Africa is 27%. 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.

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. 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.

- 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. Funding to the tune of R319 million has been secured from the National Treasury for the 2019/20 financial year, for the malaria endemic provinces of Limpopo, Mpumalanga and KwaZulu-Natal.

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 the 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 budget subprogrammes namely:

- 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 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.

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 budget subprogrammes namely:

- 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 subprogramme, 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

The DoH is on track to exceed its target for mother-to-child transmission of HIV, which at the end of August 2019 was 0.68% against the annual target of 0.9%. However, the ART programme is progressing somewhat slower than anticipated, with 4.8 million clients against a target of 5.8 million. The uptake is particularly slow among children and men, where the coverage is 60% and 62% respectively, compared to 72% among females. The department intends to intensify efforts to reach the target of 6.1 million total people on ART by December 2020.

In 2016, the government implemented the Universal Test and Treat Policy, which states that the DoH should offer treatment to everyone diagnosed with HIV, regardless of their CD4 count, which is the marker for the strength of the immune system.

For this purpose, an additional R1 billion is allocated to the HIV and AIDS, TB, and Maternal and Child Health programme in 2020/21 for the Comprehensive HIV, AIDS and TB Grant for provinces to provide ART to an estimated six million people. As a result of the additional allocation in 2020/21, funding for the grant increases by 11.6% per year, with a total allocation of R66.4 billion between 2017/18 and 2020/21.

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.

By 2020/21, the number of ward-based primary healthcare outreach teams is expected to increase to 3 700. An estimated R4.4 billion over the MTEF period has been reprioritised in the Comprehensive HIV, AIDS and TB Grant to create the community outreach services component.

According to the Mid-year Population Estimates, 2020, the estimated overall HIV prevalence rate is approximately 13.0% among the South African population. Over a fifth 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 in South Africa increased from an estimated 3.8 million in 2002 to 7.8 million by 2020. For adults aged 15 – 49 years, an estimated 18.7% of the population is HIV positive. The number of AIDS-related deaths for 2020 are 79 625 (15.4 %).

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

The purpose of the NSP 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 NSP 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 2017 – 2022, among others, 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 support the achieving of NSP goals and ensure sustainable responses; and
- strengthening strategic information to drive progress towards achieving the NSP goals.

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 NSP 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 this NSP is: "Let our Actions Count".

Operation Phakisa

Operation Phakisa was launched in 2014 to boost delivery initially in the Oceans Economy, education and health. The programme has since been expanded to mining and agriculture, in particular aquaculture.

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.

Operation Phakisa and the Ideal Clinic initiative

The Ideal Clinic Realisation and Maintenance process started in 2013 to systematically build on the work of the facility improvement teams.

An Ideal Clinic is a clinic with 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 non-governmental organisations (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

To ensure that the necessary medicine is always in stock, the DoH has undertaken three initiatives:

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

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 and medical centres on one day and collecting 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 DoH has rolled out this system as part of the NHI.

School health: Integrated School Health Programme (ISHP)

The departments of Basic Education and Health jointly implemented the ISHP. The programme 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 the 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 DoH 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, mother to child;
- 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.

The highest rates of new HIV infections are still found among young single women who have older boyfriends and/or multiple sex partners.

The DoH is set to intensify the PASOP campaign by reaching men who are partners to young women, especially the “3Ms” or Mobile Men with Money and men that have sex with men, but do not identify as gay or bisexual.

Role players National Health Laboratory Service

The NHLS was established in terms of the NHLS Act of 2000 to provide cost-effective, high-quality diagnostic laboratory services primarily to public health facilities. The service also trains pathologists and other health professionals, monitors communicable and NCDs, and conducts research. It houses the National Institute for Communicable Diseases (NICD), the National Institute for Occupational Health (NIOH) and the South African Vaccine Producers, as its subsidiary.

It is the largest diagnostic pathology service in South Africa, servicing more than 80% of the population through a national network of 268 laboratories.

