

# VOTE 4

## DEPARTMENT OF HEALTH

To be appropriated by vote in 2024/25	R 64 837 043 000
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.

#### Impact Statements

- Life expectancy of South Africans improved to 70 years by 2030
- Universal health coverage (UHC) for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030.

#### Outcomes

There are ten outcomes to be implemented over the next five years towards achieving the impact statements:

- Achieve UHC by implementing National Health Insurance (NHI)
- Quality of health services in public health facilities improved
- Maternal, neonatal, infant and child mortality reduced
- Morbidity and premature mortality due to communicable diseases reduced
- Morbidity and premature mortality due to non-communicable diseases reduced by 10 per cent
- Package of services available to the population with priority given to equity and most cost-effective services
- Robust and effective health information systems to automate business and improve evidence-based decision making
- Improved financial management
- Infrastructure maintained and backlog reduced
- Leadership and governance in the health sector enhanced to improve quality of care.

#### 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 provides 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.
- Delivering 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.

- Implementation of the NHI
- 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
- Trade Marks 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 the following:**

- 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
- National Strategic Plans on HIV and AIDS.

## 2. REVIEW OF THE CURRENT FINANCIAL YEAR (2023/24)

### Strengthening health systems and NHI rollout

In October 2022, the provincial executive was enhanced to ensure greater service delivery through the implementation of the provincial elevated GGT 2030 priorities. The implementation and delivery of these priorities in the Gauteng Department of Health would ensure improved coverage of services and patient experience of care in identified service areas. The key focus is on changing the living conditions and to make a meaningful impact on the lives of citizens in Townships, Informal Settlements and Hostels (TISH).

### Priority 1: National Health Insurance (NHI) Implementation

The Gauteng Department of Health, in anticipation of healthcare system reform towards Universal Health Care Coverage, has consciously implemented various initiatives to strengthen the public health care system. These initiatives address diverse service platforms, with a particular focus on the District Health System, the main vehicle for delivering services through PHC reengineering, the Integrated School Health Programme (ISHP), Clinical Governance (District Specialist Teams, Mental Health Specialist teams, and Community Health Workers, etc.), and the ongoing certification of facilities through Ideal Hospital and Ideal Clinic interventions.

Since the implementation of the Ideal Hospital system, the department improved the performance of all hospitals. The system allows for an annual self-assessment of all health facilities, ensuring the development of quality improvement plans. Through these self-assessments, the department has ensured that some facilities certified by the Office of Health Standards and Compliance (OHSC), with Mamelodi Hospital being the first in the country.

Out of the ten facilities inspected, five were successfully certified, indicating compliance with NHI readiness. The other five hospitals found to be non-compliant are due for reinspection, and efforts are underway to ensure their successful certification. It is anticipated that by the end of 2024, the department should have additional facilities certified by the OHSC. Countrywide, the department has seen a high number of its facilities certified by the OHSC, and the province is striving to maintain this status.

To uphold service excellence, the department is implementing the Ideal Clinic and Ideal Hospital programmes. Regarding the Ideal Clinic programme, 356 of the 368 assessed facilities obtained Ideal Clinic status, achieving a rate of 96.7 per cent against a target of 92 per cent during the 2023/24 financial year. Concerning the Ideal Hospital programme, 27 hospitals were assessed, with 18 obtaining Ideal Hospital status. Among these 18 hospitals, 17 achieved an "excellent status," whereas one hospital obtained a "good status."

Concerning Patient Experience of Care and Complaints Management, the department has consistently achieved above 80 per cent in terms of experience of care surveys/patient satisfaction with our services. It is noteworthy that, despite achieving better results, the accessibility and availability of medicine pose challenges as institutions are scoring below the set target. Nevertheless, continuous efforts are being made to improve through Daily Patient Opinion Surveys (DPOS) and the "I Serve with a Smile Campaign." The introduction of these two programmes has enabled the province to maintain the national set target of 95 per cent for patient experience of care.

In accordance with the principles of Universal Health Care coverage, the department has issued practising licenses to over 185 private healthcare facilities, accompanied by annual inspections to ensure adherence to NHI regulatory prescripts. The department is committed to the implementation of the NHI, working towards achieving Universal Health Coverage through the programme's implementation.

### Priority 2: Improved Patient Experience of Care

The department has continued with various initiatives aimed at improving the patient experience of care, including the implementation of the Daily Patient Survey, which serves as an early warning tool for potential complaints. Quality learning centres are being established across the five districts to enhance the quality of management in the healthcare system. In the third quarter of the year under review, the department launched the 'I Serve with a Smile Campaign.' The campaign's purpose is to address the perceived poor attitudes of staff members and other challenges related to the healthcare system. To address these complaints, the department is instituting interventions to tackle the causes of the complaints.

These interventions include measures to reduce waiting times in health facilities and client enrolment in the Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme, which aims to address delays in the issuing of medications and prevent clients from coming to facilities merely to fill their prescriptions. As of the end of the third quarter of the 2023/24 financial year, 1 326 904 patients were enrolled in the CCMDD Programme. The annual target of enrolling 1 200 000 clients in the programme for the 2023/24 financial year was achieved, with an excess of 126 904 clients enrolled.

One of the focus areas among the provincial elevated priorities, is the reduction of queues in the healthcare facilities. Currently, all hospitals are implementing different manual queue management system, lacking an integrated approach across the healthcare network. The process of procuring a comprehensive electronic queue management system has been initiated, and the department aims to pilot the system in the academic hospitals of the province. The department will then gradually integrate the various existing queue management systems into the electronic queue management system for hospitals. Timely provision of quality services is critical for improving the health outcomes of patients, and EMS also play a critical role in ensuring that care is provided through the dispatchment of emergency medical transport in response to distress calls from communities and health care facilities.

As of the end of quarter three of the current year, EMS responded to 354 528 calls, overcoming numerous challenges such as safety concerns, inadequate physical addresses, growth in the number of informal settlements, an increase in crime related cases, and attacks on Gauteng EMS paramedics (also known as the Green Angels). In terms of EMS response rate, the Sedibeng and Westrand Districts improved by 27 per cent. This enhancement contributed to an average response rate to 84 per cent for responses to P1 calls within 30 minutes for the district municipalities.

In terms of the metropolitan municipalities, the target has not been achieved. However, there is a slight improvement of 19per cent, bringing the average performance for responding to P1 calls within 30 minutes in metros to of 62 per cent. This is primarily due to the growing demand for EMS by communities, driven by migrating trend and an increase informal settlement within the metros. The department also observed an improvement in calls serviced within the Golden Hour, an international standard in interfacility emergencies and pre-hospital emergencies. The current performance stands at 83 per cent for all calls in urban areas responded within the 60 minutes (Golden Hour) timeframe and a 90 per cent response rate within 60 minutes in rural areas.

The department is undertaking a reassessment of the locations of EMS stations using Geographic Information System (GIS) technology to identify with service is high demand for this service. It is apparent that the decision to provincialise the EMS was justified as a larger porting of the population now has access to emergency services in general. Over 800 clinical EMS staff have been recruited to increase capacity, aligning with the increasing demand for EMS services within the Gauteng Province communities.

Challenges affecting EMS P1 response times in urban and rural areas encompassed various issues. Notably, paramedic attacks have resulted in the establishment of "No Go" areas, classified as red zones, which require the involvement of the South African Police Service (SAPS) and security teams to accompany paramedics responding to calls in these high-risk or violent incidents. The psychological impact on paramedics who become victims of such attacks can adversely affect operational capacity, as their recovery and return to duty may be prolonged.

Furthermore, instances of service delivery protests have, at times, caused delays in response times to emergency calls. South Africa is recognized for producing well-trained paramedics, leading to international competition for their skills. Many paramedics receive attractive offers from abroad, often accepting high-paying positions outside of South Africa. This trend has contributed to a skills gap within the Gauteng Province, particularly in the departure of highly trained ICU paramedics, further complicating the local EMS landscape.

### **Priority 3: Improved Clinical Services**

Maternal and neonatal deaths continue to be areas of concern for the department. Maternal deaths decreased from 207 deaths during quarter three in the 2022/23 financial year to 53 deaths during quarter three in the 2023/24 financial year. There was a slight decrease of 1 maternal death from 54 deaths during quarter two, to 53 deaths during quarter three of the 2023/24 financial year. As at the end of December 2023, the maternal mortality in facility ratio (iMMR) stood at 106/100 000 live births, falling below the set target of 116/100 000 live births. The implementation of mortality and morbidity clinical governance initiatives has been critical in improving learning and implementing preventative measures.

Of the 48 027 live births reported during quarter three of 2023/24, 208 neonates died in facilities. Neonatal deaths increased by 11 per cent from Quarter two. There were 658 deaths in quarter two as compared to 733 deaths in quarter three of the 2023/24 financial year. The neonatal deaths in facility rate were at 13.1/1 000 live births, above the set annual target of below 12/1 000 live births. The main causes of neonate deaths were infections and shortage of NICU beds as a result of overcrowding.

The coverage of family planning services facilitates healthcare users in achieving a satisfying and safe sex life, allowing them the capability and freedom to reproduce at their discretion. In quarter three of the 2023/24 financial year, the department distributed 23 million male and 2 million female condoms as part of the contraceptive usage initiative. Injectable contraceptives ranked as the second most used method, with 432 245 units, contributing 16per cent to the overall couple year protection rate. The oral pill cycle followed closely with 252 691 units issued, contributing 9.5 per cent during quarter three of the 2023/24 financial year.

The overall couple year protection rate currently stands at 34 per cent, falling below the quarter three target of 43 per cent. This discrepancy is attributed to the shortage of Intrauterine Device Instruments and the unavailability of voluntary male sterilisation services. The department intends to procure the necessary resources throughout the remaining financial year and to conduct an audit of hospitals providing outpatient voluntary sterilisation services for both males and females.

One of the primary strategies to prevent pregnancy related complications and enhance maternal and child health outcomes is through Antenatal Care (ANC) visits before 20 weeks. Out of the total 50 847 ANC visits during quarter three, 35 544 were ANC firsts visits before 20 weeks, constituting 69.9 per cent of the total ANC visits for the quarter. Although quarter three visits experienced a 6.4 per cent decline from 37 811 in quarter two to 35,544, the target was not achieved primarily due to a shortage of pregnancy testing strips. Post-natal visits within 6 days post-delivery for quarter three of 2023/24 reached 83.7 per cent, surpassing the expected quarter three target of 80 per cent. Additionally, during the quarter under review, mother postnatal visits demonstrated a 3 per cent increase from 80.1 per cent in quarter two to 83.7 per cent in quarter three of the financial year.

To reduce transmission of HIV from mother to child, the HIV positivity on PCR among 6 months was at 0.5 per cent and was kept below the target of under 0.75 per cent due to the implementation of training on the new ARV guidelines.

The preventing of childhood epidemic infections necessitates the intensification of infants and child vaccination programmes. Although the Expanded Programme on Immunisation (EPI) services is gradually posting the emergence of the Covid-19 pandemic, the provision of both services remains below the set quarter two target of 90 per cent for immunization and 92 per cent for the measles second dose. In the quarter, 50 300 infants under 1 year were fully immunized, and 49 019 received the measles second dose. The provision of immunization and the measles second dose decreased by 3.8 per cent and 2 per cent, respectively, during quarter three in comparison to quarter two of the 2023/24 financial year. The overall coverage of immunization for infants under 1 year and the measles second dose in quarter three stood at 76.6 per cent and 74 per cent, respectively.

The challenges identified were due to caregivers not adhering to appointments and long waiting times. In addition, some clinics are not offering daily EPI services and vaccine hesitancy by certain groups does exist. The department will continue to strengthen social mobilisation to promote adherence to appointments and thereby address the declining performance. Also, the department aims to identify clinics that are not offering daily EPI services and offer training on the reach every district (RED) and Zero Child Dose Strategies, including the development of a social behaviour communication strategy.

The nutritional needs of children under 5 years were well taken care of during quarter three of the financial year. In this regard, 339 608 children between one and five years old were given Vitamin A supplements. This is a 5.3 per cent increase from 357 630 during quarter two to 339 608 during quarter three of the financial year under review. The overall performance of Vitamin A supplements administered was at 63.9 per cent, which is above the set quarter target of 55 per cent. Furthermore, the department has improved the management of severely malnourished children, including those with severe diarrhoea and pneumonia to reduce child mortality through the review of all severe acute malnutrition (SAM), diarrhoea, and pneumonia cases through implementation of IMCI amongst other morbidity and mortality review related interventions.

Approximately, 1 909 diarrhoea separations among the under 5-year-olds were reported during quarter three, and 31 children succumbed to diarrhoea. The Johannesburg Health District reported 12 diarrhoea deaths, accounting for 39 per cent of the overall number of diarrhoea deaths during quarter three. This is followed by Tshwane Health District with 8 deaths contributing 26 per cent to overall number of deaths. During quarter three of the 2023/24 financial year, the diarrhoea case fatality rate was 1.6 per cent, which is below the quarter three case fatality rate threshold of 2.5 per cent.

There was a total of 1 769 pneumonia separations reported during quarter three and 30 under 5-year-old children succumbed to pneumonia. The JHB health district reported 12 pneumonia deaths, contributing 40 per cent to the overall number of pneumonia d-related deaths during quarter three 2023/24. This is followed by Ekurhuleni Health District, where 10 deaths occurred, contributing to 33 per cent of overall number of pneumonia case fatalities during quarter three. The quarter three pneumonia case fatality rate was at 1.7 per cent, below the case fatality rate threshold of 2.2 per cent.

To reduce the burden of HIV and AIDS and revitalisation of HIV Testing Services, a total of 4 040 407 tests were conducted for HIV between April and December 2023 and of this, 1 250 187 HIV tests were done in quarter three. The total tests conducted in quarter 3 decreased by 13 per cent from 1 442 061 in quarter two, to 1 250 187 in quarter three 2023/24. The number of ART adult clients remaining in care as at the end of December 2023 was 1 227 883 and 16 456 children under 15 years of age were retained on ART treatment. The number of ART children clients remaining in care decreased by 4 per cent from 17 096 during quarter two to 16 456 during quarter three.



The department continued with its efforts to intensify ARV treatment initiation and implement adherence strategies to improve retention and viral loads suppression. Between July and September 2023, there were 229 child clients on ART with viral load tests, and 80 were virally suppressed at 12 months. The JHB district had 67 child clients who were virally suppressed, contributing 29 per cent to the overall number of clients who achieved viral suppression in the same period. The viral load suppression rate for children under 15 years in quarter three of 2023/24 is at 34.9 per cent, below the quarter three set target of 70 per cent. This is attributed to poor adherence to treatment due to issues with paediatric drug palatability (Kaletra), literacy on HIV treatment, and suppression for children. Additionally, the indicator changed from viral load suppression of less than 400 copies/ml to less than 50 copies/ml, affecting the non-achievement due to changes in ART guidelines signed in June 2023.

The department continued its commitments to detect, initiate and successfully treat TB cases by implementing the TB 90-90-90 strategy. From July to September 2023/24, 74 per cent of the total clients who were started on TB treatment were successfully treated. The proportion of successfully treated clients remained below 90 per cent for quarter two 2023/24 and quarter three 2023/24. The treatment success rate decreased by 0.6 percentage points from 74.6 per cent in quarter two to 74 per cent in quarter three, remaining below the target of 90 per cent.

Among the 8 288 clients who started on treatment during July - September 2023, 584 clients were lost during TB treatment. The increased lost to follow-up and high death rate impacted the ability to attain the 90 per cent target. During quarter three, 7.1 per cent of the total clients that started on TB treatment died during treatment. The increase in deaths was caused by the late presentation by clients at health facilities, and ART treatment disengagement by those clients who are co-infected. Also, the non-adherence to ART by clients due to high lost to follow-up and inconsistent attendance.

There are knowledge gaps on treatment adherence and viral loads due dates, coupled with lack of understanding of the importance of viral loads testing. Additionally, there are clinical factors, including drug-to-drug interaction between Rifampicin and Alluvia, lead to poor viral load suppression. Thus, 67.4 per cent (9 258) of the 13 746 adult clients who underwent viral load tested were virally suppressed at 12 months. The proportion of adult clients who achieved viral suppression at 12 months decreased by 23.7 per centage points from 91.1 per cent in quarter three of the 2022/23 financial to 67.4 per cent in quarter three of the 2023/24 financial year. The target of 95 per cent was not attained for the adult clients' suppression rate due to the non-adherence to treatment and the slow implementation of a treatment literacy strategy on the importance of viral load collection and suppression.

The MDR-TB/RR-TB treatment success rate increased by 5 percentage points during quarter three of the 2023/24 financial year, rising from 60.9 per cent during quarter two to 65.9 per cent during quarter three. However, the quarter three 2023/24 MDR-TB/RR-TB treatment success rate was at 65.9 per cent, which is below the target of 62 per cent. A similar pattern was observed with the MDR-TB/RR-TB lost to follow-up rate, indicating a rate of 18.2 per cent, exceeding the target of 16 per cent. This can be attributed to a high lost to follow-up rate as patients are highly mobile and they are providing institutions with their incorrect contact details and addresses.

TB Pre-XDR treatment success rate declined during quarter three of 2023/24 financial year. The rate dropped 54.5 per cent in quarter two to 50 per cent during quarter 3. The decline in the success rate was due to integrated clinical management of TB/HIV Patients, as well as clients presenting at institutions at advanced stages for both TB and HIV. This is despite the TB Pre-XDR loss to follow up rate during quarter three being 0 per cent, below the target of 10 per cent. The reason was that the process of tracking and tracing of lost to follow-up was strengthened by institutions.

#### **Priority 4: Strengthened Public Health Literacy and Health Promotion**

The department, following the provincial directive, is implementing the identified elevated priorities of the province. These priorities focus on implementing programmes in the most vulnerable communities of the province, and in terms of the Gauteng Department of Health, they include physical, awareness and screening programmes. To this end, 58 physical activity (Wellness Wednesday's/Friday's) programmes were held in 20 Township, Informal Settlement and Hostel (TISH) areas, across the five provincial districts (Sedibeng, Johannesburg, Ekurhuleni, Tshwane, and West Rand). A total of 40 942 people participated in these programmes. The programme is being taken up by districts aiming to reach a greater number of people. The plan is to continue the rollout for the rest of the financial year, despite the set targets having already been met.

Provision of health services to public schools are important for the early detection of health and social barriers to learning and teaching. The Integrated School Health Programme (ISHP) coverage has improved because the ISHP teams adhered to the planned schedule and focused more on Grade 1 and 8 learners. During quarter three of the 2023/24 financial year, 103 531 Grade 1 and 8 learners were screened for various health conditions by school health nurses. Of the 103 531 learners screened, 58 638 learners were Grade 1 learners, and 44 893 learners were Grade 8 learners. In addition, as part of the elevated priorities, the department aims to deploy school health mobile clinics in the priority townships. In response the department has procured seven vehicles that will be used as clinics. These vehicles are in the final stages of conversion and will be deployed during the current financial year.

