BRIEFING TO THE SELECT COMMITTEE ON HEALTH AND SOCIAL SERVICES



NDoH Annual Performance Plan 2023/2024



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Basis and Context of the National DoH Strategic Plan and APP



MTSF 2019-2024 - Government Priority 2 (of 7):

"Education, Skills and Health"

Our Vision

"A long and healthy life for all South Africans" <u>CONTEXT</u>

There has been *significant improvement* in health outcomes in South Africa over the past 10 years, with a positive impact of the health status of South Africans, who are now *living longer* than before due to *reductions in premature mortality*. However, services are still *fragmented* between the public and private sector. Universal health coverage needs to be realised and supported by *reduction in the relative cost* of private medical care and *improved human capacity and systems* in the public health sector.









Basis and Context of the National DoH Strategic Plan and APP



- ✓ National DoH Strategic Plan 2020/21 -2024/25 and Annual Performance Plan 2023/2024:
 - **Founded on government's 2030 vision** outlined in the National Development Plan 2030, and Sustainable Development Goals.
 - Derived its mandate from MTSF 2019-2024;

MTSF Impact Statements for Health

- Universal Health Coverage for all South Africans progressively achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy
- Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030
- Recognizes notable progress made with regards to the legislative process, Oral submission to the Portfolio on the NHI Bill took place and the clause-by-clause review by the Portfolio Committee has been completed.
- Responds to key diagnostics provided by Presidential health summit compact; recommendations from the Lancet quality commission; recommendations by the Health Market Inquiry; and the South African Demographic and Health survey



Health sector's response to MTSF 2019-2024 and Presidential Health Compact (1)



	MTSF 2019- 2024 Impacts	Health sect	or's strategy 2019-2024	Presidential Health Summit Compact Pillars
Survive and Thrive	Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	Improve health outcomes by responding to the quadruple burden of disease of South Africa Inter sectoral collaboration to address social determinants of health	None
	Univer- sal Health Coverage for all South Africans progressively achieved and	Goal 2: Achieve UHC by implementing NHI Policy	Progressively achieve Universal Health Coverage through NHI	Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes
Transform	all citizens protected from the catastrophic financial impact of seeking	Goal 3: Quality Improvement in the Provision of care	Improve quality and safety of care	Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.
	health care by 2030 through the imple- mentation of NHI Policy		Provide leadership and enhance governance in the health sector for improved quality of care	Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels





Health sector's response to MTSF 2019-2024 and Presidential Health Compact (2)



	MTSF 2019- 2024 Impacts	Health sect	or's strategy 2019-2024	Presidential Health Summit Compact Pillars
	Univer- sal Health Coverage for all South Africans progressively achieved and all citizens	Goal 3: Quality Improvement in the Provision of care	Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health	Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care
	from the catastrophic financial impact of		Improve equity, training and enhance management of Human Resources for Health	Pillar 1: Augment Human Resources for Health Operational Plan
Transform	seeking health care by 2030 through the imple- mentation of NHI Policy		Improving availability to medical products, and equipment	Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery Pillar 6: Improve the efficiency of public sector financial management systems and processes
			Robust and effective health information systems to automate business processes and improve evidence based decision making	Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments
		Goal 4: Build Health Infrastructure for effective service delivery	Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities	Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities





Strategic Plan: Outcomes 2020-2025



Impact Statements	Outcomes
	Maternal, Child, Infant and neonatal mortalities reduced
A. Life expectancy	HIV incidence among youth reduced
of South Africans improved to 66.6	 90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25
years by 2024, and 70 years by 2030	 Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies
	5. Premature mortality from Non-communicable diseases reduced by 10%
	 An equitable budgeting system progressively implemented and fragmenta- tion reduced
	Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs
	Financial management strengthened in the health sector
	9. Management of Medico-legal cases in the health system strengthened
B. Universal Health Coverage for all South	 Package of services available to the population is expanded on the basis of cost-effectiveness and equity
Africans progressively achieved and all	11. Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care
citizens protected	12. Quality and safety of care improved
from the catastrophic	13. Staff equitably distributed and have right skills and attitudes
financial impact of seeking health care by 2030	 Community participation promoted to ensure health system responsivenes and effective management of their health needs
2000	15. Environmental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services
	16. Financing and Delivery of infrastructure projects improved
	 Adaptive learning and decision making is improved through use of strategic information and evidence
	 Information systems are responsive to local needs to enhance data use an improve quality of care







Annual Performance Plan 2023/2024























PROGRAMME 1 - ADMINISTRATION



The purpose of the Administration Programme is to provide support services to the National Department of Health. These include: Human Resources Development and Management, Labour Relations Services, Information Communication Technology Services, Property Management Services, Security Services, Legal Services, Supply Chain Management and Financial Management Services







				dited Performa		Estimated				MTEF Targ	ets		
Outcome	Output	Output Indicator	Au	aitea Performa	ince	Performance	Annual		Quarterl	y Targets			
		marcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Financial Manage- ment Strengt- hened in the health Sector	Audit outcome of National DoH	Audit outcome of National DoH	Un- qualified audit opinion	Un-qualified audit opinion for 2019/ 20 FY received	Qualified audit opinion for 2020/21 FY received	Unqualified audit opinion	Unqualified audit opinion	Not Aplicable	Not Aplicable	Un- qualified Audit Opinion	Not Aplicable	Un-qualified audit opinion for	Unqualified audit opinion for
Financial Manage- ment Strengt- hened in the health Sector	Payment of Suppliers within 30 days from the date of receipt of invoices	Number of valid invoices paid after 30 days of receiving valid invoices from suppliers	New Indicator	New Indicator	New Indicator	New Indicator	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers	0 invoices paid after 30 days of receiving valid invoices from suppliers
Manage- ment of Medico- legal cases in the health system strengt- hened	A policy and legal framework to manage medico- legal claims in South Africa	Draft Bill to manage medico- legal claims in South Africa developed	New Indicator	A policy and legal framework developed to manage medi- colegal claims in South Africa (also referred to as Litigation Strategy) drafted	New Indicator	Finalisation of the draft discussion paper by the SALRC	Draft Bill to manage medico- legal claims in South Africa is finalised	Draft Discussion Paper from SALRC	Review the draft Dis- cussion Paper from SALRC	Review the final Dis- cussion Paper from SALRC	Draft Bill to manage medico- legal claims in South Africa deve- loped	Bill to manage medico-legal claims in South Africa is taken through Cabinet process	Bill to manage medico-legal claims in South Africa is taken through Parlia- mentary process







