

VOTE 4

DEPARTMENT OF HEALTH

To be appropriated by vote in 2025/26	R 67 042 497 000
Responsible Executing Authority	MEC for Health and Wellness
Administering Department	Department of Health
Accounting Officer	Head of Department

1. OVERVIEW

Vision

A responsive, innovative, and sustainable healthcare system delivering people-centered quality care.

Mission

To transform the healthcare system by delivering high-quality, safe, and accessible health services through integrated, team-based care, enabled by digital e-Health solutions and a research-driven approach that is responsive, efficient, and supported by a skilled and motivated workforce.

Impact Statements

- Equity in access to quality health care towards improved life expectancy.
- 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:

- Enhanced experience of health care for both health care users and providers
- Improved healthcare infrastructure and reduction in maintenance backlogs
- Strengthened Governance and Accountability Across the Health System
- Reduced morbidity and premature mortality due to non-communicable diseases
- Improved maternal, new-born, and child health outcomes
- Reduction in AIDS-related deaths
- Reduction in TB mortality and incidence

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, Vision 2030 Health Outcomes

The National Development Plan (NDP), Vision 2030, is the blueprint of government's vision and development route for South Africa, with business and society as collaborative partners. Seeking to eliminate poverty and sharply reduce inequality by 2030, the NDP identifies the critical trade-offs and challenges to be addressed by the country over the period to 2030.

Designed as a broad set of programmatic interventions, the NDP proposes a 'virtuous cycle' of growth and development, while reducing poverty and inequality. In terms of the NDP, the enabling conditions are strong leadership throughout society, national consensus, social cohesion, and a capable state.

The NDP spells out specific health goals and outcomes for the health system, described as follows: The overarching outcome that measures impact is: *"Life expectancy at birth increases to 70 years"*, with the next five outcomes measuring health outcomes and the last three outcomes tracking the health system that essentially measures inputs and processes to derive outcomes.

Growing Gauteng Together (GGT) 2030 provincial priorities

In line with Section 132 of the Constitution of the Republic of South Africa, Members of the Executive Council are appointed by the Premier and assigned the responsibility to ensure that their departments effectively implement key programmes under their mandate as related to the approved Gauteng Medium Term Development Plan (GMTDP).

The strategic focus, aligned to the policy imperatives of the NDP, Gauteng TMR and GGT2030, and in response to the diagnostic analysis, eight strategic themes inform the packaging of the GMTDP, namely:

- 1) Economy, employment, and infrastructure
- 2) Education and skills
- 3) Health and wellness
- 4) Spatial transformation, human settlements and basic services
- 5) Safety, social cohesion and food security
- 6) State capacity and capability
- 7) Sustainable development
- 8) International and regional cooperation

Departmental key priorities from 2024/25 to 2029/30

In delivering the provincial priority, the following mission-directed priorities inform the outcomes of the results-based Gauteng Department of Health 2025/26 – 2029/30 Strategic Plan and the 2025/26 Annual Performance Plan towards the achievement of the Gauteng Provincial Government Priorities. The Department of Health and Wellness aligns with the commitments outlined below, focusing on achieving measurable health outcomes through targeted interventions.

Strategic Priorities

- Priority 1: Inclusive Economic Growth and Job Creation
- Priority 2: Improved Living Conditions and Enhanced Health and Wellbeing

Key Strategies and Priority Interventions

A GCR that is more compact and more complex in its make-up, and improves economic inclusion

- Strengthen social infrastructure investment and delivery

Improved health outcomes

- Optimise resourcing of and access to respectful maternity and childcare
- Accelerate progress towards the attainment of development targets for communicable and non-communicable diseases

Enhanced experience of health care by both users and providers

- Improve the quality of public health services
- Strengthen health system governance
- Accelerate health information systems, digitisation rollout, and end to end automation of patient-focused business processes

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
- Results Framework for The Gauteng Medium-Term Development Plan 2024 – 2029
- Growing Gauteng Together: Our Roadmap to 2030
- Spatial development framework, 2050
- The Batho Pele principles of social service delivery and the Service Delivery Charter
- Policy and Procedure on the Revolving Door Enabler document
- Public Health and Welfare Sector Bargaining Council (PHWSBC)
- PSCBC Resolution 9 of 2001
- PSCBC Resolution 3 of 1999.

2. REVIEW OF THE CURRENT FINANCIAL YEAR (2024/25)**Priority 1: National Health Insurance (NHI) Preparations for Implementation**

The Gauteng Department of Health has in anticipation of health care system reform towards Universal Health Coverage, been consciously implementing various Health Systems Strengthening Initiatives. The Health Systems strengthening initiatives address various service platforms with main focus on the District Health System-main vehicle for delivering services through Primary Health Care reengineering, Integrated School Health Programme (ISHP), Clinical Governance (District Specialist Teams, Mental Health Specialist teams and Community Health Workers etc), certification of facilities through the ideal hospital and ideal clinic certification amongst other initiatives.

As part of the preparations for the implementation of the National Health Insurance (NHI), the Gauteng Department of Health (GDoH) is advancing the Functional Business Units (FBUs) initiative. FBUs are designed to enhance decentralised management and accountability, addressing key challenges faced by the healthcare system. This initiative is currently being piloted at all central and tertiary Hospitals, supported by the development of an FBU tool that has received endorsement from the Executive Management. The FBU model directly addresses challenges in resource allocation, managerial capacity, and data management. By enhancing allocative efficiency, FBUs ensure that input costs, including treatment expenses, are attributed accurately at each level of care. This alignment with cost centres and the referral system improves accountability and facilitates a more comprehensive analysis of healthcare pathways. Furthermore, FBUs strengthen managerial capacity by establishing authority and accountability at the functional level, with each unit led by an FBU Manager responsible for performance and resource management. Additionally, the FBU model emphasises robust data management systems to track financial transactions, inventory levels, and supply chain performance. These measures are crucial for ensuring effective service delivery and financial accountability as GDoH prepares for the successful implementation of the NHI.

To continue providing service excellence, the department is implementing the ideal clinic and ideal hospital programmes. In terms of the programme, 363 of the 372 facilities that were assessed obtained ideal clinic status, realising an ideal clinic achievement rate of 95.7 per cent during the 2024/25 financial year. The target of 92 percent was achieved. In terms of the ideal hospital programme, there were 34 hospitals that were assessed and 24 obtained the ideal status. Of the 24 hospitals, 23 hospitals obtained excellent status and one obtained a good status. To fully realise the objectives of the NHI system, achieving 100 per cent ideal status is crucial. This is because the NHI aims to provide equitable, high-quality healthcare services to all citizens, and ideal hospitals are pivotal in meeting these standards.

The gaps identified such as emergency trolleys not being stocked with essential medicines and equipment, as well as inadequate piped oxygen supply systems pose potential risks to patient safety and the overall quality of care. Addressing these challenges is vital to enhance patient outcomes, boost public confidence in the healthcare system, and ensure readiness for effective NHI implementation. Therefore, targeted action plans are required for both primary healthcare centres and hospitals.

For PHCs, fast-tracking renovation projects is essential to enhance infrastructure and improve service delivery. This can be achieved by establishing dedicated project management teams to oversee timelines and maintain quality standards. Additionally, adequate budget allocation is necessary for the procurement of essential medical equipment to ensure its availability and functionality. Regular audits should be conducted to identify equipment needs and prioritise procurement accordingly. Moreover, merging the Office of Health Standards Compliance (OHSC) with the Ideal Framework will streamline compliance and monitoring processes. By integrating these frameworks, duplication of efforts can be minimised, and efficiency can be improved through unified guidelines and training programmes. In hospitals, ensuring that emergency trolleys are consistently stocked with necessary medicines and equipment is critical.

Implementing a standardised checklist and monitoring system can help achieve this, along with assigning dedicated personnel to oversee inventory management and conduct regular audits. Additionally, improving piped oxygen supply systems is essential to ensure that all clinical areas have functional oxygen supply infrastructure. Collaborating with engineering and maintenance teams for regular inspections and prompt repairs will enhance patient safety and care delivery. Furthermore, continuous quality improvement programmes are necessary to foster a culture of excellence. Encouraging feedback from healthcare workers and patients, coupled with training sessions on best practices and compliance with ideal hospital standards, will contribute to sustained improvements.

All five districts within Gauteng have established dedicated District NHI Task Teams, integrating key stakeholders, particularly municipal authorities, to conduct rigorous due diligence on the demarcation of Contracting Units for Primary Healthcare (CUPs) within their respective jurisdictions. The strategic delineation of CUPs is fundamental to ensuring the NHI system operates with optimal efficiency, facilitating comprehensive population health profiling at the sub-district level. This structured approach enhances equitable access to high-quality healthcare services, strengthens service delivery monitoring, improves health outcomes, and optimises financial resource allocation. By fostering accountability, CUPs enable more precise assessments of localised healthcare demands, disease burden distribution, and service requirements, thereby informing data-driven, targeted interventions and resource optimisation. Each CUP is designed as an integrated healthcare network comprising a district hospital, primary healthcare clinics, community health centres, ward-based outreach teams, and private healthcare providers, collectively organised within a defined geographical sub-district. Preliminary demarcation efforts have resulted in the projection of the following CUPs across the province: Ekurhuleni (34), Tshwane (30), Johannesburg (32), Sedibeng (28), and West Rand (28). This process remains iterative, with ongoing refinements to enhance efficiency and alignment with healthcare needs.

The Occupational Health and Safety Act, 1993, requires the employer to bring about and maintain, as far as reasonably practicable, a work environment that is safe and without risk to the health of the workers. However, as at end of quarter three of 2024/25, 18 of the 37 hospitals (49 per cent) have a compliance level of 75 percent and above; and the remaining hospitals are at a compliance level between 70 percent 73 percent. This pose risks to worker safety, productivity, and legal compliance, highlighting the need for improvement. To address this, service providers have been appointed to support OHS regulatory requirements, such as architectural designs and fire rational plans. Additionally, 65 posts for Occupational Health and Safety Practitioners and Specialists have been created, with a recruitment plan in place. Facilities are also supported to establish and follow maintenance schedules. An OHS Grand Round forum will be formed to monitor compliance, provide support, and train staff on OHS regulations. Strengthening governance and management processes will ensure adherence to the Occupational Health and Safety Act No. 85 of 1993. These actions aim to improve compliance levels and enhance workplace safety.

Priority 2: Improved Patient Experience of Care

The department remains committed to expanding community healthcare services by increasing access to care. In line with this commitment, the number of Community Health Centres (CHCs) offering 24-hour services increased from 38 in 2023/24 to 40 in 2024/25, achieving the target set for this period. Additionally, 21 CHCs now provide X-ray services, with Johan Heyns CHC and Sharpeville CHC offering functional Midwife and Obstetric services around the clock.

To enhance patient experience, the department continued implementing initiatives such as the Daily Patient Survey, which serves as an early warning system for potential complaints. Quality Learning Centres are being established across the five districts to strengthen healthcare quality management. In the third quarter of 2023/24, the “I Serve with a Smile” campaign was successfully launched to promote positive staff attitudes within the healthcare system. This initiative aims to enhance patient care by fostering empathy, compassion, and a culture of positive service among healthcare workers. By encouraging staff to engage with patients warmly and respectfully, the campaign seeks to improve patient experiences and strengthen trust in the healthcare system.

To ensure the campaign's effectiveness, feedback is actively gathered from both patients and healthcare staff, focusing on key performance indicators such as patient satisfaction levels and the reduction in the number of complaints. This feedback loop not only helps measure the campaign's impact but also provides valuable insights for continuous improvement. Through the “I Serve with a Smile” campaign, healthcare facilities are committed to creating a welcoming environment that prioritizes patient well-being and staff morale, ultimately enhancing the quality of care delivered. Patient complaints serve as a valuable indicator of institutional performance and provide crucial insights into areas requiring improvement. Between quarter 3 of 2023/24 and quarter 3 of 2024/25, complaints increased by 35.3 per cent, from 2 329 to 3 151. While this rise highlights challenges within the healthcare system, it also reflects a growing awareness and willingness among patients to provide feedback, which is essential for enhancing service delivery. The complaints and compliments system plays a vital role in driving quality improvements. By systematically collecting and analysing patient feedback, healthcare institutions can identify patterns, address recurring issues, and implement targeted interventions to enhance patient care. Compliments, on the other hand, highlight areas of excellence, boosting staff morale and encouraging the continuation of best practices.

This feedback loop supports a culture of accountability, transparency, and continuous improvement. Most complaints were on waiting times, to address this issue, the department is implementing measures to reduce waiting times and expanding the Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme to minimise delays in medication dispensing. By the end of quarter 3 in 2024/25, 1 481 592 patients were enrolled in the CCMDD Programme, surpassing the annual target of 1 300 000 by 181 592. While patient enrolment in the CCMDD programme is high, maintaining active participation and retaining patients is crucial for its success. Retention ensures continuous access to essential medications, which is vital for improving health outcomes. Patients with chronic conditions such as hypertension, diabetes, and HIV benefit from staying enrolled, as they can conveniently collect their medications from external pick-up points. This reduces congestion at healthcare facilities and minimises waiting times.

By maintaining continuity of care, the programme enhances medication adherence, lowers the risk of complications, and improves overall patient well-being. Additionally, high retention rates contribute to the sustainability and effectiveness of the CCMDD programme, ultimately strengthening the healthcare system's capacity to manage chronic diseases efficiently.

Reducing queues in healthcare facilities remains a priority. Currently, two out of 37 hospitals—Rahima Moosa and Charlotte Maxeke Johannesburg Academic Hospital have implemented the queue management system. Expansion to other facilities has been delayed due to budget constraints.

To minimise new medico-legal cases, the department is strengthening patient safety incident management and ensuring timely responses to adverse events. However, the closure of Patient Safety Incident (PSI) cases was not achieved at all care levels in quarter 3 of 2024/25, except at central hospitals.

The department also monitors the response times of Emergency Medical Services (EMS) vehicles to assess service quality during critical moments. In urban areas, EMS responded to 1 024 Priority 1 (P1) calls in quarter 3 of 2024/25, with 589 of these being attended to within 30 minutes, resulting in a 58 percent response rate. This marks a three-percentage point decline compared to the same period in 2023/24 but still meets the 2024/25 target of 55 percent.