Early detection and management of diabetes and hypertension is critical to reduce pre-mature morbidities and mortalities due to non-communicable diseases. The department continues its commitment to focus on reducing the high burden of disease for non-communicable diseases such as diabetes and hypertension. Between April and December 2023/24, a total of 6, 324, 645 clients were screened for diabetes. Of these, 3 976 190 clients were between the ages of 18 and 44, and 2 348 455 were 45 years or older. The total clients screened for diabetes decreased from 2 124 871 during quarter two of the 2023/24 financial year to 2 034 737 during quarter three. Regarding hypertension, 6 222 724 clients were screened between April and December 2023/24. Clients screened for hypertension decreased from 2 128 400 during quarter two to 2 055 191 during quarter three.

The department maintained its commitment to expand the package of services offered to the communities by increasing access to care. The department increased the number of CHCs that provide 24-hours from 36 in 2021/22 to 38 in 2022/23. The target 2023/24 of 40 CHCs providing 24-hour emergency services has not yet been attained. The two clinics designated to operate as CHCs, Westbury and Florida, are still being renovated.

To ensure the seamless integration of mental health care services into routine health services, 302 beds of the 3 163 beds available in district hospitals were repurposed to offer acute mental health care. Additionally, a total of 246 beds of the 4 618 beds available in regional hospitals were also repurposed. The 2023/24 targets for beds allocated to offer acute mental ill health care in district and regional hospitals were achieved, reaching 8.6 per cent and 5 per cent targets, respectively.

#### **Priority 5: Strengthen governance and Leadership**

To improve institutional leadership and management, 27 of the 37 hospital Chief Executive Officer (CEO) positions have been filled indicating that 73 per cent of the CEO positions are currently filled.

Progress has been made to move closer to the one patient, one file goal with the implementation of the administrative component of the Health Information System. All thirty-three CHCs and all 37 hospitals are implementing the Health Information System (HIS), achieving the planned quarter three target. However, during the third quarter, none of the community health centres implemented the Patient Archiving Communication System (PACS), due to unprepared IT infrastructure and the unavailability of the integration layer. The SAP HIS interface to PACS is scheduled to take place in April 2024.

The rand value of medico-legal claims increased by 1 per cent, rising from 18.3 billion as at the end of quarter two of the 2023/24 financial year to R18.5 billion as at end of quarter three. This increase in the contingent liability resulted from a rise in the number of new matters received in quarter three. The department plans to implement interventions at the clinical service level, along with additional measure, including the implementation of the High Court Rule 41A (mediation) and the application of High Court Rule 37B (administrative archiving).

High Court Rule 41A presents mediation as a possible avenue to resolve legal disputes between parties. The rule encourages litigants to refer their disputes to mediation before proceeding with litigation. The advantages gained by resolving legal disputes through mediation are numerous and include resolving the matter in a short period of time, incurring fewer legal costs compared to litigating in court, and the possibility to reach an amicable solution between parties. It is important to note that the Rule defines mediation as a voluntary process and not mandatory. This means that both plaintiff and defendant have the right to decide whether mediation may be the best possible avenue to resolve their dispute.

High Court Rule 37B present a process for the archiving of matters that have remained dormant for a period exceeding 24 months. The process begins by identifying legal matters that have not received any legal process in a period exceeding 24 months. Once the inactive matters have been identified, a notice must be issued notifying the attorney in those matters that the matter is about to be archived in terms of the rule. If no response to the notice is received, the register of the High Court shall be notified, and administrative archiving shall take place. Once administrative archiving is done, the matter, is for all intents and purpose deemed to be legally dead and may only be resuscitated when the attorney on the matter institute new legal proceedings.

The Gauteng Department of Health has undertaken administrative archiving in quarter 4 of the 2023/2024 financial year. In compliance and conformity with Rule 37B, the department through its legal directorate has identified and referred 145 matters for administrative archiving by the Johannesburg High Court. The 145 matters were successfully archived, and the department has in its possession an approved letter by the Office of the Registrar in the Johannesburg High Court approving the successful archiving of the matters. The matters archived shall result in a 1.8 billion reduction in the department's contingent liability.

#### **Priority 6: Economic empowerment and job creation**



### Priority 6: Economic empowerment and job creation

To ensure that all hospitals are compliant with Occupational Health and Safety (OHS) standards, the first phase OHS upgrades were implemented in the 11 prioritised hospitals to achieve the initial level of compliance in these hospitals.

The department aimed to fast-track the infrastructure programme's delivery to enable all public health facilities to provide an expanded range of effective health services to the population. Unfortunately, none of the capital projects were completed. The emergency repairs on neonatal and labour wards at Chris Hani Bara Hospital (CHBAH) were 98 percent complete, primarily due to new requirements (fire compliance) from the City of Johannesburg (CoJ).

The JHB Forensic Pathology Laboratory was at 82 per cent complete, as the contract with Professional Service Providers was terminated, and new PSPs are being hired. The refurbishment of the Helen Joseph nurses residence was 99 per cent complete.

Two of the eleven planned clinics for completion were handed over during the 2023/24 financial year, namely Finetown clinic and Philip Moyo MOU. Three additional clinics are in the practical completion stage, namely New Kekanastad clinic, Mandisa Shiceka CDC and Boikhutsong CDC. The Boikhutsong clinic is 99 per cent complete. The clinic awaits the delivery of the remaining health technology and the finalisation of the electricity connectivity by the City of Tshwane.

## 3. OUTLOOK FOR THE COMING FINANCIAL YEAR (2024/25)

### Priority 1: National Health Insurance (NHI) Implementation

The Gauteng Department of Health remains committed to the implementation of the NHI to ensure UUHC. UHC means that all people from every community can have access to the preventive, curative, rehabilitative and palliative health services they need which will be of sufficient quality while ensuring that the use of these services does not expose the user to financial hardship. The transition to NHI will be implemented gradually and will ensure that there is organisational capacity at the districts and sub-districts and effective coordination of NHI activities at head office level in the province.

The province will align with and use national digital platforms such as the Health Patient Registration System (HPRS) and generally ensure that all systems are interoperable. Given that provinces will become providers together with the private sector, there must be a realignment of the referral system, and provinces should work closely with the private sector, starting with PHC through the CUPs (Contracting Units for PHC). In this regard, the proof of concept has already begun in the Johannesburg Soweto region.

The provinces are required to provide the National Department of Health (NDoH) with a portfolio of evidence (PoE) to develop the framework for rollout and fill all registrar posts. Provinces have been asked to prepare for managerial autonomy, and training managers are to accept delegations, but standardised delegations will come from the NDoH. In central hospitals, the National Minister of Health, will appoint boards that will play an oversight role. As planned in the past years, all hospitals should set up cost centres and Functional Business Units (FBUs). Work has begun on shadow billing using Diagnostic Related Groups (DRGs) with one province spearheading this initiative, and it is anticipated that the rollout will then be expanded to other provinces as the DRG system can only be one for the entire country. The fixing and maintenance of infrastructure will be taken over from the Gauteng Department of Infrastructure Development (GDID), and urgent attention will be given to electricity and waste management.

The department will continue to ensure that the health facilities are ready for NHI accreditation through the provision of integrated quality health care services to obtain Ideal Clinic status and Ideal Hospital status through an accreditation system. For the Ideal Clinic Status realisation rate of 92 per cent in the 2024/25 financial year is targeted, and of the 371 clinics planned to be assessed 341 clinics are targeted to obtain the Ideal Clinic status. To strengthen the quality of services provided by the public providers, the number of clinics and hospitals that are certified by the OHSC will be increased from 51.4 per cent to 100 per cent in the 2024/25 financial year.

### The department will reorganise health services in compliance to the NHI prescripts as follows:

- a) Governance structures: It is essential to establish robust district management structures supported by fully functional sub-district structures. There is a need to reorganise existing paediatric beds and space that are currently underutilised. The focus will be on defining clear roles, responsibilities, and fostering positive relationships with health facilities. Managers must undergo thorough preparation to effectively navigate decentralised systems with complete delegations. The selection of hospital boards is a critical aspect, requiring purposeful choices and the recruitment of individuals with the appropriate skills to oversee the transition to the NHI. This approach is aimed at enhancing the efficiency of governance structures and ensuring a seamless evolution towards a sustainable healthcare system.
- b) NHI will have to be presented as a partnership between the private and public sectors, enabling the exchange of best practices.

- c) Modification of service delivery models to prioritise the use of m-health applications for self-help and accessing of other health care services in the department, ensuring continuous decongesting of health facilities.
- d) Self-assessment results, OHSC results, and all other governance bodies like Gauteng Health Accreditation Committee, play a significant role in preparing for successful NHI implantation. Therefore, close observation of facilities performance in the assessment results is of crucial importance.
- e) Facilitate ideal clinic and regulated norms and standards (NCS).
- f) Prioritise the re-engineering of primary health care services.
- g) Human Resource Planning: Establish a Clinical Excellence Academy to ensure ongoing up-skilling on protocols, maintaining quality levels attained, and improving accessibility to quality health care services.

A well thought out and thorough rollout plan including an NHI coordination mechanism are being explored with the District Management and Hospital management teams of the department to ensure smooth transition and reorganisation.

## **Priority 2: Improved Patient Experience of Care**

**Optimising care:** The department will be expanding health care service platforms and service coverage to reduce mortality and morbidity through the following:

mortality and morbidity through the following:

- a) Provision of 24-hour X-ray services, 24-hour emergency medical care, and memoranda of understanding.
- b) Facilitate intersectoral approach in preventing, managing, and rehabilitation in addressing substance abuse.
- c) Upgrading of physical infrastructure in line with Ideal Clinic standards for service delivery.
- d) Up-skill the medical practitioners in obstetrics, making them the first point of referral to midwives. and providing staff to strengthen maternity services in hospitals.
- e) In the longer term, increase in the number of CHCs through the conversion of clinics with memoranda of understanding and clinics in strategic areas without access to CHCs, facilitating the full implementation of the CHC service package.
- f) Conduct continuous support visits to ensure compliance to the Ideal Hospital Framework by all health facilities who have and had to conducting self-assessments that are meant to align with regulated norms and standards and with the framework. Customer complaints are regarded as a good yardstick for checking institutional performance; therefore, activities that will be investigated will be geared towards reducing patient complaints.
- g) Monitor Patient Safety incident (PSIs) offering continuous support via the Provincial Office to all institutions to ensure that patient safety is regarded as the primary focus of the department.
- h) Register all institutions that are still to be registered on the Ideal Hospital Framework to ensure timely reporting.

To improve on the positive experience of patients, the department is prioritising the implementation of the queue management system that will help further reduce long queues at certain points in the priority ten facilities.

Additionally, annual patient satisfaction surveys will be conducted to monitor areas of negative patient experiences, with the intention of a mitigation plan for improved satisfaction. As a result, the patient experience of care satisfaction rate will remain at 95.5 per cent during the financial year 2024/25. In addition, 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 from 1 196 422 to 1 300 000 stable chronic patients in the 2024/25 financial year.

In the 2024/25 fiscal year, all critical and Senior Management Service (SMS) positions will be filled in all institutions, including all hospital CEO positions. The department has initiated the recruitment process for hospital CEOs.

To reduce the occurrence of new medico-legal cases, the department will strengthen the management of patient safety incidents and respond promptly to adverse events at all levels of care. Through the 2024/25 strategic review and planning process, the GDoH has developed key interventions to respond to identified inefficiencies, including:

1. Investment in intensive care ambulances and specialised equipment to deal with complicated critical cases in the pre-hospital environment.
2. Improvement of EMS standards: recruitment, retention, and investment in skilled human resource capital:
3. Promotion of proactive programmes related to public information education and relations by:
  - i. Ensuring prevention and awareness through targeted training of primary and secondary school learners and educators in schools across the province.
  - ii. Improving education and training of EMS staff through the Provincial EMS College, by transforming the EMS operational staff skills mix and qualifications in line with national directives.
  - iii. Emergency Care Education and Training Policy, viz: Emergency Care Assistant Diploma in Emergency Care.

- iv. Investment in versatile ambulances and special operations vehicles and resources, i.e., all-terrain ambulances and specialised special operations vehicles and equipment that will enable continuity of service delivery for special operations.
4. Finalisation of the integration of vehicle tracking and the roll out of the electronic Patient Care Report (ePCR), with revenue management billing, inventory management, and real-time data management.
5. Improvement and review of infectious diseases standard operating procedures related to mobility and mortality through ongoing review of available EMS capacity to meet the growing demand for pre-hospital services.

### **Priority 3: Improved Clinical Services**

#### **HIV AND AIDS, STI AND TB CONTROL**

The department is set to reinforce interventions aimed at mitigating the burden of HIV and AIDS and TB by implementing the United Nations AIDS 90-90-90 strategy on HIV and AIDS, TB, and non-communicable diseases. The focus will be on the revitalisation of the HCT campaign and the intensification of interventions on the highest risk populations for HIV infections and transmission. Furthermore, the department will intensify the rollout of Anti-retro Viral (ARV)-treatment, focusing on initiating 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.

To reduce the burden of HIV, AIDS, and TB, the department will continue to focus on implementation of the United Nations AIDS 90-90-90 strategy on HIV and AIDS, TB, and non-communicable diseases. The critical aspects of the strategy will be customised to include the following interventions:

1. Revitalisation of the HCT Campaign will be conducted through our fixed health facilities and with the support of 113 contracted non-profit organisations. These organisations will assist in providing HCT services, with a focus on the highest-risk key populations, namely sex workers, drug users, the LGBTIQ community, and vulnerable groups such as children, pregnant women, mine workers, truck drivers, adolescents, and young men and women.
2. During these HCT campaigns, targeted testing and TB screening will also be conducted to identify people with HIV and TB who require treatment. The introduction of index testing aims to expand access to care for potentially infected contacts, while self-testing packs have also been introduced to improve status awareness.
3. Continue to conduct universal test and treat with the aim to intensify ARV-rollout to initiate more people on ART-treatment.
4. Adherence to treatment will be promoted by enrolling stable clients in the CCMD Programme and adherence clubs. This initiative aims to decongest health facilities, allowing those who are not stable on treatment to access fast queues through the Welcome Back Strategy for those lost to follow-up.
5. Interventions related to viral load suppression for children include implementation of the Paediatric and Adolescent Matrix through integration of HIV, maternal and district health services to ensure that every child accessing care can be screened for HIV upon consent by the caregiver and support of those that are already on treatment.
6. For every tested client diagnosed with TB, they shall be placed on treatment. The TB Health Check is utilised for TB self-screening.
7. Various mobile devices have been introduced amongst community health workers to support loss to follow-up tracing for both HIV and TB clients.
8. Various programme evaluations will be introduced to assess effectiveness of the interventions and adjust where required.

#### **Maternal, child and women's health and nutrition**

The department aims to continue to increase community participation in sexual reproductive health and rights, including a reduction in partner violence in pregnancy. In addition, advocacy to inform health care users and patients about PHC clinics at the entry points to health services will be conducted, thereby avoiding unnecessary influx to tertiary hospitals through:

- a) Ward-based meetings.
- b) Community and national radio slots.
- c) Thursday women church services – health committees.
- d) Upscaling of Mom-Connect.

In addition, the department aims to do the following:

1. Provide 24-hour maternity services in all community health centres, midwife obstetric units and district hospitals.
2. Provide onsite maternity birthing units in selected hospitals.
3. Enhance health promotion by encouraging the population to know their own health status, identify and prevent childhood obesity, disease, and non-communicable disease prevention, and rehabilitation.

4. Subsidise early childhood development centres with the aim of reducing hunger and the prevention of Severe Acute Malnutrition (SAM) and strengthen partnerships with the Gauteng Departments of Social Development, Education and Agriculture and Rural Development.
5. Standardisation of health care through treatment protocols, skilled personnel, appropriate equipment, and health technology.
6. Reduce child and women mortality and morbidity, including those with disability, by fostering an environment that enables healthy choices and achieves universal health coverage, taking soft cross border threats into consideration; and
7. Provide sexual reproductive health and rights (including maternity services) that are responsive to the needs of persons living with disability.

The reduction of maternal, neonatal, infant and child mortality remains a priority, and the department plans to achieve this through the implementation of the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa. The aim is to reduce maternal mortality to less than 115 per 100 000 live births in the 2024/25 financial year and reduce neonatal deaths to 12.0 per 1 000 live births. Interventions include strengthening intrapartum care, Essential Steps in Managing Obstetric Emergencies, and conducting province-wide teenage pregnancy evaluative research in collaboration with the Gauteng Departments of Social Development and Education.

The department will implement province wide evaluative research on teenage pregnancy to provide comprehensive estimates of teenagers who become pregnant in the province. This research aims to capture the perspectives of both teenagers and social sector providers to understand the reasons behind the increasing pattern of teenage pregnancy despite reproductive and educational interventions. The project will be conducted in collaboration with the Gauteng Departments of Social Development and Education. Insights from the study will be used to refine current strategies on adolescent health.

The occurrence of preventable childhood epidemics must be addressed through the intensification of infant and child vaccination programmes. In the 2024/25 financial year, the department aims to increase full immunization coverage to 90 per cent and measles 2nd dose coverage to 90 per cent.

In addition, the nutritional needs of children under 5-years will be met during the financial year 2024/25 through the provision of Vitamin A supplements with coverage targeted to improve to 60 per cent through the expansion of community Vitamin A supplement provision.

To respond to the mental health epidemic, mental health services will be prioritised within district health services and regional hospitals, as well as the adoption of a multidisciplinary team approach and an inter-sectoral approach involving civil society, business, labour, and other sectors. The department will further treat mental disorders at PHC.

#### **Priority 4: Strengthened Public Health Literacy and Health Promotion**

The department will provide the following:

- 1) A public health response to diagnose and investigate health problems and health hazards in the community with a focus on disease prevention and a reduction of morbidity and mortality associated with communicable as well as non-communicable diseases. The department will also manage communicable diseases and prevent the further spread of communicable diseases, including outbreaks.
- 2) Reduce the prevalence and complications of non-communicable diseases and improving the health and well-being of the older persons through active aging programmes.
- 3) Improve quality of life for patients with chronic obstructive airway diseases and implement the Prevention of Blindness Programme.
- 4) Strengthen disease surveillance through collection, collation, analysis, interpretation, feedback, and action/response mechanism to improve decision making.
- 5) Strengthen public literacy and health promotion through the implementation of health wellness programmes, integrated school health, and education.
- 6) Provide community health awareness and wellness programmes in partnership with strategic stakeholders.
- 7) Drive health and wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health.
- 8) Improve mental health through reprioritisation of mental health services within district health services; and adoption of an intersectoral approach, which involves civil society, business, labour, and other sectors to respond to the mental health epidemic.
- 9) Develop policies, standard operating procedures, and plans that support individual and community health efforts, and Conduct malaria awareness campaigns in communities.