				Pr. 10. 6		Estimated			N	ITEF Targets			
Outcome	Output	Output Indicator	Aud	dited Perforn	nance	Performance	Annual		Quarterly	/ Targets			
		mulcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Manage- ment of Medico- legal cases in the health system strengt- hened	Case manage- ment system is piloted to streamline case manage- ment	Number of provinces partici- pating in the case manage- ment system pilot	New Indicator	Case Manage- ment system developed and imple- mented in 3 provinces	Case Manage- ment System used to manage new medico legal claims in 4 Provinces, FS, KZN, NC and NW	Case Manage- ment system imple-mented (rollout) in the remaining four of eight (4/8) partici-pating provinces, excluding Western Cape.	Case Manage- ment system piloted in at least 4 partici-pating Provinces	Reports of captured cases from at least 4 partici- pating Provinces	Reports of captured cases from a tleast 4 partici- pating Provinces.	Reports of captured cases from at least 4 partici- pating Provinces.	Reports of captured cases from at least 4 partici- pating Provinces.	Case Manage- ment system piloting reviewed	Recommendations of the review process of the pilot project on the case management system are implemented.
Premature mortality due to NCDs reduced to 26% (10% reduction)	Health Promotion messages actively marketed through social media	Number of Health promotion messages broadcasted on social media to supple- ment other channels of commun- ication	New Indicator	213 (4 per week) health promotion messages broad- casted on social media	443 health promotion messages broad- casted on social media	100 health promotion messages on NDOH social media placed	100 health promotion messages on NDOH social media placed	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	25 health promotion messages published on Social Media	150 health promotion messages on NDOH social media placed	200 health promotion messages on NDOH social media placed
Community participation promoted to ensure health system respon- siveness and effective manage- ment of their health needs	Un- announced visits to health facilities	Number of Un- announced visits to health facilities by NDOH/ Minister/ Deputy Minister/DG /DDGs	New Indicator	New Indicator	New Indicator	New Indicator	8 un- announced visits to health facilities NDOH/ Minister Deputy Minister/ DG/DDGs to observe service delivery	2 un- announced visits to health facilities	2 un- announced visits to health facilities	2 un- announced visits to health facilities	2 un- announced visits to health facilities	8 un- announced visits to health facilities	8 un- announced visits to health facilities







			•	dited Perform		Estimated				MTEF Targ	ets		
Outcome	Output	Output	Au	aitea Perform	nance	Performance	Annual		Quarter	ly Targets		2024/2025	2227/2227
		maicatoi	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Community participation promoted to ensure health system responsiveness and effective management of their health needs	Health Imbizos with com- munities	Number of Health Imbizos with com- munities	New Indicator	New Indicator	New Indicator	2 Health Imbizos with communities	2 Health Imbizos with com- munities	0 Health Imbizos with com- munities	1 Health Imbizo with com- munities	0 Health Imbizo with com- munities	1 Health Imbizo with com- munities	2 Health Imbizo with com- munities	2 Health Imbizo with com- munities
Staff equitably distributed and have riight skills and attitude	Employ- ment of women in line with equity targets	Percentage of Women, employed at SMS level according to the equity targets	New Indicator	63.4% Women at SMS level appointed at NDoH accor- dingly to the equity targets	New Indicator	50% of Women at SMS level, employed accor-dingly to the equity targets	50% of Women employed at SMS level in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	50% of Women employed at SMS level in NDOH	50% of Women employed at SMS level in NDOH	50% of Women employed at SMS level in NDOH
Staff equitably distributed and have right skills and attitude	Employ- ment of Youth in line with equity targets	Percentage of Youth employed according to the equity targets	New Indicator	19.4 %Youth appointed at NDoH accor- dingly to the equity targets	New Indicator	30% Youth appointed at NDoH accordingly to the equity targets	30% Youth employed in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	30 % of Youth employed in NDOH	30 % of Youth employed in NDOH	30 % of Youth employed in NDOH
Staff equitably distributed and have riight skills and attitude	Employ- ment of People with disabil-ities in line with equity targets	Percentage of People with disabilities employed according to the equity targets	New Indicator	0.39 % People with Disabilities appointed at NDoH accor- dingly to the equity targets	New Indicator	7% of People with disabilities appointed at NDoH accordingly to the equity targets	7% of People with disabilities employed in NDOH	Not Aplicable	Not Aplicable	Not Aplicable	7% of People with disabilities employed in NDOH	7% of People with disabilities employed in NDOH	7% of People with disabilities employed in NDOH





Programme 2 : National Health Insurance



The purpose of National Health Insurance Programme is to improve access to quality health services through the development and implementation of policies to achieve universal health coverage and health financing reform







				dited Performa		Estimated				MTEF Targ	ets		
Outcome	Output	Output Indicator	Au	aitea Performa	ince	Performance	Annual		Quarter	y Targets			
		marcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
An equitable budgeting system progressively imple- mented, and fragmen- tation reduced	Model Contrac- ting Units for Primary Health Care (CUPs) established	Model for CUPs developed and docu- mented, and model concepts tested in identified CUPs	New Indicator	New Indicator	New Indicator	Model for PHC contracting developed and commence testing of concepts in 5 CUPs	Model for PHC contracting developed and docu- mented, identiefied concepts (from the model) tested in 9 CUPs	Not Aplicable	Not Aplicable	Not Aplicable	Model for contrac- ting developed and concepts tested in 9 CUPs	9 more CUPs identified and established (one in each province)	50 more CUPs identified and established
Package of service available to the population is expanded on the basis of cost effectiveness and equity	Expand the access to chronic medication for stable patients	Total number of parcels delivered to pick up points from the Central Chronic Medication Dispensing and Distribution (CCMDD) programme	New Indicator	New Indicator	New Indicator	New Indicator	5 million Parcels delivered to (Pick up points) PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	1 250 000 Parcels delivered to PUPs	5.5 million parcels	6 million parcels





Programme 3: Communicable and Non Communicable



The programme develops and supports the implementation of national policies, guidelines, norms and standards, and achievement of targets for the national response needed to decrease morbidity and mortality associated with communicable diseases (HIV, Tuberculosis, Malaria, Influenza and others) and non-communicable diseases (mental health; cancer, hypertension, diabetes and others). It is also responsible to develop strategies and implement programmes that reduces Maternal and Child Mortality.







