DEPARTMENT OF HEALTH

To be appropriated by vote in 2022/23	R 59 426 398 000
Responsible Executing Authority	MEC for Health
Administering Department	Department of Health
Accounting Officer	Head of Department

1. OVERVIEW

Vision

A responsive, values based, and people centered health care system in Gauteng.

Mission

Transforming the health care system; improving the quality, safety and coverage of health services provided; focusing on primary health care; strengthening public health education and health promotion; and ensuring a responsive, innovative, and digitally enabled health system.

Core functions and responsibilities

- Provision of primary health care services through the district health system by means of a network of provincial clinics, community health centres and district hospitals administered by doctors, nurses and other health professionals.
- Provision of emergency medical services (EMS) and planned patient transport throughout the province.
- Rendering secondary health care services through regional hospitals that provide out- and in-patient care at general and specialist levels.
- Provision of specialised in-patient care for psychiatric and infectious diseases and some tuberculosis (TB) and chronic psychiatric services on an outsourced basis.
- Provision of in-patient and out-patient academic health care services through the central, tertiary and dental hospitals in addition to the teaching that takes place at other service levels.
- Training of future health care professionals in Health Sciences faculties and nursing colleges.
- Delivery of forensic pathology services and clinical-medico legal services.

These services are supported through human resource development, management and support services such as laundries, facilities management and cook-freeze and through supplying medical and pharmaceutical materials.

The National Development Plan

The National Development Plan (NDP) sets out nine long-term health goals for South Africa. Five relate to improving the health and well-being of the population and the other four deal with aspects of strengthening health systems. By 2030, South Africa should have:

- Raised the life expectancy of South Africans to at least 70 years
- Progressively improved TB prevention and cure
- Reduced maternal, infant and child mortality
- Significantly reduced the prevalence of non-communicable diseases
- Reduced injury, accidents and violence by 50 percent from 2010 levels
- Completed health system reforms
- Primary healthcare teams providing care to families and communities
- Universal health care coverage
- Filled posts with skilled, committed and competent individuals.

The NDP priorities are being implemented in line with the electoral mandate, the 2019-2024 Medium Term Strategic Framework (MTSF), where the following health MTSF outcomes were developed to be implemented within the health sector:

- Universal health coverage for all South Africans achieved
- Progressive improvement in the total life expectancy of South Africans
- Reduce maternal and child mortality.

Growing Gauteng Together (GGT) 2030 provincial priorities

- Economy, jobs, and infrastructure
- Education, skills revolution, and health
- Integrated human settlements, basic services, and land release
- Safety, social cohesion, and food security
- Building a capable, ethical, and developmental state
- A better Africa and world
- Sustainable development for future generations.

Departmental key priorities from 2020/21 to 2024/25

In delivering the provincial priority "Education, Skills Revolution and Health", the following mission-directed priorities inform the outcomes of the results-based Gauteng Department of Health 2020/21-2024/25 Strategic Plan and the 2021/22 Annual Performance Plan towards the achievement of the Gauteng Provincial Government priorities:

- National Health Insurance (NHI) implementation
- Improved patient experience of care
- Improved clinical services
- Strengthened public health literacy and health promotion
- Strengthened governance and leadership
- Economic empowerment and job creation.

Acts, rules, and regulations

- Intergovernmental Relations Framework Act, (13 of 2005) as amended
- Broad Based Black Economic Empowerment Act, 53 of 2003
- The National Health Act, 61 of 2003
- Mental Health Care Act, 17 of 2002
- Unemployment Insurance Contributions Act, 4 of 2002
- Disaster Management Act 57 of 2002
- Promotion of Access to Information Act, 2 of 2000
- Promotion of Administrative Justice Act, 3 of 2000
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000
- Preferential Procurement Policy Framework Act, 5 of 2000
- Protected Disclosures Act, 26 of 2000
- National Health Laboratory Service Act, 37 of 2000
- Council for Medical Schemes Levy Act, 58 of 2000
- Public Finance Management Act, 1 of 1999
- Tobacco Products Control Amendment Act, 12 of 1999
- State Information Technology Act, 88 of 1998
- Competition Act, 89 of 1998
- Copyright Act, 98 of 1998
- Sterilisation Act, 44 of 1998
- Employment Equity Act, 55 of 1998
- Skills Development Act, 97 of 1998
- Medical Schemes Act, 131 of 1998
- Public Service Commission Act, 46 of 1997
- Basic Conditions of Employment Act, 75 of 1997
- Public Service Regulations, 2001, as amended
- Labour Relations Act, 66 of 1995, as amended
- The Constitution of South Africa Act, 108 of 1996, as amended
- Intergovernmental Fiscal Relations Act, 97 of 1997
- Medicines and Related Substances Act, 101 of 1965, as amended 1997
- Choice on Termination of Pregnancy Act, 92 of 1996
- Public Service Act, Proclamation 103 of 1994
- Occupational Health and Safety Act, 85 of 1993
- Trademarks Act, 194 of 1993
- Designs Act, 195 of 1993

- SA Medical Research Council Act, 58 of 1991
- Control of Access to Public Premises and Vehicles Act, 53 of 1985
- Child Care Act, 74 of 1983
- Allied Health Professions Act, 63 of 1982
- Dental Technicians Act, 19 of 1979
- Nursing Act, 50 of 1978
- Patents Act, 57 of 1978
- International Health Regulations Act, 28 of 1974
- Pharmacy Act, 53 of 1974
- Health Professions Act, 56 of 1974
- Occupational Diseases in Mines and Works Act, 78 of 1973
- Hazardous Substances Act, 15 of 1973
- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
- Conventional Penalties Act, 15 of 1962
- State Liability Act, 20 of 1957
- Merchandise Marks Act, 17 of 1941
- National Health Insurance Bill
- **Treasury Regulations**
- National Disaster Management Act regulations.

Other policy imperatives guiding the work of the GDoH include:

- National Development Plan 2030
- Presidential Health Compact
- National Development Implementation Plan Medium Term Strategic Framework (2019-2024)
- Growing Gauteng Together: Our Roadmap to 2030
- Spatial Development Framework, 2050
- The Batho Pele principles of social service delivery and the Service Delivery Charter
- Policy and Procedure on the Revolving Door Enabler document
- Public Health and Welfare Sector Bargaining Council (PHWSBC)
- PSCBC Resolution 9 of 2001
- PSCBC Resolution 3 of 1999.

2. **REVIEW OF THE CURRENT FINANCIAL YEAR (2021/22)**

Strengthening health systems and NHI rollout

Priority 1: National Health Insurance (NHI) Implementation

The Department is implementing a number of health reforms to enable attainment of UHC and ensure that the NHI financing model thrives. It is for this reason that the Department continues to implement programmes such as Primary Health Care Reengineering, Integrated School Health programmes and Ideal Clinic and Ideal Hospital programmes. During the 2021/22 financial year, 334 clinics out of 368 were assessed with 91 per cent obtaining Ideal Clinic status. Ideal Clinics are facilities that open on time, are patient-friendly and safe and are supported by adequate medical supplies and clean equipment. The highest Ideal Clinic realisation rate was in the Ekurhuleni Health District where all 93 assessed facilities achieved Ideal status followed by the Johannesburg Health District where 111 clinics, or 98.2 per cent of the total, obtained Ideal status.

The Sedibeng Health District's overall performance on non-negotiable vital elements improved by 11 per cent from 84 per cent in 2020/21 to 93.2 per cent in 2021/22 and vital elements improved by 7 per cent from 69 per cent in 2020/21 to 74 per cent in 2021/22. In the West Rand District, non-negotiable vital elements showed no improvement and remained the same at 96 per cent between the two financial years whilst vitals and essentials declined by 3 per cent and 4.4 per cent respectively between the two financial years. The West Rand Health District's data shows that clinics in the district are having difficulty in achieving Ideal status, especially in relation to the vital elements. Monthly support visits will continue to ensure that emergency trolleys are stocked appropriately, and that standard operating procedures are regularly reviewed and available for assessment.

As for integrated school health services, a total of 27 722 learners were screened for various health conditions by school health nurses by the end of the third quarter. The Tshwane Health District contributed 49 per cent to the overall school health services, having screened 13 495 learners of whom 21 per cent were Grade 8 learners (5 672) and 45 per cent were Grade 1 learners (12 439).

Priority 2: Improved Patient Experience of Care

Interventions to improve patient experience of care are based on feedback provided by patients on key issues that they are concerned about. In this regard, the Department has prioritised key service points within institutions known to have patients waiting for extended periods such as pharmacy areas and registration desks. The national standards on delivery of services require that waiting times are reduced to achieve the priority of improving patient experience of care. The minimum national benchmark target in Accident and Emergency (A&E) that must be attained by the 10 priority hospitals among Priority 1 patients (those requiring immediate urgent attention) is 3 minutes; and 160 minutes for Priority 2 and 3 patients. The set national benchmark targets for Records and Filing sections is 20 minutes, Registrations 30 minutes, Outpatient Department (OPD) 180 minutes, Radiology 60 minutes and Pharmacy 30 minutes.

Part of the triage system used by the Department involves prioritising the most severe patients requiring immediate care (referred to as P1 patients). The rest of the patients who are critical but do not require immediate clinical interventions are classified as Priority 3. In relation to waiting times, Priority 1 (P1) waiting time benchmarks were met during the third quarter by most hospitals except for the Tembisa Tertiary Hospital which was the only hospital that did not achieve the P1 waiting time benchmark. This was due to a shortage of Intensive Care Unit (ICU) beds, lack of a down-referring hospital as well as A&E doctors required to commence with treatment and resuscitation. Priority 2 (P2) and Priority 3 (P3) waiting time benchmarks were met by all the targeted 10 priority hospitals and performance was recorded at 74.1 and 74.8 minutes respectively.

Among P1 clients in the feeder clinics linked to priority hospitals, the Quarter 2 average performance was 2.8 minutes, and the Quarter 3 average performance was 1.4 minutes, reaching the minimum national benchmark of 3 minutes. Dawn Park, J. Dumane and Boipatong Clinics did not report average P1 waiting times as they render A&E services. The average treatment waiting times among P2 clients in the feeder clinics of the priority hospitals increased by 10 percent from 42 minutes in Quarter 2 to 46.3 minutes in Quarter 3 of the 2021/22 financial year; and 6 feeder clinics achieved the minimum benchmark. At patient registration, feeder clinics reported average treatment waiting times of 13.9 minutes and achieved the national waiting times benchmark of 30 minutes.

In Outpatient departments, all facilities achieved the national target of 240 minutes with an average waiting time performance of 75 minutes in Quarter 2 and 75.3 minutes in Quarter 3. In relation to other targeted areas such as radiology which has an average benchmark target of 60 minutes, all facilities achieved the benchmark target with average waiting times of 14 minutes in Quarter 2 and 14.2 minutes in Quarter 3. In determining whether the waiting time performance was within the benchmarks for the various service points, Pharmacy waiting times remain a challenge and have been particularly impacted by changes in service flow resulting from the COVID-19 pandemic, with large numbers of COVID-19 patients presenting themselves at the Mamelodi Hospital and Tshwane District Hospital pharmacies. The Tambo Memorial Hospital did not meet the benchmark target for pharmacy waiting time in Quarter 2 or Quarter 3 of the 2021/22 financial year, with performance at 53 and 36 minutes against the 30-minute national benchmark. This was due to double issuing of scripts in preparation for the festive season and the increased load of patients serviced from the Charlotte Maxeke Johannesburg Academic Hospital (CMJAH).

In the registration or records service, seven facilities met the target of 30 minutes in Quarter 2 and eight in Quarter 3, with average waiting times of 26.2 minutes. At 36 minutes, Bheki Mlangeni Hospital did not reach the average benchmark. This was caused by insufficient staff at the billing service point, with only one person allocated for billing. Registrations were thus delayed. The hospital will be visited to provide support and Patient Affairs will be involved with the matter. During Quarters 2 and 3, Kopanong Hospital did not measure or report on waiting times at the registration section because the helpdesk was used for COVID-19 screening.

Waiting times tracking is implemented alongside other interventions whose purpose is to decongest health facilities. As part of this initiative, the Department had enrolled 1 051 927 clients on the Chronic Medicines Distribution and Dispensing programme (CCMDD) by the end of third quarter of the financial year, enabling patients to access medicines close to where they live instead of queueing at health facilities. In Quarter 3 alone, 40 610 additional clients were enrolled, a 4 per cent increase from 1 011 317 in Quarter 2; and 1 051 927 in Quarter 3 of the 2021/22 financial year. Thus, the annual CCMDD target of 850 000 clients enrolled on the programme had already been reached.

Nine out of 13 hospitals had implemented the Lean Management System by the end of Quarter three 3 of 2021/22. The purpose of the system is to minimise inefficiencies. Training to build the capacity of managers and hospital CEOs to implement the Lean Management System was not able to continue as the contract of the senior technical Lean specialist ended and the budget for training was limited. Support will be sought from the Delivery unit in the Office of the Premier while awaiting resources for a Lean specialist.

In urban areas, 94.9 per cent of EMS priority calls were responded to within 30 minutes. In rural areas, the response rate was maintained at 100 per cent between April and December 2021, a performance level unchanged compared to the same period in previous financial year. The Quarter 3 target of 100 per cent was therefore achieved.

Priority 3: Improved Clinical Services

At the start of the 2021/22 financial year, government eased lockdown regulations and increased the rollout of the COVID-19 vaccination programme. The Department has continued to respond to the pandemic, with 4 927 383 people receiving first dose vaccination and 2 745 691 second dose as at the end of December 2021 across all identified vaccination sites. As part of the province's Plan of Action for health delivery, the health services continued to ensure that commitments made are met. Public Health COVID-19 prevention measures continued alongside the pharmaceutical measures of vaccinating various target groups.

The Department continued to implement and monitor interventions to improve life expectancy among vulnerable groups. During Quarter 3 of 2021/22, there were 58 maternal deaths in 18 hospitals and four CHCs. There was a decrease of 35 per cent in in-facility maternal deaths from Quarter 3 to Quarter 2 of 2021/22, from 89 to 58. Regional hospitals reported 23 maternal deaths, making up 40 per cent of total maternal deaths followed by Central hospitals at 31 per cent. As at the end of December 2021, the institutional maternal mortality ratio (IMMR) was 100/100 000 live births, above the target of below 90/100 000 live births. The leading causes of maternal mortality included post-partum haemorrhage, sepsis, cardiac oedema and end-stage renal failure. Cluster support and outreach to the referral hospitals will be encouraged on an ongoing basis.

Antenatal Care (ANC) is one of the critical interventions to ensure that potential problems related to pregnancy are detected and addressed early. Of the 55 695 ANC visits during the reporting period, 37 213 were ANC first visits before 20 weeks representing 66.8 per cent of the total ANC visits during Quarter three; the target of 70 per cent was not achieved. Quarter 3 ANC first visits before 20 weeks showed a 14 per cent decrease from 43 519 in Quarter 2 to 37 213 in Quarter 3 of the 2021/22 financial year. Service interruptions when staff were affected by COVID-19 and a lack of information and education for communities on common signs of pregnancy were the main reasons for not meeting the target. Communication to clients when they miss visits and provision of the physical address of the nearest service delivery point will be implemented as part of measures to improve ANC services.

Ante-retroviral treatment (ART) initiation among ANC clients declined from 99.6 per cent in Quarter 2to 97.9 per cent in Quarter 3, with Infant Polymerase Chain Reaction (PCR) positivity around 10 weeks increasing by 18 per cent from 0.72 per cent in Quarter 2 to 0.85 per cent in Quarter 3 of the 2021/22 financial year. This resulted in 87 babies born to HIV positive mothers testing HIV positive on PCR around 10 weeks in Quarter 3. However, transmission of HIV from mother to child was maintained at 0.85 per cent which is below the target of under 1 per cent.

The department continued in its activities to reduce neonatal and child mortality, with 278 141 children above 1 year given Vitamin A supplementation, a 0.4 per cent increase on the 277 070 in the same quarter of the previous financial year. At 52.8 per cent, overall performance of Vitamin A supplementation was above the Quarter three target of 50 per cent. The Expanded Programme on Immunisation (EPI) services is gradually improving after the emergence of the COVID -19 pandemic, with 53 348 under 1-year infants fully immunized and 50 261 given measles 2nd doses in Quarter three of the 2021/2022 financial year. Provision of immunisation and measles 2nd dose was lower by 6 per cent and 9 per cent respectively in Quarter 3 and

2 of the 2021/22 financial year. Overall coverage of immunisation under 1 year and measles 2nd dose was at 80.2 per cent and 75.7 per cent respectively for Quarter 3 of 2021/22. Provision of both services remained below the Quarter 3 target of 90 per cent. Problems included low headcount of children under 5 years in PHC facilities and mothers'/caregivers' nonadherence to appointments. The Department will conduct regular campaigns in Early Childhood Development (ECD) centres and include the EPI programme in health services provided on weekends.

During Quarter 3 of 2021/22, 8 children died due to diarrhoea. Diarrhoea deaths decreased by 113 per cent from 17 in Quarter 2 to 8 in Quarter 3 of the 2021/22 financial year. The largest decrease, which was 100 per cent, was reported in the Johannesburg Health District. The Ekurhuleni Health District had 5 deaths, contributing 63 per cent to the overall number of diarrhoeal fatalities in Quarter 3 of the 2021/22 financial year. In that quarter, the overall diarrhoea case fatality rate was 0.75 per cent which was below the Quarter 3 diarrhoea case fatality rate threshold of below 2 per cent.

1 336 pneumonia separations occurred in Quarter 3 of the 2021/22 financial year, with 23 under 5-year children dying of the disease. The number of deaths due to pneumonia increased by 15 per cent in Quarter 3 from 20 in Quarter 2. The largest increase was in the Tshwane Health District at 120 per cent, up from 5 in Quarter 2 to 11 in Quarter 3 of the 2021/22 financial year. In Quarter 3, the pneumonia case fatality rate was 1.7 per cent; this was below the Quarter 3 pneumonia case fatality rate threshold of below 2.3 per cent. Thus, deaths due to pneumonia were kept below the threshold.

The Department plans to continue with training for early referral, case classification and case management as part of the strategy to keep deaths due to pneumonia below the 2 per cent threshold. Notwithstanding the improvements in both diarrhoea and pneumonia, poor performance was noted in the management of severely malnourished children as deaths under 5 years due to severe acute malnutrition (SAM) persisted. Late presentation to health facilities, COVID-19 complications, RVD exposure and severe acute malnutrition contributed to under-5 children dying from SAM. The SAM deaths that occurred during Quarter 3 of 2021/2022 increased by 21 per cent from 7 deaths in Quarter 2 to 10. The overall SAM death rate was 8 percent in Quarter 3 of 2021/22, above the Quarter 3 target of below 7 percent. The Department plans to improve the management of neonates and under-5s and the 'triple burden' of case fatalities as a way to lessen deaths under 5 years due to SAM.

A total of 3 770 592 tests were done for HIV during the period April 2021 to December 2021 and 1 078 860 HIV tests were done in Quarter 3 of the 2021/22 financial year. Total tests done declined by 19 per cent from 1 332 628 in Quarter 2 to 1 078 860 in Quarter 3 of the 2021/22 financial year. As at end of December 2021, 1 146 072 adult clients were on antiretroviral (ART) treatment in Gauteng. At 2 253, the Ekurhuleni Health District were lost during (meaning they discontinued ART) which is the highest number of clients followed by Tshwane Health District at 1 258. Between November and December 2021, adult clients on ART treatment reduced by 2 833 as some clients were lost during treatment. The ART adult clients remaining in care as at the end of December 2021 was 1 146 072, below the Quarter 3 target of 1 373 206. By the end of September 2021, 19 725 children under 15 years were on ART treatment. The ART child clients remaining in care decreased by 8 per cent from 21 498 during Quarter 3 of the 2020/21 financial year to 19 725. At 128, the Ekurhuleni Health District had the highest number of clients lost followed by Johannesburg Health District at 49. Support visits to health facilities will be conducted, tracing strategies will be strengthened, and data quality audits will be conducted to improve ART treatment.

The proportion of child clients who are virally suppressed decreased by 3.7 per cent from 65.5 per cent during Quarter 2 to 63.1 per cent during Quarter 3 of the 2021/22 financial year. Children under 15 years' viral load suppression rate for Quarter 3 of 2021/22 was 63.1 per cent and was below the Quarter 3 target of 90 per cent. Inconsistent check-ups and poor attendance by care givers resulted in missed doses and treatment interruption by children on ART treatment. The province will monitor the paediatric and adolescent HIV interventions matrix at the high-volume facilities by 31 March 2022.

From July to September 2020, 79.4 per cent of the cohort who started TB treatment previously was successfully treated for the disease. The treatment success rate increased by 0.1 per cent from 79.3 per cent in Quarter 2 to 79.4 per cent in Quarter 3 of the 2020/21 financial year and remained below the Quarter 3 target of 90 per cent. Among the 4 438 clients who started on treatment from July to September 2020, 432 clients were lost during treatment. The increased loss to follow-up and high death rate impacted the ability to attain the 90 per cent target. TB mortality audits are being conducted and lost to follow-up strategies will be strengthened. The 9.7 per cent of the cohort that started TB treatment was lost during the course of TB treatment. During July to September 2021, the Johannesburg Health District had 187 people lost from treatment, contributing 43 per cent to the overall provincial lost to follow-up rate. The highest lost to follow-up was reported by the Tshwane Health District at 11.2 per cent followed by Johannesburg Health District at 11.1 per cent and the Sedibeng Health District at 8.9 per cent. However, lost to follow-up clients decreased by 1 per cent from 9.8 per cent during Quarter 2 of the 2020/21 financial year to 9.7 per cent during Quarter 3 of the 2020/21 financial year. During Quarter 3 of the 2021/22 financial year, the lost to follow-up rate was at 9.7 per cent which is above the set Quarter 3 threshold of below 5.5 per cent. The Department will continue with support visits to health facilities to strengthen tracing strategies, conduct data mop-up exercises, conduct District Performance Monitoring Room (DPMR) and quarterly performance reviews meetings by 31 March 2022 and intensify facility visits to strengthen lost to follow-up tracing strategies and implement proper management of the 3 Interlinked Electronic Registers (Tier.Net) line listing by facility staff and programme managers.