In rural areas, EMS responded to 27 P1 calls in quarter 3 of 2024/25, with 21 attended to within 60 minutes, achieving a 78 percent response rate. This represents a 12 percentage point decrease compared to quarter 3 of 2023/24. Meanwhile, urban inter-facility transfer rates for P1 calls within 30 minutes remained at 45 percent, while rural inter-facility transfers rates within 60 minutes decreased by seven percentage points to 50 percent. The underperformance in hospital interfacility transfers by EMS is primarily due to challenges related to bed availability at receiving hospitals. When EMS transfers a patient from one hospital to another, they often encounter situations where no beds are available upon arrival, despite prior arrangements. This issue arises from limited operational bed space at receiving hospitals, compounded by operational resources that are not sufficient to meet the increasing workload. The growing population in Gauteng province further exacerbates this challenge, while many health facilities are unable to provide a full range of services, necessitating patient transfers to specialised centres.

To address these issues, the implementation of an effective bed management system is crucial. By improving coordination between hospitals, ensuring real-time visibility of bed availability, and optimising resource allocation, the need for unnecessary transfers can be reduced.

Priority 3: Improved Clinical Services

To reduce child and maternal mortality and morbidity, including among people with disabilities, the department is focused on creating an environment that promotes healthy choices and ensures universal health coverage, while also considering cross-border health threats. Maternal and neonatal mortality remain critical concerns. Maternal deaths decreased from 53 in quarter 3 of the 2023/24 financial year to 48 in quarter 3 of 2024/25. There was also a decline of 12 maternal deaths from 60 in quarter 2 to 48 in quarter 3 of 2024/25. By the end of December 2024, the maternal mortality ratio (MMR) was 102.8 per 100 000 live births, below the target of 116.0 per 100 000. This improvement is attributed to early detection of complications and better referrals facilitated through ESMOE training and in-house drills.

Out of 44 904 live births in quarter 3 of 2024/25, 591 neonatal deaths were reported, down from 633 in quarter 2. However, the neonatal mortality rate was 13.2 per 1 000 live births, exceeding the target of below 12.0 per 1 000. Leading causes of neonatal deaths included prematurity, infection/sepsis, asphyxia, and congenital abnormalities.

Access to family planning services remains crucial for reproductive health. In quarter 3 of 2024/25, 34 million male condoms and 2 million female condoms were distributed. Injectable contraceptives were the second most used method with 157 500 users, followed by 279 345 cycles of oral pills. However, the couple year protection rate was 41.5 percent, below the target of 43 percent, largely due to a decline in condom distribution. To address this, health districts will allocate teams from the next cohort of the Expanded Public Works Programme (EPWP) to enhance distribution efforts.

During quarter 3, there were 47 462 antenatal care visits, with 34 808 being first visits before 20 weeks, representing 73.3 percent of the total. Although this was slightly below the 74.1 percent recorded in Quarter 2, it exceeded the quarterly target of 70 percent, due to routine pregnancy testing at both facility and household levels. Postnatal visits within six days post-delivery reached 83.9 percent, surpassing the target of 80 percent.

Efforts to prevent mother-to-child HIV transmission are ongoing. In quarter 3 of 2024/25, HIV positivity on PCR tests among infants under six months was maintained at 0.3 percent, well below the target of 0.75 percent, due to updated training for nurses. To prevent childhood epidemics, infant and child vaccination programs were intensified. However, coverage fell short of the targets, with 50 516 infants fully immunised and 47 857 receiving the measles second dose. Immunisation coverage for infants under one year was 77.3 percent, and 72.4 percent for the measles second dose, both below the targets of 90 percent and 92 percent, respectively. Reduced service utilisation during the festive season contributed to the lower coverage. In response, the department plans to intensify defaulter tracing, organise catch-up activities, and enhance health promotion.

Nutritional needs of children under five were prioritized, with 345 330 receiving Vitamin A supplements. However, this was a 9 percent decrease from 376 527 in quarter 2, attributed to fewer outreach activities during school holidays. The overall Vitamin A supplementation rate was 64.9 percent, slightly below the target of 65 percent.

To reduce child mortality, the management of severe acute malnutrition (SAM), diarrhoea, and pneumonia was improved. In quarter 3, 1 842 diarrhoea cases were reported among children under five, with 14 fatalities. The diarrhoea case fatality rate was 0.8 percent, below the target of 1.8 percent. Pneumonia affected 2 305 children, with 30 fatalities, resulting in a case fatality rate of 1.3 percent, also below the target of 1.5 percent. SAM mortality decreased from 5.8 percent in quarter 3 of 2023/24 to 5.7 percent in quarter 3 of 2024/25, staying below the 6.5 percent target.

HIV prevention and treatment efforts continue with a universal test and treat approach. From April to December 2024/25, 4 091 742 HIV tests were conducted, including 1 286 241 in quarter 3. Adult ART clients in care totalled 1 227 883, while 16 456 children under 15 remained on ART. However, paediatric ART retention decreased by 4 percent from quarter 2 to quarter 3.

To improve viral load suppression, the Paediatric and Adolescent Matrix was implemented to integrate HIV, maternal, and district health services. In quarter 3 of 2024/25, 215 children on ART underwent viral load testing, with a suppression rate of 49.8 percent, below the target of 70 percent. This was due to poor adherence, stigma, caregiver misunderstanding, and non-disclosure of HIV status. Conversely, adult viral load suppression improved to 75.1 percent, exceeding the target of 70 percent, due to better treatment literacy and viral load management.

In TB management, all diagnosed clients are started on treatment. In quarter 3, 74.3 percent of clients were successfully treated, below the 90 percent target. The treatment success rate decreased by 1.9 percentage points from quarter 2 to quarter 3, largely due to 579 clients being lost to follow-up. TB mortality during treatment was 6.9 percent, below the target of 7 percent. Continuous support visits are conducted to improve patient management and reduce mortality.

The Multi-Drug-Resistant TB (MDR-TB) and Rifampicin-Resistant TB (RR-TB) treatment success rate increased from 59 percent in quarter 2 to 64 percent in quarter 3, exceeding the target of 63 percent. However, the lost to follow-up rate was 23 percent, above the 16 percent target, due to patients relocating, missed appointments, and non-adherence. The TB Pre-XDR treatment success rate declined from 44 percent in quarter 2 to 36 percent in quarter 3, mainly due to patient disengagement and high mortality.

To support adherence, stable clients are being enrolled in the CCMDD Programme. By the end of quarter 3 of 2024/25, 1 481 592 patients were enrolled, surpassing the quarterly target of 975 000.

Priority 4: Strengthened Public Health Literacy and Health Promotion

The department, guided by the provincial directive, is actively implementing the province's elevated priorities. These initiatives focus on delivering impactful health and wellness programmes within communities across the province. Key areas of focus include physical activity, health awareness, and screening programmes.

During the 2024/25 financial year, 164 physical activity sessions, branded as Wellness Wednesdays and Fridays, were conducted across 80 Township, Informal Settlement, and Hostel (TISH) areas within the five provincial districts. These sessions engaged a total of 116,358 participants. With the growing interest and uptake by districts, the programme will continue to expand for the remainder of the financial year, even though the initial targets have already been achieved.

Another priority area involves conducting extensive life course health and wellness campaigns. By the end of quarter 3 in 2024/25, the department's platforms had garnered a total of 179 566 followers, reaching an impressive audience of 650 281.

The provision of health services in public schools is crucial for early detection of health and social barriers to learning. The Integrated School Health Programme (ISHP) has shown significant progress, thanks to adherence to planned schedules and a strategic focus on Grade 1 and Grade 8 learners. During quarter 3 of the 2024/25 financial year, 114 095 learners were screened by school health nurses. Of these, 61 833 (54 percent) were Grade 1 learners, while 52 262 (46 percent) were in Grade 8.

To further strengthen this initiative, the department is deploying additional school health vehicles (4X2 vans) in priority townships. Seven new vehicles have been procured, six of which have been delivered, branded, and are awaiting official handover, while the remaining one is in transit. These will supplement the existing ISHP fleet, enhancing outreach and accessibility.

Early detection and management of diabetes and hypertension remain critical to reducing premature morbidity and mortality associated with non-communicable diseases. Between April and December 2024/25, a total of 6 800 235 clients were screened for diabetes, including 4 455 239 individuals aged 18-44 and 2 344 996 aged 45 and above. However, screenings decreased from 2 373 049 in quarter 2 to 2 210 491 in quarter 3. Similarly, 6 824 182 clients were screened for hypertension over the same period, with a decline from 2 357 838 in quarter 2 to 2 207 108 in quarter 3.

To enhance the integration of mental health services into routine healthcare, the department repurposed 292 beds (9.8 percent) of the 2,987 beds available in district hospitals for acute mental health care. Additionally, 257 beds (5.6 percent) of the 4,593 beds in Regional Hospitals were reallocated for this purpose. These efforts met the 2024/25 targets for mental health care bed allocation in district and regional hospitals, achieving rates of 8.6 percent and 5 percent, respectively.

Through these targeted interventions, the department continues to promote health and wellness, addressing key public health challenges across the province. The number of patients seeking healthcare services has experienced an increase, increasing by 2 per cent from 5 941 385 in quarter 3 of FY 2023/24 to 6 063 329 in quarter 3 of FY 2024/25 in Public Health Facilities. This increase reflects a growing demand for public health services, driven in part by the expanding population in Gauteng province. With a steadily increasing number of residents, our healthcare facilities are experiencing higher patient volumes, which in turn highlight the need for greater investment in resources to meet these demands effectively. This surge is not only a reflection of the province's population growth but also of improved awareness and access to healthcare services, indicating that more people are seeking timely medical care.

Similarly, deliveries in public health facilities have decreased by 5 percent from 48 223 in quarter 3 of FY 2023/24 to 45 751 in quarter 3 of FY 2024/25. This reduction could be linked to improvements in maternal care access, including outreach programs and the availability of prenatal care services outside of hospitals. Additionally, shifts in demographics or changes in access to reproductive health services may play a role. While the decline is noteworthy, it highlights the need to continue optimising service delivery.

Priority 5: Strengthen governance and Leadership.

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. Patient administration module within the Health Information System (HIS) is implemented, and plans are underway to finalise and implement the clinical module. The project was paused for an audit review, and further delays have been caused by the slow finalisation of the clinical module, unavailability of clinicians for information-gathering workshops, and the delayed involvement of new clinical stakeholders. Additionally, inadequate tools of trade readiness and insufficient network infrastructure have impacted progress. To address these challenges, efforts are underway to improve clinician availability, enhance network infrastructure, and transition to a Windows-based clinical application. Information-gathering workshops have been completed, and the configuration of Specialised clinical documents is in progress. These measures aim to accelerate the implementation of the clinical module and move closer to achieving a fully integrated HIS.

Priority 6: Economic empowerment and job creation

The department is making significant progress in accelerating the delivery of the infrastructure programme to ensure that all public health facilities can provide a broader range of effective health services to the population. Notably, the refurbishment of the Chris Hani Bara Hospital (CHBAH) Emergency unit, including upgrades to the neonatal and labour ward sections, as well as the doctors' and nurses' residences, is 98 percent complete. This progress reflects the department's commitment to meeting new safety requirements, including fire compliance as mandated by the City of Johannesburg.

The Johannesburg Forensic Pathology Laboratory is 95 percent complete, with the final steps focused on consolidating Certificates of Expenditure (CEs) and processing outstanding cash flow claims. Additionally, the Helen Joseph Nurses Residence refurbishment has reached 100 percent completion, pending the installation of a generator required for occupancy certification. Furthermore, three clinics—New Kekanastad Clinic, Mandisa Shiceka Community Day Centre (CDC), and Boikhutsong CDC—have reached the practical completion stage, marking a significant milestone in enhancing healthcare access within these communities.

The department is actively implementing the GEYODI (Gauteng Economic Youth and Women Empowerment Development Initiative) which serves as a key program in Gauteng province that promotes inclusive economic participation, focusing on women, youth, people with disabilities, and senior citizens. The initiative aims to foster economic growth, job creation, and social inclusion by providing targeted support to these groups who have historically faced barriers. For women, GEYODI supports women-led businesses, entrepreneurial training, and access to funding. For youth, it focuses on education, skills training, and employment opportunities, reducing youth unemployment. The program also ensures equal access to opportunities for people with disabilities, working to dismantle societal barriers and create an inclusive economy. During quarter 3 of FY 2024/25 GEYODI has empowered a total of 82 466 individuals (an increase of 0.15 percent (82 339) compared to quarter 3 FY 2023/24) of which 63 370 (77 percent) were women, 1 815 (2 percent) were disabled and 250 (0.3 percent) were senior citizens. The number of youths empowered using GEYODI were 23 323. On employment, in quarter 3 2024/25, 48/107 (45 percent) of senior management positions were occupied by women. Strategies are continuously implemented to target women for filling of senior management posts.

3. OUTLOOK FOR THE COMING FINANCIAL YEAR (2025/26)

Our unwavering commitment remains towards improving health outcomes and ensuring the sustainability of the healthcare system in the province. In this challenging environment, we remain focused on enhancing access to essential health services, particularly respectful maternity and childcare, and accelerating progress towards addressing both communicable and non-communicable diseases. In light of the current fiscal constraints and the absence of immediate additional funding, the Gauteng Department of Health is resolutely dedicated to optimizing resource management and minimising risks to achieve its priorities.

Given the current situation and the lack of immediate additional funding, the Gauteng Department of Health is unwavering in its commitment to optimising resource management and minimizing risks to achieve its priorities of improving health outcomes and ensuring the sustainability of the healthcare system in the province. We are dedicated to streamlining processes and maximising the efficiency of available resources to enhance the impact of healthcare delivery.

The Gauteng Department of Health remains dedicated to achieving a healthier, more resilient province, despite the financial constraints. Thus, the following will be pursued during the current term towards realisation of our goals.