			A	dited Performa		Estimated				MTEF Targ	jets		
Outcome	Output	Output Indicator	Au	uited Performa	nce	Performance	Annual		Quarterl	y Targets			
		maicator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
90:90:90 targets for HIV AIDS achieved by 2020 and 95:95:95 targets by 2024/25	Facilities offering HIV Self Screening (HIVSS)	Number of facilities offering HIV self screening	Not Aplicable	Not Aplicable	Not Aplicable	200 facilities offering HIV Self Screening	340	230	260	300	340	380	500
HIV incidence among youth reduced	PHC facilities with youth zones	Number of PHC facilities with youth zones	Not Aplicable	652 PHC facilities with youth zones	1264 PHC facilities with youth zones	2000 PHC facilities with youth zones	2100 PHC facilities with youth zones	2025 PHC facilities with youth zones	2050 PHC facilities with youth zones	2075 PHC facilities with youth zones	2100 PHC facilities with youth zones	2200 PHC facilities with youth zones	2300 PHC facilities with youth zones
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	Improved TB Treatment adherence	Drug- susceptible (DS) - TB Treatment Success Rate	New Indicator	New Indicator	New Indicator	85%	90%	87%	88%	89%	90%	95%	95%
Significant progress made towards ending TB by 2035 through improving prevention and treatment strategies	IV Improved TB Treatment adherence	RR/MDF- TB clients treatment success rate	New Indicator	New Indicator	New Indicator	73%	78%	78%	78%	78%	78%	80%	82%







			Asset	ted Perform	12050	Estimated				MTEF Targe	ets		
Outcome	Output	Output Indicator	Audi	tea Periorii	iance	Performance	Annual		Quarterl	y Targets		2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Progressive improvement in the total life expectancy of South Africans	Find and Treat people with TB disease	Number of people started TB treatment	New Indicator	New Indicator	New Indicator	190000	223654	55913	111826	167740	223654	220837	220000
Maternal, Child, Infant and neonatal mortalities reduced	Districts introduced HPV screening for cervical cancer	Number of Districts introduced HPV screening for cervical cancer	New Indicator	New Indicator	New Indicator	New Indicator	4	1	2	3	4	8	16
Maternal, Child, Infant and neonatal mortalities reduced	Regular monitoring of Sexual and Reproductive Health (SRH) skilled capacity in rural districts to improve access to integrated SRH services	Number of clinicians trained and certified competent in any of the 14 SRH modules	New Indicator	New Indicator	New Indicator	New Indicator	128 clinicians trained and certified competent in any of the 14 SRH modules	32 clinicians trained and certified competent in any of the 14 SRH modules	64 clinicians trained and certified competent in any of the 14 SRH modules	96 clinicians trained and certified competent in any of the 14 SRH modules	128 clinicians who completed one of the SRH module online.	256	384
Maternal, Child, Infant and neonatal mortalities reduced	Improved surveillance for Vaccine- Preventable diseases (polio)	Number of districts with a non-polio Acute Flaccid Paralysis (NPAFP) detection rate of ≥ 4 per 100,000 amongst children < 15 years	New Indicator	New Indicator	New Indicator	30 districts	42 districts	33 districts	36 districts	39 districts	42 districts	45 districts	48 districts







			Aud	ited Perform	anco	Estimated				MTEF Targets	;		
Outcome	Output	Output Indicator	Aud	itea Periorin	ance	Performance	Annual		Quarterl	y Targets			
		a.ca.o.	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Maternal, Child, Infant and neonatal mortalities reduced	Praziquantel Mass Drug Admini- stration (MDA) among school attending children (SAC) in Schisto- somiasis endemic districts.	Number of Schisto- somiasis endemic districts admini- stering Praziquante for school attending children (SAC)	Not Applicable	Not Applicable	Not Applicable	Schistos- omiasis Mass Drug Imple- mentation Plan in place	5 Schisto- somiasis endemic districts admini- stering Praziquante for school attending children (SAC)	Schistos- omiasis stakeholders engagement	Training of Trainers workshop	Pilot MDA in one endemic district	Roll out Praziquante MDA for school attending children (SAC) in 5 schisto- somiasi endemic districts	Roll out Praziquante MDA for school attending children (SAC) in 10 schisto- somisis endemic districts	Roll out Praziquante MDA for school attending children (SAC) in 20 Schisto- somiaisi- sendemic districts
Morbidity and Mortality due to malaria reduced	Monitoring the implementation of the FOCI clearing programme to accelerate interruption of local malaria transmission in the targeted sub-districts.	Number of subdistricts imple- menting the FOCI clearing programme	Not Applicable	Not Applicable	Not Applicable	2 targeted subdistricts reporting zero local malaria cases	2 subdistricts imple- menting the Foci clearing programme	Quarterly review of the imple- mentation of the foci clearing programme	Quarterly review of the imple- mentation of the foci clearing programme	Quarterly review of the imple- mentation of the foci clearing programme	2 Sub Districts imple- menting the FOCI Clearing programme	4 subdistricts imple- menting the Foci clearing programme	6 subdistricts imple- menting the Foci clearing programme
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for hyper- tension	Percentage of Clients 18+ screened for hyper- tension	Not Applicable	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	9 provinces progress reports on the imple- mentation of provincial plans on the NSP for NCDS	9 provinces screen overall 60% of clients 18+ for hyper- tension	30% of clients 18+ screened for hyper- tension	40% of clients 18+ screened for hyper- tension	50% of clients 18+ screened for hyper- tension	60% of clients 18+ screened for hyper- tension	9 provinces screen overall 65 % of clients 18+ for hyper- tension	9 provinces screen overall 70% of clients 18+ for hyper- tension







			Adi	ited Performa		Estimated				MTEF Targets			
Outcome	Output	Output Indicator	Audi	ited Performa	ince	Performance	Annual		Quarter	y Targets			
		muicator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Premature mortality due to NCDs reduced to 26% (10% reduction)	Clients 18+ screened for diabetes	Percentage of Clients 18+ screened for diabetes	Not Applicable	Draft NSP for NCDs developed	NSP for NCDs approved by NHC	9 provinces progress reports on the imple- mentation of provincial plans on the NSP for NCDS	9 provinces screen overall 60% of clients 18+ for diabetes	30% of clients 18+ screened for diabetes	40% of clients 18+ screened for diabetes	50% of clients 18+ screened for diabetes	60% of clients 18+ screened for diabetes	9 provinces screen overall 65 % of clients 18+ for diabetes	9 provinces screen overall 70% of clients 18+ for diabetes
Premature mortality due to NCDs reduced to 26% (10% reduction)	National NCD Campaigns conducted	Number of National NCD Campaigns conducted	New indicator	New indicator	New indicator	New indicator	4 National NCD Campaigns conducted	1 National Campaign to create awareness on the risk of tobacco and related product use	1 National Campaign to create awareness on the risk of physical inactivity	1 National Campaign to create awareness on prevention and manage- ment of diabetes	1 National Campaign to create awareness on the risk of overweight and obesity	4 National NCD Campaigns conducted	4 National NCD Campaigns conducted
Premature mortality due to NCDs reduced to 26% (10% reduction)	Restricting advertising of unhealthy food to children	Position paper on restricting advertising of unhealthy food targeted at Children	New indicator	New indicator	New indicator	New indicator	Position paper on restricting advertising of unhealthy food during children TV times and on other children's platform developed	Draft position paper on restricting advertising of unhealthy foods to children developed	Relevant govern- ment depart- ments consulted on the draft position paper and inputs collated	Non- govern- ment organi- sations consulted on the draft position paper and inputs collated	Final position paper on restricting advertising of unhealthy foods to children developed	Stakeholder consul- tations sessions on the position paper conducted	Draft Regulatory framework developed