Priority 4: Strengthened Public Health Literacy and Health Promotion

The department's COVID-19 response included pharmaceutical interventions coupled and integrated into routine health services from July to December of 2021, with about 1.9 million people reached on various aspects of healthy lifestyles. All districts in the province continued to include healthy lifestyle messaging in their social mobilisation activities for COVID-19 and the Department further reached 7.4 million people on COVID-19 prevention measures from April to December in the 2021/22 financial year.

The department continued with its focus on reducing the high burden of disease for non-communicable diseases such as diabetes and hypertension. A total of 1 305 568 clients were screened for diabetes during Quarter 3 of the 2021/22 financial year; 846 209 of the clients screened were aged 18 to 44 and 459 359 were 45 years and older. Total clients screened for diabetes decreased by 4 per cent from 1 359 541 during Quarter 2 to 1 305 568 during Quarter 3 of the 2021/22 financial year. Among hypertensive clients, 1 404 146 clients were screened during Quarter 3 of the 2021/22 financial year; 986 154 were aged 18 to 44 and 417 992 were 45 and older. Clients screened for hypertension decreased by 5 per cent from 1 483 549 to 1 404 146 during Quarter 3 of the 2021/22 financial year.

To improve on the package of services available to the population and thus increase access to care, the department increased the number of CHCs providing 24-hour services from 34 to 36 in the 2021/22 financial year. The target for the year was attained since the second quarter with the inclusion of 2 CHCs (Boekenhout and Refentse) which started operating 24 hours a day during the current financial year.

In the process of integrating mental health services into routine health services, 222 beds from a total 3 196 beds available in District Hospitals have been repurposed to offer mental health care thus 7 per cent of the beds were repurposed to offer mental health care to users admitted for a 72-hour assessment. Regional hospitals have 180 beds from a total of 4 552; thus 3.95 per cent of beds are available for mental health care patients at that level of care. The beds allocated to offer acute mental health care in district and regional hospitals reached the annual target of 7 per cent and 3 per cent respectively during Quarter 3 of the 2021/22 financial year.

Priority 5: Strengthen governance and Leadership

To ensure stability in the health care system, the Department is filling various senior management positions and anticipates that the process should be completed by the end of March 2022. 89 per cent of hospital Chief Executive Officer (CEO) posts have been filled (33 out of the 37 posts). There are currently four vacancies, with appointment letters for two earmarked positions to be issued early in Quarter 4 of the 2021/22 financial year and the two remaining posts advertised during the same period.

Digitisation of business processes in the health sector was affected by COVID-19 and has since not picked-up as expected. This has impacted negatively on automation of systems. As a result, interventions to modernise the health system did not achieve their planned targets in areas including supply chain management processes and general project management. None of the CHCs implemented the Patient Archiving Communication System (PACS) system during Quarters 2 and 3 of the 2021/22 financial year. The award for the PACS took longer than anticipated due to delays in the supply chain management processes thus impacting on roll-out of the project. The Department plans to fast-track implementation of the PACS, commencing in Quarter 4 of 2021/22 at only 15 CHCs with radiological equipment and modification of the targets due to the PACS roll-out dependency. Implementation of this project depends on other major dependencies like radiological equipment which is available only in 15 CHCs; the remaining will only be available from first quarter of the new financial year. The service provider was to commence in Quarter 4 of 2021/22, following awarding of the contract.

Six of the thirty-three CHCs were able to integrate their health information systems, remaining below the target of having all CHCs implementing the integrated system. The delays were because acquisition was only finalised in December 2021. None of the hospitals was able to implement integration of systems during Quarter 3 of the 2021/22 financial year. Problems included delays in supply chain management processes; delivery was to be finalized during Quarter 4 of the 2021/22 financial year. Even though there was sluggish progress on other areas of digitisation and automation of business processes, all hospitals and CHCs have Local Area Network (LAN) connectivity.

A great deal still needs to be done to reduce the contingency liability related to medico-legal cases by 80 per cent at the end of the government term; slow progress is noted. The rand value of medico-legal claims increased to R17.7 billion from R16. 7 billion at the end of Quarter 4 of the 2020/21 financial year. The National Department of Health ceased payment of service providers CAJV (verification and auditing) as well as Integrated Forensic Accounting Services and, as a result, there are currently no service providers to verify data, audit records and investigate possible fraudulent claims. The Department is in the process of appointing a verification service provider to support the operations and is continuing to train mediators and implement internal control processes to minimise the incidence of medico-legal cases.

Priority 6: Economic empowerment and job creation

The Department continued to make efforts to reduce the backlog and the slow progress on infrastructure project implementation to ensure that all public health facilities provide quality services. During Quarter 3 of 2021/22, no facilities underwent major refurbishment or reconstruction. However, of the 13 Occupational Health and Safety (OHS) projects

planned, 7 have reached 'construction' stage: Dr Yusuf Dadoo, Dr George Mukhari, Jubilee, Weskoppies, Leratong, Bheki Mlangeni and Kopanong Hospitals. The GDID planned to complete the procurement process and sign awarded contracts by Quarter 4 of the 2021/22 financial year. The planned hospital infrastructure projects are not yet on construction stage and projects are experiencing regulatory challenges such as approval of building plans resulting in no new hospital being built.

From a total of 8 new PHC centres planned to be built during the 2021/22 financial year, Greenspark Clinic was at 99 per cent completion rate, requiring only additional health technology to be installed, Mandisa Shiceka is at 98 per cent completion rate; it was delayed as more land was needed to accommodate the additions to the existing structure and parking facilities. Boikhutsong Clinic, Finetown Clinic and Sebokeng Zone 17 Clinic are at 95 per cent completion. The project in the Boikhutsong Clinic is encroaching on an adjacent site and the GDID has requested the purchase of the site by GDOH. The contractor is working on snagging and remedial works. A council resolution has been received from the City of Tshwane Municipality regarding the purchase of the site and the department is awaiting the deeds of sale from them. The department wrote to GDID during December 2021 indicating acceptance of the offer and availability of budget. In the Finetown Clinic, the Department plans to pay City of Tshwane Municipality for adjacent land and the letter was sent from the GDID to the GDOH to pay directly to City of Tshwane Municipality so that attorneys can proceed with the land transfer and the letter is to be signed by the HOD of Health and a follow-up with City of Johannesburg is required. Sebokeng Zone 17 Clinic was at 95 per cent completion and is delayed because there is no bulk power supply to the clinic and there are issues with the land transaction. The clinic is expected to be complete by end of March 2022.

The Kekanastad Clinic is at 90 per cent completion with GDID planning to obtain an International Association of Drilling Contractors (IADC) recommendation for acquisition of land from DALRRD. The contractor is implementing works according to the approved CEs. The Boitumelo Clinic is at 2 per cent completion due to suspension of the contract pending investigation of the award; there were issues with various purchase orders that need to be resolved. The office of the Chief Financial Officer is to advise on regularisation of the contract and GDID is to expedite investigation by following up on legal opinion on termination of contract. Lastly, the Khutsong South Ext 2 Clinic is at 90 per cent planning stage; GDID presented the Project Execution Plan to the GDOH. The cost was found to be too high. GDOH is therefore to finalise approval of the Project Execution Plan and currently waiting for approval of Stage 3.

3. OUTLOOK FOR THE COMING FINANCIAL YEAR (2022/23)

Priority 1: National Health Insurance (NHI) Implementation

The Gauteng Department of Health commits to implementation of the NHI to ensure Universal Health Coverage (UHC). UHC means that all people from every community can have access to the preventative, curative, rehabilitative and palliative health services they need which will be of sufficient quality while also ensuring that the use of these services does not expose the user to financial hardship. The transition to NHI will be implemented in the next five years to expand access to quality health care. The department will enhance the organisational capacity of the districts and sub-districts and has a functional unit at the provincial head office to coordinate NHI activities in the province as a Gauteng Provincial Government-wide programme.

Various reforms to strengthen the health system will continue to be implemented to ensure readiness for NHI with priority given to strengthening PHC, Human Resources for Health, modernisation, quality assurance of health facilities and improved compliance with legislative and regulatory frameworks of the Occupational Health and Safety (OHS) Act. This wide range of reforms are part of the programme to strengthen the health systems and enable the Department to be ready for NHI accreditation. Provision and tracking of Ideal Clinic status and Ideal Hospital status through an accreditation system is ongoing as part of the process to assess readiness as well as implementation of various mitigation measures at assessed platforms. The safety of patients and staff remains central; thus, implementation of OHS interventions will continue. This is aimed at minimising any hazard as part of risk management strategies and employee wellness initiatives.

For the 2022/23 financial year, the department will ensure that a Human Resource for Health strategy is developed to address current inequities in the health system and strengthen the NHI coordinating structures at provincial and district levels thereby ensuring phasing-in of the structures at District Health Management Offices (DHMOs). The department will also work with the National Department of Health to ensure alignment with the draft NHI implementation plan which will contribute towards processing the NHI legislation.

Priority 2: Improved Patient Experience of Care

To improve the patient satisfaction rate, the Department will continue with its interventions to increase accessibility of health care services and ensure that comprehensive health care services are implemented at the PHC facilities. The provision of 24hour x-ray services in the CHCs will continue, thus avoiding the transfer of patients to hospitals for simple x-rays. The Department will continue to implement other strategies to reduce waiting times such as the Centralised Chronic Medication Dispensing and Distribution Programme which will be expanded to 1 100 000 stable chronic patients in the 2022/23 financial year. Furthermore, the 45 381 critical posts in all institutions will be filled. Recruitment of CEOs for Bertha Gxowa, Dr Yusuf Dadoo, Jubilee and Carletonville hospitals is underway. The Department will put in place measures such as listening to staff and providing regular feedback and non-monetary rewards to staff as part of improving the staff satisfaction rate to 60 per cent in the 2022/23 financial year.

The rising incidence of cancer patients is a concern for the health sector in Gauteng. Access to care for oncology patients will be improved in the 2022/23 financial year by allocating additional funds to procure and maintain linear accelerator machines critical for treating cancer patients.

We are resolute regarding the ongoing strengthening of PHC platforms which are the foundation of the health care system. In this regard, the Department will continue with the implementation of capacity building initiatives and training of Community Health Workers. It will also ensure that all the PHC facilities have stable leadership by filling vacant operations management positions and other critical core service positions at PHC levels.

The department will also be addressing service backlogs for surgical interventions to improve patient experiences of care. Backlogs relating to cataracts and arthroplasty will be prioritised. The department hopes to improve patient experience of care to 95 per cent by 2022/23 and ensure timely resolution of complaints across all health facilities.

Acceleration of improvements in the 10 priority facilities remains critical. Implementation of ICT modernisation projects and the Lean Management Project to reduce waiting times for out-patients, patients in A&E departments, registration and pharmacy service areas will continue. The prioritised 10 public hospitals are Bheki Mlangeni, Jubilee, Mamelodi, Tembisa, Tambo Memorial, Edenvale, Dr George Mukhari, Kopanong, Sebokeng and Thelle Mogoerane hospitals and 10 priority feeder CHCs are Alexander, Itereleng, Esangweni, Dawn Park, J Dumane, Soshanguve, Stanza Bopape, Temba, Boipatong and Levai Mbatha. The focus will remain on improving the overall quality of care for patients by achieving minimum waiting times in accordance with national standards, improving compliance with OHS standards and improving health outcomes. The Department will conduct hospital condition-based assessments at these institutions and aim to reduce the number of complaints from patients, improve the employee satisfaction rate and develop an Integrated Health Information system.

The Department will strengthen the management of incidents related to patient safety and improve the safety of patients and health care providers to reduce new medico-legal cases and incidents pertaining to patient safety. The Department will implement the approved security insourcing framework and the implementation plan for reducing security related incidents in health facilities.

The Department will continue to improve EMS response times in urban and rural areas for priority patients to 84 per cent and 100 per cent respectively by the end of 2022/23 financial year. The EMS services will be equipped to deal with complicated neonatal cases. Investment in specialised equipment to deal with these cases in the pre-hospital environment will remain a priority. The Department will finalise the integration of vehicle tracking and the roll-out of the Electronic Care Report (ECR). In addition, the process of acquiring a private ambulance service for aeromedical and road ambulance services will be finalised during 2022/23 financial year.

Priority 3: Improved Clinical Services

Reduction of maternal, neonatal, infant and child mortality will remain a priority and will be realised through implementation of the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA) aimed at reducing maternal mortality to below 116 per 100 000 live births in the 2022/23 financial year. The strategies will focus on strengthening Essential Steps in Managing Obstetric Emergency (ESMOE) training for doctors and mid-wives, intensifying mid-wife education and training and providing 24-hour maternity services in all CHCs and district hospitals. Management of teenage pregnancy and family planning services will be improved across all health facilities. The Department will strengthen efforts to increase the number of clients attending antenatal care before 20 weeks and establish caesarean hubs to help address elective caesarean sections.

The Department will aim to address neonatal mortality through reduction of mother to child transmission to below 1 per cent in 2022/23, increased post-natal coverage and the number of beds for neonatal patients as well as the number of staff and improve the functionality of the mid-wife obstetrics, Kangaroo Mother Care units and MomConnect.

In addition, the Department will strengthen strategies to reduce child mortality through improving Vitamin A supplementation and immunisation coverage for children below one year of age to 90 per cent in the 2022/23 financial year and strengthen infant feeding practices. The Department will also improve the management of severely malnourished children and children with severe diarrhoea and pneumonia to reduce the mortality rate. Health screening of learners in schools to address health barriers to learning through the Integrated School Health Programme will continue to be implemented.

The Department will strengthen interventions to reduce the burden of HIV and AIDS and TB by implementing the UNAIDS 90-90-90 strategy for HIV, TB and non-communicable diseases. The focus will be on the revitalisation of the HIV Testing Services (HTS) campaign and the intensification of interventions for the highest risk populations for HIV infections and transmission. It will also intensify ARV roll-out to initiate more people on ART treatment, implement strategies aimed at improving viral loads, implement an adherence strategy and improve the source and quality of data management to prevent the loss of TB clients by conducting follow-ups. HIV and TB services will be integrated with COVID-19 screening, testing and contact tracing.

The Department will continue to focus on reducing the high burden of disease from non-communicable diseases such as diabetes, hypertension and obesity amongst children. Strengthening of public literacy and health promotion through implementation of the Health and Wellness Programme will continue and screening health clients will remain a major strategy for the reduction of the burden of disease. Screening, testing and administering vaccines for COVID-19 will also continue.

To improve access to health services, the Department will increase the number of CHCs by converting clinics into CHCs through Memorandums of Understanding (MOUs). The focus will be on clinics in strategic areas without access to CHCs to facilitate full implementation of the CHC service package. The number of CHCs providing 24-hour service will be increased from 36 to 38 in the 2022/23 financial year.

In dealing with the COVID-19 pandemic, there remains the need to vaccinate the province's population to achieve herd immunity. A multi-sectoral team led by the Head of Department and the Chief Operations Officer for Health including MECs, Premier's Advisory Council (PAC) members, clinical governance members, health professionals, other experts and stakeholders has been established to implement the COVID-19 vaccination roll-out plan.

The National Department of Health will continue to be responsible for procurement of the vaccines and the province will be responsible for procurement of ancillary items such as needles, syringes, cooler boxes and other resources required for the COVID-19 vaccination roll-out programme.

Improving care through capacity development through various training programmes and providing opportunities for experiential learning for internships and community service professional remains key. In this regard the Department is streamlining the training landscape to ensure that an adequate number of internship and community service programmes can be supported.

Non-communicable diseases are a risk to long healthy lives for the Gauteng citizenry. Apart from implementation of primary prevention programmes, the Department intends to ensure that prevention efforts aimed at trauma through secondary and tertiary prevention interventions are implemented to minimise disability and improve the quality of care for patients who suffers from trauma.

Priority 4: Strengthened Health Literacy and Health Promotion

The Department will work to ensure that levels of literacy and community involvement are increased to drive the health, wellness and healthy lifestyle campaigns towards reduction of the burden of disease and ill-health. The focus will be on implementation of the Health and Wellness Programme and the Integrated School Health Programme which will include educating Grade 1 and 8 school learners. The Department will continue to increase the number of people reached on COVID-19 prevention measures through campaigns, radio slots and other media platforms. Mental health care services will be prioritised within the district health institutions and regional hospitals, with adoption of a multi-disciplinary team approach and an inter-sectoral approach involving civil society, business, labour and other sectors to respond to the mental health epidemic.

Priority 5: Strengthen governance and Leadership

The department will increase the digitisation of health business processes to achieve efficient business processes and paperless operations and improve the integrity of information. The focus will be on the development and implementation of a single integrated interoperable Health Information System and ensuring that health facilities electronically record clinical codes for patients' visits. In addition, the department will operationalise the Wi-Fi system, using smart phones to educate and disseminate information and facilitate tele-medicine. In addition, 33 CHCs will be implementing the Patient Archiving Communication System (PACS) in the 2022/23 financial year.

To improve the functionality of the governance structures at PHC and hospital level, the department was commencing with the evaluation of governance structures as at end of Quarter 4 of 2021/22 and payment of stipends for such groupings including streamlining the contributions that these structures can make to improving the performance of the health care system.

Financial management will be strengthened across the Department to obtain a clean audit by the end of term. Review of the funding model and recalibration of the budget in view of in-migration to the province will be a priority in the next five years. The Department will continue to eliminate fraud and corruption within the system whilst building capacity and strengthening internal controls for better financial management. In addition, potential medico-legal litigation will be minimised through review of internal processes and controls, training of mediators and implementation of the mediation model. The Department will also improve the provision of quality services and availability of electronic records to reduce medico-legal claims.

Priority 6: Economic Empowerment and Job Creation

The contribution to job creation as part of the health economy is key for the Department. In this regard, it plans to ensure that it continues to improve on the timeliness of supplier payments and inclusive participation of various vulnerable groups in particular persons with disabilities (PWDs), women and youth in the health economy. Opportunities for PWDs will include targeted posts and participation by organisations supporting PWDs in the maintenance of assistive devices. Youth are also earmarked for participation in the maintenance of medical emergency transportation as part of the Department's contribution to youth employment. Through the infrastructure programme, the Department plans to contribute to job creation through the Expanded Public Works Programme (EPWP).

The GDID was removed as an implementing agent for remedial work in Charlotte Maxeke Johannesburg Hospital because of delays in delivering on time and huge concerns about over-pricing for the refurbishment and construction work. The National and Provincial Health Departments are working with the Development Bank of Southern Africa as the implementing agent.

4. REPRIORITISATION

A total amount of R2.6 billion and R946.7 million is prioritised respectively in the 2022/23 and 2023/24 financial years to sustain the provision of quality health care services by the department.

Reprioritisation is within the programme and between standard items to cater for essential and non-negotiable items and due to provincialisation of EMS and to make provision for the newly appointed EMS personnel. In addition, funds are also set aside for the recapitalisation of existing ambulances.

The following key considerations informed the budget reprioritisation exercise:

- Funding of the current staff establishment
- Investment in recapitalisation and replacement of the EMS fleet
- Continuous infrastructure maintenance, refurbishment and upgrading
- Health care utilisation trends across facilities and funding of the 10 identified priority hospitals
- Increased bed capacity as a response to the effects of COVID-19
- Realignment of conditional grant budget to align with business plans of the National Tertiary Services Grant and Health Professions Training and Development Grant and to fund COVID-19 activities

5. **PROCUREMENT**

The procurement and contract management processes in the Department still call for substantial improvement. The Department will therefore robustly review these processes in its quest to continue to implement cost containment measures, enhance contract management and realise efficiency gains. The Department will achieve this through:

- Implementing strategic sourcing for identified commodities by arranging departmental own term contracts. This will include arrangement of a travel management services contract in line with the National Travel Policy Framework (NTPF)
- A phased-in implementation approach to reducing procurement of goods and services by means of limiting invitations on price quotations
- Increased participation in transversal contracts arranged by the national and provincial Treasuries; this will assist in gaining economies of scale
- Limiting procurement of non-essential commodities
- Implementing a contract management system to flag the expiry of contracts at least six months prior to expiry.

The Department will strengthen and implement improved control measures and where appropriate implement consequence management to reduce the irregular expenditure that can result from inappropriate application of the supply chain management process by ensuring that no cases are split, and no extensions of contract are granted because of poor planning

The Department will also ensure that it is represented at all bid committees of its implementing agent (GDID) and arrange the transversal term contracts for consignment stocks. The Department will continue to uphold accepted principles of procurement by ensuring that all contracts are awarded within the validity period and in a manner that is fair, equitable, transparent, competitive and cost-effective.

The Department will align all SCM policies, SCM charters, SCM compliance checklists, Delegations of Authority and Standard Operating Procedures (SOPs) with the latest SCM reforms to ensure continuous improvement. The Department will also conduct SCM training for all SCM officials to ensure ethical conduct and adherence to SCM prescripts. The Department is also in the process of filling all critical vacant SCM posts to ensure adequate segregation of responsibilities.

The Department has established SCM Forums through which any updates to SCM reforms and SCM prescripts are timeously communicated across all health institutions.

The Department together with Gauteng Provincial Treasury is in the process of rolling out SAP Inventory Management throughout all health institutions. To date, this has been successfully implemented at Steve Biko Hospital. Other institutions will follow a close-out report on Steve Biko Hospital; rollout has begun in Dr George Mukhari Hospital.

To address and reduce irregular expenditure, the Department will appoint suitably qualified and experienced officials to various Compliance Committees including the Loss Control Committee. The Department is in the process of obtaining condonation of previous irregular expenditure to reduce the value of irregular expenditure as disclosed in the annual financial statements.

RECEIPTS AND FINANCING 6.