- We strive to enhance the experience for both users and providers, thus we commit to continually improve the quality of public health services, strengthening health governance, and modernising the healthcare system. This will be achieved by providing health services in secure and adequately equipped environments. By providing healthcare providers and users with safe, well-equipped environments that are conducive to effective, high-quality healthcare delivery. This includes strict compliance with Occupational Health and Safety (OHS) regulations.
- By improving access to respectful and high-quality maternity and childcare services, we aim to eradicate the preventable maternal and child related deaths.
- We will implement focused interventions in accordance with national obligations to achieve development targets for both communicable diseases and major non-communicable diseases, including diabetes, hypertension, cancer, and mental health.

Priority 1: Strengthen social infrastructure investment and delivery**Infrastructure development and modernisation:**

Upgrading and modernising healthcare infrastructure is essential to meet growing demands. The plan prioritises building new hospitals and refurbishing existing facilities to ensure they are equipped with the necessary technologies and resources for effective service delivery. 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. A total of seven (7) capital infrastructure projects will be completed in health facilities and one (1) new primary health centre completed in the 2025/26 financial year. Maintenance backlogs will be addressed to ensure compliance with OHS standards in all facilities and effective service delivery.

To address gaps in access to healthcare infrastructure, the following priorities have been identified:

- The programme will focus on completing new primary healthcare centres in underserved areas to improve access to 24-hour healthcare services.
- Existing PHCs will be refurbished, upgraded, and expanded to align with the Ideal Clinic framework and ensure compliance with operational standards.
- Special attention will be given to land acquisition and development in critically underserved areas such as Sedibeng and rural districts in Tshwane.
- Addressing the existing shortfall in mental hospital beds remains a priority to meet the demand for public healthcare services. In this regard mental health care beds will be expanded to 287 by end of term.
- The department aims to bridge the gap by completing key hospital projects, including the development of new facilities such as the Daveyton Hospital and the Soshanguve Hospital, and upgrading existing facilities like Lillian Ngoyi and Tshwane Rehabilitation Hospital in 2025 – 2030 cycle.
- The bed expansion strategy will focus on mental health facilities, tertiary hospitals, district hospitals, and specialised hospitals to ensure equitable access to care.
- Upgrading and maintaining emergency medical services (EMS) infrastructure will be prioritised to improve the delivery of prehospital and rescue services.

Priority 2: Optimise resourcing of and access to respectful maternity and childcare

Gauteng has made notable progress in maternal and reproductive health, particularly in ANC access and maternal mortality reduction. However, regional disparities persist, with underserved areas facing delayed care-seeking due to cultural norms, infrastructure challenges, and healthcare access barriers. Maternal mortality in health facilities has declined, emergency obstetric care gaps remain, particularly in Johannesburg and West Rand. Maternal and child health programmes intend to improve access to antenatal and postnatal care, prevent adolescent pregnancies, and reduce child deaths from pneumonia, diarrhoea, and malnutrition. The Maternal Mortality in Facility Ratio in Gauteng has declined from 156 deaths per 100 000 live births in 2021/22 to 114.3 in 2023/24, reflecting improvements in maternal care and the department aims at keeping it at less than 110:0 in the 2025/26 financial year.

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 of PHC clinics as entry points to health services to avoid influx to tertiary hospitals will be done through:

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

In addition, the Department aims to do the following:

- Ensure provision of integrated health care delivery across our primary health care services and strengthening of the community based PHC using family medicine specialists
- Continuous training and development of nurses in basic midwifery sciences and neonatology sciences, including specialist training.
- Review of Maternal and Child Health Recovery Plan.
- Increase number of midwives trained in advanced/specialist midwives and neonatal care.
- Support district Emergency Triage Assessment and Treatment training.
- Continuous monitoring of adherence to clinical guidelines.
- Conduct caesarean.

The occurrence of preventable childhood epidemics must be addressed through the intensification of infant and child vaccination programmes. In the 2025/26 financial year, the department intends to increase full immunisation coverage to 90 percent and measles 2nd dose coverage to 92 percent. In addition, the needs of children under 5-years will be met during the financial year 2025/26 through ensuring that child under 5 years mortality is reduced with the following 2025/26 targets (Diarrhoea: 1.7 percent, Pneumonia: 1.4 percent and Malnutrition: 6.4 percent).

Priority 3: Accelerate progress towards the attainment of development targets for communicable and non-communicable diseases

Under non-communicable diseases the department will expand mental health services and strengthen cancer prevention through early detection and vaccination Gauteng Health's NCD strategy which is designed to reduce the prevalence of chronic diseases, promote healthy lifestyles, and enhance cancer prevention and care:

The following strategies will be implemented to improve outcomes for NCD:

- 1) Health and Wellness Strategy: Driving behaviour change through the Asibe-Healthy GP Campaign, which promotes:
 - Physical activity, balanced nutrition, and smoking cessation.
 - Mental health initiatives, reducing stress and improving emotional well-being.
 - Community-level health awareness and advocacy on non-communicable diseases, such as diabetes and hypertension.
- 2) Cancer and Oncology Strategy: Strengthening:
 - Early detection and prevention through expanded screening services.
 - Oncology treatment infrastructure, modernising radiotherapy and chemotherapy services.
 - Public awareness and education, ensuring strong advocacy partnerships.
- 3) Integrated Non-Communicable Diseases Management Strategy: Ensuring:
 - NCD services are fully integrated into PHC to improve early diagnosis and treatment.
 - Community outreach programmes expand screening and treatment access.

The diabetes prevalence will be managed through checking total number of clients who take normal haemoglobin test with a test result of less than <8 percent and will be targeted at 65 percent for the 2025/26 financial year.

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 Primary Health Care.

HIV AND AIDS, STI AND TB CONTROL

HIV prevalence in Gauteng has declined slightly over the past decade, largely due to improved access to ART and increased awareness initiatives. However, significant challenges remain, particularly in high-burden districts, such as Johannesburg, Ekurhuleni, and West Rand. The TB-HIV syndemic continues to drive co-infection mortality, with treatment adherence gaps and viral suppression rates remaining below the UNAIDS 95-95-95 targets.

HIV incidence remains disproportionately high among young women aged 15 to 24, who face increased vulnerability due to socioeconomic and gender-based factors. Children and men also have lower ART coverage and viral suppression rates, necessitating targeted interventions. While new HIV self-testing initiatives and index case testing are showing promise, barriers (such as late diagnosis, stigma, and funding disruptions) continue to impede progress toward epidemic control.

Gauteng has seen a modest decline, in the HIV prevalence from 12.1 percent to 11.9 percent this is largely due to increased access to ART and improved life expectancy among PLHIV.

The department focus in the 2025/26 financial year will include strengthening interventions to reduce the burden of HIV and AIDS and TB by implementing the UNAIDS 90-90-90 strategy for HIV, TB and non-communicable diseases. The focus will be on the revitalisation of the HCT campaign and the intensification of interventions on the highest risk populations for HIV infections and transmission. It will also intensify ARV roll-out to initiate more people on ART treatment, implement strategies aimed at improving viral loads, implement an adherence strategy and improve the source and quality of data management to prevent the loss of TB clients by conducting follow-ups. In responding to the increasing infections in the ages 15 – 24 the department plans to measure the HIV positive rate for age 5 – 14 at 0.75 percent and for 15 – 24 2.8 percent for the 2025/26 financial year.

The department will further ensure that people living with HIV are retained on care with adult's targets at 70 percent and children at 70 percent for the 2025/26 financial year.

Priority 4: National Health Insurance implementation

The Gauteng Department of Health remains committed towards the implementation of the NHI to ensure Universal Health Coverage (UHC). 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 also 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 a functional unit at the provincial Head Office to coordinate NHI activities in the province.

The province will align to and use the 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 private sector, there must be a realignment of the referral system and provinces should work closely with the private sector in this regard starting with PHC through the CUPs. In central hospitals, the National Minister of Health will appoint boards who will play an oversight role. As planned in the past years, all hospitals should set up cost centres and FBUs the department has a functional business unit in place. 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 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 percent in the 2025/26 financial year, of the 372 clinics planned to be assessed 342 clinics are targeted to obtain the Ideal Clinic status and 100 percent for district hospitals.

To strengthen the quality of services provided by the public providers, the number of hospitals that are certified by the OHSC will be increased from 18 to 25 (68 percent) in the 2025/26 financial year.

Priority 5: Improve the quality of public health services

To improve positive experience of care, the department is prioritising implementation of the queue management system that will help further reduce long queues at certain points in the priority ten facilities. In addition to this, annual patient satisfaction surveys are to be conducted with the intention of monitoring areas of negatives experiences of care and implementing a mitigation plan for improved satisfaction. The department intends on conducting these surveys in all levels of service with the result of 100 percent in the 2025/26 financial year.

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 1 370 165 to 1 700 000 stable chronic patients in the 2025/26 financial year.

During the 2025/26 fiscal year, all critical and SMS positions will be filled in all institutions, including all hospital CEO positions. The department targets 50 percent of those senior positions to be women.

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 2025/26 financial year Gauteng Health's Medico-Legal Strategy aims to reduce litigation risks, improve case management, and strengthen quality assurance to limit medico-legal claims. The focus is on proactive prevention, stronger legal defence, and improved governance controls to minimise financial exposure while ensuring accountability in service delivery:

- Implementing preventive measures to enhance quality assurance and reduce medical negligence cases.
- Strengthening legal defence capabilities to improve case resolution timelines and mitigate financial risks.
- Enhancing compliance with OHS regulations to prevent litigation linked to unsafe hospital conditions.
- Expanding alternative dispute resolution mechanisms to settle claims efficiently and reduce the financial burden on the health system.
- Improving case tracking and medico-legal risk management by digitising legal case records and strengthening forensic investigations.

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. Maintenance backlogs will be addressed to ensure compliance with OHS standards in all facilities and effective service delivery.

The department participates in the promotion of local economic empowerment in townships. Procurement from local communities has been one area of focus of the department and is receiving attention it deserves. In this regard, it is planned that 60 percent of the budget for goods and services will be allocated to township-based businesses. In accordance with government policies, the expansion of participation in the health economy will also target youth, persons with disabilities, and women.

Priority 7: Strengthen health system governance and leadership

Governance at primary healthcare facilities and district hospitals will be strengthened by:

- Ensuring that 100 percent of PHC facilities have functional clinic committees to improve local oversight and community involvement.
- Maintaining 100 percent compliance with hospital board functionality across district hospitals, ensuring operational efficiency and transparency.
- Expanding Ideal Clinic and Ideal Hospital accreditation, ensuring that facilities meet required norms and standards to improve the quality of care.

These governance improvements will enhance institutional accountability, operational performance, and patient safety.

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 whilst also ensuring improved compliance to SCM and financial accounting policies as well as standard operating procedures (SOPs) with 100 percent of invoices paid within thirty days to improve efficiency and prevent irregular expenditure and supply chain management processes are targeted to be automated.

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

Priority 8: Accelerate health information systems, digitisation rollout, and end to end automation of patient-focused business processes

The focus on health information Implementation is to ensure that 1 patient 1 electronic health record becomes a reality by end of term. As a result, the implementation of clinical modules will be prioritized. Efforts to automate health business processes to achieve efficiencies, paperless operations, and improve information integrity will continue. 37 hospitals and 38 CHCs will have integrated health information systems in the 2025/26 financial year while 11 hospitals are planned to be implementing queue management system.

Priority 9: Strengthened public health literacy and health promotion

The department will provide the following:

- 1) A public health response on diagnosis and investigation of 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 put systems in place for early detection and management of diabetes and hypertension to reduce pre-mature morbidities and mortalities due to non-communicable diseases and will further strengthen public literacy and health promotion through implementation of the health and wellness programme that will involve screening of health clients for the reduction of pre-mature morbidities and mortalities.

4. REPRIORITISATION

In response to increasing healthcare demands and fiscal constraints, the department has conducted a strategic reprioritisation of its budget. This entails reallocating funds from non-essential items and projects to ensure sustained support for critical services. This strategic approach entails a detailed analysis of all items and programmes within the department, identifying those with the most significant impact on the overall health system and patient well-being.

The budget reprioritisation process recognises that certain items, such as laboratory services, medical supplies, security services, food supplies, and medical and related equipment, are non-negotiable due to their critical role in the provision of health care services. As a result, budget for non-essential items with less urgent needs have been temporarily reduced to ensure these critical items receive the necessary resources. This approach aims to create a balance between budgetary constraint and the need to provide effective healthcare services.

A total of R2.5 billion in the 2025/26 financial year has been reprioritised within the programmes and standard items to address essential and non-negotiable items and to ensure that compensation of employees costs are fully funded, ensuring the sustained provision of quality health care services by the department. In addition, funds have been allocated to pay accruals for the procurement and recapitalisation of Emergency Medical Services vehicles and other goods and services items.

In addition to the above, the following key considerations also informed the budget reprioritisation:

- 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 requires 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 term contracts.
- Phasing in an approach to eliminate procurement of goods and services through the Request for Quotation process.
- 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.
- Implementing an electronic inventory management system.
- Establishment of a Compliance and Reporting unit.
- Establishment of a Tender Administration unit.
- Deletion and closure of all long outstanding purchase orders.

The department will also ensure its representation at all bid committees of its implementing agent (i.e., GDID) and arrange term contracts for consignment stock. 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, BID charters, SCM pre-compliance checklists, SCM Delegation of Authority and Standard Operating Procedures (SOPs) with the latest SCM reforms. Additionally, the department will conduct SCM training for all SCM and non-SCM officials to ensure ethical conduct and adherence to SCM prescripts. 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 (PPPFA).