						Estimated				MTEF Targets			
Outcome	Output	Output Indicator	Aud	lited Perform	ance	Performance	Annual		Quarterl	y Targets			
		indicator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Premature mortality due to NCDs reduced to 26% (10% reduction)	New State patients admitted into designated psychiatric hospitals	Number of new State patients admitted into designated psychiatric hospitals	Not Applicable	75 new State patients admitted into designated psychiatric hospitals	290 state patients admitted into designated psychiatric hospitals	100 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	40 new State patients admitted into designated psychiatric hospitals	90 new State patients admitted into designated psychiatric hospitals	150 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals	200 new State patients admitted into designated psychiatric hospitals
Premature mortality due to NCDs reduced to 26% (10% reduction)	National Mental Health Policy Framework and Strategic Plan imple- mented by provinces	An implementation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents developed	New indicator	New indicator	New indicator	New indicator	A draft national imple- mentation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescent developed	A preliminary report of the study to determine the public mental health system's capacity to cater for the needs of children and adolescents with psychosocial disabilities and mental disorders	A final report of the study to determine the public mental health system's capacity to cater for the needs of children and adolescents with psychosocial disabilities and mental disorders	A stake- holder's workshop to disseminate the finding of the study	A draft national imple- mentation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents	A national imple-mentation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents implemented by provinces	A national imple-mentation plan to strengthen the public health system's capacity to cater for the mental health needs of children and adolescents implemented by provinces







			A	Paral Danfann		Estimated				MTEF Targets	;		
Outcome	Output	Output Indicator	Auc	lited Perform	iance	Performance	Annual		Quarterl	y Targets			
		mulcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Quality and Safety of Care Improved	Hospitals obtain 75% and above on the food service policy assessment tool	Number of hospitals compliant with the food service policy	Not Applicable	Not Applicable	100 hospitals obtain 75% nd above on the food service policy assessment tool	200 Hospitals (Additional 100 hospitals including 7 Tertiary Hospitals) obtain 75% and above on the food service policy assessment	296 hospitals (Additional 96) obtain 75% and above on the food service policy assessment tool	16 hospitals obtain 75% and above on the food service policy assessment tool	46 hospitals obtain 75% and above on the food service policy assessment tool	71 hospitals obtain 75% and above on the food service policy assessment tool	96 hospitals obtain 75% and above on the food service policy assessment tool	349 hospitals (additional 53) obtain 75% and above on the food service policy assessment tool	100 hospitals assessed in 2021/22 that obtain 75% and above on the food service policy assessment tool





Programme 4 : Primary Health Ca



To develop and oversee the implementation of legislation, policies, systems, and norms and standards for a uniform well-functioning District Health System, including Emergency and Environmental Health Services.







			A	dited Performa		Estimated				MTEF Targets	;		
Outcome	Output	Output Indicator	Aud	lited Performa	nce	Performance	Annual		Quarterly	y Targets		2224/222	2227/2224
		mulcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	District Health System Policy framework and strategy for 2024-2029 developed	District Health System Policy framework and strategy for 2024-2029 developed	New Indicator	New Indicator	New Indicator	Evaluation Report on the review of the District Health System Policy framework for 2014-2019 available	District Health System Policy frame- work and strategy for 2024-2029 developed	1st Draft of the District Health System Policy frame- work and strategy for 2024-2029 developed	Stake- holder Consul- tation on the Draft District Health System Policy frame- work and strategy for 2024-2029	Stakeholder input incorpo- rated into the Draft District Health System Policy framework and strategy for 2024-2029	Final Draft of the District Health System Policy framework and strategy for 2024- 2029 developed	District Health System Policy framework and strategy for 2024- 2029 imple- mented and monitored	Imple- mentation of DHS District Health System Policy framework and strategy for 2024-2029 imple- mented and monitored
Resources are available to managers and frontline providers, with flexibility to manage it according to their local needs.	Revise District Health Manage- ment Office (DHMO) guidelines developed and approved	Revised District Health Manage- ment Office (DHMO) guidelines developed and approved	New Indicator	New Indicator	New Indicator	District Health Management Offices (DHMO) Guidelines tested in 18 Districts	Revised District Health Manage- ment Office (DHMO) guidelines developed and approved	1st Draft of the District Health Manage- ment Office (DHMO) guidelines developed	Stake- holder Consul- tation District Health Manage- ment Office (DHMO) guidelines	Final Draft of the District Health Manage- ment Office (DHMO) guidelines developed and submitted for approval	District Health Manage- ment Office (DHMO) guidelines published	DHMO Guidelines imple- mented and monitored	DHMO Guidelines imple- mented and monitored
Integrated services delivered according to the referral policy, at the most appropriate level, to ensure continuity of care	Community Outreach Services to households -1st and follow- up visits conducted	Number of Community Outreach Services to households- 1st and follow-up visits	New Indicator	New Indicator	New Indicator	20 446 655	20 500 000	5 125 000	5 125 000	5 125 000	5 125 000	20 500 000	20 500 000