The department will establish systems for the early detection and management of diabetes and hypertension to minimise pre-mature morbidities and mortalities due to non-communicable diseases. Furthermore, it will strengthen public literacy and health promotion through implementation of the health and wellness programme, involving the screening of health clients for the reduction of pre-mature morbidities and mortalities.

#### **Priority 5: Strengthen governance and Leadership**

Through the 2024/25 strategic review and planning process, the department has developed interventions to respond to identified inefficiencies in the business environment and to ensure the successful implementation of the Premier's priorities. These include strengthening of governance and leadership through:

- Further strengthening the Governance System through the Management Committee System to support health systems effectiveness.
- Development and implementation of a reimagined Operations Model for the health care system in view of the transitional arrangement that NHI will impose on the department
- Improve accountability through an approved governance framework for the committee system and implementation of the resolution tracking system, e-submissions, and corporate calendar.
- Fast-track the Governance System to influence key changes to guide hospital and clinic boards.

The focus on health information Implementation is to ensure that “1 patient 1 electronic health record” becomes a reality by the end of term. As a result, the implementation of clinical modules, as well as PACS, will be prioritized. Efforts to automate health business processes to achieve efficiencies, paperless operations, and improve information integrity will continue. 40 CHCs will be implementing the PACS in the 2024/25 financial year. Readily available medical details of citizens when they consult with medical facilities will be ensured in hospitals situated in TISH areas as part of an intervention to reduce queues at our health facilities. Information management will be introduced which will assist with bed management and alleviating pressure from our health system.

Financial management will be strengthened across the department to obtain a clean audit by end of the current term. Initiatives in this area will also focus on improving financial prudence and contract management systems of the department while also ensuring improved compliance to supply chains management (SCM) and financial accounting policies as well as standard operating procedures.

The department will, furthermore, ensure that all undisputed supplier invoices will be paid within thirty days and move this target to fifteen days for SMMEs. A contract management system is under development to improve efficiency, prevent irregular expenditure, and supply chain management processes are targeted for automation. There will also be a full roll out of SAP Inventory Management to replace the Manual Inventory Management System which is underway.

The department will also aim to eliminate fraud and corruption in the system, whilst building capacity and strengthening internal controls and strengthen the monitoring of financial commitments vs. allocated budgets (in line with approved procurement plans).

#### **Priority 6: Economic Empowerment and Job Creation**

The department aims to accelerate the delivery of the infrastructure programme to ensure that all public health facilities can offer effective health services to the population. By the end of the 2024/25 financial year, three hospitals and two clinics are planned for complete refurbishment. Maintenance backlogs will be addressed to ensure compliance with OHS standards in all facilities and effective service delivery.

The department actively participates in the promotion of local economic empowerment in townships. Procurement from local communities has been a focal point and receiving the attention it deserves. In this regard, the department plans to allocate 60 per cent of its budget for goods and services to township-based businesses. Following government policies, efforts to expand participation in the health economy will also target youth, persons with disabilities, and women.

## 4. REPRIORITISATION

A total of R528 million has been reprioritised within the programmes and between standard items to address essential and non-negotiable items in the 2024/25 financial year, ensuring the sustained provision of quality health care services by the department. In addition, funds have been allocated for the recapitalisation of existing ambulances.

The following key considerations informed the budget reprioritisation exercise:

- Funding of the current staff establishment.
- Investing in the recapitalisation and replacement of the EMS fleet.
- Ongoing infrastructure maintenance, refurbishment and upgrading.
- Analysing health care utilisation trends across facilities.
- Realignment of conditional grant budget to align with business plans of the District Health Programme Grant, the National Tertiary Services Grant and the Human Resources and Training Grant.

## 5. PROCUREMENT

The procurement and contract management processes within the department require substantial improvement. The department is committed to a thorough review of these processes to implement cost containment measures, enhance contract management, and realise efficiency gains.

The department will achieve this through:

- Implementing strategic sourcing for the identified commodities by arranging departmental own term contracts.
- Phasing in an approach to eliminate procurement of goods and services through limited invitations to price quotations.
- Increasing participation in the transversal contracts arranged by the national and provincial treasuries and other organs of state, as this will assist in gaining the economies of scale.
- Limiting the procurement of non-essential commodities.
- Implementing a contract management system to flag the expiry of contracts at least twelve months prior to expiry.

The department will also ensure its representation at all bid committees of its implementing agent (i.e., GDID) and arrange the transversal term contracts for consignment stocks. The department will continue to uphold the acceptable 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. Additionally, the department will 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 will communicate any updates to SCM reforms and SCM prescripts timely across all health institutions.

Furthermore, it will ensure that procurement strategies are responsive to achieving the set provincial targets of the Gauteng Township Economy Revitalisation (TER) Strategy and Preferential Procurement Policy Framework Act (PPPF).

To strengthen control measures and reduce irregular expenditure resulting from the inappropriate application of the supply chain management process, the department will implement improved control measures and where appropriate, implement consequence management. This includes ensuring that no cases are split and no extension as of contracts are granted due to poor planning. To address and reduce irregular expenditure, the department will appoint suitably qualified and experienced officials at various Compliance Committees including the Quotation Adjudication Committee.



## 6. RECEIPTS AND FINANCING

### 6.1 Summary of Receipts

TABLE 4.1: SUMMARY OF RECEIPTS: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Equitable share	45 191 668	45 879 717	45 489 693	46 202 127	48 702 127	50 976 709	50 425 731	52 697 776	55 125 384
Conditional grants	13 643 935	13 745 793	13 150 047	13 891 408	13 800 233	13 800 233	14 411 312	14 664 477	15 335 774
District Health Programmes Grant	5 829 641	4 904 439	5 758 936	5 793 999	5 527 075	5 527 075	6 023 568	6 076 398	6 355 250
Social Sector EPWP Incentive Grant for Provinces	30 153	24 783	17 980	18 091	16 794	16 794	11 466		
Health Facility Revitalisation Grant	968 435	954 347	671 871	1 116 750	1 047 736	1 047 736	1 143 911	1 069 126	1 118 321
Human Resources and Training and Grant	1 351 297	1 441 195	1 850 708	1 879 548	1 898 991	1 898 991	1 875 966	1 903 063	1 990 610
National Health Insurance Grant	44 393	46 235	58 887	92 947	92 947	92 947	94 582	96 044	98 338
National Tertiary Services Grant	4 776 784	4 673 691	4 789 509	4 988 103	5 214 912	5 214 912	5 259 796	5 519 846	5 773 255
EPWP Integrated Grant for Provinces	2 196	2 059	2 156	1 971	1 779	1 779	2 023		
Provincial Disaster Relief Grant	115 997								
Total receipts	58 835 603	59 625 510	58 639 740	60 093 535	62 502 360	64 776 942	64 837 043	67 362 253	70 461 158

The total appropriation increases from a main appropriation of R60 billion in 2023/24 to R64.8 billion in the 2024/25 financial year. In 2024/25, an additional R3.6 billion is added to the equitable share to sustain implementation of the provisional wage agreement for public servants. A further R626 million is earmarked to retain existing healthcare professional staff appointed on contract, R261 million is allocated to reduce the radiation oncology backlog in facilities and R796 million is for augmenting the goods and services baseline in the items, medicine, medical supplies, and consumable supplies, with R300 million earmarked for the medico legal claims.

Over the 2024 MTEF, a total of R8.3 billion is added to compensation of employees in the outer two years as a baseline adjustment, and R640 million additional funds allocated for the payment of medico legal claims is factored into the equitable share. The total conditional grant allocation increases from a main appropriation of R13.8 billion in 2023/24 to R14.4 billion in 2024/25.

### 6.2 Departmental Receipts

TABLE 4.2: SUMMARY OF DEPARTMENTAL RECEIPTS

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Sales of goods and services other than capital assets	464 510	443 707	408 559	521 632	521 632	521 632	545 105	569 525	595 723
Transfers received	177	15	809						
Fines, penalties, and forfeits	20	23	39	78	78	78	82	86	90
Interest, dividends and rent on land	398	306	711	1 780	1 780	1 780	1 860	1 943	2 032
Sales of capital assets	11 147	9 211	15 318			14 522			
Transactions in financial assets and liabilities	37 352	49 290	82 673	38 943	38 943	38 943	40 890	42 722	44 687
Total departmental receipts	513 604	502 552	508 109	562 433	562 433	576 955	587 937	614 276	642 532

The department's own revenue is mainly generated from patient fees, which also serve as 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 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 the 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 2023/24 main appropriation was revised from R562.4 million to a slight increase of R587.9 million in 2024/25 due to the implementation of the Road Accident Fund's new requirements and a decrease in the number of patients with medical aid, who consult state hospitals for their medical needs. Over the 2024 Medium Term Revenue Framework, the department projects to collect R587.9 million in 2024/25 which is expected to increase to R642.5 million in 2026/27.

## 7. PAYMENT SUMMARY

### 7.1 Key Assumptions

The following key assumptions were applied when compiling the 2024 MTEF budget:

- Resource allocation targeted towards improving patients experience of care and safety and strengthening of and investment in PHC to provide treatment at the appropriate level.
- Funding the maternal and neo-natal care programme.
- Improving clinical services.
- Strengthening public health literacy and health promotion.
- Prioritising the provision of mental health care and OHS improvements.
- Filling critical posts and integrating community health care workers.
- Reprioritising the baseline to sustain funding to existing priorities, particularly the recapitalization and replacement of the EMS fleet, the payment of municipal services and the provision of blood services, medicine, and medical supplies at all facilities.
- Providing for the non-negotiable budget line items as approved by the NDoH to improve the quality of health services.
- Shifting budget from non-core budget line items to core services.
- Investing in e-health system in the facilities.
- Improvement in condition of services, specifically the provisional 3 per cent wage for public servants
- OSD for various categories of employees
- Funding for elevated provincial priorities and outcomes

### 7.2 Programme Summary

TABLE 4.3: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Administration	3 695 016	2 173 192	1 825 656	1 489 406	1 615 933	2 461 617	1 934 645	1 805 642	1 885 310
2. District Health Services	17 959 247	19 251 444	19 494 302	20 137 498	21 071 150	21 623 814	21 793 134	22 459 162	23 493 892
3. Emergency Medical Services	1 680 801	1 431 692	2 010 941	1 778 114	1 917 435	2 394 413	1 890 518	1 921 176	2 009 551
4. Provincial Hospital Services	9 905 850	10 697 214	11 082 431	11 357 425	12 078 504	12 450 017	12 527 896	13 158 597	13 689 588
5. Central Hospital Services	19 254 052	20 331 657	21 485 422	21 762 135	22 411 481	22 574 550	22 894 510	24 287 622	25 508 497
6. Health Sciences and Training	787 210	706 868	638 217	1 196 718	1 100 981	939 294	1 214 438	1 219 587	1 275 682
7. Health Care Support Services	388 844	388 833	437 302	453 930	457 773	462 036	474 656	494 137	516 865
8. Health Facilities Management	4 041 357	2 068 235	1 665 469	1 918 309	1 849 103	1 871 201	2 107 246	2 016 330	2 081 773
Total payments and estimates	57 712 377	57 049 135	58 639 740	60 093 535	62 502 360	64 776 942	64 837 043	67 362 253	70 461 158

### 7.3 Summary of Economic Classification

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	51 508 233	53 337 344	54 838 087	56 013 061	58 326 669	60 043 776	60 195 530	62 741 092	65 503 185
Compensation of employees	31 474 850	35 463 853	36 542 650	35 665 552	38 159 905	37 854 334	40 078 685	41 732 034	43 539 178
Goods and services	20 031 799	17 872 343	18 291 596	20 347 509	20 166 764	22 180 049	20 116 845	21 009 058	21 964 007
Interest and rent on land	1 584	1 148	3 841			9 393			
Transfers and subsidies to:	1 787 316	1 687 029	1 911 276	1 806 571	1 789 329	2 321 948	2 241 745	2 316 457	2 419 398
Provinces and municipalities	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Departmental agencies and accounts	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Higher education institutions	12 871	7 867	1 176	10 844	10 844	10 844	1 000	1 046	1 094
Non-profit institutions	602 710	630 704	695 442	772 718	772 718	772 718	917 714	945 465	989 396
Households	627 894	582 227	674 262	483 574	466 332	998 951	758 997	780 699	812 555
Payments for capital assets	4 416 802	2 023 090	1 877 868	2 273 903	2 386 362	2 409 017	2 399 768	2 304 704	2 538 575
Buildings and other fixed structures	2 419 098	735 593	434 910	694 546	560 846	557 745	993 132	830 723	798 889
Machinery and equipment	1 997 704	1 287 090	1 442 958	1 579 357	1 825 516	1 851 272	1 406 636	1 473 981	1 739 686
Software and other intangible assets		407							
Payments for financial assets	26	1 672	12 509			2 201			
Total economic classification	57 712 377	57 049 135	58 639 740	60 093 535	62 502 360	64 776 942	64 837 043	67 362 253	70 461 158

The budget allocated to Programme 1: Administration increased slightly from the main appropriation of R1.4 billion in 2023/2024 to R1.9 billion in the 2024/25 financial year. The increase is due to NTSG earmarked allocation of R104.6 million for the Rahima Moosa outreach programme with the aim of addressing Ombudsman reports on overcrowding, shortage of staff, and dilapidated infrastructure. Furthermore, the department ringfenced an amount of R206 million to build oncology centres at Chris Hani Baragwanath and Dr George Mukhari academic hospitals. The administration programme makes provision for, among others, the application of the Policy and Procedure on Incapacity Leave and Ill 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.

Programme 2: District Health Services main appropriation increased from R20.1 billion in 2023/24 to R21.7 billion in the 2024/25 financial year. Over the 2024 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.

Funds within the existing baseline are also made available to broaden access to quality public healthcare by implementing the 24-hour extension of services within CHCs. Furthermore, funds have been allocated to strengthen district mental healthcare services to implement the three types of mental healthcare teams namely, District Specialist Mental Healthcare teams, Clinical Community Psychiatric teams, and NGO Governance Compliance teams. The South African Cuban Doctor Programme is integrated into the District Health Services programme to enhance the primary health care services.

The budget allocated for Programme 3: Emergency Medical Services increased from a main appropriation of R1.7 billion in 2023/24 to R1.8 billion in the 2024/25 financial year. Investment in specialised equipment to deal with complicated neonatal and other pre-hospital cases remains a priority for the EMS programme.

The budget for Programme 4: Provincial Hospital Services increased by R2.3 billion between the 2024/25 and 2026/27 financial years. The increase is attributed to the allocation of additional funds for Mental Health contracted beds. In this regard, additional funding has been made available to increase acute bed capacity for people with severe and/or profound intellectual disabilities and mental illnesses. Further budget increases are informed by improvement in conditions of service as a result of the public sector wage agreement.

The budget in Programme 5: Central Hospital Services increases from a main appropriation of R21.7 billion in 2023/24 to R25.5 billion in the 2026/27 financial year. The programme is also funding the Nelson Mandela Children's Hospital, which provides specialised paediatric services to the country and the Southern African Development Community (SADC) region.

These specialised services are being introduced in a phased-in approach. The Nelson Mandela Children's Hospital is funded through the National Tertiary Services grant and has not been spared from fiscal consolidation. An additional amount of R272 million in 2024/25 is allocated to the Central Hospital Services programme to reduce radiation oncology, which will be managed using a cluster model. Further increases in the budget are informed by improvement in conditions of service resulting from the wage agreement for public servants.

Over the 2024 MTEF, the budget of Programme 6: Health Sciences and Training is increased by a total amount of R78.9 million to support employee bursary holders and implement the South African Cuban Doctor programme, which aims to address the shortage of doctors in the country. Funds are allocated to align and comply with the implementation of the new nursing curriculum, fill new posts, and acquire simulation training and development equipment, as well as additional learning and teaching materials.

The budget for Programme 7: Health Care Support Services increased by R62.9 million between 2024/25 and 2026/27 to cover laundry and pre-packaged food services. Increasing food price inflation has put pressure on the adequacy of the allocation within this program over the years.

Programme 8: Health Facilities Management is funded through the equitable share and the Health Facility Revitalisation Grant, aiming to improve and maintain health infrastructure. This programme's budget increased by R163.4 million over the 2024 MTEF.

The budget for compensation of employees increased from a main appropriation of R35.6 billion in 2023/24 to R40 billion in the 2024/25 financial year. The additional funding for the retention of healthcare professional staff (previously COVID-19 capacity) increased from R600 million in 2023/24 to R636 million in the 2024/25 financial year. A further R3.6 billion increase in the budget is informed by improvement in conditions of service resulting from the wage agreement for public servants. Priorities continue to include provision for 24-hour services in CHCs and the strengthening of mental health care services.

The allocation for goods and services is reduced from R20.3 billion in the 2023/24 main budget to R20.1 billion in the 2024/25 financial year. The decrease is a result of budget cuts implemented in response to the country's fiscal challenges. The reductions were concentrated in budget line items such as medicine, laboratory services, consumable supplies, and property payments.

The budget for transfer payments increases over the MTEF period from a main appropriation of R1.8 billion in 2023/24 to R2.4 billion in the 2026/27 financial year. The budget for transfers to provinces and municipalities increase from R512.4 million in 2023/24 to R537.0 million in 2024/25. Transfers to departmental agencies and accounts increases from R26.9 million in 2024/25 to R28.6 million in 2026/27 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 include provision for bursaries related to the South African Cuban doctor programme. The budget for this item increased from R483.5 million in 2023/24 to R758.9 million in 2024/25, mainly due to additional funding allocated for the payment of medico legal claims.

The machinery and equipment budget has been reduced from R1.5 billion in 2023/24 to R1.4 billion in the 2024/25 financial years. The allocation is intended to support the revised National Tertiary Services conditional grant business plan. This budget will enable the department to continue investing in ambulance recapitalisation and replacement to improve response times. The budget for machinery and equipment includes funds for the replacement and procurement of oncology and radiology equipment at central and tertiary hospitals.

## **7.4 Infrastructure payments**

### **7.4.1 Departmental infrastructure payments**

Please refer to the 2024 Estimates of Capital Expenditure (ECE).

### **7.4.2 Departmental public-private partnership (PPP) projects**

N/A.