6.1 **Summary of receipts**

TABLE 4.1: SUMMARY OF RECEIPTS: HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Equitable share	36 154 045	38 961 453	45 191 668	43 285 938	45 879 717	45 879 717	45 004 716	44 418 873	46 365 303
Conditional grants	9 856 515	11 712 204	13 643 935	13 219 328	13 745 793	13 745 793	14 421 682	13 789 598	14 253 628
District Health Programmes Grant	3 987 506	4 687 884	5 928 558	5 955 802	5 967 355	5 967 355	6 295 969	5 793 999	6 054 204
Social Sector EPWP Incentive Grant For Provinces	1 404	25 492	30 524	24 746	25 005	25 005	17 980		
Health Facility Revitalisation Grant	779 939	859 012	968 210	965 871	965 871	965 871	1 058 859	1 038 555	1 070 959
Human Resources and Training and Grant	947 885	1 252 538	1 400 294	1 342 762	1 501 062	1 501 062	1 872 229	1 879 548	1 825 127
National Health Insurance Grant		53 579	53 674	49 859	49 859	49 859	90 399	89 393	91 222
National Tertiary Services Grant	4 137 621	4 831 512	5 144 483	4 878 070	5 234 423	5 234 423	5 083 886	4 988 103	5 212 116
EPWP Integrated Grant For Provinces	2 160	2 187	2 196	2 218	2 218	2 218	2 360		
Provincial Disaster Relief Grant			115 996						
Total receipts	46 010 560	50 673 657	58 835 603	56 505 266	59 625 510	59 625 510	59 426 398	58 208 471	60 618 931

The 2022 MTEF budget was prepared amid implementation of the provincial Comprehensive Health Response to the COVID-19 pandemic which saw the first, second, third and fourth waves having a huge impact on health sector resources and required extensive budget reprioritisation. Furthermore, there was continuous fluctuation in revenue collection primarily because of lockdown. The overall allocation of resources was impacted by fiscal consolidation cuts in the 2021/22 financial year aimed at reducing the projected budget deficit.

The total appropriation increases by R2.9 billion from R56.5 billion in 2021/22 to R59.4 billion in the 2022/23 financial year. A total additional amount of R2.8 billion is added to the equitable share in 2022/23 of which R1.2 billion is for implementation of the public sector wage agreement and R1.6 billion is earmarked for winning the battle against the COVID-19 pandemic through the implementation of the Comprehensive Health Response to the COVID-19 pandemic. The R1.6 billion for the COVID-19 Response Plan includes R1.1 billion to enable the department to retain existing COVID-19 staff appointed on contract ending 31 March 2023, R400 million for the procurement of consumable supplies (PPE), R39.3 million for the appointment of Occupational Health and Safety (OHS) practitioners, R25 million for medical supplies and R28.9 million for rental and hiring of equipment used in the COVID-19 Response Plan. Over the 2022 MTEF, a total of R595.8 million is added to compensation of employees in the outer two years as a baseline adjustment and the carry-through effect of the additional funds allocated for consumable supplies, medical supplies, rental and hiring of equipment and the OHS practitioners is factored into the equitable share.

The net increase in the baseline budget mentioned above is however offset by baseline reductions implemented in the previous financial years due to fiscal consolidation, the wage freeze for public servants and other budget cuts.

The total conditional grant allocation grows from a main appropriation of R13.2 billion in 2021/22 to R14.4 billion in 2022/23, an increase of 1 per cent. The minimal increase is informed by additional funds totalling R989.5 million which were added to conditional grants in 2022/23 of which R577 million was added to the Human Resources and Training grant under the Statutory Human Resources Component to fund the intake of additional medical interns. The remaining amounts of R103 million was added to the National Health Insurance grant to increase capacity at central hospitals for oncology services and R250 million to the District Health Programmes grant to enable the department to continue with administering the COVID-19 vaccination roll-out programme.

The District Health Programmes grant increases from a main appropriation of R5.9 billion in 2021/22 to R6.3 billion in 2022/23 which includes R447 million earmarked for the Comprehensive Health Response to COVID-19 which will be used towards COVID-19 Response Plan and administering the vaccine roll-out programme. It should be noted that the multiple components previously found in the conditional grant were collapsed to form two main components due to challenges in managing the multiple components. The two main components are the Comprehensive HIV/AIDS Component (made up of HIV/AIDS and the TB component) and the District Health Component (made up of Community Outreach, Malaria, HPV and COVID-19 components). The components that were previously created for Mental Health and Oncology were shifted to the direct National Health Insurance Grant hence this grant's allocation grow from R49.8 million in 2021/22 to R90.4 million in the 2022/23 financial year. The name of the HIV, TB, Malaria and Community Outreach Grant changed to the District Health Programmes Grant.

6.2 **Departmental receipts**

TABLE 4.2: SUMMARY OF DEPARTMENTAL RECEIPTS

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Sales of goods and services other than capital assets	648 660	628 763	464 510	482 278	482 278	482 278	501 570	521 632	545 105
Transfers received			177						
Fines, penalties and forfeits	95	54	20	72	72	72	75	78	82
Interest, dividends and rent on land	764	915	398	1 645	1 645	1 645	1 710	1 780	1 860
Sales of capital assets		4 301	11 147			4 610			
Transactions in financial assets and liabilities	131 284	94 212	37 352	36 005	36 005	36 005	37 445	38 943	40 695
Total departmental receipts	780 803	728 245	513 604	520 000	520 000	524 610	540 800	562 433	587 742

The classification of departmental receipts is sales of goods and services other than capital assets; transfers received; fines, penalties, and forfeits; interest, dividends and rent on land; sales of capital assets; and transactions in financial assets and liabilities.

The department's own revenue is generated mainly from patient fees. This revenue stream is also one of the major revenue sources for the entire province. Other sources include sales of goods and services other than capital assets; transfers received; fines, penalties, and forfeits; interest; dividends and rent on land, and transactions in financial assets and liabilities. Patient fees are adjusted annually in line with the Consumer Price Index (CPI) as determined by the National Department of Health.

Interest, dividends and rent on land consist of interest from revenue associated with ownership of interest-bearing financial instruments. The department's interest is generated from staff debt which is collected and administered by Gauteng Department of e-Government. Transactions in financial assets and liabilities consist of debt owed to the department as well as refunds relating to previous financial year expenditure.

The 2021/22 main appropriation was revised from R520 million to a slight increase of R540 million in 2022/23 due to the negative impact of the COVID-19 pandemic on revenue collection initiatives across the service delivery platform. Over the 2022 Medium Term Revenue Framework (MTRF), the department projects to collect R540 million in 2022/23 which is expected to increase to R587 million in 2024/25. This excludes the collection of once-off prior years' recoveries which featured prominently in prior years when the department had challenges with its banking facilities.

7. PAYMENT SUMMARY

The following key assumptions were applied when compiling the 2022 MTEF budget:

- Resource allocation to patient care and safety and strengthening of and investment in PHC to provide treatment at the appropriate level
- Maternal and neo-natal care programme funding
- Mental health care and Occupational Health and Safety improvements
- Filling of critical posts and integration of community health care workers
- Reprioritization of baseline to sustain funding to existing priorities, particularly the recapitalization and replacement of the EMS fleet, payment of municipal services and provision of blood services, medicine, and medical supplies at all facilities
- Provision for the non-negotiable line items as approved by the National Department of Health to improve the quality of health services
- Provision for the introduction of the stimulus package posts funded through the Statutory Human Resources grant and the health professions contracting through the HP Contracting component of the National Health insurance grant over the 2022 MTEF
- Shifting budget from non-core items to core services
- Phased-in approach for in-sourcing security services
- e-health investment in the facilities
- Cost of living adjustments as per the current wage bill agreement, pay progression, housing, and other allowances
- Improvements in conditions of service and the Occupational Specific Dispensation (OSD) for various categories of employees
- Re-classification of hospitals and equitable resource allocation.

7.1 Programme summary

TABLE 4.3: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
1. Administration	1 360 786	1 481 446	3 695 016	1 242 528	1 292 275	2 016 696	1 444 146	1 682 406	1 874 783
2. District Health Services	14 516 480	15 895 452	17 959 247	19 596 571	20 476 521	20 522 120	20 341 822	19 737 973	20 467 849
3. Emergency Medical Services	1 330 508	1 539 781	1 680 801	1 566 846	1 619 305	1 619 305	1 629 684	1 680 508	1 721 766
4. Provincial Hospital Services	8 686 653	9 224 458	9 905 850	10 622 660	11 081 898	11 098 568	10 986 544	11 095 697	11 449 567
Central Hospital Services	17 134 257	19 064 441	19 254 052	19 602 614	20 992 307	21 527 087	21 068 239	20 322 551	21 334 741
6. Health Sciences And Training	1 106 708	1 045 256	787 210	1 207 990	1 285 400	1 285 400	1 106 493	1 192 869	1 222 951
7. Health Care Support Services	339 048	368 944	388 844	390 385	414 874	414 874	412 718	414 651	424 081
8. Health Facilities Management	1 536 120	2 053 885	4 041 357	2 275 672	2 462 930	2 462 930	2 436 752	2 081 816	2 123 193
Total payments and estimates	46 010 560	50 673 663	57 712 377	56 505 266	59 625 510	60 946 980	59 426 398	58 208 471	60 618 931

7.2 Summary of economic classification

TABLE 4.4: SUMMARY OF PROVINCIAL PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	42 139 596	46 323 290	51 508 233	52 071 348	54 615 144	55 673 932	54 811 436	54 030 140	56 418 175
Compensation of employees	26 902 299	29 203 076	31 474 850	33 323 206	35 829 428	36 605 849	35 743 691	33 981 323	35 889 387
Goods and services	15 229 503	17 117 833	20 031 799	18 748 142	18 785 716	19 067 153	19 067 745	20 048 817	20 528 788
Interest and rent on land	7 794	2 381	1 584			930			
Transfers and subsidies to:	2 293 095	2 310 826	1 787 316	1 800 539	1 800 575	2 061 656	1 706 932	1 828 200	1 828 200
Provinces and municipalities	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480
Departmental agencies and accounts	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955
Higher education institutions	13 421	1 488	12 871	16 309	16 309	16 309	17 092	17 844	17 844
Non-profit institutions	615 281	672 292	602 710	705 868	705 868	705 868	719 860	776 524	776 524
Households	921 439	909 517	627 894	583 158	583 194	844 275	453 646	494 397	494 397
Payments for capital assets	1 572 106	2 035 549	4 416 802	2 633 379	3 209 791	3 211 374	2 908 030	2 350 131	2 372 556
Buildings and other fixed structures	785 617	451 786	2 419 098	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Machinery and equipment	786 489	1 583 763	1 997 704	1 291 899	2 031 358	2 031 358	1 572 110	1 415 271	1 416 142
Software and other intangible assets						1 583			
Payments for financial assets	5 763	3 998	26			18			
Total economic classification	46 010 560	50 673 663	57 712 377	56 505 266	59 625 510	60 946 980	59 426 398	58 208 471	60 618 931

The budget allocated to Programme 1: Administration increases from a main appropriation of R1.2 billion in the 2021/22 financial year to R1.4 billion in the 2022/23 financial year. The increase is attributable to centralised procurement of consumable supplies and warehouse rental for COVID-19. The administration programme also makes provision for, amongst others, the application of the Policy and Procedure on Incapacity Leave and III Health and Retirement, payment of revenue collecting agencies for the department to benefit from the Revenue Incentive Scheme and investment in an integrated health information system. R3.6 million over the 2022 MTEF is earmarked for the appointment of probity auditors for commitments and tenders above the R500 000 threshold.

Programme 2: District Health Services increases slightly from a main appropriation of R19.6 billion in 2021/22 to R20.4 billion in the 2022/23 financial year due to the increased COVID-19 component of the conditional grant allocation. Over the 2022 MTEF, funding is earmarked for accelerating the provision and improvement of PHC services through ward-based outreach teams, district clinical specialist teams and integrated school health services. Existing funds within the baseline are made available to broaden access to quality public healthcare by implementing the 24-hour extension of services within CHCs. Furthermore, strengthening of district mental healthcare services has been allocated funds to implement the three types of mental health teams: district specialist mental healthcare, clinical community psychiatric and NGO governance compliance teams.

The budget allocated to Programme 3: Emergency Medical Services (EMS) increases from a main appropriation of R1.566 billion in 2021/22 to R1.6 billion in the 2022/23 financial year. Funds are reprioritised from transfers to municipalities to compensation of employees and goods and services within the EMS programme following the final phased completion of the provincialisation of the Ekurhuleni EMS. The final phase of the provincialisation of EMS was completed during the 2020/21 financial year. A slight increase of R52.4 million is aimed at accommodating the 2021 wage settlement agreement.

Over the four-year period 2021/22 to 2024/25, the budget of Programme 4: Provincial Hospital Services increases by R826.9 million. The slow and marginal increase is because of the increased allocation for the Mental Health Component conditional grant and the allocation towards the 2021 wage agreement. Additional funding was made available to increase acute bed capacity for persons with severe and/or profound intellectual disability and mental illness.

The budget in Programme 5: Central Hospital Services increases from a main appropriation of R19.6 billion in 2021/22 to R21.1 billion in the 2024/25 financial year. The increase is to accommodate the 2021 public sector wage agreement. The programme is also funding the Nelson Mandela Children's Hospital that provides specialised paediatric services to the country and the Southern African Development Community (SADC) region. These specialised services are being introduced through a phased approach. The hospital is funded through the National Tertiary Services grant and has not been spared the effects of fiscal consolidation.

Over the 2022 MTEF, the budget of Programme 6: Health Science and Training increases by R116 million to support employee bursary holders and to support the South African Cuban Doctor programme which is aimed at addressing the shortage of doctors in the country. Funds are allocated to align and to comply with the implementation of the newly introduced nursing curriculum, to fill new posts and to procure stimulation training and development equipment as well as additional learning and teaching material. The slow and marginal increase in the programme budget is attributable to the 2021 public sector wage agreement.

The budget of Programme 7: Health Care Support Services increases by R11.3 million from 2022/23 to 2024/25 to provide for laundry and pre-packed food services. The effects of increasing food price inflation have over the years been adding pressure on the adequacy of the allocation within this programme.

Programme 8: Health Facilities Management is funded through the equitable share and the Health Facility Revitalisation Grant and is geared towards improving and maintaining health infrastructure. This programme's budget grows slightly from a main appropriation of R2.2 billion in 2021/22 to R2.4 billion in the 2022/23 financial year.

The compensation of employees' budget remains stagnant from R33.2 billion in 2021/22 to R35.2 billion in the 2023/24 financial year because of salary freeze implemented in the 2021 MTEF budget process as well as fiscal consolidation to reduce the budget deficit. An amount of R1.1 billion is made available in 2022/23 as compared to R2.4 billion made available during the 2021/22 financial year for retention of COVID-19 capacity. Priorities continue to include provision for the extension of 24hour services and strengthening of mental health care. Additional funds were allocated to accommodate the 2021 public sector wage agreement.

The allocation for goods and services increases from R18.7 billion in 2021/22 to R19.6 billion in the 2022/23 financial year, an increase of 1 per cent. The increase is attributable to amongst others funding allocated for the re-engineering of PHC and additional funding for the Health Revenue Incentive Scheme. The increase will assist with strengthening mental healthcare services through increasing contracted bed capacity. The main cost drivers in the goods and services budget are medical supplies, medicine, inventory food and food supplies, laboratory services, consumables supplies and property payments which are non-negotiable items.

The budget for transfer payments decreases from a main appropriation of R1.8 billion in 2021/22 to R1.7 billion in the 2022/23 financial year. The budget for transfers to provinces and municipalities increases from R470.5 million in 2021/22 to R490.5 million in the 2022/23 financial year. Transfers to departmental agencies and accounts increases from R25.8 million in 2022/23 to R26.9 million in the 2024/25 financial year because of payments to the Health and Welfare Sector Training Authority (HW-SETA) for skills development and training of health professionals on behalf of the department. Transfers to households includes provision for bursaries in relation to the South African Cuban doctor programme and decreases from R583.2 million in 2021/22 to R453.7 million in 2022/23 due to reduced intake and funds are for the expected last batch of students who will be completing their studies.

The machinery and equipment budget increases from R1.2 billion in the 2021/22 to R1.4 billion in the 2022/23 financial year. The increase is to accommodate the revised National Tertiary Services grant business plan. Through this budget, the department will be enabled to continue its investment in the recapitalisation and replacement of ambulances for the purpose of improving response times. The budget for machinery and equipment also caters for replacement and procurement of oncology and radiology equipment at central and tertiary hospitals.

7.3 Infrastructure payments

7.3.1 Departmental infrastructure payments

Please refer to the 2022 Estimates of Capital Expenditure (ECE).

7.3.2 Departmental public-private partnership (PPP) projects

N/A.

7.4 Transfers

7.4.1 Transfers to public entities

N/A.

7.4.2 Transfers to other entities

TABLE 4.5: SUMMARY OF DEPARTMENTAL TRANSFERS TO OTHER ENTITIES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
HIV/AIDS NPI	73 651	103 328	86 362	110 429	110 429	110 429	94 208	120 500	125 910
Nutrition	55 984	61 827	4 591	68 814	68 814	68 814	72 117	75 290	78 671
Mental Health NPI	150 495	201 707	186 164	226 997	226 997	226 997	236 061	246 447	257 512
EPWP NPI	120 346	38 243							
Witkoppen Clinic	13 115	14 053	8 593	15 641	15 641	15 641	16 392	17 113	17 881
HW-SETA	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	28 165
Universities	13 421	14 653	12 871	16 309	16 309	16 309	17 092	17 844	18 645
Nelson Mandela Children Hospital	200 000	300 000	317 000	282 000	282 000	282 000	299 000	315 000	329 144
Specialised Services NPI	1 690	1 785		1 987	1 987	1 987	2 082	2 174	2 272
Total departmental transfers	649 664	757 731	638 933	746 813	746 813	746 813	762 771	821 323	858 200

The department continues to work in partnership with non-profit institutions, universities and the HW-SETA to ensure delivery of services according to the set targets. There is an increase in transfers to non-profit institutions from R746.8 million in 2021/22 to R783.9 million in 2022/23. The largest allocation is made to the Nelson Mandela Children's hospital and the second largest transfer budget is allocated to the provision of mental health services. In total, mental health NPIs receive R236 million in the 2022/23 financial year. The allocation for the mental health programme is mainly to provide for mental health services within the five health districts through non-profit institutions. It increases from R226.9 million in 2021/22 to R236 million in the 2022/23 financial year.

7.4.3 Transfers to local government

TABLE 4.6: SUMMARY OF DEPARTMENTAL TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Category A	705 947	688 377	498 118	447 750	447 750	447 750	466 556	487 443	487 443
Category B									
Category C	16 045	17 017	22 371	22 818	22 818	22 818	23 959	25 037	25 037
Total departmental transfers	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480

Transfers of funds to local government are made to provide funding for primary health care and HIV and AIDS services. These services are provided through the district councils.

The overall allocation for transfers to local government increases from R470.6 million in 2021/22 to R490.5 million in 2022/23. Transfers for PHC and HIV and AIDS services benefit the three metros (Tshwane, Ekurhuleni, and Johannesburg) and the districts of Sedibeng and West Rand. The transfers support the rendering of comprehensive PHC services according to service level agreements to sustain the ward-based door-to-door HIV and AIDS education programmes and to promote safe-sex behaviour (HIV/AIDS prevention).

8. PROGRAMME DESCRIPTION

PROGRAMME 1: ADMINISTRATION

Programme description

The purpose of this programme is to provide strategic management and overall administration to the GDoH through the subprogrammes Office of the MEC and Management.

Programme objectives

- Rendering of advisory, secretarial and office support services
- Policy formulation, overall management and administrative support of the Department and the respective regions and institutions within the Department.

Policies and priorities

- Improve audit outcomes
- Implement SCM policy and preferential procurement policy framework, including the BBBEE framework
- Digitalisation of health services
- Improving human resources for health
- Improving financial management and accountability
- Strengthening leadership, management and governance
- Reducing medical litigation and claims
- Employee Value Proposition (EVP) framework
- Implement Lean Management Programme
- Compliance with the COVID-19 Risk Adjusted Strategy.

TABLE 4.7: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
1. Office Of The MEC	10 038	17 051	16 068	25 364	25 528	25 528	24 693	25 779	26 617
2. Management	1 350 748	1 464 395	3 678 948	1 217 164	1 266 747	1 991 168	1 419 453	1 656 627	1 848 166
Total payments and estimates	1 360 786	1 481 446	3 695 016	1 242 528	1 292 275	2 016 696	1 444 146	1 682 406	1 874 783

TABLE 4.8: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: ADMINISTRATION

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	s	
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	767 466	997 922	2 940 737	1 227 538	1 235 156	1 698 496	1 431 053	1 668 737	1 861 114
Compensation of employees	410 609	429 366	442 839	555 233	563 309	563 309	559 963	769 565	805 746
Goods and services	356 809	567 539	2 496 314	672 305	671 847	1 134 257	871 090	899 172	1 055 368
Interest and rent on land	48	1 017	1 584			930			
Transfers and subsidies to:	588 392	470 415	395 238	3 427	3 427	264 508	3 595	3 753	3 753
Provinces and municipalities									
Non-profit institutions									
Households	587 826	470 415	395 238	3 427	3 427	264 508	3 595	3 753	3 753
Payments for capital assets	4 814	13 002	359 034	11 563	53 692	53 692	9 498	9 916	9 916
Buildings and other fixed structures									
Machinery and equipment	4 814	13 002	359 034	11 563	53 692	53 692	9 498	9 916	9 916
Payments for financial assets	114	107	7						
Total economic classification	1 360 786	1 481 446	3 695 016	1 242 528	1 292 275	2 016 696	1 444 146	1 682 406	1 874 783

Expenditure in the programme increases from R1.4 billion in 2018/19 to an estimated R1.4 billion in the 2022/23 financial year. The on-going administrative support provided to the entire department including the modernisation of the health information system, the centralisation payment of medico-legal claims and the procurement of personal protective equipment contributed to the growth in the expenditure.

The budget of the programme increases from the main allocation of R1.2 billion in 2021/22 to R1.4 billion in the 2022/23 financial year due to the centralised procurement of consumable supplies or personal protective equipment which forms part of the comprehensive response to the COVID-19 pandemic. Funds are allocated to pay revenue collecting agencies and are earmarked for the planned investment in an integrated health information system.

SERVICE DELIVERY MEASURES

PROGRAMME 1: ADMINISTRATION

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Audit opinion from Auditor General	Unqualified	Unqualified	Unqualified	Unqualified		
Percentage of budget spent on Township enterprises against identified commodities	30%	30%	30%	30%		
Percentage of service providers' invoices without dispute paid within 30 days	70%	80%	80%	80%		
Percentage of women in senior management posts	46%	49%	50%	50%		
Percentage of hospitals compliant with Occupational health and safety	19%	97%	100%	100%		
Number of priority hospitals and clinics implementing Lean Management System	13	16	20	20		
Rand value of medico-legal claims	R 17.6 billion	R 15.5 billion	R 11 billion	R 11 billion		
Percentage of CHCs implementing PACS	91%	100%	100%	100%		
Percentage of CHC's with Integrated Health Information systems	100%	100%	100%	100%		
Percentage of hospitals with Integrated Health Information systems	41%	100%	100%	100%		
Percentage of indicators tracked through the functional Population health Observatory	50%	75%	100%	100%		
Percentage of Forensic Pathology Management Information Systems implemented	100%	100%	100%	100%		

PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme description

The purpose of the programme is to render primary health care services, district hospital services, comprehensive HIV and AIDS care and nutrition. It includes the delivery of priority health programmes.

