

Accelerating Health System  
Strengthening and National Health  
Insurance (NHI) Implementation



PRESIDENTIAL  
HEALTH  
COMPACT  
2024 - 2029



1



# **The Presidential Health Compact: 2024-2029: “Accelerating Health System Strengthening and National Health Insurance (NHI) Implementation”**

**22 August 2024**

## **PREAMBLE**

We, the delegates of the second Presidential Health Summit, held on the 4<sup>th</sup> and 5<sup>th</sup> of May 2023, in Boksburg and subsequent meetings, comprised of the following stakeholders: South African Government, Health Professionals, Labour, Business, Civil Society, Health Service Users, Academic and Research, Statutory Research Council, Health Entities, and Traditional Health and Allied Health Professionals.

## **RECOGNISING THAT:**

- South Africa has committed to Universal Health Coverage (UHC), which is the overarching target of Sustainable Development Goal-3 and a key target articulated in the National Development Plan (NDP) 2030.
- Achieving Universal Health Coverage will improve the social and economic prospects of South Africa and reduce inequities but will require responsive and robust health systems capable of delivering high-quality health services for all.
- South Africa has chosen National Health Insurance (NHI) as its pathway to universal health coverage. The National Health Insurance Act, No. 20 of 2023, has been signed into law, ushering in the required legal framework for South Africa to achieve universal health coverage through NHI implementation.
- National Health Insurance is more dynamic than just a financing model for the health system. It is also a paradigm for the transformation of health service delivery and management to improve equitable access, quality, and effectiveness of health services, anchored on the Primary Health Care philosophy.
- Regardless of their different interests and roles, the government and all stakeholders have a common interest in enabling the implementation of National Health Insurance through health systems strengthening efforts and other policy reforms in both the public and private sectors.



**2**



- Through strategic partnerships, meaningful collaborations and innovation approaches, efficient, equitable and improved health outcomes can be achieved.
- The government will continue to consult on implementing health policy in accordance with the law and in the spirit of this compact.

**FURTHER ACKNOWLEDGING** the significant milestones and strides made since the 2019 Presidential Health Compact was signed and implemented, highlights of which encompass the following:

- The total life expectancy of South Africans improved from 64.6 years in 2019 to 66,5 years in 2024, only 3.5 years away from the National Development Plan (NDP) target of 70 years by 2030. This reflects a firm recovery from the impact of the Coronavirus Disease (COVID-19) during 2020 and 2021.
- Implementation of national health quality improvement initiatives in health facilities across our nine provinces has resulted in improved patient satisfaction across the country, reflecting real, positive changes in the lives of South Africans. Patients are now experiencing better access to care, essential medicines are more readily available, and health facilities are state-of-the-art, cleaner, and safer.
- Healthcare facilities ready to deliver innovative and high-quality healthcare, including the Nuclear Medicine Research Infrastructure at Steve Biko Academic Hospital, staffed by highly competent professionals, showcase our commitment to excellence in healthcare.
- Expansion of health infrastructure, with a total of 149 PHC facilities completed by November 2023, adding to 1,600 facilities built by the democratic government since 1994, as well 30 additional hospitals being in various stages of procurement or construction by 2023, supplementing the 38 hospitals built since 1994 through the hospital revitalisation programme. These facilities have enhanced access to healthcare services for our growing population, including the opening of the Dr Pixley Ka Isaka Seme Memorial Hospital in KwaMashu, a modern regional hospital with state-of-the-art technology.
- Almost 6 million (5,9 million) of the 7,8 million people living with AIDS in South Africa accessing antiretroviral treatment.



- The vibrant contribution of non-state role players and stakeholders in turning our health system around, including the private health sector civil society, academic institutions and research organisations, and community members across the country who serve in Clinic Committees, Community Health Centre (CHC) Committees, Hospital Boards, and Provincial and District Councils on AIDS, amongst other important structures of participation. These stakeholders are not just observers but are integral to supporting the Department of Health in improving the health system.

**STILL CONCERNED** that more still needs to be done to improve the quality of the public health sector and end inequitable access to health care.

**STILL FURTHER CONCERNED** that the private health sector may be challenged by unaffordable prices to a majority of South Africans, as well as the maldistribution of providers and facilities and lack of regulation.

**SUPPORTING** the President of the Republic of South Africa's call for the acceleration of the journey towards universal health coverage through National Health Insurance, with National Health Insurance being a lodestar for this voyage, and the President's enablement of this vision through the enactment of the NHI Act, No 20 of 2023 in May 2024, and his call that government and all other stakeholders whose work or investment has an impact on quality and quantity of health care should work together as government and social partners,

**WE PLEDGE,** with this compact and in so far as it falls within our area of responsibility, that the government and all other stakeholders will collaborate to establish a unified, integrated, and responsive health system that provides access to quality health care for the entire population.