## **7.5 Transfers**

### **7.5.1 Transfers to public entities**

N/A.

## 7.5.2 Transfers to other entities

TABLE 4.5: SUMMARY OF DEPARTMENTAL TRANSFERS TO OTHER ENTITIES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
HIV/AIDS NPI	86 362	85 942	97 115	116 694	116 694	116 694	126 680	132 737	138 843
Nutrition	4 591	49 495	79 707	75 290	75 290	75 290	78 904	82 534	86 331
Mental Health NPI	186 164	193 693	199 386	246 447	246 447	246 447	258 276	270 157	282 584
EPWP NPI									
Witkoppen Clinic	8 593	19 574	19 033	17 113	17 113	17 113	17 914	18 759	19 622
HW-SETA	23 352	24 636	25 819	26 955	26 955	26 955	28 249	29 548	30 907
Universities	12 871	7 867	1 176	10 844	10 844	10 844	1 000	1 046	1 094
Nelson Mandela Children Hospital	317 000	282 000	299 000	315 000	315 000	315 000	433 662	329 000	459 523
Specialised Services NPI			1 200	2 174	2 174	2 174	2 278	2 383	2 493
Total departmental transfers	638 933	663 207	722 436	810 517	810 517	810 517	946 963	866 164	1 021 397

The department continues to work in partnership with non-profit institutions, universities, and the HW-SETA to ensure the delivery of services according to the set targets. There is an increase in transfers to non-profit institutions from R810.5 million in 2023/24 to R946.9 million in 2024/25. In total, mental health NPIs receive R258.2 million in the 2024/25 financial year.

The department continues to collaborate with non-profit organisations, universities, and the HW-SETA to ensure that services are delivered in accordance with set targets. Transfers to non-profit institutions have increased from R810.5 million in 2023/24 to R946.9 million in 2024/25. In total, mental health NPIs received R258.2 million during the fiscal year 2024/25. The mental healthcare programme is primarily funded by non-profit organisations that provide mental health services in the five health districts.

## 7.5.3 Transfers to local government

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Category A	498 118	423 358	490 948	487 443	487 443	487 443	510 840	534 421	559 006
Category B									
Category C	22 371	18 237	23 629	25 037	25 037	25 037	26 239	27 472	28 735
Total departmental transfers	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741

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

The overall allocation for transfers to local government increases from R512.4 million in 2023/24 to R587.7 million in 2026/27. These transfers are designated for PHC and HIV/AIDS services benefitting the three metros (Tshwane, Ekurhuleni, and Johannesburg) and the two districts of Sedibeng and West Rand. The transfers support the provision of comprehensive PHC services, adhering to service level agreements, 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 sub-programmes 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.

TABLE 4.7: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Office of the MEC	16 068	16 392	16 125	25 075	27 865	24 183	26 106	26 637	27 862
2. Management	3 678 948	2 156 800	1 809 531	1 464 331	1 588 068	2 437 434	1 908 539	1 779 005	1 857 448
Total payments and estimates	3 695 016	2 173 192	1 825 656	1 489 406	1 615 933	2 461 617	1 934 645	1 805 642	1 885 310

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	2 940 737	1 649 055	1 290 127	1 475 930	1 488 382	1 827 221	1 361 814	1 314 040	1 374 496
Compensation of employees	442 839	463 885	449 778	561 788	561 788	446 724	600 969	627 252	656 105
Goods and services	2 496 314	1 184 072	836 508	914 142	926 594	1 371 104	760 845	686 788	718 391
Interest and rent on land	1 584	1 098	3 841			9 393			
Transfers and subsidies to:	395 238	371 718	516 909	3 651	91 936	624 611	408 415	427 166	443 198
Provinces and municipalities									
Non-profit institutions							104 662	109 895	115 389
Households	395 238	371 718	516 909	3 651	91 936	624 611	303 753	317 271	327 809
Payments for capital assets	359 034	152 410	18 503	9 825	35 615	9 767	164 416	64 436	67 616
Buildings and other fixed structures							154 500	54 075	56 779
Machinery and equipment	359 034	152 410	18 503	9 825	35 615	9 767	9 916	10 361	10 837
Payments for financial assets	7	9	117			18			
Total economic classification	3 695 016	2 173 192	1 825 656	1 489 406	1 615 933	2 461 617	1 934 645	1 805 642	1 885 310

Expenditure in the programme decreases from R3.6 billion in 2020/21 to R1.8 billion in the 2022/23 financial year. The ongoing administrative support provided to the entire department, including the modernisation of the health information system and the centralisation payment of medico-legal claims contributed to the expenditure in this programme.



The budget of the programme increases from R1.4 billion in 2023/2024 to R1.9 billion in the 2024/25 financial years. Funds allocated to this program include, among other things, the payment of revenue collection agencies and the investment in an integrated health information system. The budget increase is also due to the NTSG's allocation of R105 million for the Rahima Moosa outreach programme, which aims to address the Ombudsman's report on overcrowding, staff shortages, and dilapidated infrastructure. In addition, the department has earmarked R206 million to build oncology centres at Chris Hani Baragwanath and Dr George Mukhari academic hospitals. An amount R940.7 million has been made available for the payment of medico-legal claims over the 2024 MTEF.

## SERVICE DELIVERY MEASURES

### PROGRAMME 1: ADMINISTRATION

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
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	100%	100%	100%	100%
Percentage of women in senior management posts	50%	50%	50%	50%
Percentage of hospitals compliant with Occupational health and safety	100%	100%	100%	100%
Number of priority hospitals and clinics implementing Lean Management System	20	20	20	20
Rand value of medico-legal claims	R 2 billion	R 2 billion	R 2 billion	R 2 billion
Percentage of CHCs implementing PACS	100%	100%	100%	100%
Percentage of CHC's with Integrated Health Information systems	100%	100%	100%	100%
Percentage of hospitals with Integrated Health Information systems	100%	100%	100%	100%
Percentage of indicators tracked through the functional Population health Observatory	75.5%	75.5%	75.5%	75.5%
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, community-based 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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. District Management	826 373	1 226 765	997 438	1 106 118	1 065 116	1 088 995	1 201 996	1 315 290	1 378 062
2. Community Health Clinics	2 475 289	2 559 621	2 615 480	2 810 322	3 099 753	2 829 247	2 914 891	3 024 516	3 163 644
3. Community Health Centres	2 064 122	2 211 791	2 301 619	2 524 083	2 638 121	2 515 691	2 579 126	2 629 232	2 750 177
4. Community Based Services	2 445 328	2 583 098	2 808 748	2 734 575	3 010 846	3 462 732	3 294 379	3 403 336	3 559 889
5. Hiv, Aids	5 986 583	5 995 932	6 056 337	6 039 240	6 130 126	6 560 098	6 454 829	6 507 658	6 806 348
6. Nutrition	4 591	49 495	79 720	75 290	75 290	75 290	78 904	82 534	86 331
7. Coroner Services	263 857	274 106	305 201	328 711	349 857	325 716	368 976	374 445	391 670
8. District Hospitals	3 893 104	4 350 636	4 329 759	4 519 159	4 702 041	4 766 045	4 900 033	5 122 151	5 357 771
Total payments and estimates	17 959 247	19 251 444	19 494 302	20 137 498	21 071 150	21 623 814	21 793 134	22 459 162	23 493 892

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	16 896 832	18 266 704	18 401 372	18 860 130	19 789 964	20 378 065	20 466 978	21 071 811	22 042 721
Compensation of employees	10 019 369	11 938 291	12 129 780	11 298 450	12 509 816	12 661 733	12 792 888	13 304 791	13 919 079
Goods and services	6 877 463	6 328 413	6 271 592	7 561 680	7 280 148	7 716 332	7 674 090	7 767 020	8 123 642
Interest and rent on land									
Transfers and subsidies to:	760 127	821 714	951 953	1 002 772	1 003 122	1 002 477	1 051 872	1 100 979	1 151 626
Provinces and municipalities	445 569	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Departmental agencies and accounts									
Non-profit institutions	285 710	348 704	396 442	457 718	457 718	457 718	484 052	506 570	529 873
Households	28 848	31 415	40 934	32 574	32 924	32 279	30 741	32 516	34 012
Payments for capital assets	302 272	162 347	135 573	274 596	278 064	242 410	274 284	286 372	299 545
Buildings and other fixed structures									
Machinery and equipment	302 272	162 347	135 573	274 596	278 064	242 410	274 284	286 372	299 545
Software and other intangible assets									
Payments for financial assets	16	679	5 404			862			
Total economic classification	17 959 247	19 251 444	19 494 302	20 137 498	21 071 150	21 623 814	21 793 134	22 459 162	23 493 892

The total budget of the programme increases from a main appropriation of R20.1 billion in 2023/24 to R21.7 billion in the 2024/25 financial year. The increase is intended to sustain the implementation of the wage agreement for public servants.

Increases within the Community Health Centres and Community Based Services sub-programmes result from additional funds made available to enable the expansion of access to quality public healthcare by implementing the 24-hour extension of services within the community health centres. Funds are earmarked for strengthening district mental healthcare services in order to implement the three types of mental health teams namely, District Specialist Mental Healthcare teams, Clinical Community Psychiatric teams, and NGO Governance Compliance teams. The baseline allocation of the programme still prioritises the implementation of the 24-hour extension of community health services as well as the strengthening of mental healthcare services.

Over the 2024 MTEF, allocation for compensation of employees increase to sustain the implementation of the wage agreement for public servants. Furthermore, the allocation for goods and services increases slightly from R7.56 billion in 2023/24 to R7.67 billion in the 2024/25 financial year. This allocation is earmarked for, among 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. This programme will encourage the public to consult clinics and community health centres before going to hospitals.

## SERVICE DELIVERY MEASURES

### PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
Patients experience of care satisfaction rate	95.2%	80%	80%	80%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	95.3%	95%	95%	95%
Patient Safety Incident (PSI) case closure rate	92%	75%	75%	75%
Ideal clinic status obtained rate	92.0%	93.0%	93.0%	93.0%
Mother Child and Women's Health (MCWH)	0%	0%	0%	0%
Maternal Mortality in facility Ratio per 100 000 live births	115/100000 live births	113/100000 live births	113/100000 live births	113/100000 live births
Child under 5 years diarrhea case fatality rate	2.5%	2.3%	2.3%	2.3%
Child under 5 years pneumonia case fatality rate	2.2%	2%	2%	2%
Child under 5 years Severe acute malnutrition case fatality rate	7%	7%	7%	7%
Death under 5 years against live birth rate	1.6%	1.4%	1.4%	1.4%
Neonatal death in facility Rate	12.0%	11.0%	11%	11%
Antenatal 1st visits before 20 weeks rate	69.6%	70%	70%	70%
Delivery 10 to 19 years in facility rate	10%	10%	10%	10%
Mother postnatal visit within 6 days rate	80%	87%	87%	87%
Couple year protection rate	43%	45%	45%	45%
Vitamin A dose 12–59-month coverage	55%	57%	57%	57%
Infant PCR test positive around 10 weeks rate	0.75%	0.68%	0.68%	0.68%
Live birth under 2500g in facility rate	12%	11.5%	11.5%	11.5%
Immunisation under 1 year coverage	90.0%	95.0%	95.0%	95.0%
Measles 2nd dose coverage	91.9%	92%	92%	92%
HIV, AIDS STI and TB (HAST)	0%	0%	0%	0%
ART adult remain in care rate (12 months)	90%	90%	90%	90%
ART child remain in care rate (12 months)	90%	90%	90%	90%
ART Adult viral load suppressed rate (12 months)	95%	95%	95%	95%
ART Child viral load suppressed rate (12 months)	95%	95%	95%	95%
All DS-TB client loss to Follow up (LTF) rate	5.5%	5.5%	5.5%	5.5%
All DS-TB Client successfully completed treatment rate	90%	90%	1	1
Disease Prevention and Control	0%	0%	0%	0%
Malaria case fatality rate			2%	2%
Normal Haemoglobin A1c (HbA1c) test with result ≤ 8% rate	50%	51%	51%	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.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Emergency Transport	1 531 680	1 151 059	1 792 978	1 470 724	1 639 999	2 139 120	1 560 936	1 580 498	1 653 201
2. Planned Patient Transport	149 121	280 633	217 963	307 390	277 436	255 293	329 582	340 678	356 350
Total payments and estimates	1 680 801	1 431 692	2 010 941	1 778 114	1 917 435	2 394 413	1 890 518	1 921 176	2 009 551

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	1 006 360	1 135 041	1 330 004	1 459 711	1 587 193	1 550 098	1 595 086	1 620 779	1 695 335
Compensation of employees	757 890	899 602	1 005 052	1 006 480	1 145 801	1 068 454	1 113 884	1 138 019	1 190 368
Goods and services	248 470	235 389	324 952	453 231	441 392	481 644	481 202	482 760	504 967
Interest and rent on land		50							
Transfers and subsidies to:	76 019	1 515	3 604	8 403	1 903	1 903	4 282	4 659	4 874
Provinces and municipalities	74 920								
Non-profit institutions									
Households	1 099	1 515	3 604	8 403	1 903	1 903	4 282	4 659	4 874
Payments for capital assets	598 422	295 113	676 987	310 000	328 339	842 412	291 150	295 738	309 342
Buildings and other fixed structures	478								
Machinery and equipment	597 944	295 113	676 987	310 000	328 339	842 412	291 150	295 738	309 342
Payments for financial assets		23	346						
Total economic classification	1 680 801	1 431 692	2 010 941	1 778 114	1 917 435	2 394 413	1 890 518	1 921 176	2 009 551

The personnel budget increases from the main appropriation of R1.77 billion in 2023/24 to R1.89 billion in the 2024/25 financial year. The increase aims to fill critical EMS positions created by the completion of the EMS provincialisation process, to absorb emergency care technicians trained at Lebone College, and to sustain the implementation of the wage agreement for public servants.

The department will continue to invest in the recapitalisation and replacement of ambulances to improve response times, and safely transport patients from one facility to the other as part of planned-patient transport. Over the medium term, the department will ensure that there is reach and coverage in the areas that were not previously covered such as Sedibeng, Metsweding, and Rand West. While private ambulances provide coverage in the suburbs, this programme will expand its reach to the province's most vulnerable and deprived areas. As a result, machinery and equipment received an allocation of R291.1 million in the financial year 2024/25.

## SERVICE DELIVERY MEASURES

### PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
EMS P1 urban response under 30 minutes rate	85%	85%	85%	85%
EMS P1 rural response under 60 minutes rate	100%	100%	100%	100%
EMS P1 urban inter-facility transfer (IFT) under 30 minutes rate	85%	85%	86%	86%
EMS P1 rural inter-facility transfer (IFT) under 60 minutes rate	100%	100%	100%	100%
EMS all calls with response under 60 minutes rate	97%	97%	97%	97%

## 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 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 care
- 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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. General Hospitals	7 414 991	7 998 877	8 211 161	8 199 417	8 901 051	9 245 916	9 235 297	9 683 125	10 054 245
2. Tuberculosis Hospitals	305 465	321 495	354 099	390 450	391 360	437 244	399 341	422 440	441 873
3. Psychiatric/Mental Hospital	1 523 443	1 669 528	1 768 460	1 985 866	1 992 638	1 977 364	2 062 930	2 178 834	2 279 058
4. Dental Training Hospitals	563 679	603 093	636 212	667 965	676 610	667 479	701 863	734 116	767 885
5. Other Specialised Hospitals	98 272	104 221	112 499	113 727	116 845	122 014	128 465	140 082	146 527
Total payments and estimates	9 905 850	10 697 214	11 082 431	11 357 425	12 078 504	12 450 017	12 527 896	13 158 597	13 689 588

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	9 719 813	10 536 389	10 941 764	11 142 090	11 863 396	12 255 458	12 324 318	12 949 397	13 470 765
Compensation of employees	7 125 491	7 914 479	8 123 089	7 966 504	8 676 918	8 588 808	9 080 928	9 521 289	9 909 272
Goods and services	2 594 322	2 621 910	2 818 675	3 175 586	3 186 478	3 666 650	3 243 390	3 428 108	3 561 493
Interest and rent on land									
Transfers and subsidies to:	25 768	26 171	29 667	21 690	20 392	20 981	19 164	20 629	21 578
Departmental agencies and accounts									
Non-profit institutions									
Households	25 768	26 171	29 667	21 690	20 392	20 981	19 164	20 629	21 578
Payments for capital assets	160 269	134 144	108 006	193 645	194 716	173 216	184 414	188 571	197 245
Buildings and other fixed structures									
Machinery and equipment	160 269	133 737	108 006	193 645	194 716	173 216	184 414	188 571	197 245
Software and other intangible assets		407							
Payments for financial assets		510	2 994			362			
Total economic classification	9 905 850	10 697 214	11 082 431	11 357 425	12 078 504	12 450 017	12 527 896	13 158 597	13 689 588

This programme's expenditure increased from R9.9 billion in 2020/21 to R11.0 billion in 2022/23, with the majority of expenditure occurring in general hospitals, which also account for a significant portion of the total budget of the programme. This programme received the third largest share of the total departmental budget. The programme budget increases from a main appropriation of R11.3 billion in 2023/24 to R12.5 billion in the 2024/25 financial year. The programme is mainly funded through the equitable share, the National Tertiary Services grant and the Human Resources and Training grant.