			0	ited Performa	neo.	Estimated				MTEF Targets			
Outcome	Output	Output Indicator	Aud	itea Periorma	ince	Performance	Annual		Quarterly	y Targets			
		marcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Community participation promoted to ensure health system responsiveness and effective management of their health needs	PHC facilities with a Clinic Committee	Percentage of PHC facilities with a Clinic Committee	New Indicator	New Indicator	New Indicator	34%	50%	34%	40%	45%	50%	60%	70%
Environ- mental Health strengthened by contributing to improved quality of water, sanitation, waste management and food services	Ports of entry services compliant with inter- national health regulations per year	Number of ports of entry compliant with inter- national health regulations	New Indicator	9 ports of entry self- assessed for compliance with inter- national health regulations	18 ports of entry compliant with inter- national health regulations based on self-assess- ments	25 ports of entry compliant with inter- national health regulations based on self- assess-ments	30 ports of entry compliant with inter- national health regulations	8 ports of entry compliant with inter- national health regulations	16 ports of entry compliant with inter- national health regulations	24 ports of entry compliant with inter- national health regulations	30 ports of entry compliant with inter- national health regulations	35 ports of entry compliant with inter- national health regulations	35 ports of entry compliant with inter- national health regulations







				lited Performa		Estimated				MTEF Targets	5		
Outcome	Output	Output Indicator	Auc	lited Performa	ance	Performance	Annual		Quarter	ly Targets			
		mulcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Environ- mental Health strength- ened by contributing to improved quality of water, sanitation, waste manage- ment and food services	Districts and metro- politan munici- palities compliant with National Environ- mental Health Norms and Standards	Number of Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	22 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	New Indicator	12 Metro- politan and District Munici- palities (which performed below 65%) assessed for compliance to National Environ- mental Health Norms and Standards	26 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	26 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	4 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	10 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	18 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	26 Metro- politan and District Munici- palities assessed for compliance to National Environ- mental Health Norms and Standards	52 Metro- politan and District Munici- palities compliant with the National Enviro- nmental Health Norms and Standards based on Self Assess- ment/ Provincial Assess- ments.	52 Metro- politan and District Munic- ipalities compliant with the National Environ- mental Health Norms and Standards based on Self Assess- ment/ Provincial Assess- ments.
Quality and Safety of Care Improved	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	Number of provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	New Indicator	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Emergency Medical Services Regulations	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emer- gency Medical Services	3 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	2 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services	9 Provinces assessed for compliance with Regulations relating to Standards for Emergency Medical Services





Programme 5 : Hospital Systems



Develops national policy on hospital services and responsibilities by level of care; providing clear guidelines for referral and improved communication; developing detailed hospital plans; and facilitating quality improvement for hospitals.

The programme is further responsible for the management of the national tertiary services grant and ensures that planning of health infrastructure meets the health needs of the country.







						Estimated				MTEF Target	ts		
Outcome	Output	Output Indicator	Aud	ited Perform	ance	Performance	Annual		Quarterl	y Targets		2024/2025	2027/2024
		marcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Packages of services available to the population is expanded on the basis of cost- effective- ness and equity	Hospital Strategy concept document	Hospital Strategy concept document developed	Not Applicable	Not Applicable	Not Applicable	Regulations relating to designation / classification of Hospitals reviewed and published for comment	Hospital Strategy concept document is finalised for NHC approval	Draft concept document	Finalise concept document for internal con- sultation with provincial health depart- ments	Hospital Strategy concept document ready for con- sultation	Hospital Strategy concept document is finalised and submitted to NHC for approval	Draft strategy document consulted, approved and process of revising regulations commenced and approved	Monitoring imple- mentation of the hospital strategy.
Financing and Delivery of infra- structure projects improved	PHC facilities constructed or revitalised	Number of PHC facilities constructed or revitalised	Not Applicable	55 PHC facilities con- structed or revitalised (according to UAMPs assessed)	52 PHC facilities con- structed or revitalised	40 facilities constructed or revitalised (according to UAMPs assessed)	45 PHC facilities con- structed or revitalised	0 PHC Facilities revitalised or constructed	3 PHC Facilities revitalised	10 (2 PHC facilities con- structed and 8 PHC Facilities revitalised)	32 (PHC facilities con- structed and 27 PHC Facilities Revitalised)	42 facilities constructed or revitalised	58 facilities constructed or revitalised
Financing and Delivery of infra- structure projects improved	Hospitals constructed or revitalised	Number of Hospitals constructed or revitalised	Not Applicable	25 Hospitals con- structed or revitalised (according to IPMPs assessed)	21 Hospitals con- structed or revitalised	21 Hospitals constructed or revitalised (according to IPMPs assessed)	30 Hospitals con- structed or revitalised	0 Hospitals constructed or revitalised	2 Hospitals revitalised	5 Hospitals revitalised	23 (1 hospital con- structed and 22 hospitals revitalised)	50 Hospitals constructed or revitalised	50 Hospitals constructed or revitalised)







				Pro I Book		Estimated				MTEF Targ	ets		
Outcome	Output	Output Indicator	Au	dited Perform	ance	Performance	Annual		Quarterly	/ Targets			
		illulcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Financing and Delivery of infra- structure projects improved	Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Number of Public Health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	Not Applicable	150 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Main- tenance Plans assessed	121 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished according to the Main- tenance Plans assessed	120 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/ or refurbished according to the Maintenance Plans assessed	300 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main- tained, repaired and/or refur- bished	20- public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	40 - public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main- tained, repaired and/or refur- bished	60- public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main- tained, repaired and/or refur- bished	180 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) main- tained, repaired and/or refur- bished	400 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished	600 public health Facilities (Clinics, Hospitals, nursing colleges, EMS base stations) maintained, repaired and/or refurbished





Programme 6: Health System Governance and Human Resources



The purpose of the programme is threefold:

- to achieve integrated health systems planning, monitoring and evaluation, and research.
- Develops and monitors the implementation of health workforce policies and
 ensures effective health workforce planning, development and management in
 the national health system, as well as alignment of academic medical centres
 with health workforce programmes and training of health professionals. It
 assists the government to achieve the population health goals of the country
 through nursing and midwifery, through the provision of expert policy and
 technical advice and recommendations on the role of nurses in attainment
 of desired health outputs.
- Lastly, the programme also has the responsibility for oversight over public entities and statutory health professional councils, and ensuring compliance by with applicable legislative prescripts.