Programme objectives

- Planning, administration and management of district health services
- Rendering a primary health service in respect of health promotion non-communicable diseases, geriatrics, eye health, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, mental health, communitybased services environmental health services, travel health services and other services
- Rendering integrated community-based services
- Rendering a mother, child and women's health programme
- Rendering a primary health care service in respect of HIV and AIDS campaigns and special projects
- Rendering a nutrition service aimed at specific target groups and combining direct and indirect nutrition interventions to address malnutrition
- Rendering coroner services
- Rendering a hospital service at District level.

Policies and priorities

- Maternal, neonatal, infant and child morbidity and mortality reduced
- Stunting among children reduced
- Obesity among children reduced
- Patient experience of care in public health facilities improved
- Health facilities ready for NHI accreditation
- Management of patient safety incidents
- Improved to reduce new medico-legal cases
- Safety of patients and health providers in health facilities improved
- Compliance with national core standards at District level
- Implementing the UNAIDS 90-90-90 strategy
- Promotion of health, wellness and happiness to reduce high burden of disease
- Reduction of HIV and AIDS and TB-related morbidity and mortality
- Reduction of pre- mature mortality from non-communicable diseases
- Intensify implementation of Mental Health Act
- Compliance with COVID-19 Risk Adjusted Strategy.

Table4.9: SUMMARY OF PAYMENTS AND ESTIMATES: DISTRICT HEALTH SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25	
District Management	527 767	676 273	826 373	1 207 502	1 481 801	1 260 121	1 191 267	1 053 387	1 086 103	
2. Community Health Clinics	2 382 980	2 365 449	2 475 289	2 709 426	2 740 233	2 740 233	2 724 179	2 775 527	2 837 007	
3. Community Health Centres	1 941 214	1 970 765	2 064 122	2 390 526	2 413 548	2 293 055	2 436 121	2 529 748	2 610 644	
4. Community Based Services	2 082 026	2 191 503	2 445 328	2 469 219	2 616 138	3 055 695	2 521 215	2 596 057	2 670 207	
5. Hiv, Aids	4 096 480	4 862 623	5 986 583	6 207 909	6 230 575	6 230 575	6 530 874	6 039 240	6 375 895	
6. Nutrition	55 993	58 586	4 591	68 814	68 814	68 814	72 117	75 290	75 290	
7. Coroner Services	225 305	245 116	263 857	337 155	359 872	308 087	329 631	319 211	329 410	
8. District Hospitals	3 204 715	3 525 137	3 893 104	4 206 020	4 565 540	4 565 540	4 536 418	4 349 513	4 483 293	
Total payments and estimates	14 516 480	15 895 452	17 959 247	19 596 571	20 476 521	20 522 120	20 341 822	19 737 973	20 467 849	

TABLE 4.10: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	:S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	13 566 475	14 958 811	16 896 832	18 462 776	19 352 246	19 397 827	19 087 097	18 496 931	19 225 436
Compensation of employees	7 762 182	8 789 007	10 019 369	10 565 916	11 465 329	12 241 750	11 335 683	10 578 250	11 074 042
Goods and services	5 804 293	6 169 804	6 877 463	7 896 860	7 886 917	7 156 077	7 751 414	7 918 681	8 151 394
Interest and rent on land									

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Transfers and subsidies to:	825 077	808 032	760 127	927 550	927 550	927 550	942 120	1 010 578	1 010 578
Provinces and municipalities	383 478	404 259	445 569	470 568	470 568	470 568	490 515	512 480	512 480
Departmental agencies and accounts									
Non-profit institutions	415 281	372 292	285 710	423 868	423 868	423 868	420 860	461 524	461 524
Households	26 318	31 481	28 848	33 114	33 114	33 114	30 745	36 574	36 574
Payments for capital assets	122 969	127 266	302 272	206 245	196 725	196 725	312 605	230 464	231 835
Buildings and other fixed structures									
Machinery and equipment	122 969	127 266	302 272	206 245	196 725	196 725	312 605	230 464	231 835
Software and other intangible assets									
Payments for financial assets	1 959	1 343	16			18			
Total economic classification	14 516 480	15 895 452	17 959 247	19 596 571	20 476 521	20 522 120	20 341 822	19 737 973	20 467 849

The total budget of the programme decreases slightly by R94.5 million from a main appropriation of R19.5 billion in 2021/22 to R20.3 billion in the 2022/23 financial year. The sub-programme HIV, AIDS increases slightly from R6.2 billion in 2021/22 to R6.5 billion in 2022/23 and is primarily aimed at funding the Universal Test and Treat campaign. The programme is funded through allocation of the District Health Programmes grant which has two components: the District Health component and the Comprehensive HIV/AIDS component. The Community Outreach Programme, the Human Papillomavirus programme and the COVID-19 programme have been merged and renamed the District Health component from the 2022/23 financial year. The HIV/AIDS programme and the Tuberculosis programme were merged and renamed the Comprehensive HIV/AIDS component. Health Professions Contracting and Mental Health Services were merged and renamed National Health Insurance.

Funds are also made available to improve services offered by the priority hospitals identified by the Gauteng Premier and the Gauteng MEC for Health. Increases within the Community Health Centres and Community Based Services sub-programmes are due to additional funds made available to enable broadening of access to quality public healthcare by implementing the 24-hour extension of services within the community health centres. Strengthening of district mental healthcare services has been allocated additional funds to implement the three types of mental health teams: district specialist mental healthcare, clinical community psychiatric and NGO governance compliance teams.

The budget for compensation of employees increases from R10.5 billion in 2021/22 to R10.8 billion in the 2022/23 financial year. This budget provides for the implementation of the 2021 public sector wage agreement and specifically the payment of a non-pensionable cash gratuity to public servants in the 2022/23 financial year. The baseline allocation still prioritises implementation of the 24-hour extension of community health services as well as strengthening mental healthcare services.

Over the 2022 MTEF, the allocation for goods and services increases from R7.8 billion in 2021/22 to R8.1 billion in the 2024/25 financial year. This allocation is earmarked for, amongst others, purchasing of medicine, medical supplies, and laboratory services. This programme will embark on public education aimed at promoting the utilisation of primary healthcare facilities as a measure to decongest hospitals which offer higher levels of care. The public will through this programme be encouraged to consult clinics and community health centres before going to hospitals.

SERVICE DELIVERY MEASURES

PROGRAMME 2: DISTRICT HEALTH SERVICES

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Patients experience of care satisfaction rate	95.2%	95.2%	95.2%	95.2%		
Severity assessment code (SAC) 1 incident reported within 24 hours	75.0%	95%	94.7%	95%		
rate						
Patient Safety Incident (PSI) case closure rate	70%	70%	80%	80%		
Ideal clinic status obtained rate	90.2%	90.5%	90.5%	90.5%		
Mother Child and Women's Health (MCWH)						

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Maternal Mortality in facility Ratio per 100 000 live births	<90/100000 live	116/100000 live	115/100000 live	113/100000 live		
, , ,	births	births	births	births		
Child under 5 years diarrhea case fatality rate	<2%	2.5%	2.4%	2.3%		
Child under 5 years pneumonia case fatality rate	<2.3%	2.3%	2.1%	2%		
Child under 5 years Severe acute malnutrition case fatality rate	0%	7%	7%	7%		
Death under 5 years against live birth rate	1.6%	1.6%	1.5%	1.4%		
Neonatal death in facility Rate	12.0%	12.0%	11.5%	11%		
Antenatal 1st visits before 20 weeks rate	74%	68%	70%	74%		
Delivery 10 to 19 years in facility rate	10%	10%	10%	9.8%		
Mother postnatal visit within 6 days rate	85%	85%	85%	87%		
Couple year protection rate	40%	42%	43%	45%		
Vitamin A dose 12–59-month coverage	50%	53%	55%	57%		
Infant PCR test positive around 10 weeks rate	<1%	12.5%	12%	11.5%		
Live birth under 2500g in facility rate	13%	90%	90%	90%		
Immunisation under 1 year coverage	90.0%	90.0%	92.0%	95.0%		
Measles 2nd dose coverage	90%	88%	90%	92%		
HIV, AIDS STI and TB (HAST)						
ART Adult remain on ART end of period	1 416 480	1 517 686	1 136 123	1 416 480		
ART child under 5 years remain on ART end of period	35 644	37 000	20 905	35 644		
ART Adult viral load suppressed rate (12 months)	90%	90%	88.8%	90%		
ART Child viral load suppressed rate (12 months)	90%	90%	66.8%	90%		
All DS-TB client loss to Follow up (LTF) rate	5.5%	5.5%	8.7%	5.5%		
All DS-TB Client successfully completed treatment rate	90%	90.1%	83.5%	1		
Disease Prevention and Control						
Malaria case fatality rate	<1%	0.8%	2%	2%		
Normal Haemoglobin A1c (HbA1c) test with result ≤ 8% rate	40%	50%	50%	51%		

PROGRAMME 3: EMERGENCY MEDICAL SERVICE

Programme description

The rendering of pre-hospital EMS including inter-hospital transfers and planned patient transport.

Programme objectives

- Render EMS including ambulance services, special operations, communications and air ambulance services
- Render pre-hospital EMS including inter-hospital transfers and planned patient transport.

Policies and priorities

- EMS response time improved
- Improve quality of services and patient safety
- Improve EMS infrastructure standards to comply with minimum infrastructure requirements
- Improve EMS norms and standards
- Compliance with COVID-19 Risk Adjusted Strategy.

TABLE 4.11: SUMMARY OF PAYMENTS AND ESTIMATES: EMERGENCY MEDICAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Emergency Transport	1 168 905	1 424 067	1 531 680	1 318 871	1 372 403	1 268 469	1 352 912	1 412 439	1 447 426
2. Planned Patient Transport	161 603	115 714	149 121	247 975	246 902	350 836	276 772	268 069	274 340
Total payments and estimates	1 330 508	1 539 781	1 680 801	1 566 846	1 619 305	1 619 305	1 629 684	1 680 508	1 721 766

TABLE 4.12: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: EMERGENCY MEDICAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	890 319	845 924	1 006 360	1 340 609	1 276 557	1 276 557	1 383 193	1 432 980	1 474 238
Compensation of employees	552 681	620 939	757 890	870 724	943 183	943 183	900 147	918 874	960 132
Goods and services	333 258	223 621	248 470	469 885	333 374	333 374	483 046	514 106	514 106
Interest and rent on land	4 380	1 364							
Transfers and subsidies to:	339 659	303 244	76 019	3 307	3 307	3 307	3 805	3 618	3 618
Provinces and municipalities	338 514	301 135	74 920						
Non-profit institutions									
Households	1 145	2 109	1 099	3 307	3 307	3 307	3 805	3 618	3 618
Payments for capital assets	100 388	390 540	598 422	222 930	339 441	339 441	242 686	243 910	243 910
Buildings and other fixed structures			478						
Machinery and equipment	100 388	390 540	597 944	222 930	339 441	339 441	242 686	243 910	243 910
Payments for financial assets	142	73							
Total economic classification	1 330 508	1 539 781	1 680 801	1 566 846	1 619 305	1 619 305	1 629 684	1 680 508	1 721 766

The personnel budget increases by R29.4 million from the main appropriation of R870.7 million in 2021/22 to R900.1 million in the 2022/23 financial year. The increase is aimed at filling critical EMS posts because of the conclusion of the EMS provincialisation process, and the absorption of emergency care technicians trained at Lebone College.

The department will continue to invest in the recapitalisation and replacement of ambulances with the aim of improving response times. Over the medium term, the department will ensure that there is reach and coverage in the areas that were not covered such as Sedibeng, Metsweding, and Rand West. While there is coverage in the suburban areas due to the presence of private ambulances, this programme will spread its reach towards the most vulnerable and deprived locations throughout the province. Therefore, machinery and equipment have an appropriation of R222.9 million in 2021/22 which increases marginally to R242.6 million in the 2022/23 financial year as several EMS vehicles were procured in the 2021/22 financial year in part to respond to the effects of COVID-19.

SERVICE DELIVERY MEASURES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

	Estimated performance	Medium-term estimates			
Programme performance measures	2021/22	2022/23	2023/24	2024/25	
EMS P1 urban response under 30 minutes rate	82%	84%	85%	85%	
EMS P1 rural response under 60 minutes rate	100%	100%	100%	100%	

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme description

Delivery of hospital services which are accessible, appropriate and effective and provide general specialist services including specialised rehabilitation services as well as a platform for training health professionals and research.

Programme objectives

- Render hospital services at a general specialist level and provide a platform for training health workers and for research
- Convert present TB hospitals into strategically placed centres of excellence for isolation during the intensive level of treatment and standardised implementation of multi-drug resistant (MDR) protocols
- Render a specialist psychiatric hospital service to people with mental illness and intellectual disability and provide a platform for training health workers
- Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical
- Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Policies and priorities

- Maternal, neonatal, infant and child mortality reduced
- Patient experience of care in public health facilities improved
- Health facilities ready for NHI accreditation
- Management of patient safety incidents improved to reduce new medico-legal cases
- Safety of patients and health providers in health facilities improved
- Health facilities ready for NHI accreditation
- Compliance with National Health Act
- **Compliance with National Core Standards**
- Implement revitalisation of hospital services
- Compliance with national core standards
- Intensify implementation of the Mental Health Act at secondary level of care
- Strengthen decentralised MDR-TB management
- Compliance with COVID-19 Risk Adjusted Strategy.

TABLE 4.13: SUMMARY OF PAYMENTS AND ESTIMATES: PROVINCIAL HOSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25	
1. General Hospitals	6 351 096	6 735 022	7 414 991	7 641 886	7 978 352	7 995 022	7 960 518	7 987 582	8 244 727	
2. Tuberculosis Hospitals	290 044	310 335	305 465	370 849	365 146	365 146	372 917	390 450	404 027	
3. Psychiatric/Mental Hospital	1 393 015	1 531 428	1 523 443	1 856 533	1 953 808	1 953 808	1 894 381	1 943 325	1 996 949	
4. Dental Training Hospitals	560 989	551 622	563 679	646 602	672 891	672 891	649 930	662 113	687 321	
5. Other Specialised Hospitals	91 509	96 051	98 272	106 790	111 701	111 701	108 798	112 227	116 543	
Total payments and estimates	8 686 653	9 224 458	9 905 850	10 622 660	11 081 898	11 098 568	10 986 544	11 095 697	11 449 567	

TABLE 4.14: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: PROVINCIAL HOSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	8 578 867	9 067 916	9 719 813	10 445 300	10 916 999	10 932 086	10 822 675	10 904 480	11 258 350
Compensation of employees	6 244 388	6 792 486	7 125 491	7 557 934	8 053 422	8 053 422	8 111 578	7 853 952	8 152 463
Goods and services	2 334 479	2 275 430	2 594 322	2 887 366	2 863 577	2 878 664	2 711 097	3 050 528	3 105 887
Interest and rent on land									
Transfers and subsidies to:	21 480	24 267	25 768	18 080	18 080	18 080	17 864	18 682	18 682
Departmental agencies and accounts									
Non-profit institutions									
Households	21 480	24 267	25 768	18 080	18 080	18 080	17 864	18 682	18 682

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Payments for capital assets	85 328	131 708	160 269	159 280	146 819	148 402	146 005	172 535	172 535
Buildings and other fixed structures									
Machinery and equipment	85 328	131 708	160 269	159 280	146 819	146 819	146 005	172 535	172 535
Software and other intangible assets						1 583			
Payments for financial assets	978	567							
Total economic classification	8 686 653	9 224 458	9 905 850	10 622 660	11 081 898	11 098 568	10 986 544	11 095 697	11 449 567

This programme received the third largest share of the total departmental budget as it caters for the largest hospitals in the country whose related budget for operations is significant. The programme budget increases slightly from a main appropriation of R10.6 billion in 2021/22 to R10.9 billion in the 2022/23 financial year. The programme is mainly funded through the equitable share, the National Tertiary Services grant and the Human Resources and Training grant. The compensation of employees' budget in the programme increases slightly from R7.5 billion in 2021/22 to R8.1 billion in the 2022/23 financial year attributable to the implementation of the 2021 public sector wage agreement and the retention of COVID-19 capacity for one year ending 31 March 2023.

Goods and services show a decrease from the R2.8 billion in 2021/22 to R2.7 billion in 2022/23; the decrease is attributable to the fiscal consolidation budget cuts from the prior financial year.

SERVICE DELIVERY MEASURES

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Regional Hospitals						
Maternal mortality in facility		131	130	129		
Child under 5 years diarrhoea case fatality rate	<2.0%	2%	2%	2%		
Child under 5 years' pneumonia case fatality rate	<2.9%					
Child under 5 years severe acute malnutrition case fatality rate		12%	12%	11%		
Death under 5 years against live birth rate	≤2.0%	≤2.2%				
Patients experience of care satisfaction rate	83.0%	86%	86%	85%		
Ideal Hospital status obtained rate		44%	0%	0%		
Severity assessment code (SAC) 1 incident reported within 24 hours' rate	60%	60%	60%	60%		
Patient Safety Incident (PSI) case closure rate	65%	65%	65%	65%		
Complaints resolution within 25 working days rate	95%	97%	95%	95%		
Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs)	3%	4%	5%	5%		
Percentage of Hospitals with functional hospital boards	100%	100%	100%	100%		
Specialised Hospitals						
Patients experience of care satisfaction rate	94.3%	95.4%	95.4%	95.4%		
Ideal Hospitals status obtained rate	22.2%	44.4%	22.2%	22.2%		
Severity assessment code (SAC) 1 incident reported within 24 hours rate	75%	80%	67%	75%		
Patient Safety Incident (PSI) case closure rate	91%	95%	93%	91%		
Complaints resolution within 25 working days rate	100%	100%	100%	100%		

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme description

Provide a highly specialised health care service, a platform for training health workers and a place of research and enable these hospitals to serve as specialist referral centres for regional hospitals and neighbouring provinces.

Programme objectives

- Render highly specialised medical health and quaternary services on a national basis and provide a platform for the training of health workers and research
- Provision of a platform for training health workers
- Serve as specialist referral centres for regional hospitals and neighbouring provinces.

Policies and priorities

- Maternal, neonatal, infant and child mortality reduced
- Patient experience of care in public health facilities improved
- Health facilities ready for NHI accreditation
- Management of patient safety incidents improved to reduce new medico-legal cases
- Safety of patients and health providers in health facilities improved
- Health facilities ready for NHI accreditation
- Compliance with National Health and Safety Act
- Compliance with National Core Standards
- Implement national policies on conditional grants and revitalization of hospital services
- Implement MoUs with universities
- Render and implement tertiary and academic services
- Intensify implementation of the Mental Health Act
- Compliance with the COVID-19 Risk Adjusted Strategy.

TABLE 4.15: SUMMARY OF PAYMENTS AND ESTIMATES: CENTRAL HOSPITAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Central Hospital Services	13 218 822	14 603 682	14 208 556	15 215 572	16 137 117	16 109 217	16 255 479	15 734 929	16 407 187
Provincial Tertiary Hospital Services	3 915 435	4 460 759	5 045 496	4 387 042	4 855 190	5 417 870	4 812 760	4 587 622	4 927 554
Total payments and estimates	17 134 257	19 064 441	19 254 052	19 602 614	20 992 307	21 527 087	21 068 239	20 322 551	21 334 741

TABLE 4.16: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: (CENTRAL LICERITAL CERVICES
TABLE 4.10. SUMIMART OF PATMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION. (CENTRAL HUSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	16 455 709	17 775 367	18 315 272	18 596 076	19 598 189	20 132 969	19 902 956	19 205 112	20 217 302
Compensation of employees	10 956 631	11 681 989	12 331 230	12 923 305	13 925 418	13 925 418	13 940 507	12 929 519	13 924 032
Goods and services	5 495 712	6 093 378	5 984 042	5 672 771	5 672 771	6 207 551	5 962 449	6 275 593	6 293 270
Interest and rent on land	3 366								
Transfers and subsidies to:	247 111	381 490	369 149	329 245	329 245	329 245	349 344	376 523	376 523
Departmental agencies and accounts									
Non-profit institutions	200 000	300 000	317 000	282 000	282 000	282 000	299 000	315 000	315 000
Households	47 111	81 490	52 149	47 245	47 245	47 245	50 344	61 523	61 523
Payments for capital assets	429 522	906 391	569 631	677 293	1 064 873	1 064 873	815 939	740 916	740 916
Buildings and other fixed structures									
Machinery and equipment	429 522	906 391	569 631	677 293	1 064 873	1 064 873	815 939	740 916	740 916
Software and other intangible assets									
Payments for financial assets	1 915	1 193							
Total economic classification	17 134 257	19 064 441	19 254 052	19 602 614	20 992 307	21 527 087	21 068 239	20 322 551	21 334 741

This programme receives the largest share of the total departmental budget as it caters for the largest hospitals in the country whose related budget for operations is significant. The programme budget increases from a main appropriation of R19.6 billion in 2021/22 to R21.1 billion in the 2022/23 financial year. The programme is mainly funded through the National Tertiary Services conditional grant and the Human Resources and Training and Grant. The compensation of employees' budget in the programme increases from R12.9 billion in 2021/22 to R13 billion in the 2022/23 financial year; this is attributable to a revised National Tertiary Services grant and a funding increase within the Statutory Human Resources grant provided for statutory appointments: namely the appointment of additional medical interns.

Goods and services show a decrease from the R5.6 billion in 2021/22 to R5.9 billion in 2022/23; the increase is attributable to the revised conditional grants business plans.