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. SCM will ensure contracts are established timeously to prevent contract extensions. To address and reduce irregular expenditure, the department will appoint suitably qualified and experienced officials to various Bid 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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Equitable share	43 227 354	45 348 103	47 390 141	51 673 571	50 892 782	50 892 782	52 284 405	54 071 753	56 063 205
Conditional grants	13 745 793	13 150 047	13 800 233	13 030 523	14 991 944	14 991 944	14 758 092	15 405 227	16 101 994
District Health Programmes Grant	4 904 439	5 758 936	5 378 093	6 023 568	6 172 549	6 172 549	6 097 851	6 378 266	6 666 739
Social Sector EPWP Incentive Grant For Provinces	24 783	17 980	15 449	11 466	11 466	11 466			
Health Facility Revitalisation Grant	954 347	671 871	1 042 245	1 143 911	1 143 911	1 143 911	1 145 575	1 118 565	1 169 148
Human Resources and Training and Grant	1 441 195	1 850 708	1 881 313	1 875 966	1 891 685	1 891 685	1 918 792	2 007 485	2 098 299
National Health Insurance Grant	46 235	58 887	86 476	94 582	95 220	95 220	96 985	99 348	103 840
National Tertiary Services Grant	4 673 691	4 789 509	4 625 167	5 259 796	5 675 090	5 675 090	5 486 234	5 801 563	6 063 968
EPWP Integrated Grant For Provinces	2 059	2 156	1 779	2 023	2 023	2 023	12 655		
Total receipts	56 973 147	58 498 150	61 190 374	64 704 094	65 884 726	65 884 726	67 042 497	69 476 980	72 165 199

The total appropriation increases from a main appropriation of R64.7 billion in 2024/25 to R67 billion in the 2025/26 financial year. In 2025/26, an additional R1 billion is added to the equitable share to sustain implementation of the wage agreement for public servants and a total of R2.1 billion is added to compensation of employees over the 2025 MTEF.

The total conditional grant allocation increases from a main appropriation of R13 billion in 2024/25 to R14.8 billion in 2025/26.

6.2 Departmental receipts

TABLE 4.2: SUMMARY OF DEPARTMENTAL RECEIPTS

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Sales of goods and services other than capital assets	443 707	408 559	428 971	545 105	545 105	545 105	569 525	595 723	622 531
Transfers received	15	809	15						
Fines, penalties and forfeits	23	39	155	82	82	82	86	90	94
Interest, dividends and rent on land	306	711	574	1 860	1 860	1 860	1 943	2 032	2 123
Sales of capital assets	9 211	15 318	17 528						
Transactions in financial assets and liabilities	49 290	82 673	44 962	40 890	40 890	40 890	42 722	44 687	46 698
Total departmental receipts	502 552	508 109	492 205	587 937	587 937	587 937	614 276	642 532	671 446

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 Consumer Price Index 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 2024/25 main appropriation was revised from R587.9 million to R617.2 million in 2025/26 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 2025 Medium Term Revenue Framework (MTRF), the department projects to collect R614.2 million in 2025/26 which is expected to increase to R671.4 million in 2027/28.

7. PAYMENT SUMMARY

7.1 Key assumptions

The following key assumptions were applied when compiling the 2025 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 Implementation of the integrated maternal and child health programmes to reduce maternal and neonatal mortality and ensure equitable access to adolescent health services and immunisation.
- Accelerate progress towards the attainment of development targets for communicable and non-communicable diseases.
- Strengthen mental health and rehabilitation services by integrating them into PHC and expanding acute bed capacity.
- Improving Occupational Health and Safety measures.
- Enhancing infrastructure development by completing social infrastructure projects.
- Filling critical positions and integrating community health care workers.
- Reprioritising the baseline to sustain funding to existing priorities, particularly the recapitalisation 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 National Department of Health to improve the quality of health services.
- Reprioritisation of budget from non-core budget line items to core services with provision for accruals.
- Accelerate health digitisation through electronic health records and integrated health information systems.
- Improvement in condition of services and Occupational Specific Dispensation for various categories of employees.

7.2 Programme summary

TABLE 4.3: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Administration	2 173 192	1 825 656	2 169 830	1 934 645	1 911 861	2 224 645	1 915 488	2 017 054	2 108 577
2. District Health Services	19 175 456	19 352 712	20 405 673	21 660 185	22 151 766	23 674 210	22 756 387	23 330 398	24 263 430
3. Emergency Medical Services	1 431 692	2 010 941	2 065 186	1 890 518	1 956 714	2 520 739	2 244 019	2 108 362	2 171 970
4. Provincial Hospital Services	10 697 214	11 082 431	12 030 090	12 527 896	12 739 771	13 544 876	13 370 085	13 937 041	14 382 082
5. Central Hospital Services	20 331 657	21 485 422	21 548 575	22 894 510	23 489 564	24 747 876	23 426 595	24 392 190	25 431 481
6. Health Sciences And Training	706 868	638 217	699 524	1 214 438	1 043 448	888 211	935 254	1 151 711	1 201 306
7. Health Care Support Services	388 833	437 302	439 361	474 656	484 356	515 521	497 023	519 751	543 139
8. Health Facilities Management	2 068 235	1 665 469	1 832 135	2 107 246	2 107 246	2 116 671	1 897 646	2 020 473	2 063 214
Total payments and estimates	56 973 147	58 498 150	61 190 374	64 704 094	65 884 726	70 232 749	67 042 497	69 476 980	72 165 199

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	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	53 329 502	54 827 927	57 554 007	60 182 289	61 409 747	65 331 117	62 611 265	65 135 838	67 961 883
Compensation of employees	35 457 134	36 536 759	38 025 465	40 070 699	40 690 699	41 076 969	42 738 563	44 833 272	47 440 220
Goods and services	17 871 220	18 287 327	19 512 926	20 111 590	20 719 048	24 249 734	19 872 702	20 302 566	20 521 663
Interest and rent on land	1 148	3 841	15 616			4 414			
Transfers and subsidies to:	1 618 883	1 779 846	2 021 433	2 122 037	1 872 778	1 994 178	1 834 132	2 087 798	2 121 860
Provinces and municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Departmental agencies and accounts	24 636	25 819	26 955	26 955	27 011	27 011	27 354	28 612	29 900
Higher education institutions	7 867	1 176	570	1 000					
Non-profit institutions	627 004	685 978	713 937	905 114	818 387	825 587	748 721	783 455	797 016
Households	582 227	674 262	869 693	758 997	597 409	700 587	608 306	805 291	824 504
Payments for capital assets	2 023 090	1 877 868	1 586 369	2 399 768	2 602 201	2 898 424	2 597 100	2 253 344	2 081 456
Buildings and other fixed structures	735 593	434 910	360 660	993 132	735 416	735 416	839 414	613 090	337 423
Machinery and equipment	1 287 090	1 442 958	1 225 709	1 406 636	1 866 785	2 163 008	1 757 686	1 640 254	1 744 033
Software and other intangible assets	407								
Payments for financial assets	1 672	12 509	28 565			9 030			
Total economic classification	56 973 147	58 498 150	61 190 374	64 704 094	65 884 726	70 232 749	67 042 497	69 476 980	72 165 199

The budget allocated to Administration Programme decreased marginally by R19.1 million from 2024/2025 to the 2025/26 financial year. The budget for this programme includes a total of R301.5 million, with R145.9 million earmarked to build the oncology centres at Chris Hani Baragwanath and Dr George Mukhari Hospitals, R154 million for the procurement of neonatal equipment in various facilities as well as R1.5 million for rental and hiring funded by the NTSG. 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.

The District Health Services main appropriation has increased from R21.6 billion in 2024/25 to R22.7 billion in the 2025/26 financial year. Over the 2025 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 and the expansion of antenatal and postnatal care services, as well as improved management of childhood illnesses by reducing diarrhoea, pneumonia, and severe acute malnutrition fatality rates to reduce preventable maternal and child mortality.

Funds within the existing baseline are also made available to broaden access to quality public healthcare by expanding the 24-hour extension of services within CHCs. Furthermore, funds have been allocated for integrated acute mental health services in district hospitals and 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 also integrated into the District Health Services programme to enhance the primary health care services.

The Gauteng Aids Council Secretariat's function has been transferred to the Office of the Premier, resulting in a decrease of R142.8 million in the 2025/26 fiscal year and R299.3 million over the MTEF within the District Health Services Programme budget.

The budget allocated for Emergency Medical Services (EMS) increased from R1.8 billion in 2024/25 to R2.2 billion in the 2025/26 financial year. Upgrading and maintaining EMS infrastructure and investment in specialised equipment to deal with complicated neonatal, other prehospital cases and rescue services will remain a priority for the EMS programme.

The budget for Provincial Hospital Services increased by R842.1 million from 2024/25 to 2025/26. 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 reprioritisation and additional budget allocated for improvement in conditions of service because of the public sector wage agreement.

The Central Hospital Services programme budget increases from R22.8 billion in 2024/25 to R25.4 billion in the 2027/28 financial year. The programme also funds the Nelson Mandela Children's Hospital, which is financed by the National Tertiary Services grant and 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. In addition, the 2025/26 budget includes R272.8 million for central hospitals that provide radiation oncology services to reduce radiation oncology, which will be managed using a cluster model.

The budget for Health Sciences and Training decreases from a main appropriation of R1.2 billion in 2024/25 to R935 million in the 2025/26 fiscal year. The decrease is mainly in the compensation of employee's budget is due to student nurses being paid a stipend instead of a salary payment as in prior years.

The Health Care Support Services Programme's budget increases from R474.6 million in 2024/25 to R497 million in the 2025/26 financial year in order to continue providing the cleaning services and linen to health facilities and to cover laundry and pre-packaged food services. Increasing food price inflation has also put pressure on the adequacy of the allocation within this programme over the years.

Health Facilities Management is funded through the equitable share and the Health Facility Revitalisation Grant, aiming to improve and maintain health infrastructure and to address the existing shortfall in hospital beds to meet the demand for public healthcare services. This programme received a total of R5.9 billion over the 2025 MTEF.

Additional funding of R1 billion has been allocated to compensation of employees in 2025/26 for the improvement in conditions of service which contributed to an overall increase of budget from R40 billion in 2024/25 to R42.7 billion in the 2025/26 financial year. 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 R20.1 billion in 2024/25 to R19.8 billion in the 2025/26 financial year. The decrease is a result of equitable share budget cuts implemented in response to the country's fiscal challenges. The reductions were concentrated in budget line items including medicine, laboratory services, medical supplies, and property payments.

The transfers and subsidies line item is allocated a total budget of R6 billion for the 2025 MTEF. This budget includes transfer to transfer to Nelson Mandela Children's Hospital, transfer to departmental agencies, and accounts for payment to the Health and Welfare Sector Training Authority (HW-SETA) for skills development and training of health professionals on behalf of the department, as well as transfers to households, which include provisions for bursaries related to the South African Cuban doctor programme.

The budget for payments for capital assets increased from R2.4 billion in 2024/25 to R2.6 billion in 2025/26. This budget will enable the department to continue investing in ambulance recapitalisation and replacement to improve response times, the replacement and procurement of oncology and radiology equipment at central and tertiary hospitals. Furthermore, this budget is allocated the provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities to facilitate the delivery of quality health services.

7.4 Infrastructure payments

7.4.1 Departmental infrastructure payments

Please refer to the 2025 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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
HIV/AIDS NPI	85 942	97 115	112 464	126 680	126 680	126 680	112 305	117 892	117 348
Nutrition	49 495	79 707	63 788	78 904	10 309	10 309			
Mental Health NPI	193 693	199 386	212 894	258 276	240 144	240 144	270 157	282 584	280 260
EPWP NPI									
Witkoppen Clinic	19 574	19 033	16 352	17 914	17 914	17 914	18 759	19 622	19 622
HW-SETA	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612	29 900
Universities	7 867	1 176	570	1 000					
Nelson Mandela Children Hospital	282 000	299 000	315 000	329 000	329 000	329 000	343 000	358 747	374 969
Specialised Services NPI		1 200	2 400	2 278	2 278	2 278	4 500	4 610	4 817
Total departmental transfers	663 207	722 436	750 423	841 007	753 280	753 280	776 075	812 067	826 916

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 a decrease in transfers to other entities from R841.1 million in 2024/25 to R776 million in 2025/26 is mainly due to a reduction of Nutrition Programme following the Proclamation notice 21 of 2021 which states that all Early Childhood Development Services (ECDs) are transferred to the Department of Basic Education as per gazette No.44787 of 2021. The Gauteng Aids Council Secretariat's function has been transferred to the Office of the Premier, resulting in a further decrease of R142.8 million in the 2025/26 fiscal year and R299.3 million over the MTEF. The allocation for the mental healthcare programme is primarily for non-profit institutions to provide mental healthcare services within the five health districts.

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. 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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Category A	377 149	392 611	410 278	429 971	429 971	429 971	449 751	470 440	470 440
Category B									
Category C						11 022			
Total departmental transfers	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440

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 R429.9 million in 2024/25 to R470.4 million in 2027/28. These transfers are intended for PHC and HIV/AIDS services, benefitting the three metros of Tshwane, Ekurhuleni, and Johannesburg, as well as the two districts of Sedibeng and West Rand. The funds support transfers to support the provision of comprehensive PHC services, 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.

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.

TABLE 4.7: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Office Of The MEC	16 392	16 125	20 922	26 106	28 399	28 504	31 637	32 862	34 123
2. Management	2 156 800	1 809 531	2 148 908	1 908 539	1 883 462	2 196 141	1 883 851	1 984 192	2 074 454
Total payments and estimates	2 173 192	1 825 656	2 169 830	1 934 645	1 911 861	2 224 645	1 915 488	2 017 054	2 108 577

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 649 055	1 290 127	1 465 185	1 361 814	1 313 839	1 525 414	1 286 879	1 452 042	1 531 764
Compensation of employees	463 885	449 778	448 536	600 969	589 310	487 073	627 252	763 679	842 758
Goods and services	1 184 072	836 508	1 001 033	760 845	724 529	1 034 502	659 627	688 363	689 006
Interest and rent on land	1 098	3 841	15 616			3 839			
Transfers and subsidies to:	371 718	516 909	698 030	408 415	407 813	509 022	316 642	330 745	330 896
Provinces and municipalities									
Non-profit institutions				104 662	104 662	104 662			
Households	371 718	516 909	698 030	303 753	303 151	404 360	316 642	330 745	330 896
Payments for capital assets	152 410	18 503	6 518	164 416	190 209	190 209	311 967	234 267	245 917
Buildings and other fixed structures				154 500	154 500	154 500	145 987	56 779	59 334
Machinery and equipment	152 410	18 503	6 518	9 916	35 709	35 709	165 980	177 488	186 583
Payments for financial assets	9	117	97						
Total economic classification	2 173 192	1 825 656	2 169 830	1 934 645	1 911 861	2 224 645	1 915 488	2 017 054	2 108 577

Expenditure in the programme decreases marginally by R3.3 million from the 2021/22 to the 2023/24 financial year. The on-going 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 decreases by R19.1 million from the 2024/2025 to 2025/26 financial year. The budget for this programme includes a total of R301.5 million, with R145.9 million earmarked to build the oncology centres at Chris Hani Baragwanath and Dr George Mukhari academic hospitals, R154 million for the procurement of neonatal equipment in various facilities and R1.5 million for rental and hiring funded by the NTSG.