**WE HEREBY COMMIT THAT** the articles hereunder provide the anchor for collaboration between the government and all other stakeholders to work jointly towards improving the public and private health sectors in the Republic of South Africa and creating a unified national health system.



## ARTICLE 1

The government and all other stakeholders commit themselves to achieving universal health coverage in South Africa, enabled through the development and implementation of **National Health Insurance**, for which a legislative framework has been created. Every citizen must have access to high-quality health services whenever and wherever they need them without facing financial hardship. The UHC pledge, adopted by all stakeholders and participants at the Presidential Health Summit on 4-5 May 2023, is further endorsed by this Health Compact 2024-2029.

## ARTICLE 2

The government and all its partners and stakeholders are fully cognisant that the successful implementation of **National Health Insurance requires healthcare providers equipped with the requisite skills**, competencies and caring attitudes to improve citizens' health care. The government and all its partners and stakeholders recognise the increasing pressure on the health workforce due to the growing burden of disease in the country, compounded by a shrinking fiscal environment. Therefore, the government and all stakeholders will work towards creating enabling conditions for the production, equitable distribution, effective management, retention and continuous professional development of diverse Human Resources for Health categories, including the community-based workforce. An evaluation of the implementation of the 2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage and the HRH Plan 2020/21 – 2024/25 produced in 2020 will be conducted to produce a Human Resources for Health plan for 2025 to 2029.

## ARTICLE 3

The government and all stakeholders recognise the major progress attained in enhancing **medicine availability** across the health sector in the period of the previous health compact, including during the COVID-19 pandemic, as well as the strengthening of South Africa's health products regulatory authority. However, inequities were experienced in accessing health and health-related products.

Therefore, the government and all its partners and stakeholders will ensure equitable access to products for all, including vulnerable populations, **which is non-negotiable with the national health insurance dispensation.**



To ensure the sustainability of local manufacturing, measures will be implemented to promote and sustain preferential procurement of locally manufactured products. Amongst numerous key innovations, the state-of-the-art facility established for producing COVID-19 vaccines in Gqeberha, Eastern Cape Province, will manufacture human insulin for the African continent at a low cost.

#### **ARTICLE 4**

Appropriate **health infrastructure** creates an enabling environment for healthcare providers to deliver quality health care and provides a therapeutic environment for users of health services. While major progress was made with delivering additional PHC facilities and hospitals during 2019-2024, major resources are still required to ensure that the country's infrastructure can support **National Health Insurance**. The government and all stakeholders recognise that the state alone cannot finance this gap and that the main priority will be innovative financing mechanisms for health infrastructure development based on public-private partnerships. The government and all stakeholders are also committed to the development of health infrastructure, remaining guided by the established national quality improvement standards.

#### **ARTICLE 5**

Government and all other stakeholders recognise that **private sector participation** in improving access, coverage and quality of health services is an essential building block for implementing the **National Health Insurance**. Therefore, the government and all other stakeholders commit to an NHI dispensation in which the public and private sectors would fully cooperate to eliminate the inequitable two-tiered health system and jointly create one health system that delivers equitable health to all South Africans.

#### **ARTICLE 6**

The government and all other stakeholders affirm that the systematic and continuous **improvement of health services' quality, safety, and quantity** is the sine qua non of **National Health Insurance**.



Milestones throughout the previous Compact include improved reported positive care experiences in the public sector associated with implementing national quality improvement initiatives.

However, the main goal is to transform all health facilities to meet the requisite standards for certification and then accreditation to provide services in an NHI dispensation. Therefore, the government and all stakeholders will collaborate to align regulatory policies, improve access to healthcare focusing on Primary Health Care Services, which are the backbone of the health system, and develop and implement patient-centric healthcare models and measures to keep the health workforce healthy and motivated.

### **ARTICLE 7**

The government and all other stakeholders acknowledge the imperative to **improve the efficiency of public sector financial management systems** and processes. Enhancing accountability, transparency, and health system performance at all levels is critical to a **national health insurance dispensation**. The government and all other stakeholders, therefore, commit to achieving better planning of the health service platform, increasing both allocative and operational efficiencies, extracting more value for money and improving the management of finances, procurement, contracting, controls, and compliance, as well as create the necessary regulatory environment for innovative financing instruments and a pathway for approvals of innovative financing transactions.

### **ARTICLE 8**

Strengthening health sector **governance and leadership** to improve oversight is a critical enabler and a vital cog in implementing **National Health Insurance**. The government and all other stakeholders acknowledge that the public and private health sectors are most vulnerable to the scourge of fraud and corruption.