## SERVICE DELIVERY MEASURES

### PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
REGIONAL HOSPITAL				
Maternal mortality in facility	96	95	95	95
Child under 5 years diarrhoea case fatality rate	2.2%	1.90%	1.90%	1.90%
Child under 5 years' pneumonia case fatality rate	2.3%	2.2%	2.2%	2.2%
Child under 5 years severe acute malnutrition case fatality rate	12%	11%	11%	11%
Death under 5 years against live birth	146000.0%	148000.0%	1 480	1 480
Patients experience of care satisfaction rate	86.0%	85.7%	85.7%	85.7%
Ideal Hospital status obtained rate	88.9%	100%	100%	100%
Severity assessment code (SAC) 1 incident reported within 24 hours' rate	60%	95%	95%	95%
Patient Safety Incident (PSI) case closure rate	65.5%	75%	75%	75%
Complaints resolution within 25 working days rate	96%	95%	95%	95%
Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs)	5%	5%	5%	5%
Percentage of Hospitals with functional hospital boards	100%	100%	100%	100%
SPECIALIZED HOSPITALS				
Patients experience of care satisfaction rate	95.5%	95.5%	95.5%	95.5%
Ideal Hospitals status obtained rate	100.0%	100.0%	100.0%	100.0%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	95%	95%	95%	95%
Patient Safety Incident (PSI) case closure rate	75%	75%	75%	75%
Complaints resolution within 25 working days rate	95%	95%	95%	95%



**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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Central Hospital Services	14 208 556	14 919 461	15 803 843	16 929 989	17 149 690	17 339 496	17 576 235	18 485 673	19 427 166
2. Provincial Tertiary Hospital Services	5 045 496	5 412 196	5 681 579	4 832 146	5 261 791	5 235 054	5 318 275	5 801 949	6 081 331
Total payments and estimates	19 254 052	20 331 657	21 485 422	21 762 135	22 411 481	22 574 550	22 894 510	24 287 622	25 508 497

TABLE 4.16: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	18 315 272	19 505 923	20 640 105	20 673 771	21 100 379	21 667 884	21 930 110	23 246 074	24 220 598
Compensation of employees	12 331 230	13 476 463	14 055 497	13 876 645	14 310 404	14 282 197	15 486 041	16 124 775	16 801 716
Goods and services	5 984 042	6 029 460	6 584 608	6 797 126	6 789 975	7 385 687	6 444 069	7 121 299	7 418 882
Interest and rent on land									
Transfers and subsidies to:	369 149	335 981	347 347	363 749	363 749	363 749	375 540	378 731	396 153
Departmental agencies and accounts									
Non-profit institutions	317 000	282 000	299 000	315 000	315 000	315 000	329 000	329 000	344 134
Households	52 149	53 981	48 347	48 749	48 749	48 749	46 540	49 731	52 019
Payments for capital assets	569 631	489 321	495 199	724 615	947 353	542 038	588 860	662 817	891 746
Buildings and other fixed structures									
Machinery and equipment	569 631	489 321	495 199	724 615	947 353	542 038	588 860	662 817	891 746
Software and other intangible assets									
Payments for financial assets		432	2 771			879			
Total economic classification	19 254 052	20 331 657	21 485 422	21 762 135	22 411 481	22 574 550	22 894 510	24 287 622	25 508 497

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 R21.7 billion in 2023/24 to R22.8 billion in the 2024/25 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 R13.8 billion in 2023/24 to R15.4 billion in the 2024/25 financial year due to the absorption of the healthcare professionals (previously hired during the COVID-19 pandemic) and additional allocation to cater for wage agreement for public servants.

The reduction in goods and services from a main appropriation of R6.7 billion in 2023/24 to R6.4 billion in 2024/25 is due to budget cuts in laboratory services and medicine. Included in this amount is R261 million that is allocated in the financial year 2024/2025 to reduce the radiation (oncology) backlog in facilities.

## SERVICE DELIVERY MEASURES

### PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
Tertiary Hospital Services				
Child under 5 years diarrhoea case fatality rate		1.78%	1.78%	1.78%
Child under 5 years pneumonia case fatality rate	1%	1.0%	1.0%	1.0%
Child under 5 years severe acute malnutrition case fatality rate	5.0%	4.1%	4.1%	4.1%
Death under 5 years against live birth	560	560	560	560
Patients experience of care satisfaction rate	85%	85%	85%	85%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	64.1%	75%	75%	75%
Patient Safety Incident (PSI) case closure rate	70%	70.0%	70%	70%
Central Hospital Services				
Maternal Mortality in facility	88	86	86	86
Child under 5 years diarrhoea case fatality rate	2.8%	2.6%	2.6%	2.6%
Child under 5 years pneumonia case fatality rate	2.9%	2.7%	2.7%	2.7%
Child under 5 years severe acute malnutrition case fatality rate	8.0%	7.5%	7.5%	7.5%
Death under 5 years against live birth	171200.0%	1670	1670	1670
Patients experience of care satisfaction rate	86.3%	86.3%	86.3%	86.3%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	95%	95%	95%	95%
Patient Safety Incident (PSI) case closure rate	71%	89%	89%	89%

### PROGRAMME 6: HEALTH SCIENCES AND TRAINING

#### Programme description

Rendering of training and development opportunities for clinical and non-clinical employees of the GDoH through sub-programmes 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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Nurse Training Colleges	556 647	515 496	513 473	696 496	689 044	552 571	710 696	711 795	744 534
2. Ems Training Colleges	36 495	37 357	47 675	56 156	56 156	48 911	57 386	59 955	62 713
3. Bursaries	129 244	78 178	7 989	341 974	253 689	253 812	341 974	341 974	357 705
4. Other Training	64 824	75 837	69 080	102 092	102 092	84 000	104 382	105 863	110 730
Total payments and estimates	787 210	706 868	638 217	1 196 718	1 100 981	939 294	1 214 438	1 219 587	1 275 682

TABLE 4.18: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH SCIENCES AND TRAINING

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	619 303	573 526	571 320	779 797	782 379	620 619	817 750	820 598	858 341
Compensation of employees	556 097	521 237	515 135	680 814	680 814	527 844	711 028	712 646	745 428
Goods and services	63 206	52 289	56 185	98 983	101 565	92 775	106 722	107 952	112 913
Interest and rent on land									
Transfers and subsidies to:	159 908	129 212	61 243	405 775	307 490	307 490	382 104	383 901	401 559
Departmental agencies and accounts	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Higher education institutions	12 871	7 867	1 176	10 844	10 844	10 844	1 000	1 046	1 094
Households	123 685	96 709	34 248	367 976	269 691	269 691	354 149	355 501	371 853
Payments for capital assets	7 996	4 128	4 881	11 146	11 112	11 112	14 584	15 088	15 782
Buildings and other fixed structures									
Machinery and equipment	7 996	4 128	4 881	11 146	11 112	11 112	14 584	15 088	15 782
Software and other intangible assets									
Payments for financial assets	3	2	773			73			
Total economic classification	787 210	706 868	638 217	1 196 718	1 100 981	939 294	1 214 438	1 219 587	1 275 682

The overall budget for compensation of employees increases from a main appropriation of R680.8 million in 2023/24 to R711.0 million in the 2024/25 financial year to comply with the implementation of the new nursing curriculum, in order to fill new posts and accommodate the provisional wage agreement for public servants.

The allocation for goods and services increases to R105 million in the 2024/25 financial year from a main appropriation of R98.9 million in the previous year to align and comply with implementation of the newly introduced nursing curriculum and fund the newly established Gauteng College of Nursing Unit. Furthermore, additional learning and teaching materials, as well as simulation training and development equipment, have been purchased in response to the newly introduced curriculum.

## SERVICE DELIVERY MEASURES

### PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
Employee satisfaction rate	60%	60%	60%	60%
Number of Nursing students enrolled	800	800	800	800
Number of Emergency Medical Care students enrolled	60	60	60	60

**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 sub-programmes 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 authorities
- 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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Laundries	294 625	315 450	335 216	338 339	340 755	357 725	356 107	370 286	387 318
2. Food Supply Services	94 219	73 383	102 086	115 590	117 017	104 310	118 548	123 850	129 546
3. Medicine Trading Account				1	1	1	1	1	1
Total payments and estimates	388 844	388 833	437 302	453 930	457 773	462 036	474 656	494 137	516 865

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	387 500	386 858	435 362	451 021	454 777	459 033	471 020	490 371	512 926
Compensation of employees	201 582	209 814	221 435	219 313	223 156	227 366	235 039	245 354	256 639
Goods and services	185 918	177 044	213 927	231 708	231 621	231 667	235 981	245 017	256 287
Interest and rent on land									
Transfers and subsidies to:	975	682	531	531	626	626	368	392	410
Provinces and municipalities									
Departmental agencies and accounts									
Non-profit institutions									
Households	975	682	531	531	626	626	368	392	410
Payments for capital assets	369	1 289	1 305	2 378	2 370	2 370	3 268	3 374	3 529
Buildings and other fixed structures									
Machinery and equipment	369	1 289	1 305	2 378	2 370	2 370	3 268	3 374	3 529
Payments for financial assets		4	104			7			
Total economic classification	388 844	388 833	437 302	453 930	457 773	462 036	474 656	494 137	516 865

The budget for 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 pre-packed food service supplies to health facilities. The budget increases from the main allocation of R453.9 million in 2023/24 to R474.6 million in the 2024/25 financial year in order to continue providing the cleaning services and linen to health facilities.

The budget for compensation of employees increased marginally from R219.3 million in 2023/24 to R235 million in the 2024/25 financial year. In the outer year of the 2024 MTEF, the personnel budget grows to R256.6 million to make provision for the appointment of critical staff.

To continue providing cleaning services to health institutions and replace linen, the goods and services budget in the programme increases from a main allocation of R231.7 million in 2023/24 to R235.9 million in the 2024/25 financial year. The revised gas contract rates also contributed to the increase in the budget for goods and services. Lastly, R3.2 million is allocated for procurement of machinery and equipment in the 2024/25 financial year to ensure that laundries are equipped with machines to provide clean linen to health facilities.

## SERVICE DELIVERY MEASURES

### PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
Percentage vital medicine availability at health facilities	96%	96%	96%	96%
Percentage essential medicine availability at health facilities	96%	96%	96%	96%
Number of patients enrolled on centralized chronic medicine dispensing and distribution programme (Cumulative)	1 200 000	1 300 000	1 500 000	1 500 000

### 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, specialised 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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Community Health Facilities	526 523	311 696	291 880	293 782	277 709	277 709	394 548	453 250	482 000
2. Emergency Medical Rescue Services	19 933	8 561	7 426	15 420	2 161	10 404	3 570	3 650	4 600
3. District Hospital Services	564 073	131 976	97 826	215 536	237 443	237 443	246 507	268 620	405 883
4. Provincial Hospital Services	353 929	247 403	284 268	419 696	409 586	409 586	395 250	388 406	328 622
5. Central Hospital Services	1 520 597	837 714	512 981	581 370	494 510	508 365	618 819	498 500	447 800
6. Other Facilities	1 056 302	530 885	471 088	392 505	427 694	427 694	448 552	403 904	412 868
Total payments and estimates	4 041 357	2 068 235	1 665 469	1 918 309	1 849 103	1 871 201	2 107 246	2 016 330	2 081 773

TABLE 4.22: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH FACILITIES MANAGEMENT

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	1 622 416	1 283 848	1 228 033	1 170 611	1 260 199	1 285 398	1 228 454	1 228 022	1 328 003
Compensation of employees	40 352	40 082	42 884	55 558	51 208	51 208	57 908	57 908	60 571
Goods and services	1 582 064	1 243 766	1 185 149	1 115 053	1 208 991	1 234 190	1 170 546	1 170 114	1 267 432
Interest and rent on land									
Transfers and subsidies to:	132	36	22		111	111			
Provinces and municipalities									
Households	132	36	22		111	111			
Payments for capital assets	2 418 809	784 338	437 414	747 698	588 793	585 692	878 792	788 308	753 770
Buildings and other fixed structures	2 418 620	735 593	434 910	694 546	560 846	557 745	838 632	776 648	742 110
Machinery and equipment	189	48 745	2 504	53 152	27 947	27 947	40 160	11 660	11 660
Payments for financial assets		13							
Total economic classification	4 041 357	2 068 235	1 665 469	1 918 309	1 849 103	1 871 201	2 107 246	2 016 330	2 081 773

The department works with the Gauteng Department of Infrastructure Development which is the implementing agent that performs major capital works on behalf of the department. This encompasses the construction of new facilities and the rehabilitation, upgrading, and maintenance of existing health facilities. The main allocation increases from R1.9 billion in the 2023/24 to R2.1 billion in the 2024/25 financial year. Details on all infrastructure projects are included in the 2024/25 ECE.

The compensation of employees' budget in the programme increases from the main allocation of R55.5 million in 2023/24 to R57.9 million in the 2024/25 financial year.

## SERVICE DELIVERY MEASURES

### PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme performance measures	Estimated performance	Medium-term estimates		
	2023/24	2024/25	2025/26	2026/27
Percentage of Health facilities with completed capital infrastructure projects	21.9%	21.9%	21.9%	21.9%
Number of New Hospitals Completed	6	6	6	6
Number of new Primary Health Care Centres completed	11	11	11	11



9. OTHER PROGRAMME INFORMATION

9.2 Personnel numbers and costs

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

R thousands	Actual			Revised estimate			Medium-term expenditure estimate						Average annual growth over MTEF							
	2020/21		2021/22	2022/23		2023/24			2024/25		2025/26		2026/27		2023/24 - 2026/27					
	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Filled posts	Additional posts	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel growth rate	Costs growth rate	% Costs of Total			
Salary level																				
1 – 6	57 199	14 094 450	60 175	15 849 568	17 997 547	57 044	17 997 547	51 896	4 047	55 943	16 765 115	56 763	17 509 854	56 791	18 113 740	56 791	18 789 089	1%	4%	44%
7 – 10	11 849	7 431 307	12 138	8 547 744	6 905 032	12 022	6 905 032	11 727	566	12 293	8 836 941	12 635	9 442 873	12 647	9 864 768	12 647	10 341 361	1%	5%	24%
11 – 12	7 070	9 620 385	7 147	10 813 175	11 365 886	7 054	11 365 886	5 633	2 650	8 283	12 044 822	8 523	12 889 666	8 532	13 504 949	8 532	14 146 366	1%	6%	32%
13 – 16	113	179 920	112	191 033	170 696	108	170 696	93	2	95	149 085	98	176 221	98	185 551	98	196 040	1%	10%	0%
Other	7 141	148 788	7 092	62 333	165 495	6 821	165 495	7 234		7 234	58 370	7 283	60 071	7 285	63 026	7 285	66 322	0%	4%	0%
Total	83 372	31 474 850	86 664	35 463 853	36 604 656	83 049	36 604 656	76 583	7 265	83 848	37 854 334	85 303	40 078 685	85 353	41 732 034	85 353	43 539 178	1%	5%	100%
Programme																				
1. Administration	4 713	442 839	4 808	463 885	449 778	4 680	449 778	5 245	37	5 282	446 724	5 293	600 969	5 293	627 252	5 293	656 105	0%	14%	1%
2. District Health Services	29 683	10 019 369	31 968	11 938 291	12 129 780	30 211	12 129 780	28 063	1 621	29 684	12 661 733	30 135	12 792 888	30 151	13 304 791	30 151	13 919 079	1%	3%	32%
3. Emergency Medical Services	2 540	757 890	2 858	899 602	1 005 052	2 889	1 005 052	2 966		2 966	1 068 454	3 052	1 113 884	3 054	1 138 019	3 054	1 190 368	1%	4%	3%
4. Provincial Hospital Services	23 477	7 125 491	23 858	7 914 479	8 123 089	22 697	8 123 089	21 188	2 308	23 496	8 588 808	23 985	9 080 928	24 002	9 521 289	24 002	9 909 272	1%	5%	23%
5. Central Hospital Services	19 642	12 331 230	20 403	13 476 463	14 055 497	20 009	14 055 497	16 331	3 292	19 623	14 282 197	20 030	15 486 041	20 044	16 124 775	20 044	16 801 716	1%	6%	38%
6. Health Sciences And Training	2 488	556 097	1 920	521 237	515 135	1 742	515 135	1 977		1 977	527 844	1 987	711 028	1 988	712 646	1 988	745 428	0%	12%	2%
7. Health Care Support Services	739	201 582	763	209 814	221 435	736	221 435	736		736	227 366	736	235 039	736	245 354	736	256 639	0%	4%	1%
8. Health Facilities Management	90	40 352	86	40 082	42 884	85	42 884	77	7	84	51 208	84	57 908	84	57 908	84	60 571	0%	6%	0%
Total	83 372	31 474 850	86 664	35 463 853	36 542 650	83 049	36 542 650	76 583	7 265	83 848	37 854 334	85 303	40 078 685	85 353	41 732 034	85 353	43 539 178	1%	5%	100%
Employee dispensation classification																				
Public Service Act appointees not covered by OSDs	25 165	7 259 436	35 852	7 017 658	9 125 700	34 603	9 125 700	29 326	111	29 437	7 800 452	33 458	8 099 258	33 458	8 247 636	33 458	8 421 311	4%	3%	20%
Public Service Act appointees still to be covered by OSDs	219	43 900	281	31 025	30 260	1 430	30 260	1 336	2	1 338	452 189	1 653	468 558	1 654	487 601	1 654	508 462	7%	4%	1%
Professional Nurses, Staff Nurses and Nursing Assistants	37 550	12 463 217	33 451	14 710 346	14 118 480	32 196	14 118 480	31 233	1 811	33 044	14 749 173	32 431	15 694 050	32 463	16 439 335	32 463	17 253 141	(1)%	5%	39%
Legal Professionals	6	5 504	11	6 607	6 548	10	6 548	10		10	6 942	10	9 020	10	9 516	10	10 060	1%	13%	0%

	Actual		Revised estimate				Medium-term expenditure estimate				Average annual growth over MTEF						
	2020/21		2021/22		2022/23		2023/24		2024/25		2025/26		2026/27		2023/24 - 2026/27		
R thousands	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Filled posts	Additional posts	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel growth rate	Costs growth rate	% Costs of Total
Social Services Professions	334	176 944	427	234 739	374	18	392	227 254	415	239 840	416	251 696	416	264 376	2%	5%	1%
Engineering Professions and related occupations	4 716	39 384	76	50 605	76	6	82	48 990	78	53 773	78	55 997	78	58 952	(2)%	6%	0%
Medical and related professionals	7 155	8 406 960	6 830	9 342 308	5 365	2 291	7 656	10 420 623	7 996	11 131 974	8 004	11 672 484	8 004	12 230 510	1%	5%	28%
Therapeutic, Diagnostic and other related Allied Health Professionals	6 946	3 078 874	8 041	4 070 565	7 232	993	8 225	4 148 711	7 851	4 382 210	7 858	4 567 769	7 858	4 792 365	(2)%	5%	11%
Others such as interns, EPWP, learnerships, etc	1 281	631	1 695		1 675		1 675		1 411		1 411		1 411		(6)%	0%	0%
Total	83 372	31 474 850	86 664	35 463 853	76 627	5 232	81 859	37 854 334	85 303	40 078 684	85 353	41 732 034	85 353	43 539 178	1%	5%	100%

The department anticipates an increase in the number of employees and skills required for the department to function optimally in all the clinical areas.

These changes are influenced by factors such as population growth, which heightens the demand for healthcare services, leading to the hiring of more healthcare personnel to manage the increased patient load. Outbreaks of infectious diseases continue to overwhelm healthcare systems, necessitating additional personnel to handle patient care, testing, and containment efforts.

Gauteng's aging population results in a higher prevalence of chronic diseases and conditions, requiring ongoing management and care, thereby leading to an increased demand for healthcare services and personnel. Technological advancements in healthcare have resulted in more sophisticated diagnostic and treatment methods, such as CT scanners, which requires additional personnel with specialised skills to operate and manage these technologies effectively. The current disease burden and migration into the province from other regions and neighbouring states, are strain the department's personnel workload significantly.