SERVICE DELIVERY MEASURES

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Tertiary Hospital Services			<u>.</u>			
Child under 5 years diarrhoea case fatality rate		2.36%	2%	1.78%		
Child under 5 years pneumonia case fatality rate	1.71%	1.5%	1.0%	1.0%		
Child under 5 years severe acute malnutrition case fatality rate		5.5%	5.0%	4.1%		
Death under 5 years against live birth		600	560	560		
Patients experience of care satisfaction rate	85.5%	85%	85%	85%		
Severity assessment code (SAC) 1 incident reported within 24 hours rate	50.0%	64.1%	64.1%	75%		
Patient Safety Incident (PSI) case closure rate	64.7%	70.0%	70%	70%		
Central Hospital Services		·				
Maternal Mortality in facility		90	79	79		
Child under 5 years diarrhoea case fatality rate	2.26%	1.01%	2.00%	1.86%		
Child under 5 years pneumonia case fatality rate	3.0%	3.00%	2.38%	2.38%		
Child under 5 years severe acute malnutrition case fatality rate		3.18%	2.55%	2.09%		
Death under 5 years against live birth		1 780	1 560	1 756		
Patients experience of care satisfaction rate	85%	83%	85%	85%		
Severity assessment code (SAC) 1 incident reported within 24 hours rate	90.4%	95%	95%	95%		
Patient Safety Incident (PSI) case closure rate	68.6%	70%	75%	80%		

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme description

Rendering of training and development opportunities for clinical and non-clinical employees of the GDoH through subprogrammes Nurse Training College, Emergency Medical Services Training College, Bursaries and Other Training.

Programme objectives

- Training of nurses at undergraduate and post-basic level. Target group includes actual and potential employees.
- Training of rescue and ambulance personnel. Target group includes actual and potential employees.
- Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees.
- Provision of PHC related training for personnel. Target group includes actual and potential employees.
- Provision of skills development interventions for all occupational categories in the department.

Policies and priorities

- Implement the national Human Resource Framework
- Implement the Skills Development Act including the Expanded Public Works Programme
- Implement the Human Resource Development Strategy, policy and strategic plan
- Training of nurses and community health workers
- Compliance with higher education nursing new curriculum requirements
- Implement Employee Value Proposition (EVP) framework
- Compliance with COVID-19 Risk Adjusted Strategy.

TABLE 4.17: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH SCIENCES AND TRAINING

	Outcome			Main Adjusted Revised appropriation appropriation estimate			Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Nurse Training Colleges	778 971	693 034	556 647	633 815	626 247	626 247	652 396	703 496	730 190
2. Ems Training Colleges	27 175	29 123	36 495	42 149	42 435	42 435	43 397	45 307	46 405
3. Bursaries	211 282	263 503	129 244	452 190	452 190	452 190	321 123	341 974	341 974
4. Other Training	89 280	59 596	64 824	79 836	164 528	164 528	89 577	102 092	104 382
Total payments and estimates	1 106 708	1 045 256	787 210	1 207 990	1 285 400	1 285 400	1 106 493	1 192 869	1 222 951

TARLE 4 18: SLIMMARY	OF PAYMENTS AN	ID ESTIMATES BY ECONOMIC	C.C. ASSIFICATION: HEA	ALTH SCIENCES AND TRAINING

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25	
Current payments	832 065	717 915	619 303	678 316	759 155	759 155	707 620	766 146	796 228	
Compensation of employees	762 052	654 671	556 097	589 899	603 827	603 827	619 075	669 965	700 047	
Goods and services	70 013	63 244	63 206	88 417	155 328	155 328	88 545	96 181	96 181	
Interest and rent on land										
Transfers and subsidies to:	270 779	321 931	159 908	518 451	518 451	518 451	389 623	414 518	414 518	
Departmental agencies and accounts	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955	
Higher education institutions	12 855	1 488	12 871	16 309	16 309	16 309	17 092	17 844	17 844	
Households	236 962	298 308	123 685	477 506	477 506	477 506	346 712	369 719	369 719	
Payments for capital assets	3 282	4 726	7 996	11 223	7 794	7 794	9 250	12 205	12 205	
Buildings and other fixed structures										
Machinery and equipment	3 282	4 726	7 996	11 223	7 794	7 794	9 250	12 205	12 205	
Software and other intangible assets										
Payments for financial assets	582	684	3							
Total economic classification	1 106 708	1 045 256	787 210	1 207 990	1 285 400	1 285 400	1 106 493	1 192 869	1 222 951	

The sub-programme: Bursaries decreases from a main appropriation of R452.1 million in 2021/22 to R321.1 million in 2022/23 due to funding only allocated to the last batch of students who will be completing their studies. In this sub-programme, the department allocates funds to provide bursaries to address scarce skills such as medical professionals, assistant pharmacists, and pharmacists. This initiative includes funding for the phased-in integration of the South African Cuban Student Doctor Programme through which South African health professionals are trained in Cuba in line with the bilateral cooperation agreement between Cuba and South Africa.

The sub-programme: EMS colleges is mainly utilised to provide the department with emergency care technicians (mid-level workers) to ensure that EMS norms and standards are met. The sub-programme: Other Training increases from R79.8 million in 2021/22 to R89.6 million in the 2022/23 financial year because of implementation of the public sector wage agreement. The funding for higher education institutions increases to make provision for nursing students' allowances. Funds are reprioritised to align and comply with the implementation of the new nursing curriculum introduced during 2020/21. In addition, funds are prioritised towards the filling of new posts, procurement of stimulation training and development equipment and additional learning and teaching material within the nursing colleges sub-programme.

The overall budget for compensation of employees decreases from R589.9 million in 2021/22 to R619.1 million in the 2022/23 financial year. The increase is mainly made to accommodate the public sector wage agreement.

The goods and services allocation remains constant at R88 million to align and comply with implementation of the newly introduced nursing curriculum in 2020/21 and to fund the newly established Gauteng College of Nursing (GCON) Unit. Furthermore, provision has been made to procure additional learning and teaching material because of the newly introduced curriculum.

Transfers to households decreases from R477.5 million to R346.7 million and includes the bursary provision made for the South African Cuban Doctor Programme to fund the expected number of the last batch of students who will be completing their studies. A decrease of R1.9 million for machinery and equipment between the 2021/22 and 2022/23 financial years is visible since the required training and development equipment was procured in the previous financial year.

SERVICE DELIVERY MEASURES

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Employee satisfaction rate	60%	60%	60%	60%		
Undergraduate programme enrolment rate	25%	69%	100%	100%		

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme description

The purpose of this programme is to render support services required by the Department to realise its aims through subprogrammes Laundry Services, Food Supply Services and Medical Trading Account (Medical Supplies Depot).

Programme objectives

- Rendering a laundry service to hospitals, care and rehabilitation centres and certain local authorities
- Managing the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local
- Render food supply services to hospitals and CHCs.

Policies and priorities

- Strengthen the management of laundries and food supply
- Supply of essential medicines and disposable sundry items to Gauteng provincial health care facilities
- Patient experience of care in public health facilities improved
- Comply with the COVID-19 Risk Adjusted Strategy.

TABLE 4.19: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH CARE SUPPORT SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	es	
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
1. Laundries	250 982	287 581	294 625	282 828	306 948	306 948	300 971	299 060	307 121
2. Food Supply Services	88 066	81 363	94 219	107 556	107 925	107 925	111 746	115 590	116 959
3. Medicine Trading Account				1	1	1	1	1	1_
Total payments and estimates	339 048	368 944	388 844	390 385	414 874	414 874	412 718	414 651	424 081

TABLE 4.20: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH CARE SUPPORT SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	337 043	367 066	387 500	387 341	411 430	411 430	410 010	410 798	420 228
Compensation of employees	182 146	197 050	201 582	201 182	214 594	214 594	216 725	210 034	219 464
Goods and services	154 897	170 016	185 918	186 159	196 836	196 836	193 285	200 764	200 764
Interest and rent on land									
Transfers and subsidies to:	597	1 254	975	479	479	479	581	528	528
Provinces and municipalities									
Departmental agencies and accounts									
Non-profit institutions									
Households	597	1 254	975	479	479	479	581	528	528
Payments for capital assets	1 335	593	369	2 565	2 965	2 965	2 127	3 325	3 325
Buildings and other fixed structures									
Machinery and equipment	1 335	593	369	2 565	2 965	2 965	2 127	3 325	3 325
Payments for financial assets	73	31							
Total economic classification	339 048	368 944	388 844	390 385	414 874	414 874	412 718	414 651	424 081

The budget of this programme is allocated to the five laundries throughout the province that provide cleaning services and purchase linen for health facilities. The department also allocates budget for the Masakhane Cook-freeze which provides prepacked food service supplies to health facilities. The budget increases from the main allocation of R390.4 million in 2021/22 to R412.7 million in the 2022/23 financial year to sustain the provision of the abovementioned services.

The compensation of employees' budget increased slightly from R201.1 million in 2021/22 to R216.7 million in 2022/23 financial years. In the outer year of the 2022 MTEF, the personnel budget grows to R219 million to make provision for the appointment of critical staff.

To continue to provide cleaning services to health institutions and replace linen, the goods and services budget in the programme increases from a main allocation of R186.1 million in 2021/22 to R193.2 million in the 2022/23 financial year due to revised gas contract rates. Lastly, R2.1 million is allocated for procurement of machinery and equipment in the 2022/23 financial year to ensure that laundries are equipped with machines to provide clean linen to health facilities. The bulk of the machinery and equipment is funded through Programme 8: Health Facilities Management.

SERVICE DELIVERY MEASURES

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

	Estimated performance	Medium-term estimates				
Programme performance measures	2021/22	2022/23	2023/24	2024/25		
Percentage vital medicine availability at health facilities	96.00%	96.00%	96.00%	96.00%		
Percentage essential medicine availability at health facilities	96.00%	96.00%	96.00%	96.00%		
Number of patients enrolled on centralized chronic medicine dispensing and distribution programme (Cumulative)	850 000	1 100 000	1 200 000	1 300 000		

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme description

The purpose of this programme is to plan, provide and equip new facilities/assets, upgrade and rehabilitate community health centres, clinics, district, provincial, specialized and academic hospitals and other health-related facilities and to undertake life cycle management of immovable assets through maintenance of all health facilities.

Programme objectives

- Construction of new, and refurbishment, upgrading and maintenance of existing CHCs, PHCs and district hospitals
- Construction of new, and refurbishment, upgrading and maintenance of existing EMS facilities
- Construction of new, and refurbishment, upgrading and maintenance of existing, regional hospitals and specialised hospitals, tertiary and central hospitals
- Construction of new, and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges.

Policies and priorities

- Improved health infrastructure design and delivery
- Health facilities refurbished and adequately maintained to ensure effective service delivery
- Adhere to norms and standards and align with national norms and standards through construction of prototype clinics in all districts
- Five-year Health Infrastructure Plan
- Implementation of the District Development Model
- Alignment with the Municipal Spatial Development Framework
- Compliance with the COVID19 Risk Adjusted Strategy.

TABLE 4.21: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH FACILITIES MANAGEMENT

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Community Health Facilities	390 045	421 683	526 523	492 164	393 184	393 184	419 817	608 690	762 147
Emergency Medical Rescue Services	1 299	6 813	19 933	28 750	7 940	7 940	27 242	40 488	40 488
District Hospital Services	172 998	242 631	631 525	422 219	321 591	321 591	355 696	317 440	371 484
4. Provincial Hospital Services	202 304	377 035	353 929	243 073	257 988	257 988	496 104	369 197	325 211
5. Central Hospital Services	315 650	604 556	1 520 597	527 307	853 939	853 939	628 259	380 055	345 612
6. Other Facilities	453 824	401 167	988 850	562 159	628 288	628 288	509 634	365 946	278 251
Total payments and estimates	1 536 120	2 053 885	4 041 357	2 275 672	2 462 930	2 462 930	2 436 752	2 081 816	2 123 193

TARLE 4 22: SLIMMARY OF DAVMENTS	AND ESTIMATES BY ECONOMIC CLA	ASSIFICATION: HEALTH FACILITIES MANAGEMENT
TABLE 4.22. SUMMART OF LATMENTS	AND ESTIMATES DI ECONOMIC CEI	ASSILICATION. HEALTH LACIETIES MANAGEMENT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	711 652	1 592 369	1 622 416	933 392	1 065 412	1 065 412	1 066 832	1 144 956	1 165 279
Compensation of employees	31 610	37 568	40 352	59 013	60 346	60 346	60 013	51 164	53 461
Goods and services	680 042	1 554 801	1 582 064	874 379	1 005 066	1 005 066	1 006 819	1 093 792	1 111 818
Interest and rent on land									
Transfers and subsidies to:		193	132		36	36			
Provinces and municipalities									
Households		193	132		36	36			
Payments for capital assets	824 468	461 323	2 418 809	1 342 280	1 397 482	1 397 482	1 369 920	936 860	957 914
Buildings and other fixed structures	785 617	451 786	2 418 620	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Machinery and equipment	38 851	9 537	189	800	219 049	219 049	34 000	2 000	1 500

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Payments for financial assets									
Total economic classification	1 536 120	2 053 885	4 041 357	2 275 672	2 462 930	2 462 930	2 436 752	2 081 816	2 123 193

The bulk of the budget is transferred to the Gauteng Department of Infrastructure Development for major capital works programmes performed on behalf of the Department. This includes construction of new facilities and rehabilitation, upgrading and maintenance of existing facilities. The main allocation increases from R2.3 billion in the 2021/22 to R2.4 billion in the 2022/23 financial year.

The compensation of employees' budget in the programme increases from the main allocation of R59 million in 2021/22 to R60 million in the 2022/23 financial year to fill critical infrastructure and administrative posts.

SERVICE DELIVERY MEASURES

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

	Estimated performance	Medium-term estimates			
Programme performance measures	2021/22	2022/23	2023/24	2024/25	
Percentage of Health facilities with completed capital infrastructure projects		15.6%	21.9%	21.9%	
Number of New Hospitals Completed		5	6	6	
Number of new Primary Health Care Centres completed	8	10	11	11	
Number of hospitals with repurposed Covid 19 beds	32	10	32	32	
Number of clusters with additional Covid 19 beds	4	4	4	4	

9. OTHER PROGRAMME INFORMATION

9.1 Personnel numbers and costs

TABLE 4.23: SUMMARY OF DEPARTMENTAL PERSONNEL NUMBERS AND COSTS BY COMPONENT

40%

(1)%

3%

33 451

Professional Nurses, Staff Nurses and Nursing Assistants

%

12%

3%

9 330

12

8 911

12

6 548

=

6 607

7

=

5 504

2 557

2 969

9

Legal Professionals

Actual Revised estimate Revised estimate 201912 201912	Revised estimate	Revised estimate				202	202			um-term expendi	Medium-term expenditure estimate		2024/25	Average and	Average annual growth over MTEF	ver MTEF
Costs Personnel Costs posts posts posts	Costs Filled Additional posts	Filled Additional posts	Additional	<u> </u>	Personnel numbers1		Costs	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel growth	Costs growth	% Costs of
44118 5834801 57199 13831133 53 600 6575 60175	13 831 133 53 600 6 575	53 600 6 575	6 575	575	60 1.	75	16 991 565	62 702	16 230 478	65 524	15 657 779	99 201	16 509 089	3%	(1)%	46%
11 578 13 612 140 11 849 7 431 307 11 869 269 12 138	7 431 307 11 869 269	11 869 269	569		12.1.	38	8 547 744	12 648	8 191 783	13 217	7 954 500	13 415	8 391 182	3%	(1)%	23%
6 058 9 219 945 7 070 9 620 385 5 605 1 542 7 147	9 620 385 5 605 1 542	5 605 1 542	1 542		7.1	17	10 813 175	7 447	10 583 584	7 782	10 106 632	7 899	10 712 796	3%	%(0)	30%
105 837 166 113 179 920 110 2	179 920 110 2	110 2	0 2		-	112	191 033	117	186 153	122	206 836	124	218 055	3%	2%	1%
15 220 129 364 7 141 148 788 4 048 3 044 7 092	148 788 4 048 3 044	4 048 3 044	3 044		7 0	92	62 333	7 390	57 377	7 722	55 575	7 838	58 265	3%	(2)%	%0
77 079 29 633 417 83 372 31 211 533 75 232 11 432 86 664	31 211 533 75 232 11 432	75 232 11 432	11 432		9 98	64	36 605 849	90 304	35 249 375	94 368	33 981 323	95 783	35 889 387	3%	(1)%	100%
4 432 429 366 4 713 442 839 4 737 71 41	442 839 4 737 71	4 737 71	7.1		4	4 808	563 305	5 010	559 962	5 235	769 487	5 314	805 744	3%	13%	2%
27 796 8 789 007 29 683 10 019 369 28 008 3 960 31	10 019 369 28 008 3 960	28 008 3 960	3 960	096	31	31 968	12 241 750	33 311	10 841 367	34 810	10 578 251	35 332	11 074 042	3%	(3)%	32%
1942 620 939 2 540 757 890 2 858 2	757 890 2 858	2 858		2	2	2 858	943 184	2 978	900 147	3 112	918 874	3 159	960 133	3%	1%	3%
20 895 6 792 486 23 477 7 125 491 20 004 3 854 23	7 125 491 20 004 3 854	20 004 3 854	3 854	854	23	23 858	8 053 422	24 860	8 111 578	25 979	7 853 952	26 368	8 152 463	3%	%0	23%
17 937 11 681 989 19 642 12 331 230 16 863 3 540 2C	12 331 230 16 863 3 540	16 863 3 540	3 540	540	20	20 403	13 925 418	21 260	13 940 507	22 217	12 929 595	22 550	13 924 032	3%	%(0)	38%
3 276 654 671 2 488 556 097 1 920	556 097 1 920	1 920			—	1 920	603 829	2 001	619 075	2 091	996 699	2 122	700 047	3%	2%	2%
747 197 050 739 201 582 763	201 582		763			763	214 594	795	216 725	831	210 034	843	219 464	3%	1%	1%
54 37 568 90 40 352 79 7	40 352 79	79		7		98	60 346	06	60 013	94	51 164	96	53 461	3%	(4)%	%0
77 079 29 203 076 83 372 31 474 850 75 232 11 432 86	31 474 850 75 232 11 432	75 232 11 432	11 432		86	86 664	36 605 849	90 304	35 249 375	94 368	33 981 323	95 783	35 889 387	3%	%(1)%	100%
24 311 4 984 422 23 533 6 996 120 35 852 35	6 996 120 35 852	35 852		35	35	35 852	8 159 653	37 358	7 770 420	39 039	7 639 706	39 624	8 048 130	3%	%(0)	22%
63 606 1 094 293 165 219 43 900 281	43 900		281			281	31 025	293	30 260	306	29 364	311	31 136	3%	%0	%0

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			Actual	lal				Revised estimate	estimate			Medi	um-term expe	Medium-term expenditure estimate	ıte		Average annual growth over MTEF	ual growth o	ver MTEF
	2018/19	/19	2019/20	/20	2020/21	/21		2021/22	1/22		2022/23	/23	2023/24	/24	2024/25	/25	202.	2021/22 - 2024/25	
R thousands	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel numbers1	Costs	Filled posts	Additional posts	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel numbers1	Costs	Personnel growth rate	Costs growth rate	% Costs of Total
Social Services Professions	317	170 951	340	202 025	334	176 944	427		427	234 739	445	223 913	465	216 249	472	227 846	3%	(1)%	1%
Engineering Professions and related occupations	64	38 941	09	33 838	4 716	39 384	76		76	20 902	79	50 014	83	46 378	84	48 934	3%	(1)%	%0
Medical and related professionals	6 427	7 250 166	6 285	8 008 504	7 155	8 406 960	6 830		6 830	9 342 308	7117	9 167 499	7 437	8 683 493	7 549	9 213 170	3%	%(0)	79%
Therapeutic, Diagnostic and other related Allied Health Professionals	5 625	2 698 157	6 320	3 350 117	6 946	3 078 874	8 041		8 041	4 070 565	8 379	3 882 242	8 756	3 798 335	8 887	3 999 908	3%	%(1)%	11%
Others such as interns, EPWP, learnerships, etc	699	239 523	887	317 546	1 281	631	1 695		1 695		1 766		1846		1 873		3%	%0	%0
Total	65 154	65 154 27 282 324	69 653	69 623 29 560 541	81 740	81740 31211533	86 664		86 664	36 605 849	90 304	35 249 375	94 368	33 981 323	95 783	35 889 387	3%	(1)%	100%

The Headcount are expected to grow at an estimated annual rate of 3 per cent. This will be following that we have a high demand for health service with all institutions experiencing shortage of staff to manage the number of patients seen per facility. The burden of and the increasing number of people who migrate from other provinces and neighbouring countries is putting pressure on the health services in Gauteng.

The need for continuously improving services requires the department to increase in staff capacity to meet the demand for better or improved service delivery. The areas which we are focusing on are the Mental Health Services and the increased access to Primary Health Care Services after hours.

The COVID-19 pandemic is still in existent, and more capacity is needed to take care of such patients that are expected to come to our facilities. The plan is to have and fill vacant funded posts and that is dependent on the availability of the budget allocated for the next financial year.

The proposed organisational structure is also towards its finalisation stage, our analysis reflects that capacity at head office need to increase for more efficiency by the branches. The cost of the structure and number of additional personnel will also impact on the increased number of staff. The Department is also intending to review the staff establishments of the Hospitals and Districts which were last appraised as far back as 2008. The assessment results may indicate for the increased numbers.

The current vacancy numbers are high at 9 196 and the total number comprises of critical posts that have to be filled as urgent as possible within the allocated budget to relive pressure that the health services are experiencing.

The future of the ABT which were built to capacitate health services for COVID-19, it's anticipated that they will be repurposed and continue to be utilised in future to extend health services and may need additional staff categories for patient care. Currently the ABT's are staffed with COVID-19 appointees which only have one-year contracts but if they have to be used permanently, we need to have a long-term planning for their staffing.