Funds allocated to this programme also include, among other things, the payment of revenue collection agencies to enhance revenue collection, accelerating Health Information System and digitisation rollout which will play a central role in modernising the department's operations and to ensure that 1 patient 1 electronic health record. By accelerating digitisation, the department will modernise healthcare delivery, improve data management, and support evidence-based decision-making across all levels of care.

This programme also includes funding for the implementation of certification plans for occupational health and safety, environmental management, and quality management systems to ensure that all health facilities meet international standards.

An amount R968.1 million has been set aside for the payment of medico-legal claims over the 2025 MTEF.

SERVICE DELIVERY MEASURES

PROGRAMME 1: ADMINISTRATION

Programme performance measures	Estimated performance	Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28
Percentage of hospitals compliant with Occupational Health and Safety regulations	100%	67%	81%	100%
Rand value of medico-legal claims	R13bn	R10.8bn	R9.3bn	R8bn
Percentage of service providers invoices without dispute paid within 30 days	100%	100%	100%	100%
Percentage of CHCs with integrated health information systems	61%	100%	100%	100%
Percentage of hospitals with integrated health information systems	81%	100%	100%	100%
Number of facilities implementing – Forensic Pathology		10	14	13
Number of hospitals implementing the Queue Management System	37	37	37	37
Audit outcome for regulatory audit expressed by AGSA for the previous financial year	Unqualified	Unqualified	Clean Audit	Clean Audit
Percentage of budget spent on township enterprises against discretionary spent.	100%	60%	60%	60%
Percentage of women in senior management posts	100%	50%	55%	55%

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 and administration of services, managing personnel, financial administration, and the coordinating and management of the day hospital organisation and Community Health services rendered by local authorities and non-governmental organisations within the metropolitan, and determining working methods and procedures and exercising district control.
- Rendering a nurse-driven primary health care service at clinic level, including visiting points, and mobile and local authority clinics.
- Rendering a primary health service with full-time medical officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, mental health, etc.
- Rendering a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.
- Rendering environmental, port health, and part-time district surgeon services, etc.
- Rendering a PHC service in respect of HIV and AIDS campaigns and special projects.
- Rendering a nutrition service aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition.
- Rendering forensic and medico-legal services to establish the circumstances and causes surrounding unnatural death
- Coordination and management of district

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.
- Reduction in AIDS-related deaths through the 95-95-95 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.

TABLE 4.9: SUMMARY OF PAYMENTS AND ESTIMATES: DISTRICT HEALTH SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. District Management	1 226 765	997 438	1 392 916	1 201 996	1 121 563	1 332 414	1 333 340	1 420 245	1 433 364
2. Community Health Clinics	2 559 621	2 615 480	2 757 133	2 914 891	2 833 600	2 972 820	2 991 941	3 110 373	3 249 111
3. Community Health Centres	2 211 791	2 301 619	2 416 620	2 579 126	2 755 381	2 702 801	2 726 062	2 729 040	2 850 978
4. Community Based Services	2 583 098	2 808 748	3 055 370	3 294 379	3 262 354	4 167 412	3 428 885	3 571 751	3 691 689
5. Hiv, Aids	5 919 944	5 914 747	5 729 671	6 321 880	6 887 891	6 909 443	6 803 292	6 786 795	7 099 248
6. Nutrition	49 495	79 720	63 859	78 904	10 309	10 309			
7. Coroner Services	274 106	305 201	302 197	368 976	376 176	385 511	378 702	400 906	416 842
8. District Hospitals	4 350 636	4 329 759	4 687 907	4 900 033	4 904 492	5 193 500	5 094 165	5 311 288	5 522 198
Total payments and estimates	19 175 456	19 352 712	20 405 673	21 660 185	22 151 766	23 674 210	22 756 387	23 330 398	24 263 430

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	18 258 862	18 391 212	19 379 382	20 453 737	21 032 045	22 592 610	21 640 227	22 097 441	23 028 681
Compensation of employees	11 931 572	12 123 889	12 790 148	12 784 902	13 233 591	13 757 602	13 992 896	14 202 824	15 197 685
Goods and services	6 327 290	6 267 323	6 589 234	7 668 835	7 798 454	8 834 501	7 647 331	7 894 617	7 830 996
Interest and rent on land						507			
Transfers and subsidies to:	753 568	820 523	850 571	932 164	845 437	864 934	890 853	931 837	927 619
Provinces and municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Departmental agencies and accounts									
Non-profit institutions	345 004	386 978	398 937	471 452	384 725	391 925	405 721	424 708	422 047
Households	31 415	40 934	41 356	30 741	30 741	32 016	35 381	36 689	35 132
Payments for capital assets	162 347	135 573	169 952	274 284	274 284	213 127	225 307	301 120	307 130
Buildings and other fixed structures									
Machinery and equipment	162 347	135 573	169 952	274 284	274 284	213 127	225 307	301 120	307 130
Software and other intangible assets									
Payments for financial assets	679	5 404	5 768			3 539			
Total economic classification	19 175 456	19 352 712	20 405 673	21 660 185	22 151 766	23 674 210	22 756 387	23 330 398	24 263 430

The expenditure under District Health Services increased from R19.2 billion in 2021/22 to R20.5 billion in the 2023/24 financial year. The increase is mainly due to the filling of positions to ensure alignment with the department's goal to expand community healthcare services and the number of Community Health Centres offering 24-hour services increases over the years.

The total budget of the programme increases from a main appropriation of R21.6 billion in 2024/25 to R22.7 billion in the 2025/26 financial year. The increase is intended to sustain the implementation of the wage agreement for public servants.

The increase in budget for the Community Health Centres and Community Based Services sub-programmes is due to funds made available to expand access to quality public healthcare by expanding 24-hour emergency services in PHC facilities to ensure urgent care is available closer to communities.

This programme's budget includes integrated acute mental health services within district hospitals, which will increase the availability of designated beds and provide early assessment and care for users. With the growing burden of non-communicable diseases (NCDs), scaling up screening programs for diabetes and hypertension is also funded for under District Health Services.

Included in this programme is funding for the expansion of antenatal and postnatal care services, as well as improved management of childhood illnesses by reducing diarrhoea, pneumonia, and severe acute malnutrition fatality rates to reduce preventable maternal and child mortality.

Over the 2025 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 decreases slightly by R15.6 million from the 2024/25 to 2025/26 financial year due to equitable share cuts. This allocation is earmarked for, among others, purchasing of medicine, medical supplies, and laboratory services. The decrease of R41.3 million from 2024/25 to 2025/26 within the transfers and subsidies is due to the to a Proclamation notice 21 of 2021 which states that all Early Childhood Development Services (ECDs) are transferred to the Department of Basic Education as per gazette No.44787 of 2021 and the function shift of the Gauteng Aids Council Secretariat to the Office of the Premier.

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		
	2024/25	2025/26	2026/27	2027/28
Patient Experience of Care survey rate		TBC	TBC	TBC
Severity assessment code (SAC) 1 incident reported within 24-hours rate	86%	86%	92%	92%
Patient Safety Incident (PSI) case closure rate	95%	95%	95%	95%
Complaints resolution within 25 working days rate	95%	97%	95%	95%
Ideal Clinic status obtained rate	92%	92%	92%	92%
Number of facilities providing 24-hour emergency services	40	40	40	40
Percentage of PHC facilities with functional clinic committees	100%	100%	100%	100%
Patient Experience of Care survey rate		TBC	TBC	TBC
Ideal hospital status obtained rate	100%	100%	100%	100%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	95%	93%	93%	93%
Patient Safety Incident (PSI) case closure rate	93%	95%	95%	95%
Complaint resolution within 25 working days rate	95%	99%	99%	99%
Percentage of beds in district hospitals offering acute ill mental health care users (72hrs assessment)	9%	10%	10%	10%
Percentage of hospitals with functional hospital boards	100%	100%	100%	100%
HAST			0.68%	0.68%
HIV positive 5-14 years (excl. ANC) rate	New Indicator	1%	1%	1%
HIV positive 15-24 years (excl. ANC) rate	2.5%	2.8%	2.8%	2.8%
ART, adults remain in care rate (12 months)	70%	70%	90%	90%
ART, child remain in care rate (12 months)	70%	70%	90%	90%
ART adult viral load suppressed rate - below 50 (12 months)	95%	72%	72%	72%
ART child viral load suppressed rate - below 50 (12 months)	90%	70%	90%	90%
TB - RR/MDR - Treatment Success Rate (* All RR/MDR-TB outcome data is reported 12 months later)	New Indicator	71%	71%	71%
All DS-TB Client Treatment Success Rate	80%	80%	90%	90%
Number of DS-TB treatment start 5 years and older	New Indicator	TBC	TBC	TBC
Number of DS-TB treatment start under 5 years	New Indicator	TBC	TBC	TBC
TB Rifampicin resistant/Multidrug-Resistant treatment start	New Indicator	TBC	TBC	TBC
Patient Experience of Care survey rate		TBC	TBC	TBC

PROGRAMME 3: EMERGENCY MEDICAL SERVICE

Programme description

The purpose of the programme is to render pre-hospital emergency medical services, including interhospital transfers and planned patient transport services. rendering of pre-hospital EMS including inter-hospital transfers and planned patient transport.

Programme objectives

- 1) Emergency Service Transport Rendering emergency medical services, including special operations, communications, and air ambulance services. This entails:
 - Emergency ambulances
 - Primary response vehicles
 - Medical rescue vehicles
 - Disaster management and special operations
 - Emergency communication centre
 - Events management
- 2) Planned Patient Transport: Rendering planned patient transport, including scheduled emergency transport for outpatient transport (within the boundaries of a given town or local area), intercity/town outpatient transport (into referral centres), and between health facilities. This entails:
 - Planned patient transport
 - Gauteng scheduled emergency transport
 - Interfacility transport
 - Intensive care 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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Emergency Transport	1 151 059	1 792 978	1 816 950	1 560 936	1 638 932	2 178 838	1 903 341	1 752 012	1 799 583
2. Planned Patient Transport	280 633	217 963	248 236	329 582	317 782	341 901	340 678	356 350	372 387
Total payments and estimates	1 431 692	2 010 941	2 065 186	1 890 518	1 956 714	2 520 739	2 244 019	2 108 362	2 171 970

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 135 041	1 330 004	1 506 566	1 595 086	1 663 582	1 817 835	1 699 395	1 778 905	1 844 517
Compensation of employees	899 602	1 005 052	1 075 835	1 113 884	1 180 080	1 262 816	1 218 221	1 281 625	1 339 297
Goods and services	235 389	324 952	430 731	481 202	483 502	555 019	481 174	497 280	505 220
Interest and rent on land	50								
Transfers and subsidies to:	1 515	3 604	1 760	4 282	1 982	1 982	2 300	2 515	2 629
Provinces and municipalities									
Non-profit institutions									
Households	1 515	3 604	1 760	4 282	1 982	1 982	2 300	2 515	2 629
Payments for capital assets	295 113	676 987	556 741	291 150	291 150	700 798	542 324	326 942	324 824
Buildings and other fixed structures									
Machinery and equipment	295 113	676 987	556 741	291 150	291 150	700 798	542 324	326 942	324 824
Payments for financial assets	23	346	119			124			
Total economic classification	1 431 692	2 010 941	2 065 186	1 890 518	1 956 714	2 520 739	2 244 019	2 108 362	2 171 970

The programme expenditure increased from R1.4 billion in 2021/22 to R2.1 billion in 2023/24 due to the continued investment in the recapitalisation and replacement of ambulances to improve response times to save lives.

The personnel budget increases from the main appropriation of R1.1 billion in 2024/25 to R1.2 billion in the 2025/26 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 machinery and equipment received an allocation of R542.3 million in the financial year 2025/26 mainly to cover payment of accruals that were not paid in the 2024/25 financial year.

Over the medium term, the department will continue to invest in versatile ambulances, all-terrain vehicles, and specialised intensive care transport vehicles to ensure continuity of services in both urban and rural areas to improve response times to save lives. This investment will enable EMS teams to navigate complex environments, including hard-to-reach locations. The department will also expand specialised EMS capabilities by investing in intensive care ambulances and specialised equipment to improve the capacity to manage complicated critical care cases effectively in prehospital settings.