The number of mental health patients has recently increased in most of our facilities. The department is actively recruiting more staff, prioritising psychiatrists, psychologists, and mental health professional nurses to strengthen mental healthcare services. These professionals are scarce skills with high salaries. The department is also in the process of reviewing the organisational structures of the institutions which were last approved in 2006. The review takes into consideration that the patient's headcount has increased in leaps and bounds since 2006. Some areas will require skills that will affect the Compensation of Employees budget.

## 9.2 Training

TABLE 4.24: INFORMATION ON TRAINING: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Number of staff	83 372	86 664	83 049	83 848	83 848	83 848	85 303	85 353	85 353
Number of personnel trained	30 571	32 022	32 022	32 700	32 227	32 700	35 000	37 000	39 000
of which									
Male	7 288	7 698	7 698	7 700	7 167	7 700	8 000	9 000	10 000
Female	23 283	24 324	24 324	25 000	25 060	25 000	27 000	28 000	29 000
Number of training opportunities	152	152	152	152	152	152	152	152	152
of which									
Tertiary	2	2	2	2	2	2	2	2	2
Workshops	20	20	20	20	20	20	20	20	20
Seminars									
Other	130	130	130	130	130	130	130	130	130
Number of bursaries offered	2 191	2 096	2 096	2 096	2 035	2 096	1 870	1 720	1 530
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	500	500	500	500	350	350	400	450	500
Number of days spent on training	215	215	215	215	215	215	215	215	215
Payments on training by programme									
1. Administration		497							
2. District Health Services	20 537	5 157	5 109	33 354	30 726	21 957	31 078	30 678	32 089
3. Emergency Medical Services	6 690	17	143	8 500	3 500	535	7 500	7 626	7 977
4. Provincial Hospital Services	4 629	954	1 083	3 833	3 740	3 478	3 980	4 148	4 339
5. Central Hospital Services	5 157	386	740	4 250	2 610	2 083	3 020	3 210	3 358
6. Health Sciences and Training	16 271	4 511	3 994	10 429	9 889	4 150	9 839	10 279	10 751
7. Health Care Support Services	230		1	389	350	350	253	270	282
8. Health Facilities Management	2 000	45	252	1 000	653	653	1 000	1 000	1 000
Total payments on training	55 514	11 567	11 322	61 755	51 468	33 206	56 670	57 211	59 796

### 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 the implementation of the HRD Strategic Framework.

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 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, the training of professional nurses in partnership with the University of Johannesburg. 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 continues to receive funding 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.

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 Statutory Human Resource 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 will be aligned to offer Continuous Professional Development points for the skills programmes that are conducted. 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.

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.

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 and AIDS, STI and TB training including the training of drug resistant TB.

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. To address the scarcity of professional nurses and succession planning, the department will provide bursaries to internal nursing staff.

## **ANNEXURE TO THE ESTIMATES OF PROVINCIAL REVENUE AND EXPENDITURE**

TABLE 4.25: SPECIFICATION OF RECEIPTS: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Tax receipts									
Sales of goods and services other than capital assets	464 510	443 707	408 559	521 632	521 632	521 632	545 105	569 525	595 723
Sale of goods and services produced by department (excluding capital assets)	463 576	442 800	407 811	519 387	519 387	519 387	542 759	567 074	593 159
Sales by market establishments	36 061	37 947	39 361	29 209	29 209	29 209	30 523	31 890	33 357
Administrative fees	6 239	315	381						
Other sales	421 276	404 538	368 069	490 178	490 178	490 178	512 236	535 184	559 802
Of which									
Health patient fees	359 274	343 680	300 334	418 014	418 014	418 014	436 825	456 395	477 389
Other (Specify)	31 394	27 735	25 307	46 278	46 278	46 278	48 361	50 528	52 852
Other (Specify)	17 727	18 693	19 743	15 861	15 861	15 861	16 575	17 318	18 115
Other (Specify)	1 341	1 041	396	8 208	8 208	8 208	8 577	8 961	9 373
Sales of scrap, waste, arms and other used current goods (excluding capital assets)	934	906	748	2 245	2 245	2 245	2 346	2 451	2 564
Transfers received from:	177	15	809						
Other governmental units	172		802						
Fines, penalties and forfeits	20	23	39	78	78	78	82	86	90
Interest, dividends and rent on land	398	306	711	1 780	1 780	1 780	1 860	1 943	2 032
Interest	398	306	711	1 780	1 780	1 780	1 860	1 943	2 032
Sales of capital assets	11 147	9 211	15 318			14 522			
Transactions in financial assets and liabilities	37 352	49 290	82 673	38 943	38 943	38 943	40 890	42 722	44 687
Total departmental receipts	513 604	502 552	508 109	562 433	562 433	576 955	587 937	614 276	642 532

TABLE 4.26: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	51 508 233	53 337 344	54 838 087	56 013 061	58 326 669	60 043 776	60 195 530	62 741 092	65 503 185
Compensation of employees	31 474 850	35 463 853	36 542 650	35 665 552	38 159 905	37 854 334	40 078 685	41 732 034	43 539 178
Salaries and wages	27 754 918	31 283 945	32 099 273	31 836 700	33 583 661	33 015 111	34 975 764	36 500 085	38 066 560
Social contributions	3 719 932	4 179 908	4 443 377	3 828 852	4 576 244	4 839 223	5 102 921	5 231 949	5 472 618
Goods and services	20 031 799	17 872 343	18 291 596	20 347 509	20 166 764	22 180 049	20 116 845	21 009 058	21 964 007
Administrative fees	11 945	21 023	7 781	22 044	16 122	16 004	19 062	19 601	20 502
Advertising	13 771	5 663	7 483	61 757	51 257	28 375	62 387	62 692	65 561
Minor assets	39 640	28 838	24 796	90 970	77 935	74 862	87 703	84 757	88 640
Audit cost: External	25 489	25 786	30 186	30 491	30 491	30 491	30 490	31 857	33 322
Bursaries: Employees	8 992	6 377	3 181	13 253	13 253	13 034	12 753	12 820	13 410
Catering: Departmental activities	11 473	4 497	6 911	10 264	11 291	12 278	11 469	11 529	12 056



R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Communication (G&S)	71 889	93 340	80 578	92 573	101 404	118 001	109 906	113 996	119 240
Computer services	271 752	244 566	93 394	230 401	241 415	208 610	304 363	317 700	332 327
Consultants and professional services: Business and advisory services	352 948	314 629	354 585	665 968	637 811	590 248	666 307	696 121	728 143
Laboratory services	2 874 613	2 326 076	2 925 246	2 802 323	2 811 895	2 954 935	2 995 248	3 085 288	3 227 210
Legal services	173 340	143 921	129 053	30 914	30 914	597 183	49 914	51 941	54 330
Contractors	302 338	400 362	358 396	879 101	877 407	567 555	940 627	937 663	980 792
Agency and support / outsourced services	294 125	322 976	457 498	272 280	267 865	277 874	211 103	222 995	233 251
Entertainment									
Fleet services (including government motor transport)	181 897	186 380	209 578	263 154	242 588	262 349	279 023	283 673	296 720
Housing									
Inventory: Clothing material and accessories	11 217	3 909	1 358	2 831					
Inventory: Farming supplies				3 000					
Inventory: Food and food supplies	317 673	391 862	435 481	500 953	521 773	526 232	553 824	568 337	594 481
Inventory: Fuel, oil and gas	278 186	283 017	290 974	334 632	363 191	436 805	566 470	576 605	603 130
Inventory: Learner and teacher support material	1 041	581	1 119	1 570	1 660	1 843	1 427	1 459	1 526
Inventory: Materials and supplies	43 543	43 995	64 391	71 446	65 101	80 332	53 678	55 594	58 151
Inventory: Medical supplies	4 365 954	4 171 370	4 395 303	4 001 604	4 097 972	4 728 842	4 085 543	4 331 631	4 490 796
Inventory: Medicine	4 381 043	4 324 149	4 163 001	5 029 769	4 701 351	5 102 003	4 532 698	5 003 897	5 219 204
Medsas inventory interface	32								
Inventory: Other supplies	112 084	100 790	158 353	152 409	161 728	164 285	178 836	182 697	191 100
Consumable supplies	2 493 708	1 164 365	925 302	1 255 205	1 236 224	1 422 833	623 148	589 346	616 407
Consumable: Stationery, printing and office supplies	141 840	162 583	169 914	210 215	217 548	206 241	221 905	226 464	236 874
Operating leases	372 488	345 056	266 174	337 887	331 621	355 708	380 445	390 537	407 569
Property payments	2 822 398	2 680 534	2 658 958	2 801 736	2 894 207	3 266 222	2 966 856	2 974 257	3 155 672
Transport provided: Departmental activity	437	320	373	11 672	3 423	3 880	14 286	14 475	15 140
Travel and subsistence	14 884	18 974	21 897	46 113	44 278	36 853	39 145	40 406	42 231
Training and development	12 659	11 567	11 322	61 755	51 468	33 206	56 670	57 211	59 796
Operating payments	11 646	5 660	11 683	14 266	14 900	13 620	16 430	16 920	17 695
Venues and facilities	786	2 133	3 163	8 803	12 812	13 486	9 654	9 636	10 079
Rental and hiring	15 968	37 044	24 164	36 150	35 859	35 859	35 475	36 953	38 652
Interest and rent on land	1 584	1 148	3 841			9 393			
Rent on land			3 841						

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Transfers and subsidies	1 787 316	1 687 029	1 911 276	1 806 571	1 789 329	2 321 948	2 241 745	2 316 457	2 419 398
Provinces and municipalities	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Municipalities	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Municipalities	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Departmental agencies and accounts	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Provide list of entities receiving transfers	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Higher education institutions	12 871	7 867	1 176	10 844	10 844	10 844	1 000	1 046	1 094
Non-profit institutions	602 710	630 704	695 442	772 718	772 718	772 718	917 714	945 465	989 396
Households	627 894	582 227	674 262	483 574	466 332	998 951	758 997	780 699	812 555
Social benefits	114 262	118 995	130 526	116 583	109 113	108 543	104 908	111 947	117 097
Other transfers to households	513 632	463 232	543 736	366 991	357 219	890 408	654 089	668 752	695 458
Payments for capital assets	4 416 802	2 023 090	1 877 868	2 273 903	2 386 362	2 409 017	2 399 768	2 304 704	2 538 575
Buildings and other fixed structures	2 419 098	735 593	434 910	694 546	560 846	557 745	993 132	830 723	798 889
Buildings	2 419 098	735 593	434 910	694 546	560 846	557 745	993 132	830 723	798 889
Machinery and equipment	1 997 704	1 287 090	1 442 958	1 579 357	1 825 516	1 851 272	1 406 636	1 473 981	1 739 686
Transport equipment	550 014	284 591	591 640	272 258	259 174	582 464	227 408	232 340	243 027
Other machinery and equipment	1 447 690	1 002 499	851 318	1 307 099	1 566 342	1 268 808	1 179 228	1 241 641	1 496 659
Payments for financial assets	26	1 672	12 509			2 201			
Total economic classification	57 712 377	57 049 135	58 639 740	60 093 535	62 502 360	64 776 942	64 837 043	67 362 253	70 461 158

TABLE 4.27: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	2 940 737	1 649 055	1 290 127	1 475 930	1 488 382	1 827 221	1 361 814	1 314 040	1 374 496
Compensation of employees	442 839	463 885	449 778	561 788	561 788	446 724	600 969	627 252	656 105
Salaries and wages	385 885	405 068	389 091	499 022	499 022	384 388	532 246	555 483	581 035
Social contributions	56 954	58 817	60 687	62 766	62 766	62 336	68 723	71 769	75 070
Goods and services	2 496 314	1 184 072	836 508	914 142	926 594	1 371 104	760 845	686 788	718 391
Administrative fees	5 648	6 253	3 183	4 846	4 880	4 520	4 846	5 064	5 297
Advertising	13 124	1 507	3 480	4 837	4 887	4 364	4 838	5 054	5 286
Minor assets	4 831	585	1 122	285	86	90	285	298	312
Audit cost: External	25 462	25 744	29 875	30 491	30 491	30 491	30 490	31 857	33 322
Bursaries: Employees	42								
Catering: Departmental activities	5 902	117	321	1 021	2 909	2 541	1 021	1 066	1 115
Communication (G&S)	36 526	57 840	34 688	23 841	43 302	50 591	62 841	65 865	68 895
Computer services	254 918	239 579	86 575	202 876	222 876	188 640	284 876	297 638	311 342
Consultants and professional services: Business and advisory services	40 322	26 181	24 393	117 804	89 695	90 837	117 804	123 082	128 743
Laboratory services	(525)	1	39						

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
					2023/24				
Legal services	155 357	139 046	119 988	30 914	30 914	592 142	49 914	51 941	54 330
Contractors	14	254	40	2 681	231	8 938	54 181	2 801	2 930
Agency and support / outsourced services	24 923	75 430	219 724	2 000	2 000	1 550	2 000	2 090	2 186
Fleet services (including government motor transport)	3 701	4 822	4 978	4 438	4 438	4 438	4 438	4 637	4 850
Inventory: Clothing material and accessories	8 708								
Inventory: Food and food supplies	3		12	37	37	44	37	39	41
Inventory: Fuel, oil and gas	48								
Inventory: Materials and supplies	36	379	542	24	24	24	24	25	26
Inventory: Medical supplies	219 234	2 991	122			384			
Inventory: Medicine		(1)							
Consumable supplies	1 628 902	523 817	251 648	419 191	419 032	317 964	74 037	23 231	24 300
Consumable: Stationery, printing and office supplies	1 827	628	1 763	3 452	3 452	3 471	3 452	3 607	3 773
Operating leases	25 380	21 961	17 072	14 875	13 875	15 253	13 875	14 497	15 164
Property payments	12 518	17 260	9 507	9 733	9 733	10 295	9 733	10 169	10 637
Transport provided: Departmental activity									
Travel and subsistence	2 476	2 352	3 439	7 898	7 316	7 542	7 898	8 252	8 631
Training and development	230	497							
Operating payments	107	18							
Venues and facilities			249	2 373	5 891	6 435	2 373	2 265	2 369
Rental and hiring	15 695	36 663	23 742	30 525	30 525	30 525	31 882	33 310	34 842
Transfers and subsidies	395 238	371 718	516 909	3 651	91 936	624 611	408 415	427 166	443 198
Households	395 238	371 718	516 909	3 651	91 936	624 611	303 753	317 271	327 809
Social benefits	3 477	2 536	9 822	1 881	1 881	1 881	1 983	2 072	2 167
Other transfers to households	391 761	369 182	507 087	1 770	90 055	622 730	301 770	315 199	325 642
Payments for capital assets	359 034	152 410	18 503	9 825	35 615	9 767	164 416	64 436	67 616
Machinery and equipment	359 034	152 410	18 503	9 825	35 615	9 767	9 916	10 361	10 837
Transport equipment					790	790			
Other machinery and equipment	359 034	152 410	18 503	9 825	34 825	8 977	9 916	10 361	10 837
Payments for financial assets	7	9	117			18			
Total economic classification	3 695 016	2 173 192	1 825 656	1 489 406	1 615 933	2 461 617	1 934 645	1 805 642	1 885 310

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	16 896 832	18 266 704	18 401 372	18 860 130	19 789 964	20 378 065	20 466 978	21 071 811	22 042 721
Compensation of employees	10 019 369	11 938 291	12 129 780	11 298 450	12 509 816	12 661 733	12 792 888	13 304 791	13 919 079
Salaries and wages	8 744 767	10 344 124	10 394 381	9 755 880	10 592 103	10 765 748	10 804 516	11 277 236	11 798 257
Social contributions	1 274 602	1 594 167	1 735 399	1 542 570	1 917 713	1 895 985	1 988 372	2 027 555	2 120 822
Goods and services	6 877 463	6 328 413	6 271 592	7 561 680	7 280 148	7 716 332	7 674 090	7 767 020	8 123 642
Administrative fees	1 207	1 333	2 084	2 875	2 851	2 851	3 345	3 388	3 544
Advertising	198	3 127	3 682	52 919	44 919	22 560	56 195	56 210	58 795
Minor assets	10 508	13 240	8 305	41 161	35 743	33 954	46 130	45 865	47 975
Catering: Departmental activities	5 035	3 781	5 653	7 463	6 638	8 065	9 391	9 364	9 795
Communication (G&S)	13 173	12 185	22 759	34 764	32 053	31 496	22 311	22 627	23 668
Computer services	721	29	66						
Consultants and professional services: Business and advisory services	10 631	197	112	630	830	525	722	731	765
Laboratory services	1 631 763	1 263 374	1 515 855	1 383 086	1 408 469	1 524 130	1 588 928	1 595 492	1 668 884
Legal services	1 283	384	68			39			
Contractors	82 960	159 328	105 477	304 547	303 367	236 138	322 540	344 684	360 538
Agency and support / outsourced services	32 247	25 784	36 186	52 177	51 658	47 489	30 059	30 816	32 234
Fleet services (including government motor transport)	31 064	33 694	40 123	46 422	46 662	46 263	47 225	47 912	50 115
Inventory: Clothing material and accessories	1 342	2 957	1 091						
Inventory: Food and food supplies	48 481	57 214	66 762	108 608	108 073	103 332	123 358	124 784	130 524
Inventory: Fuel, oil and gas	67 382	78 225	84 279	102 238	120 472	118 596	125 008	126 464	132 282
Inventory: Learner and teacher support material			78						
Inventory: Materials and supplies	12 725	14 359	19 452	30 893	27 291	26 277	28 876	29 333	30 682
Inventory: Medical supplies	533 617	604 036	571 818	808 012	828 405	896 328	934 923	942 497	985 852
Inventory: Medicine	3 329 445	3 224 821	2 931 926	3 456 528	3 158 449	3 523 519	3 204 845	3 241 734	3 390 195
Consumable supplies	363 838	120 670	125 464	170 873	162 474	165 658	127 084	129 286	135 233
Consumable: Stationery, printing and office supplies	49 415	45 170	58 981	103 158	101 928	95 724	103 065	104 324	109 122
Operating leases	70 888	79 357	60 374	60 576	58 903	82 143	94 979	95 802	100 210
Property payments	536 189	549 113	557 133	696 087	687 466	669 851	702 645	712 905	745 699
Transport provided: Departmental activity	264	40	247	859	710	1 167	1 319	1 332	1 393
Travel and subsistence	6 540	5 855	8 435	18 336	18 046	13 651	17 920	18 002	18 830
Training and development	7 121	5 157	5 109	33 354	30 726	21 957	31 078	30 678	32 089