12.2 Training

TABLE 4.24: INFORMATION ON TRAINING: HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Number of staff	65 821	77 079	83 372	86 664	86 664	86 664	90 304	94 368	95 783
Number of personnel trained	23 064	34 190	30 571	32 022	32 022	32 022	32 022	32 022	32 022
of which									
Male	5 474	6 653	7 288	7 698	7 698	7 698	7 698	7 698	7 698
Female	17 590	27 537	23 283	24 324	24 324	24 324	24 324	24 324	24 324
Number of training opportunities	144	152	152	152	152	152	152	152	152
of which									
Tertiary	2	2	2	2	2	2	2	2	2
Workshops	15	20	20	20	20	20	20	20	20
Seminars									
Other	127	130	130	130	130	130	130	130	130
Number of bursaries offered	3 030	2 266	2 191	2 096	2 096	2 096	2 096	2 096	2 096
Number of interns appointed	1 000	1 000	1 000	1 000	1 000	1 000	1 000	1 000	1 000
Number of learnerships appointed	300	500	500	500	500	500	500	500	500
Number of days spent on training	218	218	215	215	215	215	215	215	215
Payments on training by programme									
1. Administration	6 865	1 316		76	76	76	80	84	88
2. District Health Services	4 326	28 906	20 537	52 839	52 839	52 839	55 907	58 367	60 988
3. Emergency Medical Services	80	6 690	6 690	7 100	7 100	7 100	7 441	7 768	8 117

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Provincial Hospital Services	850	4 699	4 629	6 275	6 275	6 275	6 577	6 866	7 174
5. Central Hospital Services	555	3 005	5 157	7 001	7 001	7 001	7 337	7 660	8 004
6. Health Sciences And Training	12 305	15 794	16 271	17 685	17 685	17 685	18 534	19 349	20 218
7. Health Care Support Services	31	214	230	277	277	277	290	303	317
8. Health Facilities Management	46	2 500	2 000	1 500	1 500	1 500	1 572	1 641	1 715
Total payments on training	25 058	63 124	55 514	92 753	92 753	92 753	97 738	102 038	106 621

Leadership, Management and Skills Development (LMSD)

The Human Resource Development Plan (HRDIP) promotes capacity development initiatives for increased number and quality of individual health workers (clinical and support) and organisational performance in terms of improved clinical outcomes and staff health and wellness. This is done through implementation of the HRD Strategic Framework with strategic HRD as the major objective and enabled by organisational development and organisational change management as a practice. The unit fosters partnerships with HEIs, the Health and Welfare Sector Education and Training Authority (HWSETA), public service SETAs and national and provincial academies including the National School of Government and Gauteng City Region Academy. The HRDIP is aligned with the Department's 5-year Strategic Plan and the 2022 SOPA and specifically with the following priorities: improved quality of health care; improved financial management and accountability; effective management of information systems; improved Human Resources for Health (HRH); and strengthening the provision and management of legal services.

The following capacity development programmes, aligned with the 5-year strategic priorities of the MTSF, are planned in the MTEF period: training of employees on ethics in the public service as per the provisions of the Code of Conduct outlined in Chapter Two of the Public Service Regulations (2016); leadership and management development programmes including the Fellowship in Health Administration by the College of Medicine in partnership with the Australian College of Medicine; Masters programmes in Health Management in partnership with the schools of Public Health; and Public Management and Administration in partnership with the Gauteng City Region Academy. Capacity development programmes on improved governance using standards and basic instruments of governance ISO 45000-OHS, ISO 9 000-Quality, ISO 14 000 - Environment; clinical managers' development programme; and hospital Boards' training to strengthen governance. Planned programmes for other categories of staff include technical skills in financial management, supply chain management, human resource, and labour relations management. Capacity development in ergonomics, organisational development, infection prevention control, health administration and exposure science will be for individuals and advocating for professional recognition by statutory councils and gazetting for specialisation and OSD by competent authority (Minister of Health).

The Gauteng College of Nursing (GCON) continues to receive funding support for learning and teaching equipment. The HWSETA, which is the custodian of the Skills Development Act and the sponsor of skills development programmes as regulated and mandated by the Department of Higher Education and Training, continues to support the Human Resource Development Plan by providing funding on a yearly basis. The Department's application for funding of R7.9 million from the HWSETA for some of the planned programmes has been submitted.

Training in Leadership for Health System Management will be provided in partnership with the College of Medicine in South Africa, the School of Public Management and College of Medicine outside South Africa.

Professional Development Directorate

Human Resource Development (HRD) will continue in a new context and be aligned to a Human Resource for Health Strategy, a new Nursing Strategy and the revised HRD Strategic Framework from the DPSA. The number of employees trained will increase over the MTEF Period.

The Health Professionals Training and Development together with the Human Capacitation Grants will be used to fund the increase of medical internships.

Partnerships with universities, Professional Associations and licencing will be established in order to provide continued professional development points for all clinical professionals in order to improve skills and competence. The Regional Training Centre (RTC) will be aligned to offer Continuous Professional Development (CPD) points for the skills programmes that are conducted. A partnership with universities will be established to train community health workers in a one-year Health Promotion Officer qualification and Recognition of Prior Learning project.

The bursary scheme is aligned with national student schemes, the Gauteng Nursing College and the private sector. Funding for training clinical engineers will be prioritised as scarce skills and training will be conducted through Universities of Technology to improve the quality of supportive care and maintenance of equipment especially in obstetrics and gynaecology, accident and emergency, PHC and intensive care units. Emergency Medical Care satellite training centres are to be established in all districts to train clinicians in managing medical emergencies to improve clinical skills and minimise preventable mortality and morbidity. The department will continue to maintain the accreditation of the current EMS centres.

The department will continue with academic training programmes for midwives and doctors and short skills courses including Help Baby Breathe, ESMOE and management of post-partum haemorrhage to improve maternity and neonatal services. The training portion of the HIV and AIDS Grant will continue to be used for providing health care workers with comprehensive HIV, AIDS, STI and TB training including the training of drug resistant TB. Priority will be given to training health care personnel on COVID-19 and other communicable disease including vaccination for clinical staff.

Personnel at the RTC will continue to be trained to be Master Trainers for clinical training programmes to cascade training down. In-house online and traditional mental health training will be rolled out across all institutions to ensure that clinicians are able to manage acute mental health patients. A standardised clinical on-boarding programme and patient safety training will be implemented to orientate newly appointed professionals to minimise adverse events.

ANNEXURE TO THE ESTIMATES OF PROVINCIAL REVENUE AND EXPENDITURE

TABLE 4.25: SPECIFICATION OF RECEIPTS: HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Tax receipts									
Sales of goods and services other than capital assets	648 660	628 763	464 510	482 278	482 278	482 278	501 570	521 632	545 105
Sale of goods and services produced by department (excluding capital assets)	647 218	627 883	463 576	480 202	480 202	480 202	499 411	519 387	542 759
Sales by market establishments	36 547	30 263	36 061	27 006	27 006	27 006	28 086	29 209	30 523
Administrative fees	5 381	602	6 239						
Other sales	605 290	597 018	421 276	453 197	453 197	453 197	471 325	490 178	512 236
Of which									
Health patient fees	545 776	531 991	359 274	386 478	386 478	386 478	401 937	418 014	436 825
Other	343 770	331 991	339 274	300 470	300 470	300 470	401 937	410 014	430 023
(Specify)	35 026	33 283	31 394	42 787	42 787	42 787	44 498	46 278	48 361
Other (Specify)	15 842	16 939	17 727	14 664	14 664	14 664	15 251	15 861	16 575
Other (Specify)	5 422	5 350	1 341	7 589	7 589	7 589	7 892	8 208	8 577
Sales of scrap, waste, arms and other used current goods (excluding capital assets) Transfers received	1 442	880	934	2 076	2 076	2 076	2 159	2 245	2 346
from:			177						
Other governmental units			172						
Fines, penalties and forfeits	95	54	20	72	72	72	75	78	82
Interest, dividends and rent on land	764	915	398	1 645	1 645	1 645	1 710	1 780	1 860
Interest	764	915	398	1 645	1 645	1 645	1 710	1 780	1 860
Sales of capital assets		4 301	11 147			4 610			
Transactions in financial assets and liabilities	131 284	94 212	37 352	36 005	36 005	36 005	37 445	38 943	40 695
Total departmental receipts	780 803	728 245	513 604	520 000	520 000	524 610	540 800	562 433	587 742

TABLE 4.26: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALT	н

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	42 139 596	46 323 290	51 508 233	52 071 348	54 615 144	55 673 932	54 811 436	54 030 140	56 418 175
Compensation of employees	26 902 299	29 203 076	31 474 850	33 323 206	35 829 428	36 605 849	35 743 691	33 981 323	35 889 387
Salaries and wages	23 740 315	25 797 047	27 754 918	28 999 648	31 542 156	32 055 595	31 452 363	29 292 995	30 990 553
Social contributions	3 161 984	3 406 029	3 719 932	4 323 558	4 287 272	4 550 254	4 291 328	4 688 328	4 898 834
Goods and services	15 229 503	17 117 833	20 031 799	18 748 142	18 785 716	19 067 153	19 067 745	20 048 817	20 528 788
Administrative fees	4 162	9 726	11 945	20 096	22 093	22 093	28 815	29 561	29 561
Advertising	1 819	4 107	13 771	25 134	22 784	22 784	26 261	27 853	27 853
Minor assets	22 612	23 847	39 640	94 897	86 470	81 657	101 219	103 649	103 649
Audit cost: External	23 276	60 270	25 489	27 868	27 868	27 868	29 206	30 491	30 491
Bursaries: Employees	1 285	1 479	8 992	11 742	11 742	11 742	12 758	13 297	13 297
Catering: Departmental activities	2 332	5 836	11 473	12 059	12 244	8 745	11 835	14 146	14 146

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Communication (G&S)	70 437	56 483	71 889	81 364	79 727	90 140	110 297	88 014	88 014
Computer services	64 711	284 524	271 752	263 147	254 799	254 799	236 534	236 491	318 491
Consultants and professional services: Business and									
advisory services Laboratory	370 023	371 706	352 948	606 250	605 538	605 538	633 801	672 781	672 781
services	2 138 382	2 562 840	2 874 613	2 766 124	2 853 664	2 750 045	2 554 383	2 773 531	2 773 531
Legal services	101 023	133 864	173 340	19 002	19 002	121 257	21 914	20 790	20 790
Contractors Agency and support / outsourced services	741 416 245 764	302 538 292 420	302 338 294 125	400 434 483 223	501 049 343 835	521 257 343 835	659 768 288 171	486 453 302 657	486 453 302 657
Entertainment Fleet services (including government motor transport)	254 328	170 742	181 897	281 755	236 265	236 265	284 200	310 796	310 796
Housing Inventory: Clothing material and accessories Inventory: Farming supplies	2 298	912	11 217	251700	250 260	250 250	201200	310770	516776
Inventory: Food and food supplies	331 714	347 161	317 673	445 002	430 486	430 486	470 664	496 475	496 475
Inventory: Fuel, oil and gas	262 538	345 994	278 186	331 600	312 262	308 797	339 652	359 192	359 192
Inventory: Learner and teacher support material	15 003	2 320	1 041	1 355	830	830	1 520	1 620	1 620
Inventory: Materials and supplies	29 593	27 253	43 543	59 731	54 800	52 399	63 490	61 557	61 557
Inventory: Medical supplies	3 619 141	3 950 928	4 365 954	3 485 031	3 546 906	3 889 749	3 461 801	3 798 463	3 853 822
Inventory: Medicine Medsas inventory	4 132 206	4 351 886	4 381 043	5 386 094	5 119 852	5 056 264	5 117 929	5 341 066	5 592 827
interface Inventory: Other			32						
supplies Consumable	121 992	93 115	112 084	134 108	127 449	124 590	136 733	142 161	142 161
supplies Consumable: Stationery,printin g and office	485 743	402 986	2 493 708	850 763	1 083 757	1 089 670	1 148 589	1 278 764	1 351 603
supplies	166 441	182 902	141 840	187 928	188 486	202 452	291 940	211 867	211 867
Operating leases	173 127	270 587	372 488	336 752	282 077	297 734	341 145	353 927	353 927
Property payments	1 796 426	2 812 778	2 822 398	2 284 788	2 432 119	2 379 920	2 520 398	2 684 892	2 701 547
Transport provided: Departmental activity	317	904	437	11 817	5 752	5 752	10 699	12 971	12 971
Travel and subsistence	16 518	25 512	14 884	38 926	35 236	35 236	38 487	46 895	46 895
Training and development	23 773	12 682	12 659	76 190	69 451	49 269	75 418	92 319	92 319
Operating payments	3 062	4 259	11 646	14 902	12 583	12 583	12 719	16 326	16 326
Venues and facilities	7 045	3 887	786	8 417	5 197	5 197	6 073	7 718	7 718
Rental and hiring	996	1 385	15 968	1 643	1 393	28 200	31 326	32 094	33 451
Interest and rent on land	7 794	2 381	1 584			930			
Rent on land									

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Transfers and subsidies	2 293 095	2 310 826	1 787 316	1 800 539	1 800 575	2 061 656	1 706 932	1 828 200	1 828 200
Provinces and municipalities	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480
Municipalities	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480
Municipalities	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480
Departmental agencies and accounts	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955
Provide list of entities receiving transfers	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955
Higher education institutions	13 421	1 488	12 871	16 309	16 309	16 309	17 092	17 844	17 844
Non-profit institutions	615 281	672 292	602 710	705 868	705 868	705 868	719 860	776 524	776 524
Households	921 439	909 517	627 894	583 158	583 194	844 275	453 646	494 397	494 397
Social benefits	100 812	113 054	114 262	104 777	104 813	106 151	106 770	123 767	123 767
Other transfers to households	820 627	796 463	513 632	478 381	478 381	738 124	346 876	370 630	370 630
Payments for capital assets	1 572 106	2 035 549	4 416 802	2 633 379	3 209 791	3 211 374	2 908 030	2 350 131	2 372 556
Buildings and other fixed structures	785 617	451 786	2 419 098	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Buildings	785 617	451 786	2 419 098	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Machinery and equipment	786 489	1 583 763	1 997 704	1 291 899	2 031 358	2 031 358	1 572 110	1 415 271	1 416 142
Transport equipment	143 970	354 883	550 014	217 389	336 600	336 600	336 592	243 248	241 114
Other machinery and equipment	642 519	1 228 880	1 447 690	1 074 510	1 694 758	1 694 758	1 235 518	1 172 023	1 175 028
Payments for financial assets	5 763	3 998	26			18			
Total economic classification	46 010 560	50 673 663	57 712 377	56 505 266	59 625 510	60 946 980	59 426 398	58 208 471	60 618 931

TABLE 4.27: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: ADMINISTRATION

	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	S
2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
767 466	997 922	2 940 737	1 227 538	1 235 156	1 698 496	1 431 053	1 668 737	1 861 114
410 609	429 366	442 839	555 233	563 309	563 309	559 963	769 565	805 746
359 874	376 603	385 885	495 025	503 101	503 101	496 865	703 690	736 914
50 735	52 763	56 954	60 208	60 208	60 208	63 098	65 875	68 832
356 809	567 539	2 496 314	672 305	671 847	1 134 257	871 090	899 172	1 055 368
2 128	4 746	5 648	4 617	4 617	4 617	4 846	5 059	5 059
1 311	2 391	13 124	6 700	6 700	6 700	4 837	7 138	7 138
9	585	4 831	262	262	262	275	287	287
23 268	60 058	25 462	27 868	27 868	27 868	29 206	30 491	30 491
	(2)	42						
203	424	5 902	750	750	750	781	815	815
26 705	23 184	36 526	20 276	27 356	37 769	21 220	22 153	22 153
62 532	269 495	254 918	232 373	232 373	232 373	204 345	202 876	284 876
02 570	46 330	40 322	00 905	08 8UE	08 8VE	100 205	11/1 104	114 106
	767 466 410 609 359 874 50 735 356 809 2 128 1 311 9 23 268 203 26 705	2018/19 2019/20 767 466 997 922 410 609 429 366 359 874 376 603 50 735 52 763 356 809 567 539 2 128 4 746 1 311 2 391 9 585 23 268 60 058 (2) 203 424 26 705 23 184 62 532 269 495	2018/19 2019/20 2020/21 767 466 997 922 2 940 737 410 609 429 366 442 839 359 874 376 603 385 885 50 735 52 763 56 954 356 809 567 539 2 496 314 2 128 4 746 5 648 1 311 2 391 13 124 9 585 4 831 23 268 60 058 25 462 (2) 42 203 424 5 902 26 705 23 184 36 526 62 532 269 495 254 918	2018/19 2019/20 2020/21 appropriation 767 466 997 922 2 940 737 1 227 538 410 609 429 366 442 839 555 233 359 874 376 603 385 885 495 025 50 735 52 763 56 954 60 208 356 809 567 539 2 496 314 672 305 2 128 4 746 5 648 4 617 1 311 2 391 13 124 6 700 9 585 4 831 262 23 268 60 058 25 462 27 868 (2) 42 203 424 5 902 750 26 705 23 184 36 526 20 276 62 532 269 495 254 918 232 373	2018/19 2019/20 2020/21 appropriation 2021/22 appropriation 2021/22 767 466 997 922 2 940 737 1 227 538 1 235 156 410 609 429 366 442 839 555 233 563 309 359 874 376 603 385 885 495 025 503 101 50 735 52 763 56 954 60 208 60 208 356 809 567 539 2 496 314 672 305 671 847 2 128 4 746 5 648 4 617 4 617 1 311 2 391 13 124 6 700 6 700 9 585 4 831 262 262 23 268 60 058 25 462 27 868 27 868 (2) 42 750 750 26 705 23 184 36 526 20 276 27 356 62 532 269 495 254 918 232 373 232 373	Outcome appropriation appropriation estimate 2018/19 2019/20 2020/21 2021/22 767 466 997 922 2 940 737 1 227 538 1 235 156 1 698 496 410 609 429 366 442 839 555 233 563 309 563 309 359 874 376 603 385 885 495 025 503 101 503 101 50 735 52 763 56 954 60 208 60 208 60 208 356 809 567 539 2 496 314 672 305 671 847 1 134 257 2 128 4 746 5 648 4 617 4 617 4 617 1 311 2 391 13 124 6 700 6 700 6 700 9 585 4 831 262 262 262 23 268 60 058 25 462 27 868 27 868 27 868 (2) 42 42 42 42 42 42 203 424 5 902 750 750 750 750	2018/19 2019/20 2020/21 2021/22 2021/22 2022/23 767 466 997 922 2 940 737 1 227 538 1 235 156 1 698 496 1 431 053 410 609 429 366 442 839 555 233 563 309 563 309 559 963 359 874 376 603 385 885 495 025 503 101 503 101 496 865 50 735 52 763 56 954 60 208 60 208 60 208 63 098 356 809 567 539 2 496 314 672 305 671 847 1 134 257 871 090 2 128 4 746 5 648 4 617 4 617 4 617 4 846 1 311 2 391 13 124 6 700 6 700 6 700 4 837 9 585 4 831 262 262 262 275 23 268 60 058 25 462 27 868 27 868 27 868 27 868 29 206 203 424 5 902 750 750 750 781	2018/19 2019/20 2020/21 appropriation 2021/22 estimate 2021/23 Medium-term estimate 2021/23 2023/24 767 466 997 922 2 940 737 1 227 538 1 235 156 1 698 496 1 431 053 1 668 737 410 609 429 366 442 839 555 233 563 309 563 309 559 963 769 565 359 874 376 603 385 885 495 025 503 101 503 101 496 865 703 690 50 735 52 763 56 954 60 208 60 208 60 208 63 098 65 875 356 809 567 539 2 496 314 672 305 671 847 1 134 257 871 090 899 172 2 128 4 746 5 648 4 617 4 617 4 617 4 846 5 059 1 311 2 391 13 124 6 700 6 700 6 700 4 837 7 138 9 585 4 831 262 262 262 275 287 23 268 60 058 25 462 27 868

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Laboratory services			(525)		36 839	36 839			
Legal services	100 625	119 825	155 357	19 002	19 002	116 442	21 914	20 790	20 790
Contractors	248	40	14	3 173	12 073	12 073	3 181	3 321	3 321
Agency and support / outsourced services		52	24 923	221 000	88 449	88 449	4 000	4 176	4 176
Fleet services (including government motor transport)	2 849	3 426	3 701	3 185	3 185	3 185	3 338	3 485	3 485
Inventory: Clothing material and accessories			8 708						
Inventory: Food and food supplies	15	16	3	35	35	35	37	39	39
Inventory: Fuel, oil and gas Inventory:			48						
Materials and supplies		6	36	22	422	422	23	24	24
Inventory: Medical supplies	161	(392)	219 234						
Inventory: Medicine	11 003	4 610							
Consumable supplies Consumable:	118	601	1 628 902	779	82 483	404 101	400 819	418 655	491 494
Stationery,printin g and office	1 (00	1 001	1.007	5,000	4.000	4.000	/ 105	(457	(457
supplies	1 628	1 891	1 827	5 880	4 880	4 880	6 185	6 457	6 457
Operating leases Property	9 968	18 499	25 380	10 195	11 395	17 527	10 588	11 054	11 054
payments Transport provided: Departmental activity	4 873	7 056	12 518	7 274	7 274	7 274	7 623	7 958	7 958
Travel and subsistence	3 866	3 207	2 476	7 326	5 896	5 896	7 774	8 116	8 116
Training and development	6 865	16	230				4	4	4
Operating payments Venues and		40	107						
facilities	839	1 180		1 501	901	901	1 573	1 642	1 642
Rental and hiring	358	224	15 695	282	282	27 089	29 226	30 526	31 883
Transfers and subsidies	588 392	470 415	395 238	3 427	3 427	264 508	3 595	3 753	3 753
Households	587 826	470 415	395 238	3 427	3 427	264 508	3 595	3 753	3 753
Social benefits	1 805	7 551	3 477	1 810	1 810	1 810	1 900	1 983	1 983
Other transfers to households	586 021	462 864	391 761	1 617	1 617	262 698	1 695	1 770	1 770
Payments for capital assets	4 814	13 002	359 034	11 563	53 692	53 692	9 498	9 916	9 916
Machinery and equipment	4 814	13 002	359 034	11 563	53 692	53 692	9 498	9 916	9 916
Transport equipment	1 382								
Other machinery and equipment	3 432	13 002	359 034	11 563	53 692	53 692	9 498	9 916	9 916
Payments for financial assets	114	107	7						
Total economic classification	1 360 786	1 481 446	3 695 016	1 242 528	1 292 275	2 016 696	1 444 146	1 682 406	1 874 783