			04	ted Performa		Estimated				MTEF Targets			
Outcome	Output	Output Indicator	Audi	ted Periorma	ince	Performance	Annual		Quarterly	/ Targets		2024/2025	2025/2026
			2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Quality and Safety of Care Improved	Improved corporate goverance practices through establishment of effective goverance structures for regulation of health practitioners and service delivery	Number of Boards/ Council appointment recom- mendations made prior expiry of the term of office	New Indicator	New Indicator	New Indicator	Two(2)Boards appointment recom- mendations made prior expiry of the term of office (SAMRC and OHSC)	Three (3) Boards/ Council appointed for the new term of office (SAPC, SANC and CMS	Call for nominations published in the National newspapers and in the Gazette for the SAPC and SANC	Call for nominations published in the National newspapers and in the Gazette for the CMS; Appointment of SAPC and SANC for the new term of office	CMS appointed for the new term of office	Not Applicable	(2) CMS and SADTC Board/ Council appointed for the new term of office	Not Applicable
Quality and Safety of Care Improved	Entities governance and performance monitored for compliance with applicable legislation, policies and guidelines	Statutory Health Professional Councils and Public Entities governance report produced	New Indicator	New Indicator	New Indicator	Bi-annual governance report produced	Bi-annual governance report produced	Not Applicable	Statutory Health Proffessional Council and Public Entities governance report produced	Not Applicable	Statutory Health Professional Council and Public Entities governance report produced	Bi- annual governance report produced	Bi- annual governance report produced
Quality and Safety of Care Improved	Nursing colleges supported to develop curricula for prioritized nurse/ midwife specialist training	Number of nursing colleges supported to develop curricula for nurse/ midwife specialist training	New Indicator	New Indicator	New Indicator	9 Nursing colleges supported to develop training plans for nurse/ midwife specialist	9 public Nursing Colleges supported to develop curricula for prioritized Nurse and Midwife Specialist training pro- grammes	To support 3 public Nursing Colleges in curriculum develop- ment for prioritized Nurse and Midwife Specialist training pro- grammes	To support 3 public Nursing Colleges in curriculum development for prioritized Nurse and Midwife Specialist training programmes	To support 3 public Nursing Colleges in curriculum develop- ment for prioritized Nurse and Midwife Specialist training pro- grammes	Develop a report for 9 public Nursing Colleges on curriculum develop- ment for prioritized nurse and midwife specialist training pro- grammes	Monitor and evaluate the curricula and training plan implementation for prioritized nurse and midwife specialist training	Monitor and evaluate the training of nurse and midwife specialist







						Estimated				MTEF Targets			
Outcome	Output	Output Indicator	Aud	ited Perforn	nance	Performance	Annual		Quarterl	y Targets			
		marcator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Quality and Safety of Care Improved	PHC Facilities and Hospitals imple- menting the National Health Quality Improve- ment Programme	Number of health facilities imple- menting the National Health Quality Improve- ment Programme	Not Applicable	16 Quality Learning Centres identified to cover 80 hospitals and 64 PHC facilities	90 PHC Facilities, 102 Hospitals & 25 EMS imple- menting the National Quality Improve- ment Programme	100 PHC Facilities and 80 Hospitals imple- menting the National Health Quality Improve- ment Programme	200 PHC Facilities and 160 Hospitals imple- menting the National Health Quality Improve- ment Programme	50 PHC Facilities and 40 Hospitals imple- menting the National Health Quality Improve- ment Programme	100 PHC Facilities and 80 Hospitals imple- menting the National Health Quality Improve- ment Programme	150 PHC Facilities and 120 Hospitals imple- menting the National Health Quality Improve- ment Programme	200 PHC Facilities and 160 Hospitals imple- menting the National Health Quality Improve- ment Programme	300 PHC Facilities and 240 Hospitals imple- menting the National Health Quality Improve- ment Programme	400 PHC Facilities and 300 Hospitals imple- menting the National Health Quality Improve- ment Programme
Quality and Safety of Care Improved	PHC facilities that qualify as Ideal Clinics	Number of primary health care facilities that qualify as ideal clinics	2000 PHC facilities qualify as ideal clinics	1 444 PHC facilities in the districts qualify as Ideal Clinics	1928 PHC facilities qualify as Ideal Clinics	2200 PHC facilities that qualify as Ideal Clinics	2600 PHC facilities that qualify as Ideal Clinics	Baseline status deter- mination com- mencing for 3400 PHC facilities	Baseline status deter- mination completed for 3400 PHC facilities	Develop scale-up plan and conduct cross district peer reviews of Ideal clinic status	Peer review updated with 2600 PHC facilities that Qualify as Ideal Clinic	2800 PHC facilities that qualify as Ideal Clinics	2800 PHC facilities that qualify as Ideal Clinics
Quality and Safety of Care Improved	Food labelling legislation revised	Draft Food labelling regulations published	New Indicator	New Indicator	New Indicator	New Indicator	Review comments on Food Labelling Regulations	Review of written comments of draft regulations	Meetings with key stakeholders on comments	Prepare revisions to regulations for submission to Legal services	Legal services to review amend- ments on regulations	Gazette the final food labelling regulations	Implement food labelling regulations







				dited Perform		Estimated				MTEF Targets	:		
Outcome	Output	Output Indicator	Au	dited Perform	nance	Performance	Annual		Quarter	ly Targets			
		indicator	2019/20	2020/21	2021/22	2022/23	Target 2023/24	Q1	Q2	Q3	Q4	2024/2025	2025/2026
Staff equitably distributed and have right skills and attitudes	Community Service Policy reviewed	Community Service Policy reviewed with recommen- dations	New Indicator	New Indicator	New Indicator	Amended Terms of Reference of the Community Service Policy review finalized	Reco- mmen- dations of the Reviewed Community service Policy finalised	Con- sultation with Provincial Human Resources for Health divisions on proposed reco- mmen- dations by NDOH	Broad consultation of key stakeholders on proposed policy changes	Alignment of the Professionals Regulator with the approved and adopted reviewed Policy outcomes	Reco- mmen- dations of the Reviewed Community service Policy finalised for NHC approval	Approval of the amended policy, imple- mentation	Monitoring of policy impact on health service provision and health professions
Staff equitably distributed and have right skills and attitudes	Roll-out the Human Resource Information System solution in Health Districts	Number of Health Districts Imple- menting the Human Resource Information solution (HRIS)	Not Applicable	Not Applicable	HR Information System operational and 41% of the Human Resource Information System transition / institution- alisation framework activities achieved	Utilization and functionality of HRIS for HRH planning extended	Roll-out the Human Resource information solution (HRIS) in 30 Health Districts	Develop- ment of change manage- ment plan for the imple- mentation of the HRIS by Health Districts	Roll-out the HRIS solution in 10 Health Districts	Roll-out the HRIS solution in 10 Health Districts	Roll-out the HRIS solution in 10 Health Districts	HRIS transitioned to the NDoH HRH unit	Imple- mentation and maintenance of the HRIS Solution