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Operating payments	4 310	669	746	1 556	1 500	1 500	1 910	1 932	2 021
Venues and facilities	786	2 133	2 151	4 930	5 380	4 164	5 731	5 769	6 035
Rental and hiring	81	94	135	100	350	350	500	501	524
Transfers and subsidies	760 127	821 714	951 953	1 002 772	1 003 122	1 002 477	1 051 872	1 100 979	1 151 626
Provinces and municipalities	445 569	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Municipalities	445 569	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Municipalities	445 569	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741
Non-profit institutions	285 710	348 704	396 442	457 718	457 718	457 718	484 052	506 570	529 873
Households	28 848	31 415	40 934	32 574	32 924	32 279	30 741	32 516	34 012
Social benefits	28 834	31 415	36 547	32 574	32 924	32 279	30 741	32 516	34 012
Other transfers to households	14		4 387						
Payments for capital assets	302 272	162 347	135 573	274 596	278 064	242 410	274 284	286 372	299 545
Buildings and other fixed structures									
Buildings									
Machinery and equipment	302 272	162 347	135 573	274 596	278 064	242 410	274 284	286 372	299 545
Transport equipment	56 748	42 764	47 389	63 681	59 414	55 565	13 428	16 185	16 929
Other machinery and equipment	245 524	119 583	88 184	210 915	218 650	186 845	260 856	270 187	282 616
Payments for financial assets	16	679	5 404			862			
Total economic classification	17 959 247	19 251 444	19 494 302	20 137 498	21 071 150	21 623 814	21 793 134	22 459 162	23 493 892

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	1 006 360	1 135 041	1 330 004	1 459 711	1 587 193	1 550 098	1 595 086	1 620 779	1 695 335
Compensation of employees	757 890	899 602	1 005 052	1 006 480	1 145 801	1 068 454	1 113 884	1 138 019	1 190 368
Salaries and wages	629 238	745 743	827 960	907 609	950 930	870 678	936 846	957 175	1 001 205
Social contributions	128 652	153 859	177 092	98 871	194 871	197 776	177 038	180 844	189 163
Goods and services	248 470	235 389	324 952	453 231	441 392	481 644	481 202	482 760	504 967
Administrative fees	2 502	11 981		8 000	5 390	5 390	7 200	7 318	7 655
Advertising		879	41	2 500	300	300	150	187	196
Minor assets	1 568	872	271	10 000	3 250	2 792	5 600	5 748	6 012
Catering: Departmental activities	475	370	419	980	980	742	400	415	434
Communication (G&S)	3 102	3 000	2 771	4 200	2 822	11 020	3 853	3 915	4 095
Computer services				820			400	412	431
Legal services		50							
Contractors	13 562	2 956	12 369	5 700	9 900	9 331	15 000	15 084	15 778
Agency and support / outsourced services	190	177	236	900	300	300	400	413	432
Fleet services (including government motor transport)	130 976	132 792	149 646	191 000	171 000	191 160	206 189	209 015	218 630
Inventory: Food and food supplies	6	6	2	24	10	10	10	10	10

Inventory: Fuel, oil and gas	1 128	415	748	2 500	2 500	2 224	500	537	562
Inventory: Materials and supplies	2 413	490	3 925	3 275	2 095	4 622	800	848	887
Inventory: Medical supplies	32 426	30 262	39 861	36 600	81 250	100 101	60 200	55 594	58 151
Inventory: Medicine	516	890	973	1 200	1 200	1 200	500	518	542
Consumable supplies	12 095	10 609	22 444	38 550	41 570	41 570	35 400	35 971	37 626
Consumable: Stationery, printing and office supplies	5 236	3 937	6 834	10 000	7 993	5 734	9 200	9 348	9 778
Operating leases	22 280	25 483	30 257	72 474	70 474	68 457	75 000	76 073	79 572
Property payments	18 117	9 615	53 367	41 639	33 639	33 639	39 600	40 216	42 066
Transport provided: Departmental activity				10 369	2 369	2 369	12 500	12 653	13 235
Travel and subsistence	83	44	71	1 500	750	48	550	572	598
Training and development	147	17	143	8 500	3 500	535	7 500	7 626	7 977
Transfers and subsidies	76 019	1 515	3 604	8 403	1 903	1 903	4 282	4 659	4 874
Provinces and municipalities	74 920								
Municipalities	74 920								
Municipalities	74 920								
Households	1 099	1 515	3 604	8 403	1 903	1 903	4 282	4 659	4 874
Social benefits	1 099	1 515	3 604	8 403	1 903	1 903	4 282	4 659	4 874
Payments for capital assets	598 422	295 113	676 987	310 000	328 339	842 412	291 150	295 738	309 342
Machinery and equipment	597 944	295 113	676 987	310 000	328 339	842 412	291 150	295 738	309 342
Transport equipment	488 120	237 085	540 026	196 020	196 020	522 717	211 150	214 051	223 897
Other machinery and equipment	109 824	58 028	136 961	113 980	132 319	319 695	80 000	81 687	85 445
Payments for financial assets		23	346						
Total economic classification	1 680 801	1 431 692	2 010 941	1 778 114	1 917 435	2 394 413	1 890 518	1 921 176	2 009 551

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23		2023/24		2024/25	2025/26	2026/27
Current payments	9 719 813	10 536 389	10 941 764	11 142 090	11 863 396	12 255 458	12 324 318	12 949 397	13 470 765
Compensation of employees	7 125 491	7 914 479	8 123 089	7 966 504	8 676 918	8 588 808	9 080 928	9 521 289	9 909 272
Salaries and wages	6 280 802	7 026 796	7 180 103	7 005 561	7 642 857	7 551 820	7 997 467	8 390 214	8 726 167
Social contributions	844 689	887 683	942 986	960 943	1 034 061	1 036 988	1 083 461	1 131 075	1 183 105
Goods and services	2 594 322	2 621 910	2 818 675	3 175 586	3 186 478	3 666 650	3 243 390	3 428 108	3 561 493
Administrative fees	1 002	587	1 141	1 773	1 637	1 858	1 537	1 583	1 655
Advertising	1	4	3	10	10	10	65	65	67
Minor assets	8 261	7 073	6 930	15 860	12 106	14 872	14 342	15 142	15 839
Audit cost: External									
Bursaries: Employees	1								
Catering: Departmental activities	10	16	77	110	110	110	110	115	120
Communication (G&S)	4 071	4 827	3 940	10 920	5 668	6 829	3 137	3 478	3 638



R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Computer services	802	1 023	1 825	5 190	1 190	1 190	1 157	1 394	1 458
Consultants and professional services:									
Business and advisory services	301 225	288 104	329 597	546 499	546 431	498 031	546 946	571 426	597 712
Laboratory services	337 959	240 528	312 995	347 813	350 002	369 656	348 743	353 658	369 926
Legal services	7 335	1 529				24			
Contractors	48 681	53 840	64 231	67 091	69 396	69 411	72 936	75 292	78 754
Agency and support / outsourced services	83 902	93 227	70 550	81 885	86 159	88 828	62 953	66 651	69 716
Entertainment									
Fleet services (including government motor transport)	6 316	5 029	5 329	7 450	6 810	6 810	7 242	7 586	7 934
Inventory: Clothing material and accessories	637	952	267	2 831					
Inventory: Food and food supplies	118 355	151 006	175 203	163 522	171 066	181 128	184 318	191 522	200 332
Inventory: Fuel, oil and gas	73 649	109 115	97 217	104 030	119 485	199 446	145 474	149 692	156 578
Inventory: Learner and teacher support material			104	7	7	190			
Inventory: Materials and supplies	12 431	10 737	19 378	14 663	14 146	26 823	6 769	7 179	7 509
Inventory: Medical supplies	810 885	775 129	836 460	858 314	861 587	1 067 106	837 079	926 702	949 240
Inventory: Medicine	287 288	318 140	344 977	358 827	348 404	399 634	355 416	413 319	428 119
Medsas inventory interface									
Consumable supplies	97 125	107 582	112 579	141 709	125 788	150 847	76 663	81 674	85 431
Consumable: Stationery, printing and office supplies	20 411	18 913	23 959	27 520	30 417	29 992	34 964	36 071	37 731
Operating leases	38 602	30 367	27 406	38 930	34 824	37 384	42 099	43 580	45 585
Property payments	300 273	359 742	327 925	326 501	346 306	460 709	447 169	425 734	445 318
Transport provided: Departmental activity	171	107	38	134	134	134	367	376	393
Travel and subsistence	3 594	8 287	6 632	6 792	6 740	7 123	621	931	974
Training and development	1 134	954	1 083	3 833	3 740	3 478	3 980	4 148	4 339
Operating payments	469	896	945	2 770	3 750	3 750	3 440	3 489	3 649
Venues and facilities									
Rental and hiring	192	287	287	700	700	700	854	867	907
Interest and rent on land									
Rent on land									
Transfers and subsidies	25 768	26 171	29 667	21 690	20 392	20 981	19 164	20 629	21 578
Departmental agencies and accounts									
Provide list of entities receiving transfers									

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Non-profit institutions									
Households	25 768	26 171	29 667	21 690	20 392	20 981	19 164	20 629	21 578
Social benefits	25 768	25 968	28 938	21 690	20 392	20 467	19 164	20 629	21 578
Other transfers to households		203	729			514			
Payments for capital assets	160 269	134 144	108 006	193 645	194 716	173 216	184 414	188 571	197 245
Buildings and other fixed structures									
Buildings									
Machinery and equipment	160 269	133 737	108 006	193 645	194 716	173 216	184 414	188 571	197 245
Transport equipment	2 230	2 794	3 313	8 307	600	600		416	435
Other machinery and equipment	158 039	130 943	104 693	185 338	194 116	172 616	184 414	188 155	196 810
Payments for financial assets		510	2 994			362			
Total economic classification	9 905 850	10 697 214	11 082 431	11 357 425	12 078 504	12 450 017	12 527 896	13 158 597	13 689 588

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	18 315 272	19 505 923	20 640 105	20 673 771	21 100 379	21 667 884	21 930 110	23 246 074	24 220 598
Compensation of employees	12 331 230	13 476 463	14 055 497	13 876 645	14 310 404	14 282 197	15 486 041	16 124 775	16 801 716
Salaries and wages	11 025 105	12 095 632	12 637 125	12 838 531	13 073 079	12 751 637	13 846 732	14 452 047	15 052 042
Social contributions	1 306 125	1 380 831	1 418 372	1 038 114	1 237 325	1 530 560	1 639 309	1 672 728	1 749 674
Goods and services	5 984 042	6 029 460	6 584 608	6 797 126	6 789 975	7 385 687	6 444 069	7 121 299	7 418 882
Administrative fees	1 586	868	1 373	1 533	1 347	1 347	1 117	1 186	1 240
Advertising	447	144	210	599	479	479	549	576	603
Minor assets	12 993	6 401	7 062	21 588	25 112	21 516	19 718	16 037	16 775
Catering: Departmental activities	38	34	50	78	62	62	65	68	71
Communication (G&S)	14 353	14 638	15 640	17 166	16 051	16 792	16 559	16 860	17 636
Computer services	15 194	3 854	4 720	16 215	11 620	14 304	12 430	12 670	13 253
Consultants and professional services: Business and advisory services	96	120	56	435	255	255	235	255	267
Laboratory services	909 932	821 134	1 088 380	1 071 215	1 053 215	1 060 827	1 057 418	1 135 974	1 188 228
Legal services	9 365	2 912	8 997			2 040			
Contractors	150 695	180 525	173 054	494 885	490 385	239 609	472 121	497 878	520 781
Agency and support / outsourced services	152 111	127 851	130 760	134 677	127 107	139 066	115 040	122 346	127 974
Entertainment									
Fleet services (including government motor transport)	3 981	4 955	4 837	6 950	6 750	6 750	6 750	7 061	7 386
Inventory: Clothing material and accessories	210								
Inventory: Food and food supplies	126 711	166 536	169 246	198 421	212 276	212 276	213 670	218 200	228 238
Inventory: Fuel, oil and gas	97 784	70 546	73 697	84 100	82 100	84 359	241 650	244 206	255 440

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Inventory: Materials and supplies	15 116	16 159	19 791	21 284	19 884	20 925	16 230	17 184	17 975
Inventory: Medical supplies	2 764 621	2 754 725	2 943 000	2 294 365	2 321 917	2 659 441	2 249 073	2 402 393	2 492 903
Inventory: Medicine	763 257	779 551	884 671	1 212 662	1 192 662	1 176 937	971 487	1 347 857	1 399 858
Consumable supplies	314 449	319 083	312 660	372 977	373 461	628 046	213 367	219 076	229 153
Consumable: Stationery, printing and office supplies	62 297	90 767	74 460	60 031	67 691	65 792	64 531	66 257	69 305
Operating leases	43 529	45 351	33 330	55 301	57 751	51 979	56 900	58 574	61 269
Property payments	477 743	580 562	559 457	642 445	630 391	885 233	613 340	632 429	661 521
Transport provided: Departmental activity	2	173	88	310	210	210	100	114	119
Travel and subsistence	1 125	788	1 081	1 715	1 715	1 715	1 940	2 017	2 110
Training and development	131	386	740	4 250	2 610	2 083	3 020	3 210	3 358
Operating payments	4 855	3 876	9 156	8 770	8 720	7 440	10 290	10 682	11 173
Transfers and subsidies	369 149	335 981	347 347	363 749	363 749	363 749	375 540	378 731	396 153
Departmental agencies and accounts									
Provide list of entities receiving transfers									
Higher education institutions									
Non-profit institutions	317 000	282 000	299 000	315 000	315 000	315 000	329 000	329 000	344 134
Households	52 149	53 981	48 347	48 749	48 749	48 749	46 540	49 731	52 019
Social benefits	51 712	53 669	48 347	48 749	48 749	48 749	46 540	49 731	52 019
Other transfers to households	437	312							
Payments for capital assets	569 631	489 321	495 199	724 615	947 353	542 038	588 860	662 817	891 746
Machinery and equipment	569 631	489 321	495 199	724 615	947 353	542 038	588 860	662 817	891 746
Transport equipment	1 544	986	811	4 200	2 350	2 792	1 500	1 688	1 766
Other machinery and equipment	568 087	488 335	494 388	720 415	945 003	539 246	587 360	661 129	889 980
Payments for financial assets		432	2 771			879			
Total economic classification	19 254 052	20 331 657	21 485 422	21 762 135	22 411 481	22 574 550	22 894 510	24 287 622	25 508 497

TABLE 4.32: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH SCIENCES AND TRAINING

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	619 303	573 526	571 320	779 797	782 379	620 619	817 750	820 598	858 341
Compensation of employees	556 097	521 237	515 135	680 814	680 814	527 844	711 028	712 646	745 428
Salaries and wages	491 551	462 749	455 601	596 907	596 907	465 203	616 303	617 686	646 100
Social contributions	64 546	58 488	59 534	83 907	83 907	62 641	94 725	94 960	99 328
Goods and services	63 206	52 289	56 185	98 983	101 565	92 775	106 722	107 952	112 913
Administrative fees		1		3 017	17	38	1 017	1 062	1 111
Advertising	1	2	67	352	372	372	290	300	314
Minor assets	1 335	86	1 024	1 234	1 229	1 229	1 227	1 251	1 308

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Bursaries: Employees	8 949	6 377	3 181	13 253	13 253	13 034	12 753	12 820	13 410
Catering: Departmental activities	13	176	375	472	502	668	422	441	461
Communication (G&S)	373	513	439	845	666	634	725	743	777
Computer services	117	81	208	5 300	5 729	4 476	5 500	5 586	5 843
Consultants and professional services: Business and advisory services	674		427	600	600	600	600	627	656
Laboratory services	9		83	209	209	322	159	164	172
Legal services									
Contractors	2 393	1 229	1 047	1 815	2 053	2 053	1 330	1 410	1 474
Agency and support / outsourced services	730	482	7	593	593	593	603	629	657
Fleet services (including government motor transport)	2 353	1 577	1 684	2 355	2 480	2 480	2 817	2 897	3 030
Inventory: Clothing material and accessories	73								
Inventory: Food and food supplies	47	149	157	300	270	270	500	505	528
Inventory: Fuel, oil and gas	5	250	241	85	85	85	270	271	283
Inventory: Learner and teacher support material	1 041	581	937	1 563	1 653	1 653	1 427	1 459	1 526
Inventory: Materials and supplies	768	1 626	1 207	1 000	1 509	1 509	890	922	964
Inventory: Medical supplies	1 080	1 089	678	1 221	1 698	1 180	1 279	1 317	1 378
Inventory: Medicine	537	748	454	552	636	713	450	469	490
Consumable supplies	4 912	3 412	3 113	4 961	4 016	4 016	5 564	5 695	5 957
Consumable: Stationery, printing and office supplies	2 283	2 644	3 061	4 856	4 863	4 324	4 852	4 981	5 210
Operating leases	7 572	7 443	6 048	7 926	7 839	8 237	9 190	9 309	9 737
Property payments	22 457	17 633	25 063	23 902	29 602	30 091	32 405	31 692	33 150
Travel and subsistence	757	1 327	1 800	9 373	9 323	6 223	9 483	9 898	10 354
Training and development	3 893	4 511	3 994	10 429	9 889	4 150	9 839	10 279	10 751
Operating payments	13	139	(15)	320	80	80	240	251	262
Venues and facilities			563	1 300	1 341	2 687	1 300	1 343	1 404
Transfers and subsidies	159 908	129 212	61 243	405 775	307 490	307 490	382 104	383 901	401 559
Departmental agencies and accounts	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Provide list of entities receiving transfers	23 352	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612
Higher education institutions	12 871	7 867	1 176	10 844	10 844	10 844	1 000	1 046	1 094
Households	123 685	96 709	34 248	367 976	269 691	269 691	354 149	355 501	371 853
Social benefits	2 265	3 174	2 715	2 755	2 527	2 527	1 830	1 948	2 037

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Other transfers to households	121 420	93 535	31 533	365 221	267 164	267 164	352 319	353 553	369 816
Payments for capital assets	7 996	4 128	4 881	11 146	11 112	11 112	14 584	15 088	15 782
Machinery and equipment	7 996	4 128	4 881	11 146	11 112	11 112	14 584	15 088	15 782
Transport equipment	1 372	741	101				1 330		
Other machinery and equipment	6 624	3 387	4 780	11 146	11 112	11 112	13 254	15 088	15 782
Software and other intangible assets									
Payments for financial assets	3	2	773			73			
Total economic classification	787 210	706 868	638 217	1 196 718	1 100 981	939 294	1 214 438	1 219 587	1 275 682