SERVICE DELIVERY MEASURES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28
EMS P1 urban inter-facility transfer (IFT) under 30 minutes rate	New Indicator	55%	60%	65%
EMS P1 rural inter-facility transfer (IFT) under 60 minutes rate	New Indicator	65%	70%	75%

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
- Rendering of hospital services at a general specialist level and a platform for training of health workers and research
- Convert present TB hospitals into strategically placed decentralised sites in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardised MDR protocols.
- Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and research.
- These hospitals provide medium- to long-term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.
- Rendering 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

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. General Hospitals	7 998 877	8 211 161	8 961 823	9 235 297	9 412 945	10 114 503	9 864 395	10 261 983	10 584 068
2. Tuberculosis Hospitals	321 495	354 099	422 302	399 341	399 341	409 712	413 363	432 796	448 306
3. Psychiatric/Mental Hospital	1 669 528	1 768 460	1 876 140	2 062 930	2 077 746	2 135 240	2 199 819	2 306 193	2 371 513
4. Dental Training Hospitals	603 093	636 212	644 392	701 863	703 963	734 623	741 434	777 042	812 010
5. Other Specialised Hospitals	104 221	112 499	125 433	128 465	145 776	150 798	151 074	159 027	166 185
Total payments and estimates	10 697 214	11 082 431	12 030 090	12 527 896	12 739 771	13 544 876	13 370 085	13 937 041	14 382 082

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	10 536 389	10 941 764	11 870 793	12 324 318	12 531 976	13 354 235	13 178 520	13 748 852	14 192 368
Compensation of employees	7 914 479	8 123 089	8 601 910	9 080 928	9 200 706	9 405 515	9 918 759	10 413 156	10 843 768
Goods and services	2 621 910	2 818 675	3 268 883	3 243 390	3 331 270	3 948 653	3 259 761	3 335 696	3 348 600
Interest and rent on land						67			
Transfers and subsidies to:	26 171	29 667	28 570	19 164	18 764	18 913	17 427	18 376	19 203
Departmental agencies and accounts									
Non-profit institutions									
Households	26 171	29 667	28 570	19 164	18 764	18 913	17 427	18 376	19 203
Payments for capital assets	134 144	108 006	126 721	184 414	189 031	168 968	174 138	169 813	170 511
Buildings and other fixed structures									
Machinery and equipment	133 737	108 006	126 721	184 414	189 031	168 968	174 138	169 813	170 511
Software and other intangible assets	407								
Payments for financial assets	510	2 994	4 006			2 760			
Total economic classification	10 697 214	11 082 431	12 030 090	12 527 896	12 739 771	13 544 876	13 370 085	13 937 041	14 382 082

This programme's expenditure increased from R10.6 billion in 2021/22 to R12 billion in 2022/23, with most of the 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 budget increases from a main appropriation of R12.5 billion in 2024/25 to R13.3 billion in the 2025/26 financial year. The provincial hospital services play a vital role in reducing mortality linked to non-communicable diseases by improving access to screening and treatment services. This will be done by expanding cervical cancer screening coverage that will allow for early detection and treatment, improving outcomes for women and reducing preventable deaths.

Provincial hospitals will implement targeted clinical interventions to address the main causes of child mortality, including diarrhoea, pneumonia, and severe acute malnutrition. 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		
	2024/25	2025/26	2026/27	2027/28
Regional Hospitals				
Patients experience of care survey rate	0	TBC	TBC	TBC
Ideal hospital status obtained rate	78%	89%	89%	89%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	91%	94%	94%	94%
Patient Safety Incident (PSI) case closure rate	86%	87%	87%	87%
Complaint resolution within 25 working days rate	97%	97%	97	97
Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs assessment)	5.0%	6%	6%	6%
Percentage of hospitals with functional hospital boards	100%	100%	100%	100%
Patients experience of care survey rate	New Indicator	TBC	TBC	TBC
Ideal hospital status obtained rate	78%	56%	56%	56%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	95%	85%	85%	85%
Patient Safety Incident (PSI) case closure rate	95%	95%	95%	95%
Complaint resolution within 25 working days rate	1	1	1	1
Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs assessment)	100%	100%	100%	100%

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme description

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

Programme objectives

- Render general specialist and tertiary health services on a national basis and maintain a platform for the training of health workers and research.
- Render a highly specialised medical health and quaternary services on a national basis and a platform for the training of health workers and research.

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

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Central Hospital Services	14 919 461	15 803 843	16 533 635	17 576 235	18 081 271	19 196 530	17 813 423	18 319 962	19 123 608
2. Provincial Tertiary Hospital Services	5 412 196	5 681 579	5 014 940	5 318 275	5 408 293	5 551 346	5 613 172	6 072 228	6 307 873
Total payments and estimates	20 331 657	21 485 422	21 548 575	22 894 510	23 489 564	24 747 876	23 426 595	24 392 190	25 431 481

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	19 505 923	20 640 105	20 820 109	21 930 110	22 099 605	23 388 045	22 415 308	23 355 777	24 281 413
Compensation of employees	13 476 463	14 055 497	14 319 543	15 486 041	15 486 041	15 331 907	16 089 263	17 233 086	18 235 559
Goods and services	6 029 460	6 584 608	6 500 566	6 444 069	6 613 564	8 056 138	6 326 045	6 122 691	6 045 854
Interest and rent on land									
Transfers and subsidies to:	335 981	347 347	365 928	375 540	375 540	375 540	389 616	407 651	426 988
Departmental agencies and accounts									
Non-profit institutions	282 000	299 000	315 000	329 000	329 000	329 000	343 000	358 747	374 969
Households	53 981	48 347	50 928	46 540	46 540	46 540	46 616	48 904	52 019
Payments for capital assets	489 321	495 199	358 552	588 860	1 014 419	982 214	621 671	628 762	723 080
Buildings and other fixed structures									
Machinery and equipment	489 321	495 199	358 552	588 860	1 014 419	982 214	621 671	628 762	723 080
Software and other intangible assets									
Payments for financial assets	432	2 771	3 986			2 077			
Total economic classification	20 331 657	21 485 422	21 548 575	22 894 510	23 489 564	24 747 876	23 426 595	24 392 190	25 431 481

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 central hospitals play a vital role in the prevention and management of non-communicable diseases (NCDs), with a particular focus on improving access to screening services. These services include expanding cervical cancer screening coverage that will allow for early detection and treatment, reducing the burden of cancer and improving long-term health outcomes for women. The programme will also integrate NCD services into routine care pathways, ensuring that patients receive timely and comprehensive care. Addressing maternal and child mortality remains a critical focus for central hospitals.

The programme will implement targeted interventions to reduce preventable deaths and improve clinical outcomes by reducing the number of maternal deaths in facilities through improved obstetric care and clinical governance. Over the MTEF, this programme will continue to decreasing mortality rates for children under 5 years due to diarrhoea, pneumonia, and severe acute malnutrition by strengthening paediatric care, ensuring access to life-saving interventions, and improving treatment protocols.

The programme budget increases from a main appropriation of R22.8 billion in 2024/25 to R23.4 billion in the 2025/26 financial year. The programme is also funded through the National Tertiary Services Grant and the Human Resources and Training Grant.

The compensation of employees' budget in the programme increases from R15.4 billion in 2024/25 to R16 billion in the 2025/26 financial year due to the additional allocation to cater for wage agreement for public servants.

The equitable share cuts resulted in a decrease in goods and services budget from a main appropriation of R6.4 billion in 2023/24 to R6.3 billion in 2024/25. This budget reductions are mainly in essential items including laboratory services, medicals supplies and medicine which are fundamental to the functioning and reliability of the healthcare system.

SERVICE DELIVERY MEASURES

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28
Patients experience of care survey rate		TBC	TBC	TBC
Severity assessment code (SAC) 1 incident reported within 24-hours rate	80%	80%	80%	80%
Patient Safety Incident (PSI) case closure rate	85%	85.0%	85.0%	85.0%
Complaint resolution within 25 working days rate	95.0%	95.0%	95.0%	95.0%
Percentage of hospitals with functional hospital boards	100%	100%	100%	100%
Patients experience of care survey rate		TBC	TBC	TBC
Ideal hospital status obtained rate	50%	75.0%	75%	75%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	95%	98%	98%	98%
Patient Safety Incident (PSI) case closure rate	95%	95%	95%	95%
Complaint resolution within 25 working days rate	95%	95.0%	95%	95%
Percentage of hospitals with functional hospital boards	100%	100%	100%	100%

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

- GCON: Training of nurses at undergraduate and postgraduate level. Target group includes actual and potential employees.
- EMS Training College: Training of rescue and ambulance personnel. Target group includes actual and potential employees.
- Bursaries: Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees.
- PHC training: Provision of PHC-related training for personnel, provided by the Regional Training Centre and GCON.
- Training (other): Provision of skills development interventions for all occupational categories in the department. Target group includes actual and potential employees.
- GCON has been accredited by the Council on Higher Education and South African Nursing Council to offer new qualifications aligned to the Higher Education Qualifications Sub-Framework in accordance with the National Qualifications Framework Act, 2008 (Act 67 of 2008); Higher Education Act, 1997 (Act 101 of 1997 as amended); and Nursing Act, 2005 (Act 33 of 2005).
- Implement district regional training centres and maintain the accreditation status of Tshwane Centre.

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

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Nurse Training Colleges	515 496	513 473	541 614	710 696	697 992	559 905	587 462	620 563	646 259
2. Ems Training Colleges	37 357	47 675	49 874	57 386	57 386	56 305	59 955	62 713	65 533
3. Bursaries	78 178	7 989	35 741	341 974	183 688	183 942	181 974	357 705	373 801
4. Other Training	75 837	69 080	72 295	104 382	104 382	88 059	105 863	110 730	115 713
Total payments and estimates	706 868	638 217	699 524	1 214 438	1 043 448	888 211	935 254	1 151 711	1 201 306

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	573 526	571 320	604 023	817 750	806 296	649 792	705 555	741 546	772 683
Compensation of employees	521 237	515 135	518 705	711 028	699 324	533 307	588 313	621 095	649 045
Goods and services	52 289	56 185	85 318	106 722	106 972	116 485	117 242	120 451	123 638
Interest and rent on land									
Transfers and subsidies to:	129 212	61 243	75 758	382 104	222 568	223 339	216 923	396 285	414 118
Departmental agencies and accounts	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612	29 900
Higher education institutions	7 867	1 176	570	1 000					
Households	96 709	34 248	48 233	354 149	195 613	196 384	189 569	367 673	384 218
Payments for capital assets	4 128	4 881	5 184	14 584	14 584	14 584	12 776	13 880	14 505
Buildings and other fixed structures									
Machinery and equipment	4 128	4 881	5 184	14 584	14 584	14 584	12 776	13 880	14 505
Software and other intangible assets									
Payments for financial assets	2	773	14 559			496			
Total economic classification	706 868	638 217	699 524	1 214 438	1 043 448	888 211	935 254	1 151 711	1 201 306

The overall budget for compensation of employees decreases from a main appropriation of R711 million in 2024/25 to R588.3 million in the 2025/26 financial year. The decrease in the compensation of employee's budget is due to student nurses being paid a stipend instead of a salary payment as in prior years.

The allocation for goods and services increases to R117.2 million in the 2025/26 financial year from a main appropriation of R106.7 million in the previous financial year to align and comply with implementation of the new undergraduate qualification and postgraduate diploma programmes offered by the GCON and its six satellite campuses. This ensures the sustainable development of skilled nurses which is aligned with updated curricula and national qualifications frameworks. Furthermore, the budget is allocated to strengthen emergency medical care education by implementing the Advanced Cardiac Life Support (ACLS) training programme and progressing towards the accreditation of Lebone College as a stand-alone higher education institution for undergraduate emergency medical care qualifications.

SERVICE DELIVERY MEASURES

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme performance measures	Estimated performance	Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28
Employee satisfaction rate	63%	63%	63%	63%
Number of nursing students enrolled	800	800	800	800
Number of emergency medical care students enrolled	90	90	90	90
Number of Bursaries awarded to internal employees	460	460	460	460

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**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 lifecycle management of immovable assets through maintenance of all health facilities.

Programme objectives

- Laundry services: Rendering a laundry service to hospitals, care and rehabilitation centres and certain local authorities;
- Medical trading account (Medical Supplies Depot): Managing the supply of pharmaceuticals to hospitals, community health centres and local authorities; and
- 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

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Laundries	315 450	335 216	342 863	356 107	364 807	364 432	373 172	390 204	407 765
2. Food Supply Services	73 383	102 086	96 498	118 548	119 548	151 088	123 850	129 546	135 373
3. Medicine Trading Account				1	1	1	1	1	1
Total payments and estimates	388 833	437 302	439 361	474 656	484 356	515 521	497 023	519 751	543 139

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	386 858	435 362	438 305	471 020	480 470	511 850	493 468	516 023	539 242
Compensation of employees	209 814	221 435	226 506	235 039	243 739	240 841	245 951	257 236	268 811
Goods and services	177 044	213 927	211 799	235 981	236 731	271 008	247 517	258 787	270 431
Interest and rent on land						1			
Transfers and subsidies to:	682	531	706	368	618	392	371	389	407
Provinces and municipalities									
Departmental agencies and accounts									
Non-profit institutions									
Households	682	531	706	368	618	392	371	389	407
Payments for capital assets	1 289	1 305	320	3 268	3 268	3 268	3 184	3 339	3 490
Buildings and other fixed structures									
Machinery and equipment	1 289	1 305	320	3 268	3 268	3 268	3 184	3 339	3 490
Payments for financial assets	4	104	30			11			
Total economic classification	388 833	437 302	439 361	474 656	484 356	515 521	497 023	519 751	543 139

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 R474.6 million in 2024/25 to R497 million in the 2025/26 financial year in order to continue providing the cleaning services and linen to health facilities.

The budget for compensation of employees increased marginally from R235 million in 2024/25 to R245.9 million in the 2025/26 financial year. In the outer year of the 2025 MTEF, the personnel budget grows to R268.8 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 R235.9 million in 2024/25 to R247.5 million in the 2025/26 financial year. The new security contracts which is aligned with PSIRA tariff also contributed to the increase in the budget for goods and services. Lastly, R3.1 million is allocated for procurement of machinery and equipment in the 2025/26 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		
	2024/25	2025/26	2026/27	2027/28
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 centralised chronic medicine dispensing and distribution programme (Cumulative)	1 300 000	1 700 000	1 900 000	2 100 000

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 lifecycle management of immovable assets through maintenance of all health facilities.