Over the medium term, the service will continue to focus on improving laboratory testing, particularly for HIV, TB and cervical cancer. Rapidly increasing access to HIV and TB care, and a predicted increase in the prevalence of cancer by at least 30% by 2030, is expected to place increased demand on the service. To accommodate this demand, the service will seek to further automate, modernise and consolidate its laboratory platforms and services to ensure affordability and sufficient capacity. Performing laboratory tests, mainly for public health facilities, accounts for an estimated 81.2% (R24.9 billion) of the service’s projected expenditure over the medium term and is the source of 90.5% (R28 billion) of its total revenue.

To train pathologists, medical scientists and medical technologists, and increase research output, an allocation of R1 billion is made available over the MTEF period. This is expected to ensure that 57 registrars are admitted to be trained as pathologists, and that 36 intern medical scientists and 248 intern medical technologists are also trained. This allocation is also expected to ensure that the service publishes 2 050 peer-reviewed articles over the medium term, and that 95% of national central laboratories are accredited by the South African National Accreditation System.

The service will aim to strengthen its disease surveillance through the NICD, and its research and training outputs to support occupational and environmental health through the NIOH. Both institutes are largely funded through transfers from the DoH, which are projected to decrease at an average

annual rate of 6%, from R785.5 million in 2019/20 to R824.1 million in 2022/23. These transfers will be used mainly for operations to enable the institutes to respond to all outbreaks within 24 hours of notification, and conduct 90% of occupational and environmental health laboratory tests within specified turnaround times.

South African Medical Research Council

The SAMRC conducts and funds health research and medical innovation. It was established in terms of the SAMRC Act, 1969 (Act 19 of 1969). In terms of the amended SAMRC Act of 1991, the council is mandated to contribute to improved health and quality of life for South Africans through research, development and technology transfer that provides policymakers with the tools to make informed decisions on healthcare. Over the medium term, the council will focus on funding and conducting core research; developing innovations and technology; and building South Africa's medium-term and long-term capacity in health research, particularly in relation to risk factors associated with TB, HIV and AIDS, cardiovascular diseases, NCDs, gender, and alcohol and other drug abuse.

Over the MTEF period, the council will continue to collaborate with the United States National Institutes of Health. Each organisation is expected to contribute R135 million over the medium term towards the Collaborative Biomedical Research programme. Over the same period, the council is also expected to contribute R21 million, and the national institutes of health R67 million, to fund a new project involving multiple clinical and laboratory sites to conduct biomedical and clinical research on TB. Additional research on the burden of mental health, suicide and depression in tertiary institutions is expected to support the priorities of the Department of Higher Education and Training, at an estimated cost of R5 million in 2020/21. Expenditure on core research accounts for an estimated 53.9% (R2.1 billion) of the council's total projected spending over the medium term, increasing at an average annual rate of 5.3%. This spending is expected to enable authors affiliated to or funded by the council to publish 2 250 journal articles, books and book chapters over the MTEF period, and enable the council to award 420 research grants.

The council has also entered into partnerships with the Bill & Melinda Gates Foundation, the Newton Fund, and the United Kingdom Medical Research Council to fund innovation and technology activities. These partnerships address priority research areas in TB, HIV, NCDs and mental health. For each partnership, the council will invest a targeted R26 million per year over the medium term and each partner will invest a targeted R36 million per year. Another key collaboration is with the Beijing Genomics Institute for the first genomics sequencing facility in Africa, which is expected to result in expenditure of R15 million over the medium term. Total spending in the council's innovation and technology programme is expected to increase from R201.9 million in 2019/20 to R312.5 million in 2022/23 at an average annual rate of 15.7%.

The council will continue to support the next generation of scientists by awarding scholarships and creating partnerships to leverage and contribute to the sustainability of health research. Through a partnership with the DoH and the Public Health Enhancement Fund to support young scientists from all health professions to acquire PhD degrees, the council aims to increase the number of bursaries, scholarships and fellowships awarded from 106 in 2019/20 to 140 in 2022/23, and the number of master's and doctoral students graduating from 65 to 81 over the same period. Although spending in the capacity development programme is expected to decrease at an average annual rate of 0.8%, from R98.2 million in 2019/20 to R95.9 million in 2022/23, this is not expected to affect performance as all of the council's programmes contribute to the capacity development function.