TABLE 4.33: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	387 500	386 858	435 362	451 021	454 777	459 033	471 020	490 371	512 926
Compensation of employees	201 582	209 814	221 435	219 313	223 156	227 366	235 039	245 354	256 639
Salaries and wages	162 430	169 188	177 949	182 735	183 801	180 675	189 078	197 668	206 760
Social contributions	39 152	40 626	43 486	36 578	39 355	46 691	45 961	47 686	49 879
Goods and services	185 918	177 044	213 927	231 708	231 621	231 667	235 981	245 017	256 287
Advertising									
Minor assets	72	231	49	322	59	59	41	56	59
Communication (G&S)	291	337	341	627	632	429	470	498	521
Contractors	662	171	15	411	296	296	496	514	537
Agency and support / outsourced services	22	25	35	48	48	48	48	50	52
Fleet services (including government motor transport)	3 491	3 511	2 981	4 539	4 448	4 448	4 362	4 565	4 775
Inventory: Clothing material and accessories	247								
Inventory: Food and food supplies	24 069	16 951	22 933	30 041	30 041	29 172	31 931	33 277	34 808
Inventory: Fuel, oil and gas	38 262	24 466	34 792	41 679	38 549	32 095	53 568	55 435	57 985
Inventory: Materials and supplies	48	108	39	307	152	152	89	103	108
Inventory: Medical supplies	4 139	2 630	2 253	3 092	3 115	4 302	2 989	3 128	3 272
Inventory: Medicine									
Consumable supplies	72 288	78 938	96 704	105 444	108 183	113 032	89 963	93 343	97 637
Consumable: Stationery, printing and office supplies	354	523	790	798	804	804	1 691	1 726	1 805
Property payments	28 855	33 700	31 386	33 057	33 840	31 076	37 593	39 074	40 871
Travel and subsistence	14	1	1	19	19	19	3	4	4
Training and development	3		1	389	350	350	253	270	282
Operating payments	1 892		780	350	350	350	500	516	540
Rental and hiring									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Transfers and subsidies	975	682	531	531	626	626	368	392	410
Households	975	682	531	531	626	626	368	392	410
Social benefits	975	682	531	531	626	626	368	392	410
Payments for capital assets	369	1 289	1 305	2 378	2 370	2 370	3 268	3 374	3 529
Machinery and equipment	369	1 289	1 305	2 378	2 370	2 370	3 268	3 374	3 529
Transport equipment		221		50					
Other machinery and equipment	369	1 068	1 305	2 328	2 370	2 370	3 268	3 374	3 529
Payments for financial assets		4	104			7			
Total economic classification	388 844	388 833	437 302	453 930	457 773	462 036	474 656	494 137	516 865

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	1 622 416	1 283 848	1 228 033	1 170 611	1 260 199	1 285 398	1 228 454	1 228 022	1 328 003
Compensation of employees	40 352	40 082	42 884	55 558	51 208	51 208	57 908	57 908	60 571
Salaries and wages	35 140	34 645	37 063	50 455	44 962	44 962	52 576	52 576	54 994
Social contributions	5 212	5 437	5 821	5 103	6 246	6 246	5 332	5 332	5 577
Goods and services	1 582 064	1 243 766	1 185 149	1 115 053	1 208 991	1 234 190	1 170 546	1 170 114	1 267 432
Advertising				540	290	290	300	300	300
Minor assets	72	350	33	520	350	350	360	360	360
Catering: Departmental activities		3	16	140	90	90	60	60	60
Communication (G&S)				210	210	210	10	10	10
Computer services									
Contractors	3 371	2 059	2 163	1 971	1 779	1 779	2 023		
Fleet services (including government motor transport)	15								
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	1		1 166						
Inventory: Fuel, oil and gas	(72)								
Inventory: Materials and supplies	6	137	57						
Inventory: Medical supplies	(48)	508	1 111						
Consumable supplies	99	254	690	1 500	1 700	1 700	1 070	1 070	1 070
Consumable: Stationery, printing and office supplies	17	1	66	400	400	400	150	150	150
Operating leases	156 555	126 140	83 962	79 420	79 420	79 420	80 422	84 346	87 292
Property payments	1 426 246	1 112 909	1 095 120	1 028 372	1 123 230	1 145 328	1 084 371	1 082 038	1 176 410
Transport provided: Departmental activity									
Travel and subsistence	295	320	438	480	369	532	730	730	730

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Training and development		45	252	1 000	653	653	1 000	1 000	1 000
Operating payments			71	500	500	500	50	50	50
Transfers and subsidies	132	36	22		111	111			
Households	132	36	22		111	111			
Social benefits	132	36	22		111	111			
Payments for capital assets	2 418 809	784 338	437 414	747 698	588 793	585 692	878 792	788 308	753 770
Buildings and other fixed structures	2 418 620	735 593	434 910	694 546	560 846	557 745	838 632	776 648	742 110
Buildings	2 418 620	735 593	434 910	694 546	560 846	557 745	838 632	776 648	742 110
Machinery and equipment	189	48 745	2 504	53 152	27 947	27 947	40 160	11 660	11 660
Other machinery and equipment	189	48 745	2 504	53 152	27 947	27 947	40 160	11 660	11 660
Payments for financial assets		13							
Total economic classification	4 041 357	2 068 235	1 665 469	1 918 309	1 849 103	1 871 201	2 107 246	2 016 330	2 081 773

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	5 631 577	4 812 402	5 672 194	5 703 142	5 436 218	5 436 218	5 907 292	5 956 771	6 235 623
Compensation of employees	1 901 684	1 551 884	2 572 304	1 329 237	1 329 237	1 329 237	2 090 534	2 154 439	2 182 892
Salaries and wages	1 665 513	1 271 917	2 053 178	1 143 480	1 143 480	1 143 480	1 614 884	1 670 093	1 698 546
Social contributions	236 171	279 967	519 126	185 757	185 757	185 757	475 650	484 346	484 346
Goods and services	3 729 893	3 260 518	3 099 890	4 373 905	4 106 981	4 106 981	3 816 758	3 802 332	4 052 731
Administrative fees			2	11	11	11	26	26	26
Advertising		1 810	2 014	464	464	464	8 575	8 597	8 597
Minor assets	535	413		2 699	2 699	2 699	3 917	4 043	4 043
Audit cost: External									
Bursaries: Employees									
Catering: Departmental activities	1 365	2 455	3 810	4 258	4 258	4 258	6 298	6 497	6 497
Communication (G&S)	20	28	11 010	380	380	380	9 199	9 217	9 217
Consultants and professional services: Business and advisory services	10 441			10 000	10 000	10 000		468	468
Laboratory services	1 224 640	914 399	1 098 919	920 798	953 601	953 601	1 095 944	1 139 048	1 139 048
Contractors	63 798	135 461	83 289	89 034	89 034	89 034	279 635	284 704	284 704
Agency and support / outsourced services	220		27						
Fleet services (including government motor transport)		21		(24)	(24)	(24)		(1)	(1)
Inventory: Food and food supplies	869	3 579	5 916	17 724	17 724	17 724	14 200	15 030	15 030
Inventory: Materials and supplies	18	229	1	29	29	29	200	201	201
Inventory: Medical supplies	148 309	176 250	134 000	380 643	380 643	380 643	342 423	360 241	360 241



R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Inventory: Medicine	2 003 543	1 995 632	1 740 649	2 764 795	2 465 068	2 465 068	1 968 510	1 877 858	2 128 257
Consumable supplies	270 510	23 159	11 077	117 038	117 038	117 038	31 880	37 359	37 359
Consumable: Stationery, printing and office supplies	2 971	3 721	3 910	13 000	13 000	13 000	22 550	23 159	23 159
Operating leases		232		2 224	2 224	2 224	1 320	1 424	1 424
Property payments	566	817	334	2 385	2 385	2 385	3 230	3 342	3 342
Transport provided: Departmental activity				105	105	105		5	5
Travel and subsistence	283	26	730	6 927	6 927	6 927	6 620	6 944	6 944
Training and development	1 005	1 090	2 604	38 329	38 329	38 329	20 000	21 794	21 794
Operating payments	31			3 003	3 003	3 003		141	141
Venues and facilities	225	1 181	1 598	47	47	47	2 231	2 233	2 233
Rental and hiring				36	36	36		2	2
Transfers and subsidies	69 420	77 256	84 527	83 815	83 815	83 815	105 920	108 942	108 942
Non-profit institutions	67 720	77 136	81 593	81 922	81 922	81 922	103 040	106 875	106 875
Households	1 700	120	2 934	1 893	1 893	1 893	2 880	2 067	2 067
Social benefits	1 700	120	2 934	1 893	1 893	1 893	2 880	2 067	2 067
Payments for capital assets	128 644	14 781	2 215	7 042	7 042	7 042	10 356	10 685	10 685
Buildings and other fixed structures									
Buildings									
Other fixed structures									
Machinery and equipment	128 644	14 781	2 215	7 042	7 042	7 042	10 356	10 685	10 685
Transport equipment							3 632	3 631	3 631
Other machinery and equipment	128 644	14 781	2 215	7 042	7 042	7 042	6 724	7 054	7 054
Payments for financial assets									
Total economic classification	5 829 641	4 904 439	5 758 936	5 793 999	5 527 075	5 527 075	6 023 568	6 076 398	6 355 250

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	2 196	2 059	2 156	1 971	1 779	1 779	2 023		
Goods and services	2 196	2 059	2 156	1 971	1 779	1 779	2 023		
Contractors	2 196	2 059	2 156	1 971	1 779	1 779	2 023		
Payments for financial assets									
Total economic classification	2 196	2 059	2 156	1 971	1 779	1 779	2 023		

TABLE 4.37: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH FACILITY REVITALISATION GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	349 612	481 657	276 409	319 173	319 173	319 173	324 750	213 267	262 462
Compensation of employees	15 144	15 493	16 789	23 118	23 118	23 118	24 156	25 238	25 238
Salaries and wages	13 455	13 765	14 928	20 907	20 907	20 907	21 846	22 825	22 825
Social contributions	1 689	1 728	1 861	2 211	2 211	2 211	2 310	2 413	2 413
Goods and services	334 468	466 164	259 620	296 055	296 055	296 055	300 594	188 029	237 224
Advertising				590	590	590	616	644	644
Minor assets		350	27	270	270	270	282	295	295
Inventory: Materials and supplies			56						
Inventory: Medical supplies		292	416						
Consumable supplies	86		1						
Operating leases									
Property payments	334 178	465 209	258 565	293 195	293 195	293 195	297 606	184 906	234 101
Travel and subsistence	204	266	297						
Training and development		46	252	2 000	2 000	2 000	2 090	2 184	2 184
Social security funds									
Payments for capital assets	618 823	472 690	395 462	797 577	728 563	728 563	819 161	855 859	855 859
Buildings and other fixed structures	618 702	471 430	393 195	796 077	727 063	727 063	817 594	854 222	854 222
Buildings	618 702	471 430	393 195	796 077	727 063	727 063	817 594	854 222	854 222
Other fixed structures									
Machinery and equipment	121	1 260	2 267	1 500	1 500	1 500	1 567	1 637	1 637
Other machinery and equipment	121	1 260	2 267	1 500	1 500	1 500	1 567	1 637	1 637
Payments for financial assets									
Total economic classification	968 435	954 347	671 871	1 116 750	1 047 736	1 047 736	1 143 911	1 069 126	1 118 321

TABLE 4.38: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH PROFESSIONS TRAINING GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	1 295 744	1 384 225	1 811 207	1 828 281	1 828 281	1 828 281	1 799 634	1 855 516	1 902 550
Compensation of employees	971 494	1 122 795	1 541 613	1 574 262	1 574 262	1 574 262	1 534 208	1 578 197	1 625 231
Salaries and wages	922 668	1 078 873	1 511 143	1 380 306	1 380 306	1 380 306	1 331 543	1 366 453	1 413 487
Social contributions	48 826	43 922	30 470	193 956	193 956	193 956	202 665	211 744	211 744
Goods and services	324 250	261 430	269 594	254 019	254 019	254 019	265 426	277 319	277 319
Advertising									
Minor assets	7 548	2 041	2 784	14 645	14 645	14 645	15 303	15 989	15 989
Computer services									
Laboratory services	34 887	40 544	39 879	37 036	37 036	37 036	38 699	40 433	40 433
Contractors									
Inventory: Materials and supplies		34							
Inventory: Medical supplies	265 224	200 575	207 020	182 092	182 092	182 092	190 268	198 792	198 792
Inventory: Medicine	14 310	15 897	16 043	15 095	15 095	15 095	15 773	16 480	16 480

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Inventory: Other supplies		34							
Consumable supplies	1 574	190	521	61	61	61	64	67	67
Consumable: Stationery, printing and office supplies	701	2 115	3 280	4 669	4 669	4 669	4 879	5 098	5 098
Travel and subsistence	6								
Training and development			67	421	421	421	440	460	460
Transfers and subsidies	1 567	1 418	1 339	1 300	1 300	1 300	1 358	1 419	1 419
Households	1 567	1 418	1 339	1 300	1 300	1 300	1 358	1 419	1 419
Social benefits	1 567	1 418	1 339	1 300	1 300	1 300	1 358	1 419	1 419
Other transfers to households									
Payments for capital assets	53 986	55 552	38 162	49 967	69 410	69 410	74 974	46 128	86 641
Machinery and equipment	53 986	55 552	38 162	49 967	69 410	69 410	74 974	46 128	86 641
Other machinery and equipment	53 986	55 552	38 162	49 967	69 410	69 410	74 974	46 128	86 641
Payments for financial assets									
Total economic classification	1 351 297	1 441 195	1 850 708	1 879 548	1 898 991	1 898 991	1 875 966	1 903 063	1 990 610

TABLE 4.39: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: NATIONAL HEALTH INSURANCE GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	44 393	46 235	58 887	92 947	92 947	92 947	94 582	96 044	98 338
Compensation of employees	42 232	43 790	56 144	85 220	85 220	85 220	90 074	91 334	93 628
Salaries and wages	42 232	43 790	56 144	85 220	85 220	85 220	90 074	91 334	93 628
Social contributions									
Goods and services	2 161	2 445	2 743	7 727	7 727	7 727	4 508	4 710	4 710
Training and development	2 161	2 445		4 173	4 173	4 173	4 360	4 555	4 555
Payments for capital assets									
Payments for financial assets									
Total economic classification	44 393	46 235	58 887	92 947	92 947	92 947	94 582	96 044	98 338

TABLE 4.40: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: NATIONAL TERTIARY SERVICES GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	3 978 357	3 995 414	4 036 099	4 087 917	4 087 917	4 087 917	4 319 192	4 537 104	4 640 511
Compensation of employees	2 421 710	2 462 417	2 504 755	2 563 063	2 563 063	2 563 063	2 725 872	2 872 404	2 975 811
Salaries and wages	2 193 287	2 203 895	2 280 971	2 039 703	2 039 703	2 039 703	2 179 013	2 301 046	2 404 453
Social contributions	228 423	258 522	223 784	523 360	523 360	523 360	546 859	571 358	571 358
Goods and services	1 556 647	1 532 997	1 531 344	1 524 854	1 524 854	1 524 854	1 593 320	1 664 700	1 664 700
Minor assets	3 703	964	910	8 648	8 648	8 648	9 036	9 441	9 441
Laboratory services	360 510	345 792	357 244	342 213	342 213	342 213	357 578	373 597	373 597
Contractors	134 621	125 459	133 265	172 620	172 620	172 620	180 371	188 452	188 452
Agency and support /	15 674	20 509	17 271						

outsourced services									
Inventory: Fuel, oil and gas									
Inventory: Medical supplies	790 241	799 706	773 137	751 653	751 653	751 653	785 402	820 588	820 588
Inventory: Medicine	240 945	229 472	240 374	238 987	238 987	238 987	249 718	260 905	260 905
Consumable supplies	6 642	2 682	3 963	5 280	5 280	5 280	5 517	5 764	5 764
Operating leases	4 307	8 413	5 180	5 453	5 453	5 453	5 698	5 953	5 953
Transfers and subsidies	339 653	300 868	319 378	314 187	314 187	314 187	328 294	343 001	343 001
Provincial Revenue Funds									
Non-profit institutions	317 000	282 000	299 000	294 378	294 378	294 378	307 596	321 376	321 376
Households	22 653	18 868	20 378	19 809	19 809	19 809	20 698	21 625	21 625
Social benefits	22 653	18 868	20 378	19 809	19 809	19 809	20 698	21 625	21 625
Payments for capital assets	458 774	377 409	434 032	585 999	812 808	812 808	612 310	639 741	789 743
Machinery and equipment	458 774	377 409	434 032	585 999	812 808	812 808	612 310	639 741	789 743
Other machinery and equipment	458 774	377 409	434 032	585 999	812 808	812 808	612 310	639 741	789 743
Payments for financial assets									
Total economic classification	4 776 784	4 673 691	4 789 509	4 988 103	5 214 912	5 214 912	5 259 796	5 519 846	5 773 255

TABLE 4.41: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: SOCIAL SECTOR EPWP INCENTIVE GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	29 843	24 687	17 980	18 091	16 794	16 794	11 466		
Goods and services	1 422	1 314	1 052	699	699	699	649		
Consultants and professional services: Business and advisory services Contractors Inventory: Clothing material and accessories									
Payments for financial assets									
Total economic classification	30 153	24 783	17 980	18 091	16 794	16 794	11 466		

TABLE 4.42: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HUMAN PAPILLOMAVIRUS VACCINE GRANT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Current payments	115 997								
Compensation of employees									
Goods and services	115 997								
Catering:									
Departmental activities									
Communication (G&S)									
Contractors									
Inventory: Medical supplies									
Inventory: Medicine									
Consumable: Stationery, printing and office supplies									
Payments for capital assets									
Payments for financial assets									
Total economic classification	115 997								

TABLE 4.43: TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY AND MUNICIPALITY: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
Category A	498 118	423 358	490 948	487 443	487 443	487 443	510 840	534 421	559 006
Ekurhuleni	247 389	182 880	190 355	198 921	198 921	198 921	208 469	218 080	228 112
City of Johannesburg	171 584	181 633	189 331	197 742	197 742	197 742	207 233	216 799	226 773
City of Tshwane	79 145	58 845	111 262	90 780	90 780	90 780	95 138	99 542	104 121
Category C	22 371	18 237	23 629	25 037	25 037	25 037	26 239	27 472	28 735
Sedibeng District Municipality	11 148	6 873	11 697	12 568	12 568	12 568	13 171	13 790	14 424
West Rand District Municipality	11 223	11 364	11 932	12 469	12 469	12 469	13 068	13 682	14 311
Unallocated									
Total transfers to municipalities	520 489	441 595	514 577	512 480	512 480	512 480	537 079	561 893	587 741