RESOURCE ENVELOPE FOR IMPLEMENTING OF THE NATIONAL DOH PLANS FOR 2023 to 2026









	VOTED	EADMARKER	GRAN	TS	
Dragramma	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT	TOTAL
Programme	Budget	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000	R'000
Administration	777 279	23 640	-	-	800 919
National Health Insurance	80 500	57 392	694 675	709 987	1 542 554
Communicable & Non-Communicable Diseases	185 060	522 011	23 934 604	-	24 641 675
Primary Health Care	76 183	•	2 931 257	-	3 007 440
Hospital Systems	15 567	33 524	21 143 806	1 389 111	22 582 008
Health System Governance & Human Resources	113 629	1 944 186	5 479 023	-	7 536 838
TOTAL	1 248 218	2 580 753	54 183 365	2 099 098	60 111 434





Summary per Economic Classification



Classification	VOTED	EARMARKED	GRANTS CONDITIONAL	GRANTS IN-DIRECT	TOTAL
Classification	Budget	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000	R'000
Compensation of Employees	555 206	126 929	-	-	682 135
Goods and Services	658 461	379 451	-	832 986	1 870 898
Transfers	21 305	2 046 670	54 183 365	-	56 251 340
Capital	13 246	27 703	-	1 266 112	1 307 061
Losses	-	1	-	-	-
TOTAL	1 248 218	2 580 753	54 183 365	2 099 098	60 111 434





REASONS FOR VARIANCES



The baseline allocation has been decreased due to allocation for Covid-19 Vaccination Programme in 2023/24 and the reduction in District Health Programmes Conditional Grant: District Health Component.

Compensation of employees:

Decrease under CoE is due to the transfer of Port Health Services function to BMA with effect from 01 April 2023.

Goods & services:

There is no allocation for Covid-19 Vaccination Programme in 2023/24 financial year hence the reduction of 52% from 2022/23 financial year under goods & services.





REASONS FOR VARIANCES



Transfers & subsidies:

Decrease in transfers is due to the reduction of R1,957 billion in the allocation for the District Health Programmes Conditional Grant: District Health Component.

Purchase of capital assets:

The capital funds for the Health Facility Revitalization Indirect grant was decreased by 5% from 2022/23 to 2023/24.





PROGRAMME 1: ADMINISTRATION



SUBPROGRAMME	VOTED	EARMARKED	GRANTS		
	VOIED	EARWARRED	CONDITIONAL		
	Budget	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000	
Ministry	42 024				
Management	10 065				
Corporate Services	415 872				
Medico-legal Committees	-	12 414			
Property Management	168 898				
Financial Management	140 420				
SAICA programme	-	11 226			
Total Programme 1:	777 279	23 640	-	-	
Grand total:	800 919				





PROGRAMME 1: ADMINISTRATION



	VOTED	FARMARKER	GRANTS	
ECONOMIC CLASSIFICATION	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT
	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Compensation of Employees	249 420			
Goods and Services	515 632	23 640		
Transfers	2 552			
Capital	9 675			
Losses	-			
Total Programme 1:	777 279	23 640	-	-
Grandtotal:	800 919			





PROGRAMME 2: NATIONAL HEALTH INSURANCE



	VOTED	FARMARIZER	GRANTS	
	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT
SUBPROGRAMME	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Programme Management: National Health Insurance	7 084			
Affordable Medicine	45 004			
Electronic Medicine Stock System	10 947			
Health Financing and NHI	17 465			
National Health Insurance Conditional Grant			694 675	
NHI Indirect grant: Non-personal services				621 467
component				021 401
NHI indirect grant: Patient Information				108 249
Systems				100 243
NHI Indirect grant: Medicines Stock				87 065
Systems				
NHI Indirect grant: CCMDD				382 653
NHI Indirect grant: Ideal Clinics				19 488
NHI Indirect grant: Internship & Community				10 162
Service Programme				10 102
NHI Indirect grant: Quality Improvement				13 850
NHI Indirect grant: Personal services				88 520
component				00 320
NHI Indirect grant: Health Professional				88 520
Contracting Capacitation				00 020
NHI Branch: Research & Preparatory work		41 492		
Health Technology Assessment		15 900		
Total Programme 2:	80 500	57 392	694 675	709 987
Grand total:	1 542 554			





PROGRAMME 2: NATIONAL HEALTH INSURANCE



ECONOMIC CLASSIFICATION	VOTED	EADMADKED	EARMARKED GRANTS		
	VOTED	EARWARKED	CONDITIONAL	IN-DIRECT	
	Budget	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000	
Compensation of Employees	51 509	41 492	-	-	
Goods and Services	28 521	15 900	-	655 695	
Transfers	-	-	694 675		
Capital	470	-	-	54 292	
Losses	-	-	-	-	
Total Programme 2:	80 500	57 392	694 675	709 987	
Grandtotal:	1 542 554				





PROGRAMME 3: COMMUNICABLE AND NON-COMMUNICABLE DISEASES



	VOTED	EARMARKED	GRANTS	
SUBPROGRAMME	VOTED	EARIMARKED	CONDITIONAL	IN-DIRECT Budget
SUBPROGRAWINE	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000
Programme Management: Communicable and Non- Communicable diseases	7 888			
HIV & AIDS and Sexually Transmitted infections		178 698		
District Health Programmes Grant: Comprehensive HIV & AIDS component			23 934 604	
Lifeline		28 986		
Lovelife		64 635		
Soulcity		25 161		
Condoms		59 668		
SANAC		20 234		
HIV & AIDS NGO's		67 788		
Tuberculosis Management	28 600			
Women's, Maternal & Reproductive Health	17 629			
Child, Youth & School Health	28 032			
Communicable Diseases	22 529			
Covid-19: No-fault Compensation Scheme	10 000			
Malaria Elimination Programme Project (regional co-financing)		28 008		
Non-Communicable Diseases	37 814			
Chronic Disease Prevention & Health Promotion		48 833		
Health Promotion, Nutrition & Food Control	32 568	_		
Total Programme 3:	185 060	522 011	23 934 604	
Grand total:	24 641 675			





PROGRAMME 3: COMMUNICABLE AND NON-COMMUNICABLE DISEASES



ECONOMIC CLASSIFICATION	VOTED	FARMARKER	GRANTS		
	VOIED	EARMARKED	CONDITIONAL	IN-DIRECT	
	Budget	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000	
Compensation of Employees	107 181	32 855	-		
Goods and Services	64 594	261 947	-		
Transfers	12 216	206 804	23 934 604		
Capital	1 069	20 405	-		
Losses	-	-	-		
Total Programme 3:	185 060	522 011	23 934 604		
Grandtotal:	24 641 675				