The council is set to derive 57.7% (R2.2 billion) of its revenue over the MTEF period through transfers from the department, and the remainder through contracts with international donors and other research funders, and interest and dividends. Total revenue is expected to increase at an average annual rate of 8%, from R1.1 billion in 2019/20 to R1.4 billion in 2022/23.

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 SANAC, government created the SANAC Trust as the legal entity that is charged with achieving its aims.

South African Health Products Regulatory Authority

The SAHPRA is an entity of the DoH, created by the government to ensure that the health and well-being of human and animal health is at its core.

The organisation assumed the roles of both the Medicines Control Council and the Directorate of Radiation Control, which were housed at the DoH.

It is tasked with regulating – monitoring, evaluating, investigating, inspecting and registering – all health products. This includes clinical trials, complementary medicines, medical devices and in vitro diagnostics. Furthermore, the organisation has the added responsibility of overseeing radiation control in South Africa. The authority's total budget for 2019/20 was R308.3 million.

Compensation Commissioner for Occupational Diseases in Mines and Works

It is mandated to compensate workers and ex-workers in controlled mines and works for occupational diseases of the cardiorespiratory organs and reimburse them for any loss of earnings incurred while being treated for TB. The commissioner's total budget for 2019/20 was R211.3 million.

Council for Medical Schemes

The CMS was established in terms of the Medical Schemes Act of 1998 as the regulatory authority responsible for overseeing the medical schemes industry in South Africa. Section 7 of the Act sets out the functions of the council, which include protecting the interests of beneficiaries, controlling and coordinating the functioning of medical schemes, collecting and disseminating information about private healthcare, and advising the Minister of Health on any matter concerning medical schemes. The council's total budget for 2019/20 was R185.3 million.

Office of Health Standards Compliance

It was established in terms of the National Health Amendment Act, 2013 (Act 12 of 2013), which mandates the office to monitor and enforce the compliance of health establishments with the norms and standards prescribed by the Minister of Health in relation to the national health system; and ensure the consideration, investigation and disposal of complaints relating to non-compliance with prescribed norms and standards in a procedurally fair, economical and expeditious manner. The office's total budget for 2019/20 was R136.5 million.

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.

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.

Allied Health Professions Council of South Africa (AHPCSA)

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 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;
- promoting the provision of pharmaceutical care 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.

South African Nursing Council (SANC)

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.

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. All are important and bring different qualities to the healthcare network.

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.

Health facilities

There are 4 200 public health facilities in South Africa. The number of people per clinic is 13 718, exceeding the WHO guidelines of 10 000 per clinic.

According to the General Household Survey (GHS), 2018, published in May 2019, nationally, 71.5% of households reported that they would first go to public clinics, hospitals or other public institutions when a member falls sick or is involved in accident, while 27.1% of households said that they would first consult a private doctor, private clinic or hospital. Only 0.7% of responding households said that they would first go to a traditional healer. The use of public health facilities were least common in the Western Cape (56.1%), Free State (63.5%) and Gauteng (63.9%), and most common in Limpopo (86.1%), the Eastern Cape (79.8%) and KwaZulu-Natal (79.0%).

Users of private healthcare facilities seemed to be more satisfied with those facilities than users of public healthcare facilities across all provinces. Whereas 97.6% of users were satisfied or somewhat satisfied with private facilities (92.6% were very satisfied), only 80.3% of users of public healthcare facilities were somewhat satisfied or very satisfied. Only 53.8% of individuals that used public healthcare facilities were very satisfied.

Of those that used private healthcare facilities, households in Mpumalanga were most likely to be very satisfied (95.8%) followed by households in Eastern Cape (95.5%), Western Cape (93.7%) and Gauteng (93.2%). Households in Limpopo (72.1%) were most likely to be very satisfied with public healthcare facilities while those in North West (40.3%) were least likely to be very satisfied.