Programme objectives

- Community health facilities: Construction of new and refurbishment, upgrading, and maintenance of existing community health centres, primary health care clinics, and facilities.
- Emergency medical rescue services: Construction of new and refurbishment, upgrading, and maintenance of existing EMS facilities.
- District hospital services: Construction of new and refurbishment, upgrading, and maintenance of existing district hospitals.
- Provincial hospital services: Construction of new and refurbishment, upgrading, and maintenance of existing provincial/regional hospitals and specialised hospitals.
- Central hospital services: Construction of new and refurbishment, upgrading, and maintenance of existing tertiary and central hospitals.
- Other facilities: 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

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
1. Community Health Facilities	311 696	291 880	240 213	394 548	252 435	252 435	331 131	431 859	337 182
2. Emergency Medical Rescue Services	8 561	7 426	8 791	3 570	360	360	1 800	1 800	1 885
3. District Hospital Services	131 976	97 826	220 962	246 507	243 175	252 577	271 284	400 813	312 818
4. Provincial Hospital Services	247 403	284 268	375 881	395 250	455 179	455 179	393 686	407 007	410 436
5. Central Hospital Services	837 714	512 981	535 988	618 819	660 110	660 110	337 640	165 520	300 000
6. Other Facilities	530 885	471 088	450 300	448 552	495 987	496 010	562 105	613 474	700 893
Total payments and estimates	2 068 235	1 665 469	1 832 135	2 107 246	2 107 246	2 116 671	1 897 646	2 020 473	2 063 214

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 283 848	1 228 033	1 469 644	1 228 454	1 481 934	1 491 336	1 191 913	1 445 252	1 771 215
Compensation of employees	40 082	42 884	44 282	57 908	57 908	57 908	57 908	60 571	63 297
Goods and services	1 243 766	1 185 149	1 425 362	1 170 546	1 424 026	1 433 428	1 134 005	1 384 681	1 707 918
Interest and rent on land									
Transfers and subsidies to:	36	22	110		56	56			
Provinces and municipalities									
Households	36	22	110						
Payments for capital assets	784 338	437 414	362 381	878 792	625 256	625 256	705 733	575 221	291 999
Buildings and other fixed structures	735 593	434 910	360 660	838 632	580 916	580 916	693 427	556 311	278 089
Machinery and equipment	48 745	2 504	1 721	40 160	44 340	44 340	12 306	18 910	13 910
Payments for financial assets	13					23			
Total economic classification	2 068 235	1 665 469	1 832 135	2 107 246	2 107 246	2 116 671	1 897 646	2 020 473	2 063 214

The programme will focus on completing new primary healthcare centres (PHCs) in underserved areas to improve access to 24-hour healthcare services. Existing PHCs will be refurbished, upgraded, and expanded to align with the Ideal Clinic framework and ensure compliance with operational standards. Special attention will be given to land acquisition and development in critically underserved areas such as Sedibeng and rural districts in Tshwane. Addressing the existing shortfall in hospital beds remains a priority to meet the demand for public healthcare services, hence Tshwane Rehabilitation Centre will be replaced by a new 150 bed rehabilitation hospital. The department aims to bridge the gap by completing key hospital projects, including the development of new facilities such as the Daveyton Hospital, New Kagiso Community Health Centre and refurbishment and extension of Hillbrow Hospital.

SERVICE DELIVERY MEASURES

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme performance measures	Estimated performance	Medium-term estimates		
	2024/25	2025/26	2026/27	2027/28
Number of Capital Infrastructure projects completed	7	7	7	7

9. OTHER PROGRAMME INFORMATION

9.1 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		
	2021/22		2022/23	2023/24		2024/25	2025/26		2026/27		2027/28		2024/25 - 2027/28
	Personnel numbers ¹	Costs		Personnel numbers ¹	Costs		Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	
Salary level													
1 – 6	60 175	15 842 849	57 044	16 357 922	55 943	16 936 246	54 325	17 852 404	55 156	19 745 843	55 156	20 914 925	1% 5% 44%
7 – 10	12 138	8 547 744	12 022	8 627 830	12 293	8 836 941	12 436	9 639 308	12 626	10 474 341	12 626	11 290 235	1% 5% 24%
11 – 12	7 147	10 813 175	7 054	11 169 374	8 283	12 044 822	8 508	13 331 403	8 638	14 313 801	8 638	14 924 400	1% 4% 32%
13 – 16	112	191 033	108	208 889	95	149 085	106	188 497	108	231 526	108	240 705	1% 8% 0%
Other	7 092	62 333	6 821	172 744	7 234	58 370	8 696	65 357	8 829	67 761	8 829	69 955	1% 2% 0%
Total	86 664	35 457 134	83 049	36 536 759	83 848	38 025 465	84 071	41 076 969	85 357	44 833 272	85 357	47 440 220	1% 5% 100%
Programme													
1. Administration	4 808	463 885	4 680	449 778	5 282	448 536	5 441	487 073	5 524	763 679	5 524	842 758	1% 20% 2%
2. District Health Services	31 968	11 931 572	30 211	12 123 889	29 684	12 790 148	29 044	13 757 602	29 488	14 202 824	29 488	15 197 685	1% 3% 32%
3. Emergency Medical Services	2 858	899 602	2 889	1 005 052	2 966	1 075 835	4 107	1 262 816	4 170	1 281 625	4 170	1 339 297	1% 2% 3%
4. Provincial Hospital Services	23 858	7 914 479	22 697	8 123 089	23 496	8 601 910	23 337	9 405 515	23 694	10 413 156	23 694	10 843 768	1% 5% 23%
5. Central Hospital Services	20 403	13 476 463	20 009	14 055 497	19 623	14 319 543	19 470	15 331 907	19 768	17 233 086	19 768	18 235 559	1% 6% 38%
6. Health Sciences And Training	1 920	521 237	1 742	515 135	1 977	518 705	1 844	533 307	1 872	621 095	1 872	649 045	1% 7% 1%
7. Health Care Support Services	763	209 814	736	221 435	736	226 506	696	240 841	707	257 236	707	268 811	1% 4% 1%
8. Health Facilities Management	86	40 082	85	42 884	84	44 282	132	57 908	134	60 571	134	63 297	1% 3% 0%
Total	86 664	35 457 134	83 049	36 536 759	83 848	38 025 465	84 071	41 076 969	85 357	44 833 272	85 357	47 440 220	1% 5% 100%
Employee dispensation classification													
Public Service Act appointees not covered by OSDs	35 852	7 017 658	34 603	9 125 700	29 437	7 800 452	29 257	8 540 993	34 052	9 219 775	34 052	9 500 764	5% 4% 21%

EPRE - 2025/26 • Vote 4 – Health

R thousands	Actual				Revised estimate				Medium-term expenditure estimate				Average annual growth over MTEF					
	2021/22		2022/23		2023/24		2024/25		2025/26		2026/27		2027/28		2024/25 - 2027/28			
	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Filled posts	Additional posts	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel growth rate	Costs growth rate	% Costs of Total	
Public Service Act appointees still to be covered by OSDs	281	31 025	1 430	30 260	1 338	452 189	7		7	4 339	9	4 475	8	4 703	5%	3%	0%	
Professional Nurses, Staff Nurses and Nursing Assistants	33 451	14 703 627	32 196	14 050 583	33 044	14 920 304	30 408	1 789	32 197	15 665 813	31 324	16 711 045	31 324	17 638 189	31 324	19 476 298	3%	39%
Legal Professionals	11	6 607	10	6 548	10	6 942	12		12	9 108	13	11 193	13	13 070	13	13 600	14%	0%
Social Services Professions	427	234 739	372	223 913	392	227 254	405	13	418	258 102	459	263 842	459	274 676	459	282 777	3%	1%
Engineering Professions and related occupations	76	50 605	69	50 014	82	48 990	62	6	68	48 818	63	50 148	63	52 699	63	54 269	4%	0%
Medical and related professionals	6 830	9 342 308	5 443	9 167 499	7 656	10 420 623	8 707	746	9 453	10 176 411	6 554	10 421 519	6 554	10 880 634	6 554	11 152 013	3%	25%
Therapeutic, Diagnostic and other related Allied Health Professionals	8 041	4 070 565	7 222	3 882 242	8 225	4 148 711	8 138	1 028	9 166	4 938 564	8 810	4 983 658	8 810	5 198 534	8 810	5 367 625	3%	12%
Others such as interns, EPWP, learnerships, etc	1 695		1 704		1 675		1 641	1 852	3 493	1 434 821	4 074	1 478 105	4 074	1 550 992	4 074	1 588 075	5%	3%
Total	86 664	35 457 134	83 049	36 536 759	81 859	38 025 465	78 543	5 528	84 071	41 076 969	85 358	42 738 563	85 357	44 833 272	85 357	47 440 220	3%	100%

The department has concluded the review of organisational structures of all institutions. The current structure was reviewed and analysed in line with the DPSA directive on the review of organisational structures. The proposed structure has also addressed all the factors affecting service delivery within the department including but not limited to population growth and high demand for health services. The department has strengthened systems and controls on the management of compensation of employees to ensure that the core clinical services are prioritised. The extension of psychiatric services remains one of the priorities although these are scarce and critical skills to appoint permanent staff. The revised organisational structure requires an additional budget to appoint specialists in new and extended services such as areas Oncology, Midwifery, Therapeutic and Neonatal services.

The accreditation of Gauteng College of Nursing (GCON) to provide post graduate programmes requires the department to appoint more personnel who are qualified to meet the South African Nursing Council (SANC) requirements. The department provides bursary opportunities for Medical Officers and other health professionals to address the skills shortages and to realise the return on investment. There are new skills that are required in various areas within the department however the department will provide training and development to upskill and retraining of staff in partnership with institutions of higher learning.

9.2 Training

TABLE 4.24: INFORMATION ON TRAINING: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Number of staff	86 664	83 049	83 848	84 071	84 071	84 071	85 358	85 357	85 357
Number of personnel trained	32 022	32 022	32 700	35 000	19 499	19 499	36 680	38 440	40 211
of which									
Male	7 698	7 698	7 700	8 000	5 855	5 855	8 384	8 786	9 134
Female	24 324	24 324	25 000	27 000	13 644	13 644	28 296	29 654	31 077
Number of training opportunities	152	152	152	152	147	147	152	152	152
of which									
Tertiary	2	2	2	2	2	2	2	2	2
Workshops	20	20	20	20	15	15	20	20	20
Seminars									
Other	130	130	130	130	130	130	130	130	130
Number of bursaries offered	2 096	2 096	2 096	1 870	1 805	1 805	2 511	1 761	1 526
Number of interns appointed	1 000	1 000	1 000	1 000	308	308	1 000	1 050	1 100
Number of learnerships appointed	500	500	350	400	243	243	500	525	550
Number of days spent on training	215	215	215	215	215	215	215	215	215
Payments on training by programme									
1. Administration	497					505			
2. District Health Services	5 157	5 109	9 773	31 078	29 978	24 866	27 579	28 990	29 519
3. Emergency Medical Services	17	143	472	7 500	1 000	1 000	7 500	7 851	7 977
4. Provincial Hospital Services	954	1 083	1 327	3 980	2 994	2 818	4 116	4 307	4 018
5. Central Hospital Services	386	740	584	3 020	2 435	2 990	2 645	2 793	2 793
6. Health Sciences And Training	4 511	3 994	2 000	9 839	9 339	8 219	7 544	8 016	9 073
7. Health Care Support Services		1		253	103	103	207	219	229
8. Health Facilities Management	45	252	63	1 000	1 000	1 000	1 000	1 000	1 000
Total payments on training	11 567	11 322	14 219	56 670	46 849	41 501	50 591	53 176	54 609

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 Albertina Sisulu Executive Leadership Programme for Health, Coaching for Leadership Development, CEO upskilling programme, Programme and Project management, Executive Education programme of the National School of Government and the Women in Leadership Development Programme. Other categories of staff benefited from training opportunities on technical skills in Financial Management, Supply Chain Management, Human Resource and Labour Relations Management. Capacity development in Construction Health and Safety Management SLP NQF level 5, ISO Standards certified quality management systems in occupational health and safety, and environmental health management. Skilling, upskilling and reskilling of the Expanded Public Work Programme (EPWP) contract workers in SAQA-accredited programmes on Health Promotion Officer, New Venture Creation, Emergency Care, ICT End-Use Computing, Generic Management, Hygiene and Cleaning, and Business Analysis.

The Health and Welfare SETA (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.

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 to provide continued professional development points for all clinical professionals to improve skills and competence. The Regional Training Centre (RTC) will be aligned to offer Continuous Professional Development (CPD) points for the skills programmes that are conducted. One year qualification training of Counsellors: the Health promotion Officer and Social Counselling Worker will be conducted by the approved and accredited service providers which is managed through Supply Chain process.

The department will continue with academic training programmes for midwives and doctors and short skills courses including Help Baby Breathe, ESMOE and management of post-partum haemorrhage to improve maternity and neonatal services. The training portion of the HIV and AIDS Grant will continue to be used for providing health care workers with comprehensive HIV, AIDS, STI and TB training including the training of drug resistant using the updated guidelines.

The Regional Training Centre will continue with an online training using the Knowledge Hub platform that would be followed by Mentorship in the facilities. Health Workers will be capacitated on Palliative Care training. Training on the management of Sexual Assault will continue and enhanced by the APC guideline.

Personnel at the RTC will continue to be trained to be Master Trainers for clinical training programmes to cascade training down.

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.

Funding for training clinical engineers will be prioritised as scarce skills and training will be conducted through Universities of Technology to improve the quality of supportive care and maintenance of equipment especially in obstetrics and gynaecology, accident and emergency, PHC and intensive care units.

Emergency Medical Care skills and development

The Lebone College of Emergency Care is responsible for enhancing the skills and development of emergency medical care personnel as well as those aspiring to work in the emergency medical field. The National Emergency Care Education and Training (NECET) policy was established to guide emergency medical care training and oversee the transition from legacy training programs to qualifications aligned with the National Qualifications Framework (NQF).

Funding is needed to support the programs mentioned above. The College currently partners with Sefako Makgatho Health Sciences University (SMU) to offer Higher Certificate and Diploma in Emergency Medical Care. This partnership serves as an interim solution to facilitate development while the College works toward acquiring accreditation from the higher education sector.

In addition to formal higher education programs the college also offers a range of short learning programs. These short learning programs are mandatory for Continues Professional Development (CPD) which requires all professionals registered with the HPCSA to continuously upgrade their skills and earn a set number of CPD points each year. Securing funding is essential to help health professionals maintain their registration and avoid being deregistered for failure to comply with these ongoing education requirements.

Additionally the College is accredited by the American Heart Association (AHA) to train Gauteng health professionals in Basic Life Support for Healthcare Providers (BLS HCP) and Advanced Cardiac Life Support (ACLS). As part of the Ideal Clinic initiative 80 per cent of staff in healthcare institutions must complete BLS HCP training to ensure preparedness for medical emergencies. This program is integral in ensuring that healthcare facilities and their personnel are equipped to handle critical situations effectively, as the country prepares for the implementation of the National Health Insurance (NHI) system. To meet the growing demand of training in this programs funding should be prioritized to fast-track the training across all Gauteng health institutions that will ensure personnel are well-prepared to meet the health challenges of the future. Funding of these programmes is critical for ensuring the ongoing development of emergency care professionals and the readiness of healthcare facilities within the province.