TABLE 4.28: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es.
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	13 566 475	14 958 811	16 896 832	18 462 776	19 352 246	19 397 827	19 087 097	18 496 931	19 225 436
Compensation of employees	7 762 182	8 789 007	10 019 369	10 565 916	11 465 329	12 241 750	11 335 683	10 578 250	11 074 042
Salaries and	7 702 102	0 707 007	10 017 307	10 303 710	11 403 327	12 241 730	11 333 003	10 370 230	11 074 042
wages Social	6 759 196	7 704 781	8 744 767	9 173 308	10 081 232	10 644 533	9 795 103	9 057 810	9 485 334
contributions	1 002 986	1 084 226	1 274 602	1 392 608	1 384 097	1 597 217	1 540 580	1 520 440	1 588 708
Goods and services	5 804 293	6 169 804	6 877 463	7 896 860	7 886 917	7 156 077	7 751 414	7 918 681	8 151 394
Administrative fees	223	780	1 207	2 011	2 144	2 144	2 393	2 324	2 324
Advertising	330	669	198	13 377	13 377	13 377	2 393 16 374	15 407	15 407
Minor assets	11 421	6 689	10 508	30 328	33 695	28 882	37 009	36 566	36 566
Catering: Departmental activities	2 070	5 075	5 035	9 486	9 336	5 837	8 996	11 189	11 189
Communication	2070	0 070	0 000	7 100	7 300	0 007	0 770	11107	11 107
(G&S) Computer	17 691	13 715	13 173	24 384	20 587	20 587	52 872	27 876	27 876
services Consultants and professional	15	348	721					3	3
services: Business and advisory services	29 397	2 879	10 631	377	387	387	1 054	11 384	11 384
Laboratory	05/ /07	4.44.450	4 (04 7/0	40/7704	4 074 040	4 0/0 000	4 040 040	4 400 507	4 400 504
services	956 687	1 416 659	1 631 763	1 367 704	1 371 919	1 268 300	1 219 810	1 403 526	1 403 526
Legal services	423 037	2 177	1 283	127 252	125 022	384	224.027	140.250	140.250
Contractors Agency and support / outsourced	423 037	50 797	82 960	137 252	135 923	156 131	334 027	149 250	149 250
services Fleet services (including	30 978	36 409	32 247	49 640	44 561	44 561	50 415	56 127	56 127
government motor transport) Inventory:	24 009	32 946	31 064	43 077	38 407	38 407	42 423	48 167	48 167
Clothing material and accessories	677	815	1 342						
Inventory: Food and food supplies	57 754	54 634	48 481	99 692	91 209	91 209	105 042	113 858	113 858
Inventory: Fuel, oil and gas Inventory:	74 673	92 676	67 382	95 924	96 823	79 790	98 451	108 346	108 346
Learner and teacher support material	4 333	1 224							
Inventory: Materials and supplies	5 615	6 068	12 725	21 284	22 845	20 444	29 293	25 742	25 742
Inventory: Medical supplies	484 008	459 177	533 617	852 787	849 454	674 395	906 855	923 603	923 603
Inventory: Medicine	3 021 249	3 209 926	3 329 445	3 860 694	3 831 280	3 767 692	3 595 319	3 673 495	3 907 579
Consumable supplies	82 042	93 168	363 838	430 487	461 177	145 472	252 355	346 530	346 530
Consumable: Stationery,printin g and office	50.040	00.054	10.115	00.075	04.070	04.070	405.404	00.700	00 700
Supplies Operating leases	58 349	80 051 71 251	49 415	83 375 54 972	81 979 59 000	81 979 67 615	185 191	99 780 50 210	99 780 50 210
Operating leases Property	46 398	71 351	70 888	54 873	58 090	67 615	58 073	59 219	59 219
payments Transport	433 510	496 020	536 189	599 837	608 977	556 778	651 606	674 645	673 274
provided: Departmental activity	10	586	264	3 099	3 034	3 034	1 508	3 516	3 516
Travel and subsistence	7 017	5 367	6 540	16 001	15 621	15 621	8 318	16 052	16 052
Training and development	4 326	8 363	7 121	52 839	53 195	33 013	49 143	63 458	63 458
Operating payments	438	292	4 310	4 392	2 394	2 394	1 524	4 640	4 640

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Venues and facilities	6 206	2 361	786	3 216	3 796	3 796	3 500	4 912	4 912
Rental and hiring	514	9	81	1 111	1 111	1 111	2 100	1 276	1 276
Transfers and subsidies	825 077	808 032	760 127	927 550	927 550	927 550	942 120	1 010 578	1 010 578
Provinces and municipalities	383 478	404 259	445 569	470 568	470 568	470 568	490 515	512 480	512 480
Municipalities	383 478	404 259	445 569	470 568	470 568	470 568	490 515	512 480	512 480
Municipalities	383 478	404 259	445 569	470 568	470 568	470 568	490 515	512 480	512 480
Non-profit institutions	415 281	372 292	285 710	423 868	423 868	423 868	420 860	461 524	461 524
Households	26 318	31 481	28 848	33 114	33 114	33 114	30 745	36 574	36 574
Social benefits	26 150	30 839	28 834	33 114	33 114	33 114	30 745	36 574	36 574
Other transfers to households	168	642	14						
Payments for capital assets	122 969	127 266	302 272	206 245	196 725	196 725	312 605	230 464	231 835
Buildings and other fixed structures									
Buildings									
Machinery and equipment	122 969	127 266	302 272	206 245	196 725	196 725	312 605	230 464	231 835
Transport equipment	50 573	52 962	56 748	49 584	52 284	52 284	85 516	58 125	55 991
Other machinery and equipment	72 396	74 304	245 524	156 661	144 441	144 441	227 089	172 339	175 844
Payments for financial assets	1 959	1 343	16			18			
Total economic classification	14 516 480	15 895 452	17 959 247	19 596 571	20 476 521	20 522 120	20 341 822	19 737 973	20 467 849

TABLE 4.29: PAYMENTS AND I	ESTIMATES BY ECONOMIC CLASSIFICATION:	EMERGENCY MEDICAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	890 319	845 924	1 006 360	1 340 609	1 276 557	1 276 557	1 383 193	1 432 980	1 474 238
Compensation of employees	552 681	620 939	757 890	870 724	943 183	943 183	900 147	918 874	960 132
Salaries and wages	462 344	517 054	629 238	766 237	838 696	788 834	649 481	780 635	815 686
Social contributions	90 337	103 885	128 652	104 487	104 487	154 349	250 666	138 239	144 446
Goods and services	333 258	223 621	248 470	469 885	333 374	333 374	483 046	514 106	514 106
Administrative fees	1 608	3 508	2 502	7 000	12 000	12 000	15 000	15 316	15 316
Advertising	8			3 500	1 500	1 500	3 500	3 658	3 658
Minor assets	301	1 701	1 568	12 500	4 500	4 500	12 500	13 079	13 079
Catering: Departmental activities	16	116	475	980	980	980	980	1 023	1 023
Communication (G&S)	2 581	2 322	3 102	8 200	4 200	4 200	8 200	8 577	8 577
Computer services				1 820	820	820	1 820	1 901	1 901
Legal services	110	988							
Contractors	21 250	5 051	13 562	6 697	4 697	4 697	6 697	7 006	7 006
Agency and support / outsourced services	412	188	190	1 678	1 678	1 678	1 678	1 757	1 757
Fleet services (including government motor transport)	213 478	117 973	130 976	211 817	171 817	171 817	216 460	235 967	235 967
Inventory: Clothing material and accessories	347								

Inventory: Food									1
and food supplies	4	7	6				25	25	25
Inventory: Fuel, oil and gas	1 217	1 741	1 128	3 500	1 500	1 500	3 500	3 655	3 655
Inventory: Materials and supplies	126	1 725	2 413	5 274	2 274	2 274	5 274	5 511	5 511
Inventory: Medical supplies	43 615	22 493	32 426	24 994	19 994	19 994	24 994	26 128	26 128
Inventory: Medicine	(8 455)	415	516	1 150	1 150	1 150	1 150	1 203	1 203
Consumable supplies	13 698	11 978	12 095	34 866	19 555	19 555	34 866	36 424	36 424
Consumable: Stationery,printin g and office									
supplies	6 106	4 643	5 236	14 903	14 903	14 903	14 903	15 579	15 579
Operating leases	22 952	30 944	22 280	78 191	40 191	40 191	78 911	82 439	82 439
Property payments	13 325	17 248	18 117	26 000	26 000	26 000	28 481	29 676	29 676
Transport provided: Departmental activity	238	227		8 200	2 200	2 200	8 692	8 929	8 929
Travel and	230	221		6 200	2 200	2 200	0 092	0 929	0 929
subsistence	205	287	83	1 500	500	500	1 500	1 568	1 568
Training and development	80	26	147	7 500	1 500	1 500	7 500	7 845	7 845
Transfers and subsidies	339 659	303 244	76 019	3 307	3 307	3 307	3 805	3 618	3 618
Provinces and municipalities	338 514	301 135	74 920						
Municipalities	338 514	301 135	74 920						
Municipalities	338 514	301 135	74 920						
Households	1 145	2 109	1 099	3 307	3 307	3 307	3 805	3 618	3 618
Social benefits	1 145	1 524	1 099	3 307	3 307	3 307	3 805	3 618	3 618
Other transfers to households		585							
Payments for capital assets	100 388	390 540	598 422	222 930	339 441	339 441	242 686	243 910	243 910
Machinery and equipment	100 388	390 540	597 944	222 930	339 441	339 441	242 686	243 910	243 910
Transport equipment	85 296	297 309	488 120	156 051	272 562	272 562	146 853	171 108	171 108
Other machinery and equipment	15 092	93 231	109 824	66 879	66 879	66 879	95 833	72 802	72 802
Payments for financial assets	142	73							
Total economic classification	1 330 508	1 539 781	1 680 801	1 566 846	1 619 305	1 619 305	1 629 684	1 680 508	1 721 766

TABLE 4.30: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: PROVINCIAL HOSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25	
Current payments	8 578 867	9 067 916	9 719 813	10 445 300	10 916 999	10 932 086	10 822 675	10 904 480	11 258 350	
Compensation of employees	6 244 388	6 792 486	7 125 491	7 557 934	8 053 422	8 053 422	8 111 578	7 853 952	8 152 463	
Salaries and wages	5 512 747	5 990 948	6 280 802	6 600 839	7 096 327	7 096 327	7 151 514	6 806 979	7 058 481	
Social contributions	731 641	801 538	844 689	957 095	957 095	957 095	960 064	1 046 973	1 093 982	
Goods and services	2 334 479	2 275 430	2 594 322	2 887 366	2 863 577	2 878 664	2 711 097	3 050 528	3 105 887	
Administrative fees	109	161	1 002	512	512	512	996	1 020	1 020	
Advertising	10	58	1	10	10	10	10	23	23	
Minor assets	3 539	4 260	8 261	16 633	13 199	13 199	18 940	19 259	19 259	
Audit cost: External										
Bursaries: Employees			1							

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Catering: Departmental activities	13	74	10	120	120	120	110	115	115
Communication (G&S)	5 871	4 275	4 071	10 112	10 012	10 012	9 094	9 639	9 639
Computer services	1 190	28	802	2 500	1 100	1 100	5 190	5 300	5 300
Consultants and professional services: Business and									
advisory services Laboratory	247 967	322 322	301 225	505 409	505 409	505 409	522 677	546 485	546 485
services Legal services	239 135	163 245 4 780	337 959 7 335	405 968	377 598	377 598 1 519	318 920	305 230	305 230
Contractors	53 431	39 836	48 681	37 564	37 464	37 464	49 726	51 479	51 479
Agency and support / outsourced services	83 770	92 906	83 902	71 968	68 468	68 468	78 410	81 772	81 772
Entertainment Fleet services (including	03770	72 700	03 702	71 700	00 400	00 400	70 410	01772	01772
government motor transport)	3 719	4 946	6 316	9 346	9 146	9 146	8 297	8 795	8 795
Inventory: Clothing material and accessories	463	32	637						
Inventory: Food and food supplies	122 294	124 828	118 355	147 841	143 918	143 918	152 723	161 078	161 078
Inventory: Fuel, oil and gas	92 865	118 909	73 649	62 533	72 733	86 301	89 015	90 531	90 531
Inventory: Learner and teacher support material	14			35				38	38
Inventory: Materials and supplies	6 247	5 959	12 431	16 320	11 153	11 153	9 305	9 911	9 911
Inventory: Medical supplies	709 709	632 106	810 885	758 979	774 408	774 408	624 278	813 471	868 830
Inventory: Medicine Medsas inventory interface	308 244	272 874	287 288	376 574	366 674	366 674	339 223	423 777	423 777
Consumable supplies Consumable:	88 243	80 409	97 125	86 825	88 170	88 170	106 780	111 004	111 004
Stationery,printin g and office									
supplies Operating leases	27 652 25 629	23 353 26 701	20 411 38 602	23 241 32 148	22 441 31 748	22 441 31 748	24 098 33 482	25 701 34 807	25 701 34 807
Property payments	282 094	318 660	300 273	290 248	295 316	295 316	277 903	306 158	306 158
Transport provided: Departmental	202 071		300 273	270 210		270 010	211 700	330 100	300 100
activity Travel and	63	88	171	258	258	258	168	182	182
subsistence Training and	670	630	3 594	1 084	934	934	6 888	7 039	7 039
development Operating	850	1 945	1 134	3 460	3 135	3 135	3 968	4 162	4 162
payments Venues and facilities	258	207	469	2 040	2 155	2 155	1 083	1 217	1 217
Rental and hiring	124	1 152	192	250				292	292
Interest and rent on land									
Rent on land									
Transfers and subsidies	21 480	24 267	25 768	18 080	18 080	18 080	17 864	18 682	18 682

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Departmental agencies and accounts									
Provide list of entities receiving transfers									
Non-profit institutions									
Households	21 480	24 267	25 768	18 080	18 080	18 080	17 864	18 682	18 682
Social benefits	21 285	24 267	25 768	18 080	18 080	18 080	17 864	18 682	18 682
Other transfers to households	195								
Payments for capital assets	85 328	131 708	160 269	159 280	146 819	148 402	146 005	172 535	172 535
Buildings and other fixed structures									
Buildings									
Machinery and equipment	85 328	131 708	160 269	159 280	146 819	146 819	146 005	172 535	172 535
Transport equipment	3 583	1 039	2 230	6 623	6 623	6 623	6 973	7 542	7 542
Other machinery and equipment	81 745	130 669	158 039	152 657	140 196	140 196	139 032	164 993	164 993
Payments for financial assets	978	567							
Total economic classification	8 686 653	9 224 458	9 905 850	10 622 660	11 081 898	11 098 568	10 986 544	11 095 697	11 449 567

TABLE 4.31: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: CENTRAL HOSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es .
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	16 455 709	17 775 367	18 315 272	18 596 076	19 598 189	20 132 969	19 902 956	19 205 112	20 217 302
Compensation of employees	10 956 631	11 681 989	12 331 230	12 923 305	13 925 418	13 925 418	13 940 507	12 929 519	13 924 032
Salaries and wages	9 798 744	10 437 323	11 025 105	11 211 417	12 251 955	12 251 955	12 579 499	11 122 236	12 035 602
Social contributions	1 157 887	1 244 666	1 306 125	1 711 888	1 673 463	1 673 463	1 361 008	1 807 283	1 888 430
Goods and services	5 495 712	6 093 378	5 984 042	5 672 771	5 672 771	6 207 551	5 962 449	6 275 593	6 293 270
Administrative fees	68	524	1 586	943	1 207	1 207	2 063	2 104	2 104
Advertising	134	622	447	854	604	604	761	800	800
Minor assets	6 571	9 494	12 993	33 863	33 863	33 863	31 444	33 040	33 040
Bursaries: Employees									
Catering: Departmental activities	19	65	38	77	77	77	360	364	364
Communication (G&S)	16 596	11 922	14 353	16 141	15 941	15 941	17 070	17 831	17 831
Computer services	974	14 653	15 194	22 100	20 100	20 100	21 179	22 219	22 219
Consultants and professional services: Business and advisory services	89	137	96	329	329	329	330	346	346
Laboratory services	942 560	982 926	909 932	992 396	1 067 252	1 067 252	1 015 494	1 064 613	1 064 613
Legal services	288	6 094	9 365			2 912			
Contractors	239 720	201 665	150 695	209 828	232 741	232 741	261 936	271 562	271 562
Agency and support / outsourced services	129 999	162 840	152 111	138 929	139 429	139 429	152 409	158 793	158 793
Entertainment									
Fleet services (including	6 348	5 972	3 981	7 300	6 800	6 800	6 700	7 036	7 036

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
government motor transport)									
Inventory: Clothing material and accessories	51	6	210						
Inventory: Food and food supplies	126 457	140 523	126 711	167 859	169 789	169 789	183 300	190 565	190 565
Inventory: Fuel, oil and gas	62 078	87 788	97 784	127 549	102 962	102 962	108 700	114 584	114 584
Inventory: Materials and supplies	16 762	12 015	15 116	15 876	16 676	16 676	17 737	18 466	18 466
Inventory: Medical supplies	2 374 133	2 835 010	2 764 621	1 845 171	1 898 943	2 416 845	1 902 562	2 032 006	2 032 006
Inventory: Medicine	799 743	863 424	763 257	1 147 176	920 148	920 148	1 181 831	1 242 162	1 259 839
Consumable supplies Consumable:	228 974	155 050	314 449	228 079	351 618	351 618	277 125	286 811	286 811
Stationery,printin g and office supplies	69 785	69 946	62 297	55 536	59 490	73 456	56 641	59 215	59 215
Operating leases	27 559	39 677	43 529	73 209	50 396	50 396	66 600	69 870	69 870
Property payments	379 321	445 650	477 743	516 284	516 284	516 284	582 874	604 496	604 496
Transport provided: Departmental									
activity Travel and	6	3	2	260	260	260	331	344	344
subsistence Training and	1 342	1 365	1 125	2 165	1 315	1 315	1 875	1 976	1 976
development Operating	555	585	131	3 510	2 510	2 510	4 900	5 069	5 069
payments Transfers and	1 555	2 800	4 855	6 800	6 800	6 800	7 750	8 056	8 056
Subsidies Departmental agencies and accounts	247 111	381 490	369 149	329 245	329 245	329 245	349 344	376 523	376 523
Provide list of entities receiving transfers									
Higher education institutions									
Non-profit institutions	200 000	300 000	317 000	282 000	282 000	282 000	299 000	315 000	315 000
Households	47 111	81 490	52 149	47 245	47 245	47 245	50 344	61 523	61 523
Social benefits	46 953	44 490	51 712	47 245	47 245	47 245	50 344	61 523	61 523
Other transfers to households	158	37 000	437						
Payments for capital assets	429 522	906 391	569 631	677 293	1 064 873	1 064 873	815 939	740 916	740 916
Machinery and equipment	429 522	906 391	569 631	677 293	1 064 873	1 064 873	815 939	740 916	740 916
Transport equipment	1 354	2 864	1 544	3 500	3 500	3 500	97 000	4 266	4 266
Other machinery and equipment	428 168	903 527	568 087	673 793	1 061 373	1 061 373	718 939	736 650	736 650
Payments for financial assets	1 915	1 193							
Total economic classification	17 134 257	19 064 441	19 254 052	19 602 614	20 992 307	21 527 087	21 068 239	20 322 551	21 334 741

TABLE 4.32: PAYMENTS AND ESTIMATE	<u>ES BY ECONOMIC CLASSIFIC</u>	CATION: HEALTH SCIENCES	AND TRAINING
		Main	Adjusted

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	832 065	717 915	619 303	678 316	759 155	759 155	707 620	766 146	796 228
Compensation of employees	762 052	654 671	556 097	589 899	603 827	603 827	619 075	669 965	700 047

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Salaries and wages	668 263	575 893	491 551	536 473	540 401	540 401	545 204	608 065	635 367
Social contributions	93 789	78 778	64 546	53 426	63 426	63 426	73 871	61 900	64 680
Goods and services	70 013	63 244	63 206	88 417	155 328	155 328	88 545	96 181	96 181
Administrative fees	26	5		5 013	1 613	1 613	3 517	3 738	3 738
Advertising	26	37	1	110	210	210	132	137	137
Minor assets	535	1 092	1 335	858	698	698	667	706	706
Bursaries: Employees	1 285	1 481	8 949	11 742	11 742	11 742	12 758	13 297	13 297
Catering: Departmental activities	11	40	13	515	950	950	467	490	490
Communication (G&S)	601	723	373	1 581	1 068	1 068	1 131	1 204	1 204
Computer services			117	4 354	406	406	4 000	4 192	4 192
Consultants and professional services: Business and									
advisory services Laboratory		29	674	330	608	608	445	460	460
services Legal services		10	9	56	56	56	159	162	162
Contractors	1 527	1 668	2 393	3 353	75 584	75 584	1 525	3 503	3 503
Agency and support / outsourced services	4	2	730	5	1 233	1 233	1 233	6	6
Fleet services (including government									
motor transport) Inventory: Clothing material	1 290	1 698	2 353	2 150	2 180	2 180	2 300	2 402	2 402
and accessories Inventory: Food and food supplies	24 65	59 178	73 47	316	276	276	278	293	293
Inventory: Fuel,									
oil and gas Inventory: Learner and teacher support	4	3	5	104	254	254	65	70	70
material Inventory:	10 656	1 096	1 041	1 320	830	830	1 520	1 582	1 582
Materials and supplies	355	1 012	768	805	1 294	1 294	1 654	1 692	1 692
Inventory: Medical supplies	3 628	927	1 080	865	872	872	911	951	951
Inventory: Medicine	422	637	537	500	600	600	406	429	429
Consumable supplies	9 713	7 104	4 912	5 050	4 100	4 100	4 314	5 322	5 322
Consumable: Stationery,printin g and office									
supplies Operating leases	2 573 6 097	2 628 7 998	2 283 7 572	4 136 5 981	4 136 6 531	4 136 6 531	4 057 6 928	4 247 7 199	4 247 7 199
Property payments	16 723	18 451	22 457	19 626	20 026	20 026	17 384	20 492	20 492
Travel and subsistence	3 049	14 063	757	10 384	10 504	10 504	11 153	11 644	11 644
Training and development	11 020	1 351	3 893	8 013	8 243	8 243	9 189	9 556	9 556
Operating payments	45	146	13	320	334	334	962	976	976
Venues and facilities		346		500	500	500	1 000	1 022	1 022
Transfers and subsidies	270 779	321 931	159 908	518 451	518 451	518 451	389 623	414 518	414 518