Medical aid coverage

According to the GHS, 2018, between 2002 and 2018, the percentage of individuals covered by a medical aid scheme

increased marginally from 15.9% to 17.1% in 2016 before declining to 16.4% in 2018. During this period, the number of individuals who were covered by a medical aid scheme increased from 7.3 million to 9.4 million persons. More than one-fifth (22.6%) of South African households had at least one member who belonged to a medical aid scheme.

Individuals were more frequently covered by medical aid schemes in the Western Cape (25.1%) and Gauteng (23.9%), and least commonly in Limpopo (8.2%) and the Eastern Cape (10.0%).

Approximately one-quarter (24.0%) of individuals in metros were members of medical aid schemes, exceeding the national average of 16.4%. Membership was most common in Tshwane (29.6%) and the City of Cape Town (27.7%), while the lowest membership was measured in Nelson Mandela Bay (20.6%) and eThekweni (20.7%).

Approximately 72.9% of white individuals were members of a medical aid scheme compared to just over one-half (52.0%) of Indian/Asian individuals. By comparison, only 9.9% of black Africans were covered by a medical aid scheme.

Teenage pregnancy

The GHS, 2018 revealed that about 5.2% of females in the age group 14 – 19 years were at different stages of pregnancy during the 12 months before the survey was conducted. The prevalence of pregnancy increased with age, rising from 0.3% for females aged 14 years, to 9.7% 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. The theme for the 2019 World AIDS Day was “communities make the difference”.

The event was held at the James Motlatsi Stadium in the North West province.

The government has made progress in reducing the rate of new infections. There is also major progress on voluntary male medical circumcision, which is one of the other areas of

prevention. At the end of March 2019, four million men were circumcised.

Following the launch of the Checka Impilo National Wellness campaign in 2018, the government set a list of targets to be reached by December 2020:

- Screen and test 14 million people for HIV, TB, STIs and other NCDs.
- Find and treat at least seven million people living with diabetes, hypertension and common cancers.
- Initiate an additional two million HIV positive people on ART.
- Find and treat at least 80 000 of the 160 000 estimated missing TB patients.

The community of Eshowe in KwaZulu-Natal reached the 90-90-90 UN AIDS target ahead of the 2020 deadline. The ambitious target calls on countries to reach the goals of having 90% of people living with HIV diagnosed by 2020; 90% of diagnosed people on ART by 2020 and 90% of people on treatment with fully suppressed viral load by 2020. The community exceeded its target by obtaining a 90-94-95 target. This means that 90% of people living with HIV have been diagnosed, while 94% of those diagnosed are on ART, and 95% of people on treatment have a fully suppressed viral load.

Population estimates

For 2020, Statistics South Africa estimates the mid-year population at 59.62 million. The black African population is in the majority (48.2 million) and constitutes approximately 81% of the total South African population. The white population is estimated at 4.7 million, the coloured population at 5.2 million and the Indian/Asian population at 1.5 million.

Gauteng continues to record the largest share of South Africa's population, with approximately 15.5 million people (26.0%) living in this province. The second-largest population with approximately 11.5 million people has been recorded in KwaZulu-Natal. Northern Cape maintained its status as the province with the lowest population in the country with a population estimated at 1.29 million people. The Mid-year Population Estimates, 2020, indicates that approximately 51.1% (approximately 30,5 million) of the population is female.

According to the report, the life expectancy at birth for 2020

was estimated at 62.5 years for males and 68.5 years for females.

It also indicated that life expectancy is increasing, and this may be related to marginal gains in survival rates among infants and children under five post-HIV interventions in 2005. The infant mortality rate for 2020 was estimated at 23.6 per 1 000 live births – a decline from an estimated 55.5 infant deaths per 1 000 live births in 2002. Similarly, the under-five mortality rate declined from 75.3 child deaths per 1 000 live births to 34.1 child deaths per 1 000 live births between 2002 and 2020.

The population density in South Africa is 48 per km² (124 people per mi²). The total land area is 1.213.090 km² (468.376 mi²). A total of 63.0% of the population is urban (36 579 170 people in 2019). The median age in South Africa is 26.3 years.