A significant development throughout the previous Health Compact is the creation of the Health Sector Anticorruption Forum in 2019, which has made excellent progress in identifying criminal activity in both the private and public sectors, culminating in the recovery of millions of rands, convictions, and disciplinary actions.



Over 2024-2029, the government and all other stakeholders will enhance and strengthen the work of the Health Sector Anticorruption Forum, establish a National Health Commission to drive intersectional action to achieve health outcomes and enhance continuous leadership and governance through apposite development programmes.

## **ARTICLE 9**

**Community engagement and empowerment** are essential fundamentals of ensuring adequate and appropriate community-based care, consistent with the Primary Health Care philosophy and the spirit of **National Health Insurance**.

Milestones attained during the previous Health Compact include the improved establishment of governance structures such as hospital boards and clinic committees, which increased between 2019 and 2023, notwithstanding variations across geographic areas. Over 2024-2029, the government and all stakeholders commit to continuously buttress community involvement, including the representation in governance structures of patient user groups, vulnerable populations, and special groups, to enhance quality and responsive health services to all communities.

## **ARTICLE 10**

Developing and implementing **information systems** to guide the health system's policies, strategies, and investments is a critical anchor of **National Health Insurance**. Progress made during 2019-2024 includes designing and implementing systems to streamline patient identification and registration processes across public health sector facilities and the electronic data system for recording COVID-19 vaccinations, which was used across the public and private sectors. The government and all stakeholders recognise the urgent need for enhanced, integrated disease surveillance that integrates data from various sectors, including Health, Social Development, Home Affairs, and Statistics South Africa. The government and all stakeholders will therefore design clear and actionable steps for the development and implementation of the electronic medical record, undertake a comprehensive review of the existing Digital Health Strategy, develop the 2024-2029 Digital Health Roadmap, and establish a detailed governance framework to ensure that digital health initiatives are accountable, patient data is protected, and systems are secure.





## ARTICLE 11

Government and all other stakeholders accentuate the vital role of an established and institutionalised Pandemic Prevention, Preparedness and Response. South Africa played a leading role in the COVID-19 pandemic response at the global, regional, and national levels, including providing leadership to the African Union in various capacities by the Presidency. South Africa's COVID-19 response strategy was characterised by a unique risk-adjusted, secure approach while including a whole-of-government and whole-of-society strategy that was necessary to combat the pandemic. The government and all other stakeholders will, during 2024-2029, develop a Pandemic Prevention, Preparedness and Response Plan for an improved future response that safeguards both lives and livelihoods. The key objective will be strengthening health systems resilience to public health shocks. This is also essential in an **NHI dispensation**.

## ARTICLE 12

The government and all other stakeholders will jointly implement the National Health Insurance-related health systems and service improvement plans, which comprise the following ten pillars, which now include Pillar 10, entitled Pandemic Preparedness and Response:

- Pillar 1:** Augment Human Resources for Health Operational Plan.
- Pillar 2:** Better supply chain equipment and machinery management to ensure improved access to essential medicines, vaccines, and medical products.
- Pillar 3:** Execute the infrastructure plan to ensure adequate, appropriately distributed, well-maintained health facilities.
- Pillar 4:** Engage the private sector in improving health services' access, coverage and quality.
- Pillar 5:** Improve health services' quality, safety, and quantity, focusing on primary health care.
- Pillar 6:** Improve the efficiency of public sector financial management systems and processes.



- Pillar 7:** Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels.
- Pillar 8:** Engage and empower the community to ensure adequate and appropriate community-based care.
- Pillar 9:** Develop an information system to guide the health system's policies, strategies, and investments.
- Pillar 10:** Pandemic Preparedness and Response

### **ARTICLE 13**

13.1. A joint Technical Monitoring Team comprised of the National Department of Health and stakeholders representing Health Professionals, Labour, Business, Civil Society, Health Service Users, Academic and Research, Statutory Research Councils, Health Entities and Traditional Health and Allied Health Professionals, established in 2019, will continue to:

- (a) Oversee the implementation of this compact by using a monitoring and evaluation framework based on the "health compact action plans" for each pillar;
- (b) Ensure effective and sustainable collaboration amongst all stakeholders for delivering on the key outputs of each pillar;
- (c) Meet quarterly to consider and review progress reports from the accountable department and other stakeholders.

13.2. The joint Monitoring Team will continue to report annually to the Presidential Health Committee, as defined in the full Compact accompanying this document.

### **ARTICLE 14**

The signing of this Compact reflects our intention to work towards the achievement of the objectives and agreed interventions contained in this Compact, and it will-

- (a) Be championed by the President of the Republic of South Africa, led by the Minister of Health and the representatives of all other stakeholders signing this Compact;



- (b) Be allocated the necessary resources by the government, by the Public Finance Management Act, 1999 (Act No. 1 of 1999) and all other stakeholders to support its implementation; and
- (c) Mobilise the entire health sector in the spirit of renewal to meet the commitments made in this Compact.