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Departmental agencies and accounts	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955
Provide list of entities receiving transfers	20 962	22 135	23 352	24 636	24 636	24 636	25 819	26 955	26 955
Higher education institutions	12 855	1 488	12 871	16 309	16 309	16 309	17 092	17 844	17 844
Households	236 962	298 308	123 685	477 506	477 506	477 506	346 712	369 719	369 719
Social benefits	2 877	3 538	2 265	742	742	2 080	1 531	859	859
Other transfers to households	234 085	294 770	121 420	476 764	476 764	475 426	345 181	368 860	368 860
Payments for capital assets	3 282	4 726	7 996	11 223	7 794	7 794	9 250	12 205	12 205
Machinery and equipment	3 282	4 726	7 996	11 223	7 794	7 794	9 250	12 205	12 205
Transport equipment	1 074	241	1 372	1 631	1 631	1 631	200	1 853	1 853
Other machinery and equipment	2 208	4 485	6 624	9 592	6 163	6 163	9 050	10 352	10 352
Software and other intangible assets									
Payments for financial assets	582	684	3						
Total economic classification	1 106 708	1 045 256	787 210	1 207 990	1 285 400	1 285 400	1 106 493	1 192 869	1 222 951

TADIE 4 22: DAVMENTS A	AND ECTIMATES DV ECONOMIC	CL ASSIEICATION:	· HEALTH CARE SUPPORT SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	337 043	367 066	387 500	387 341	411 430	411 430	410 010	410 798	420 228
Compensation of employees	182 146	197 050	201 582	201 182	214 594	214 594	216 725	210 034	219 464
Salaries and wages	149 883	161 036	162 430	162 000	175 412	175 412	179 572	167 519	175 040
Social contributions	32 263	36 014	39 152	39 182	39 182	39 182	37 153	42 515	44 424
Goods and services	154 897	170 016	185 918	186 159	196 836	196 836	193 285	200 764	200 764
Advertising									
Minor assets	13	24	72	174	174	174	184	192	192
Catering: Departmental activities							10	10	10
Communication (G&S)	389	342	291	463	463	463	503	524	524
Contractors	40	310	662	349	349	349	316	332	332
Agency and support / outsourced services	446	23	22	3	17	17	26	26	26
Fleet services (including government motor transport)	2 597	3 766	3 491	4 680	4 680	4 680	4 482	4 694	4 694
Inventory: Clothing material and accessories	736		247						
Inventory: Food and food supplies	25 084	26 809	24 069	29 259	25 259	25 259	29 259	30 617	30 617
Inventory: Fuel, oil and gas	31 701	44 802	38 262	41 990	37 990	37 990	39 921	42 006	42 006
Inventory: Materials and supplies	500	416	48	150	136	136	204	211	211
Inventory: Medical supplies	1 894	1 612	4 139	2 235	3 235	3 235	2 201	2 304	2 304
Inventory: Medicine									

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Consumable supplies	62 951	54 658	72 288	63 177	75 354	75 354	70 830	72 518	72 518
Consumable: Stationery,printin g and office supplies	344	388	354	485	485	485	465	488	488
Property payments	17 082	25 554	28 855	31 519	33 519	33 519	32 347	33 785	33 785
Travel and subsistence			14	18	18	18	19	20	20
Training and development	31	55	3	227	227	227	214	225	225
Operating payments	722	774	1 892	850	850	850	900	937	937
Rental and hiring									
Transfers and subsidies	597	1 254	975	479	479	479	581	528	528
Households	597	1 254	975	479	479	479	581	528	528
Social benefits	597	652	975	479	479	479	581	528	528
Payments for capital assets	1 335	593	369	2 565	2 965	2 965	2 127	3 325	3 325
Machinery and equipment	1 335	593	369	2 565	2 965	2 965	2 127	3 325	3 325
Transport equipment	708						50	354	354
Other machinery and equipment	627	593	369	2 565	2 965	2 965	2 077	2 971	2 971
Payments for financial assets	73	31							
Total economic classification	339 048	368 944	388 844	390 385	414 874	414 874	412 718	414 651	424 081

TABLE 4.34: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: H	HEALTH FACILITIES MANAGEMENT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	711 652	1 592 369	1 622 416	933 392	1 065 412	1 065 412	1 066 832	1 144 956	1 165 279
Compensation of employees	31 610	37 568	40 352	59 013	60 346	60 346	60 013	51 164	53 461
Salaries and wages	29 264	33 409	35 140	54 349	55 032	55 032	55 125	46 061	48 129
Social contributions	2 346	4 159	5 212	4 664	5 314	5 314	4 888	5 103	5 332
Goods and services	680 042	1 554 801	1 582 064	874 379	1 005 066	1 005 066	1 006 819	1 093 792	1 111 818
Advertising		330		583	383	383	647	690	690
Minor assets	223	2	72	279	79	79	200	520	520
Catering: Departmental activities		42		131	31	31	131	140	140
Communication (G&S)	3			207	100	100	207	210	210
Computer services									
Contractors	2 163	3 171	3 371	2 218	2 218	2 218	2 360		
Fleet services (including government motor transport)	38	15	15	200	50	50	200	250	250
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	41	166	1						
Inventory: Fuel, oil and gas		75	(72)						
Inventory: Materials and supplies	(12)	52	6						

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Inventory: Medical supplies	1 993	(5)	(48)						
Consumable supplies	4	18	99	1 500	1 300	1 300	1 500	1 500	1 500
Consumable: Stationery,printin g and office									
supplies	4	2	17	372	172	172	400	400	400
Operating leases	25 473	65 847	156 555	73 300	74 871	74 871	77 034	79 420	79 420
Property payments	649 498	1 484 139	1 426 246	794 000	924 723	924 723	922 180	1 007 682	1 025 708
Transport provided: Departmental activity									
Travel and subsistence	369	593	295	448	448	448	960	480	480
Training and development	46	341		641	641	641	500	2 000	2 000
Operating payments	44			500	50	50	500	500	500
Venues and facilities									
Rental and hiring									
Transfers and subsidies		193	132		36	36			
Households		193	132		36	36			
Social benefits		193	132		36	36			
Payments for capital assets	824 468	461 323	2 418 809	1 342 280	1 397 482	1 397 482	1 369 920	936 860	957 914
Buildings and other fixed structures	785 617	451 786	2 418 620	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Buildings	785 617	451 786	2 418 620	1 341 480	1 178 433	1 178 433	1 335 920	934 860	956 414
Machinery and equipment	38 851	9 537	189	800	219 049	219 049	34 000	2 000	1 500
Other machinery and equipment	38 851	9 069	189	800	219 049	219 049	34 000	2 000	1 500
Payments for financial assets									
Total economic classification	1 536 120	2 053 885	4 041 357	2 275 672	2 462 930	2 462 930	2 436 752	2 081 816	2 123 193

TABLE 4.35: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: COMPREHENSIVE HIV & AIDS GRANT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	3 915 547	4 617 494	5 631 577	5 861 442	5 882 995	5 882 995	6 205 112	5 703 142	5 959 268
Compensation of employees	894 495	1 292 401	1 901 684	1 568 564	1 585 624	1 585 624	1 523 361	1 329 237	1 388 974
Salaries and wages	773 905	1 142 581	1 665 513	1 387 159	1 404 219	1 404 219	1 337 604	1 143 480	1 194 877
Social contributions	120 590	149 820	236 171	181 405	181 405	181 405	185 757	185 757	194 097
Goods and services	3 021 052	3 325 093	3 729 893	4 292 878	4 297 371	4 297 371	4 681 751	4 373 905	4 570 294
Administrative fees		6		10	10	10	11	11	11
Advertising	329						464	464	485
Minor assets	16	127	535	2 154	2 154	2 154	2 699	2 699	2 820
Audit cost: External									
Bursaries: Employees									
Catering: Departmental activities	1 242	1 349	1 365	3 759	3 759	3 759	4 258	4 258	4 449
Communication (G&S)	30	280	20	360	360	360	380	380	397

R thousand Consultants and professional services: Business and advisory services Laboratory services Contractors Agency and support / outsourced services Fleet services (including government motor transport) Inventory: Food and food supplies Inventory: Materials and supplies	28 843 701 951 382 675 24 6 849	2019/20 40 075 731 065 121 832 617 5 718 22 123	2020/21 10 441 1 224 640 63 798 220	871 482 86 958	871 482 86 958	871 482 86 958	2022/23 10 000 920 798 89 034	2023/24 10 000 920 798 89 034	2024/25 10 449 962 142 93 032
professional services: Business and advisory services Laboratory services Contractors Agency and support / outsourced services Fleet services (including government motor transport) Inventory: Food and food supplies Inventory: Materials and	701 951 382 675 24 6 849	731 065 121 832 617 5 718	1 224 640 63 798 220				920 798	920 798	962 142
Laboratory services Contractors Agency and support / outsourced services Fleet services (including government motor transport) Inventory: Food and food supplies Inventory: Materials and	701 951 382 675 24 6 849	731 065 121 832 617 5 718	1 224 640 63 798 220				920 798	920 798	962 142
Contractors Agency and support / outsourced services Fleet services (including government motor transport) Inventory: Food and food supplies Inventory: Materials and	382 675 24 6 849	121 832 617 5 718	63 798						
support / outsourced services Fleet services (including government motor transport) Inventory: Food and food supplies Inventory: Materials and	6 849	5 718							
(including government motor transport) Inventory: Food and food supplies Inventory: Materials and	6 849		869						
and food supplies Inventory: Materials and		22 123	869				(24)	(24)	(25)
Materials and	4			17 780	17 780	17 780	17 724	17 724	18 520
			18				29	29	30
Inventory:			10				2,		30
Medical supplies Inventory:	124 346	122 460	148 309	366 232	366 232	366 232	688 489	380 643	397 734
	1 761 842	2 243 700	2 003 543	2 566 007	2 566 007	2 566 007	2 764 795	2 764 795	2 888 934
supplies	6 469	6 541	270 510	318 493	322 986	322 986	117 038	117 038	122 293
Consumable: Stationery,printin g and office supplies	3 195	5 911	2 971	12 184	12 184	12 184	13 000	13 000	13 584
Operating leases	3 170	701	27/1	2 136	2 136	2 136	2 224	2 224	2 324
Property payments	659	2 119	566	2 270	2 270	2 270	2 385	2 385	2 492
Transport provided: Departmental activity	31						105	105	110
Travel and subsistence	1 613	2 433	283	6 447	6 447	6 447	6 927	6 927	7 238
Training and development	758	16 389	1 005	36 570	36 570	36 570	38 329	38 329	40 050
Operating payments	165	57	31				3 003	3 003	3 138
Venues and facilities	11	1 590	225	36	36	36	47	47	49
Rental and hiring							36	36	38
Transfers and subsidies	70 476	70 144	69 420	78 000	78 000	78 000	83 815	83 815	87 578
Non-profit institutions	68 917	69 073	67 720	78 000	78 000	78 000	81 922	81 922	85 600
Households	1 559	1 071	1 700				1 893	1 893	1 978
Social benefits Payments for capital	1 559	1 071	1 700				1 893	1 893	1 978
assets Buildings and other	1 438	118 388	128 644	6 360	6 360	6 360	7 042	7 042	7 358
fixed structures Buildings									
Other fixed structures									
Machinery and equipment	1 438	118 388	128 644	6 360	6 360	6 360	7 042	7 042	7 358
Transport equipment	87	100							
Other machinery and equipment	1 351	118 288	128 644	6 360	6 360	6 360	7 042	7 042	7 358
Payments for financial assets	45								
Total economic classification 3	3 987 506	4 806 026	5 829 641	5 945 802	5 967 355	5 967 355	6 295 969	5 793 999	6 054 204

TABLE 4.36: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: EPWP INTEGRATED GRANT FOR PROVINCES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estima	tes
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	2 159	2 187	2 196	2 218	2 218	2 218	2 360		
Goods and services	2 159	2 187	2 196	2 218	2 218	2 218	2 360		
Contractors	2 159	2 187	2 196	2 218	2 218	2 218	2 360		
Payments for financial assets									
Total economic classification	2 159	2 187	2 196	2 218	2 218	2 218	2 360		

TABLE 4.37: PAYMENTS AND ESTIMATES BY E	ECONOMIC CLASSIEICATION: L	JENI TU ENCII ITV DEVITAI ISATIONI CDANT
TABLE 4.37. PATIVIENTS AND ESTIMATES DT E	ECUNUNIC CLASSIFICATION, F	TEALTH FACILITY REVITALISATION GRAINT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	lium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	182 458	332 749	349 612	313 200	313 200	313 200	278 583	240 978	251 798
Compensation of employees	7 657	29 376	15 144	22 059	22 059	22 059	23 118	23 118	24 156
Salaries and wages	6 964	27 377	13 455	19 959	19 959	19 959	20 907	20 907	21 846
Social contributions	693	1 999	1 689	2 100	2 100	2 100	2 211	2 211	2 310
Goods and services	174 801	303 373	334 468	291 141	291 141	291 141	255 465	217 860	227 642
Advertising				500	500	500	562	590	616
Minor assets	52							270	282
Catering: Departmental activities									
Computer services									
Contractors									
Inventory: Materials and supplies									
Inventory: Medical supplies	1 882								
Consumable supplies			86						
Consumable: Stationery,printin g and office supplies									
Operating leases									
Property payments	172 821	300 873	334 178	290 000	290 000	290 000	253 903	215 000	224 654
Transport provided: Departmental activity									
Travel and subsistence			204						
Training and development	46	2 500		641	641	641	1 000	2 000	2 090
Operating payments									
Venues and facilities									
Rental and hiring									
Social security funds									
Payments for capital assets	597 481	526 279	618 823	652 671	652 671	652 671	780 276	797 577	819 161
Buildings and other fixed structures	560 133	524 688	618 702	651 871	651 871	651 871	779 276	796 077	817 594
Buildings	560 133	524 688	618 702	651 871	651 871	651 871	779 276	796 077	817 594
Other fixed structures									
Machinery and equipment	37 348	1 591	121	800	800	800	1 000	1 500	1 567
Other machinery and equipment	37 348	1 591	121	800	800	800	1 000	1 500	1 567

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Payments for financial assets									
Total economic classification	779 939	859 028	968 435	965 871	965 871	965 871	1 058 859	1 038 555	1 070 959

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	S
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	916 529	1 161 510	1 295 744	1 281 373	1 394 674	1 394 674	1 810 766	1 828 281	1 771 558
Compensation of employees	580 730	846 835	971 494	1 020 140	1 133 441	1 133 441	1 556 592	1 574 262	1 506 132
Salaries and wages	534 133	735 245	922 668	835 736	971 286	971 286	1 362 636	1 380 306	1 303 467
Social contributions	46 597	111 590	48 826	184 404	162 155	162 155	193 956	193 956	202 665
Goods and services	335 799	314 675	324 250	261 233	261 233	261 233	254 174	254 019	265 426
Advertising									
Minor assets	2 854	21 098	7 548	13 834	13 834	13 834	14 800	14 645	15 303
Computer services		500							
Laboratory services	27 811	27 410	34 887	40 779	40 779	40 779	37 036	37 036	38 699
Contractors	637								
Inventory: Materials and supplies	336								
Inventory: Medical supplies	277 258	238 060	265 224	185 005	185 005	185 005	182 092	182 092	190 268
Inventory: Medicine	19 139	17 148	14 310	15 897	15 897	15 897	15 095	15 095	15 773
Inventory: Other supplies									
Consumable supplies	363	30	1 574	509	509	509	61	61	64
Consumable: Stationery,printin g and office									
supplies	7 340	9 613	701	4 809	4 809	4 809	4 669	4 669	4 879
Travel and subsistence	61		6						
Training and development		816		400	400	400	421	421	440
Transfers and subsidies	441	1 502	1 567	1 418	1 418	1 418	1 496	1 300	1 358
Households	441	1 502	1 567	1 418	1 418	1 418	1 496	1 300	1 358
Social benefits	441	1 502	1 567	1 418	1 418	1 418	1 496	1 300	1 358
Other transfers to households									
Payments for capital assets	30 915	120 759	53 986	59 967	104 970	104 970	59 967	49 967	52 211
Machinery and equipment	30 915	120 759	53 986	59 967	104 970	104 970	59 967	49 967	52 211
Other machinery and equipment	30 915	120 759	53 986	59 967	104 970	104 970	59 967	49 967	52 211
Payments for financial assets									
Total economic classification	947 885	1 283 771	1 351 297	1 342 758	1 501 062	1 501 062	1 872 229	1 879 548	1 825 127

TABLE 4.41: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: NATIONAL HEALTH INSURANCE GRANT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	dium-term estimate	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments		53 758	44 393	49 859	49 859	49 859	90 399	89 393	91 222

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Compensation of employees		53 758	42 232	45 859	45 859	45 859	86 244	85 220	86 862
Salaries and wages		53 758	42 232	45 859	45 859	45 859	86 244	85 220	86 862
Social contributions									
Goods and services			2 161	4 000	4 000	4 000	4 155	4 173	4 360
Catering: Departmental activities									
Communication (G&S)									
Agency and support / outsourced services									
Inventory: Food and food supplies									
Inventory: Materials and supplies									
Inventory: Medical supplies									
Consumable supplies									
Training and development			2 161	4 000	4 000	4 000	4 155	4 173	4 360
Payments for capital assets									
Machinery and equipment									
Transport equipment									
Other machinery and equipment									
Payments for financial assets									
Total economic classification		53 758	44 393	49 859	49 859	49 859	90 399	89 393	91 222

TABLE 4.42: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: NATIONAL TERTIARY SERVICES GRANT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25	
Current payments	3 555 893	3 701 270	3 978 357	3 994 203	3 994 203	3 994 203	4 023 831	4 087 917	4 271 512	
Compensation of employees	2 092 267	2 262 902	2 421 710	2 462 417	2 462 417	2 462 417	2 504 755	2 563 063	2 678 192	
Salaries and wages	1 914 159	1 972 617	2 193 287	2 046 930	2 046 930	2 046 930	2 255 589	2 039 703	2 131 333	
Social contributions	178 108	290 285	228 423	415 487	415 487	415 487	249 166	523 360	546 859	
Goods and services	1 463 626	1 438 368	1 556 647	1 531 786	1 531 786	1 531 786	1 519 076	1 524 854	1 593 320	
Minor assets	3 976	4 552	3 703	7 974	7 974	7 974	7 070	8 648	9 036	
Laboratory services	307 612	330 572	360 510	328 546	328 546	328 546	337 516	342 213	357 578	
Contractors	144 553	143 482	134 621	165 662	188 475	188 475	177 410	172 620	180 371	
Agency and support / outsourced services	11 006	18 000	15 674	20 000	20 000	20 000	18 000			
Inventory: Fuel, oil and gas	1									
Inventory: Medical supplies	767 570	705 969	790 241	744 353	744 353	744 353	721 719	751 653	785 402	
Inventory: Medicine	220 157	226 694	240 945	229 472	229 472	229 472	233 631	238 987	249 718	
Consumable supplies	7 440	5 599	6 642	4 230	4 230	4 230	4 230	5 280	5 517	

Operating leases	940	3 500	4 307	31 549	8 736	8 736	19 500	5 453	5 698
Transfers and subsidies	226 689	322 857	339 653	300 868	300 868	300 868	319 378	314 187	328 294
Provincial Revenue Funds									
Non-profit institutions	200 000	300 000	317 000	282 000	282 000	282 000	299 000	294 378	307 596
Households	26 689	22 857	22 653	18 868	18 868	18 868	20 378	19 809	20 698
Social benefits	26 689	22 857	22 653	18 868	18 868	18 868	20 378	19 809	20 698
Payments for capital assets	355 039	952 921	458 774	582 999	939 352	939 352	740 677	585 999	612 310
Machinery and equipment	355 039	952 921	458 774	582 999	939 352	939 352	740 677	585 999	612 310
Other machinery and equipment	355 039	952 921	458 774	582 999	939 352	939 352	740 677	585 999	612 310
Payments for financial assets									
Total economic classification	4 137 621	4 977 048	4 776 784	4 878 070	5 234 423	5 234 423	5 083 886	4 988 103	5 212 116

TABLE 4.43: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: SOCIAL SECTOR EPWP INCENTIVE GRAN	
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	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments	1 404	26 027	29 843	24 626	24 885	24 885	17 980		
Goods and services	1 404	575	1 422	1 252	1 511	1 511	1 012		
Consultants and professional services: Business and advisory services									
Contractors	1 404								
Inventory: Clothing material and accessories									
Payments for financial assets									
Total economic classification	1 404	26 197	30 153	24 746	25 005	25 005	17 980		

TABLE 4.44: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HUMAN PAPILLOMAVIRUS VACCINE GRANT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Me	edium-term estimat	es
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments			115 997						
Compensation of employees									
Salaries and wages									
Social contributions									
Goods and services			115 997						
Catering: Departmental activities									
Communication (G&S)									
Contractors									
Inventory: Medical supplies									
Inventory: Medicine									
Consumable: Stationery,printin g and office supplies									

Transport provided: Departmental activity		
Payments for capital assets		
Machinery and equipment		
Transport equipment		
Other machinery and equipment		
Payments for financial assets		
Total economic classification	115 997	

 $\underline{\textbf{TABLE 4.44: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HUMAN RESOURCES CAPACITATION GRANT}$

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Current payments									
Compensation of employees									
Salaries and wages									
Social contributions									
Provinces and municipalities									
Payments for capital assets									
Payments for financial assets									
Total economic classification									

TABLE 4.45: TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY AND MUNICIPALITY: HEALTH

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2018/19	2019/20	2020/21		2021/22		2022/23	2023/24	2024/25
Category A	705 947	688 377	498 118	447 750	447 750	447 750	466 556	487 443	487 443
Ekurhuleni	319 206	336 473	247 389	182 880	182 880	182 880	190 355	198 921	198 921
City of Johannesburg	282 061	285 429	171 584	181 633	181 633	181 633	189 331	197 742	197 742
City of Tshwane	104 680	66 475	79 145	83 237	83 237	83 237	86 870	90 780	90 780
Category C	16 045	17 017	22 371	22 818	22 818	22 818	23 959	25 037	25 037
Sedibeng District Municipality	8 249	8 769	11 148	11 454	11 454	11 454	12 027	12 568	12 568
West Rand District Municipality	7 796	8 248	11 223	11 364	11 364	11 364	11 932	12 469	12 469
Unallocated									
Total transfers to municipalies	721 992	705 394	520 489	470 568	470 568	470 568	490 515	512 480	512 480