PROGRAMME 4: PRIMARY HEALTH CARE SERVICES



	VOTED	EADMADKED	GRANTS	
SUBPROGRAMME	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT
	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Programme Management: Primary Health Care	6 857			
District Health Services	19 878			
District Health Programmes Grant:				
District Health Component			2 931 257	
Environmental Health & Port Health Services	40 837			
Emergency Medical Services and Trauma	8 611			
Total Programme 4:	76 183	-	2 931 257	
Grand total:	3 007 440			





PROGRAMME 4: PRIMARY HEALTH CARE SERVICES



ECONOMIC CLASSIFICATION	VOTED	EADMARKED	EARMARKED GRANTS		
	VOIED	EARWARKED	CONDITIONAL	IN-DIRECT	
	Budget	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000	
Compensation of Employees	60 791				
Goods and Services	14 432				
Transfers	-		2 931 257		
Capital	960				
Losses	-				
Total Programme 4:	76 183	-	2 931 257	-	
Grandtotal:	3 007 440	_			





PROGRAMME 5: HOSPITAL SYSTEMS



	VOTED	EARMARKED	GRANTS	
SUBPROGRAMME	VOTED	EARWARKED	CONDITIONAL	IN-DIRECT
	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Programme Management: Hospital Systems	5 047			
Health Facility & Infrastructure Management		33 524		
NHI Indirect Grant: Health Facilities				
Revitalization				1 389 111
Health Facility Revitalization Conditional				
Grant			7 119 860	
Hospital Systems	10 520			
National Tertiary Services Conditional grant			14 023 946	
Total Programme 5:	15 567	33 524	21 143 806	1 389 111
Grand total:	22 582 008			





PROGRAMME 5: HOSPITAL SYSTEMS



ECONOMIC CLASSIFICATION	VOTED	EADMADKED	GRANTS		
	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT	
	Budget	Budget	Budget	Budget	
	R'000	R'000	R'000	R'000	
Compensation of Employees	12 502	17 738	-	-	
Goods and Services	2 979	15 616	-	177 291	
Transfers	-	-	21 143 806	-	
Capital	86	170	-	1 211 820	
Losses	-	-	-	-	
Total Programme 5:	15 567	33 524	21 143 806	1 389 111	
Grandtotal:	22 582 008				





PROGRAMME 6: HEALTH SYSTEM GOVERNANCE & HUMAN RESOURCES



	VOTED	EARMARKED	GRANTS	
SUBPROGRAMME	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT
SUBPROGRAMME	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Programme Management: Health System Governance & Human Resources	8 125			
Health Information, Research, Monitoring and Evaluation	39 576			
Health Info & District Health Info System Programme		15 536		
Health Systems Trust		17 437		
Policy & Planning	7 315			
Human Resources for Health	22 978			
Statutory Human Resources, Training & Development Condi. Grant			5 479 023	
Training Component			2 763 114	
Satatutory Human Resources Component			2 715 909	
Nursing Services	10 115			
Public Entities Management and Laboratories	9 598			
Council for Medical Schemes	6 537			
Office of Health Standards Compliance		162 726		
National Health Laboratory Services		725 255		
SA Medical Research Council (Inc. SACENDU)		797 597		
SA Health Products Regulatory Authority		152 553		
Traditional Health Practitioners Council		4 668		
Directorate: Traditional Medicines	9 385			
CCOD/ MBOD Subprogramme		68 414		
Total Programme 6:	113 629	1 944 186	5 479 023	
Grand total:	7 536 838			





PROGRAMME 6: HEALTH SYSTEM GOVERNANCE & HUMAN RESOURCES



ECONOMIC CLASSIFICATION	VOTED	FARMARKER	GRANTS	
	VOTED	EARMARKED	CONDITIONAL	IN-DIRECT
	Budget	Budget	Budget	Budget
	R'000	R'000	R'000	R'000
Compensation of Employees	73 803	34 844	-	-
Goods and Services	32 303	62 348	-	-
Transfers	6 537	1 839 866	5 479 023	-
Capital	986	7 128	-	-
Losses	-	-	-	-
Total Programme 6:	113 629	1 944 186	5 479 023	-
Grandtotal:	7 536 838			







DISTRICT HEALTH PROGRAMI		
	2023/24	Total
Eastern Cape	2,963,416	
Free state	1,611,598	
Gauteng	5,793,999	
KwaZulu Natal	7,087,769	
Limpopo	2,388,635	
Mpumalanga	2,469,999	
Northern Cape	716,737	
North West	1,784,563	
Western Cape	2,049,145	26,865,861







DISTRICT HEALTH PROGRAMMES GRANT			
Comprehensive HIV/AIDS Component			Grant Total
	2023/24	Total	
Eastern Cape	2,743,167		
Free state	1,464,097		
Gauteng	5,259,071		
KwaZulu Natal	6,448,252		
Limpopo	1,924,794		
Mpumalanga	2,139,426		
Northern Cape	612,731		
North West	1,511,685		
Western Cape	1,831,381	23,934,604	
District Health Compo	nent		
	2023/24	Total	
Eastern Cape	220,249		
Free state	147,501		
Gauteng	534,928		
KwaZulu Natal	639,517		
Limpopo	463,841		
Mpumalanga	330,573		
Northern Cape	104,006		
North West	272,878		
Western Cape	217,764	2,931,257	26,865,861







NATIONAL HEALTH INSURAN		
	2023/24	Total
Eastern Cape	106,065	
Free state	28,744	
Gauteng	92,947	
KwaZulu Natal	126,332	
Limpopo	97,796	
Mpumalanga	99,022	
Northern Cape	43,995	
North West	63,549	
Western Cape	36,225	694,675







HEALTH FACILITY REVITALISAT		
	2023/24	Total
Eastern Cape	773,491	
Free state	680,792	
Gauteng	1,116,750	
KwaZulu Natal	1,462,122	
Limpopo	552,983	
Mpumalanga	493,450	
Northern Cape	465,311	
North West	691,663	
Western Cape	883,298	7,119,860







HUMAN RESOURCES & TRAIN		
	2023/24	Total
Eastern Cape	576,485	
Free state	284,312	
Gauteng	1,879,548	
KwaZulu Natal	764,447	
Limpopo	380,788	
Mpumalanga	281,115	
Northern Cape	149,030	
North West	276,176	
Western Cape	887,123	5,479,023





THANK YOU



NGIYatHOkOZa! ro livhuwa!

dankie!

ke a leboga!

enkosi!

inkomu!

thank you!

udo liuhuwa!

ke a leboha!

hgiyabohga!

siyabonga!