## **ARTICLE 15**

This Compact must be interpreted per the spirit and purport of the Constitution of the Republic of South Africa, 1996 and all other applicable law.

## **ARTICLE 16**

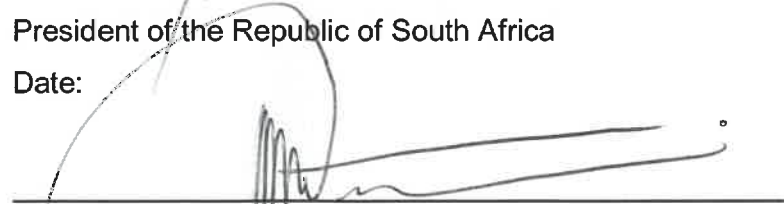
- 16.1. This Compact enters into force on the date of signature thereof.
- 16.2. The undersigned, being duly authorised thereto, have signed and adopted this Compact.

**On behalf of the Government of the Republic of South Africa**



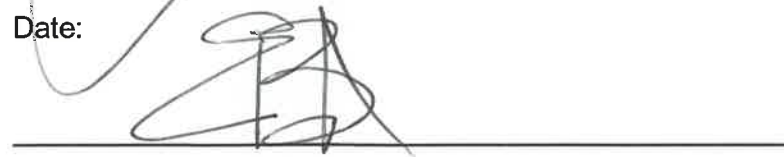
**His Excellency Mr Matamela Cyril Ramaphosa**  
President of the Republic of South Africa

Date:



**Dr. Phakishe Aaron Motsoaledi**  
Minister of Health

Date:




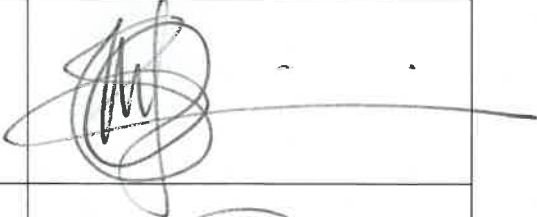

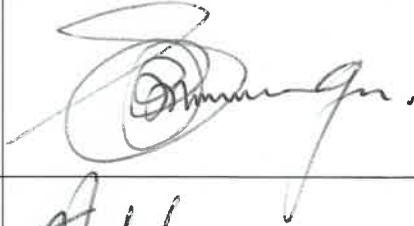


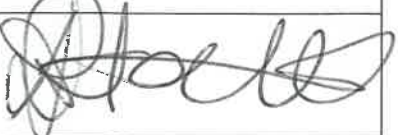
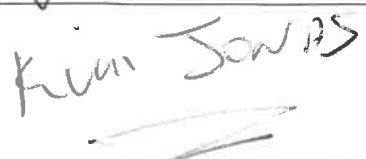
**Dr. Bonginkosi Emmanuel Nzimande**  
Minister of Science and Innovation

Date:



**The Presidential Health Compact: 2024-2029:**

**“Accelerating Health System Strengthening and National Health Insurance (NHI) Implementation”  
22 August 2024**

STAKEHOLDER	STAKEHOLDER REPRESENTATIVE	SIGNATURE AND DATE
1. Business	<b>Mr. Kgabo Cedrick Komape</b> Independent Community Pharmacy Association (ICPA)	
2. Civil Society	<b>Mr. Mabalane Mfundisi</b> SANAC Civil Society Forum	
	<b>Mr. Jabulani Mcithakali</b> Defend NHI Campaign	
3. Health Professionals	<b>Dr. Cedric Sihlangu</b> South African Medical Association Trade Union (SAMATU)	
4. Labour	<b>Mr. Michael Shingange</b> Congress of South African Trade Unions (COSATU)	
	<b>Mr. Khaya Sodidi</b> Democratic Nursing Organisation of South Africa (DENOSA)	
5. Health Service User	<b>Ms. Lauren Pretorius</b> Campaigning for Cancer	
6. Academic and Research	<b>Prof. Ntobeko Ntusi</b> South African Medical Research Council (SAMRC)	



STAKEHOLDER	STAKEHOLDER REPRESENTATIVE	SIGNATURE AND DATE
7. Statutory Health Councils	<b>Mr. Mogologolo Phasha</b> South African Pharmacy Council (SAPC)	
8. Traditional Health Practitioners and Allied Health Professional Registered by the Allied Health Professionals Council	<b>Mr. Solly Nduku</b> National Unitary Professional Association for African Traditional Health Practitioners of South Africa (NUPAATHPSA)	
9. World Health Organisation	<b>Dr. Fabian Ndenzako</b> WHO Country Officer in Charge	