Gauteng College Of Nursing (GCON)

GCON is a provincial public college that caters for a majority of candidates from the GDoH clinical facilities (Recognition of Prior Learning (RPL) as well as private candidates who are in possession of a Grade 12 or equivalent. Its vision is to be recognised as a centre of nursing education that shapes the future of excellent nurse practitioners, researchers and leaders for the Gauteng community as well as the global community. The mission thereof is to meet the demands for competent and dedicated nurse practitioners, researchers and leaders who are responsive to diverse population needs in a health care system through integrative, collaborative and transformative education programmes.

It is a Nursing Education Institution that is offering Higher Education Qualifications Sub-Framework (HEQSF) aligned programmes. This College is aiming at producing cadres that are capable of rendering nursing care services to the community of the Gauteng province. GCON also contributes to job creation and economic growth in support of the GDoH strategic priorities.. The GDOH strategic goal of Human Resource for Health is supported by training nurses that will be able to join the work force of the Department. Skills Development Act requires that the employees are to be developed in terms of their work-related skills. GCON therefore contributes to the skills development by providing opportunities to the serving officers through the Recognition of Prior Learning programme.

GCON as an institution also offers a wide range of Postgraduate Diploma programmes. The college also contributes to the promotion of Mother and Child Health as well as the reduction of litigation around the Midwifery area by training competent midwives for the province.

All programmes offered are accredited by the South African Nursing Council (SANC) and Council on Higher Education (CHE). Training and development is of utmost importance in the workplace and exposes employees to new developments in their professional careers. It helps them to grow and perform optimally in the workplace as it broadens their knowledge base, contributes to opportunities for employment and ensures continued supply of human capital that will enhance and sustain service delivery by GDoH.

9.3 Reconciliation of structural changes

2024/25		2025/26	
Programmes	R'000	Programmes	R'000
1. Administration	1 934 645	1. Administration	1 915 488
1. Office Of The Mec	26 106	1. Office Of The Mec	31 637
2. Management	1 908 539	2. Management	1 883 851
2. District Health Services	21 660 185	2. District Health Services	22 756 387
1. District Management	1 201 996	1. District Management	1 333 340
2. Community Health Clinics	2 914 891	2. Community Health Clinics	2 991 941
3. Community Health Centres	2 579 126	3. Community Health Centres	2 726 062
4. Community Based Services	3 294 379	4. Community Based Services	3 428 885
5. HIV, Aids	6 321 880	5. HIV, Aids	6 803 292
6. Nutrition	78 904	6. Nutrition	
7. Coroner Services	368 976	7. Coroner Services	378 702
8. District Hospitals	4 900 033	8. District Hospitals	5 094 165
3. Emergency Medical Services	1 890 518	3. Emergency Medical Services	2 244 019
1. Emergency Transport	1 560 936	1. Emergency Transport	1 903 341
2. Planned Patient Transport	329 582	2. Planned Patient Transport	340 678
4. Provincial Hospital Services	12 527 896	4. Provincial Hospital Services	13 370 085
1. General Hospitals	9 235 297	1. General Hospitals	9 864 395
2. Tuberculosis Hospitals	399 341	2. Tuberculosis Hospitals	413 363
3. Psychiatric/Mental Hospital	2 062 930	3. Psychiatric/Mental Hospital	2 199 819
4. Dental Training Hospitals	701 863	4. Dental Training Hospitals	741 434
5. Other Specialised Hospitals	128 465	5. Other Specialised Hospitals	151 074
5. Central Hospital Services	22 894 510	5. Central Hospital Services	23 426 595
1. Central Hospital Services	17 576 235	1. Central Hospital Services	17 813 423
2. Provincial Tertiary Hospital Services	5 318 275	2. Provincial Tertiary Hospital Services	5 613 172
6. Health Sciences And Training	1 214 438	6. Health Sciences And Training	935 254
1. Nurse Training Colleges	710 696	1. Nurse Training Colleges	587 462
2. Ems Training Colleges	57 386	2. Ems Training Colleges	59 955
3. Bursaries	341 974	3. Bursaries	181 974
4. Other Training	104 382	4. Other Training	105 863
7. Health Care Support Services	474 656	7. Health Care Support Services	497 023
1. Laundries	356 107	1. Laundries	373 172
2. Food Supply Services	118 548	2. Food Supply Services	123 850
3. Medicine Trading Account	1	3. Medicine Trading Account	1
8. Health Facilities Management	2 107 246	8. Health Facilities Management	1 897 646
1. Community Health Facilities	394 548	1. Community Health Facilities	331 131
2. Emergency Medical Rescue Services	3 570	2. Emergency Medical Rescue Services	1 800
3. District Hospital Services	246 507	3. District Hospital Services	271 284
4. Provincial Hospital Services	395 250	4. Provincial Hospital Services	393 686
5. Central Hospital Services	618 819	5. Central Hospital Services	337 640
6. Other Facilities	448 552	6. Other Facilities	562 105
	64 704 094		67 042 497

The department's budget and programme structure changed because of Gauteng AIDS Council Secretariat (GACS) function shift from Health to Office of the Premier (OoP). The programme affected is Programme 2: District Health Services. The historical outcome and 2025 MTEF budget related to GACS is shifted to OoP to follow the function shift. The sub-programme affected is HIV and Aids within programme 2.

ANNEXURE TO THE ESTIMATES OF PROVINCIAL REVENUE AND EXPENDITURE

TABLE 4.25: SPECIFICATION OF RECEIPTS: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Tax receipts									
Sales of goods and services other than capital assets	443 707	408 559	428 971	545 105	545 105	545 105	569 525	595 723	622 531
Sale of goods and services produced by department (excluding capital assets)	442 800	407 811	428 169	542 759	542 759	542 759	567 074	593 159	619 852
Sales by market establishments	37 947	39 361	34 208	30 523	30 523	30 523	31 890	33 357	34 859
Administrative fees	315	381	456						
Other sales	404 538	368 069	393 505	512 236	512 236	512 236	535 184	559 802	584 993
Of which									
Health patient fees	343 680	300 334	313 471	436 825	436 825	436 825	456 395	477 389	498 872
Other (Specify)	27 735	25 307	26 492	48 361	48 361	48 361	50 528	52 852	55 230
Other (Specify)	18 693	19 743	20 935	16 575	16 575	16 575	17 318	18 115	18 930
Other (Specify)	1 041	396	1 390	8 577	8 577	8 577	8 961	9 373	9 795
Sales of scrap, waste, arms and other used current goods (excluding capital assets)	906	748	802	2 346	2 346	2 346	2 451	2 564	2 679
Transfers received from:	15	809	15						
Other governmental units		802							
Fines, penalties and forfeits	23	39	155	82	82	82	86	90	94
Interest, dividends and rent on land	306	711	574	1 860	1 860	1 860	1 943	2 032	2 123
Interest	306	711	574	1 860	1 860	1 860	1 943	2 032	2 123
Sales of capital assets	9 211	15 318	17 528						
Transactions in financial assets and liabilities	49 290	82 673	44 962	40 890	40 890	40 890	42 722	44 687	46 698
Total departmental receipts	502 552	508 109	492 205	587 937	587 937	587 937	614 276	642 532	671 446

TABLE 4.26: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	53 329 502	54 827 927	57 554 007	60 182 289	61 409 747	65 331 117	62 611 265	65 135 838	67 961 883
Compensation of employees	35 457 134	36 536 759	38 025 465	40 070 699	40 690 699	41 076 969	42 738 563	44 833 272	47 440 220
Salaries and wages	31 278 164	32 094 233	33 129 907	34 968 735	35 639 979	35 789 510	37 547 358	39 428 296	41 796 938
Social contributions	4 178 970	4 442 526	4 895 558	5 101 964	5 050 720	5 287 459	5 191 205	5 404 976	5 643 282
Goods and services	17 871 220	18 287 327	19 512 926	20 111 590	20 719 048	24 249 734	19 872 702	20 302 566	20 521 663
Administrative fees	20 234	7 113	11 810	16 462	13 626	15 603	15 765	16 666	17 924
Advertising	5 663	7 483	16 666	62 387	41 169	25 291	59 656	62 442	62 452
Minor assets	28 838	24 796	34 118	87 703	60 213	55 820	53 438	52 688	55 234
Audit costs: External	25 786	30 186	28 257	30 490	40 490	40 490	36 857	37 322	37 322
Bursaries: Employees	6 377	3 181	17 993	12 753	12 753	13 598	15 355	14 193	14 831
Catering: Departmental activities	4 440	6 565	11 545	11 069	15 575	16 650	19 714	20 219	19 965

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Communication (G&S)	93 340	80 578	98 261	109 906	108 948	106 041	114 912	120 156	121 322
Computer services	244 537	93 394	205 112	304 363	296 214	296 214	300 648	314 333	314 516
Consultants: Business and advisory services	314 629	354 585	437 351	666 307	630 785	630 785	686 295	718 315	718 672
Laboratory services	2 326 076	2 925 246	2 752 239	2 995 248	3 132 709	3 104 517	2 796 687	2 894 566	2 841 264
Contractors	400 189	357 395	306 868	940 627	957 151	627 243	1 008 314	760 859	764 083
Agency and support/outsource d services	322 976	456 247	225 807	210 603	259 417	291 652	219 624	222 103	215 708
Fleet services (including government motor transport)	186 380	209 578	256 565	279 023	277 465	355 900	288 633	295 579	302 609
Housing									
Inventory: Clothing material and accessories	3 909	1 358	6 875			75			
Inventory: Food and food supplies	391 862	435 481	499 788	553 824	575 574	651 351	586 639	608 208	613 447
Inventory: Fuel, oil and gas	283 017	290 974	352 212	566 470	540 406	525 628	514 550	535 631	544 197
Inventory: Learner and teacher support material	581	1 119	1 717	1 427	1 427	1 427	1 650	1 717	1 735
Inventory: Materials and supplies	43 995	64 391	71 277	53 678	56 522	58 495	57 380	59 937	65 319
Inventory: Medical supplies	4 171 370	4 395 303	4 181 124	4 085 543	4 101 775	5 358 171	4 099 056	4 129 941	4 079 038
Inventory: Medicine	4 324 149	4 163 001	4 250 059	4 532 698	4 537 044	5 665 452	4 391 925	4 520 144	4 478 259
Medsas inventory interface									
Inventory: Other supplies	100 790	158 353	149 264	178 836	203 417	204 859	183 777	190 597	197 923
Consumable supplies	1 164 363	925 302	868 370	623 113	533 073	595 334	539 996	556 967	569 974
Consumables: Stationery, printing and office supplies	162 583	169 914	171 781	221 855	231 822	216 820	214 254	226 764	232 357
Operating leases	345 056	266 174	367 939	380 445	381 718	359 889	389 704	409 736	416 018
Rental and hiring	37 014	24 164	29 108	35 475	35 450	36 190	37 405	40 261	39 340
Property payments	2 680 534	2 658 958	3 497 816	2 966 856	3 508 971	4 569 812	3 009 118	3 256 751	3 558 807
Transport provided: Departmental activity	320	223	1 418	13 686	3 868	4 372	11 528	12 214	12 062
Travel and subsistence	18 931	21 228	29 054	38 675	39 260	37 688	43 670	42 933	42 712
Training and development	11 567	11 322	14 219	56 670	46 849	41 501	50 591	53 176	54 609
Operating payments	5 660	11 683	7 821	16 430	14 412	13 544	55 942	56 717	57 870
Venues and facilities	2 133	2 979	13 089	9 054	11 031	10 853	14 678	15 101	15 764
Interest and rent on land	1 148	3 841	15 616			4 414			
Rent on land		3 841				1			
Transfers and subsidies	1 618 883	1 779 846	2 021 433	2 122 037	1 872 778	1 994 178	1 834 132	2 087 798	2 121 860
Provinces and municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Departmental agencies and accounts	24 636	25 819	26 955	26 955	27 011	27 011	27 354	28 612	29 900
Provide list of entities receiving transfers	24 636	25 819	26 955	26 955	27 011	27 011	27 354	28 612	29 900
Higher education institutions	7 867	1 176	570	1 000					
Non-profit institutions	627 004	685 978	713 937	905 114	818 387	825 587	748 721	783 455	797 016
Households	582 227	674 262	869 693	758 997	597 409	700 587	608 306	805 291	824 504
Social benefits	118 995	130 526	127 088	104 908	101 606	104 450	107 082	112 015	114 763
Other transfers to households	463 232	543 736	742 605	654 089	495 803	596 137	501 224	693 276	709 741
Payments for capital assets	2 023 090	1 877 868	1 586 369	2 399 768	2 602 201	2 898 424	2 597 100	2 253 344	2 081 456
Buildings and other fixed structures	735 593	434 910	360 660	993 132	735 416	735 416	839 414	613 090	337 423
Buildings	735 593	434 910	360 660	993 132	735 416	735 416	839 414	613 090	337 423
Machinery and equipment	1 287 090	1 442 958	1 225 709	1 406 636	1 866 785	2 163 008	1 757 686	1 640 254	1 744 033
Transport equipment	284 591	591 640	315 488	227 408	228 201	702 522	516 570	299 981	298 862
Other machinery and equipment	1 002 499	851 318	910 221	1 179 228	1 638 584	1 460 486	1 241 116	1 340 273	1 445 171
Payments for financial assets	1 672	12 509	28 565			9 030			
Total economic classification	56 973 147	58 498 150	61 190 374	64 704 094	65 884 726	70 232 749	67 042 497	69 476 980	72 165 199

TABLE 4.27: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 649 055	1 290 127	1 465 185	1 361 814	1 313 839	1 525 414	1 286 879	1 452 042	1 531 764
Compensation of employees	463 885	449 778	448 536	600 969	589 310	487 073	627 252	763 679	842 758
Salaries and wages	405 068	389 091	386 467	532 246	520 587	421 140	555 483	688 609	754 769
Social contributions	58 817	60 687	62 069	68 723	68 723	65 933	71 769	75 070	87 989
Goods and services	1 184 072	836 508	1 001 033	760 845	724 529	1 034 502	659 627	688 363	689 006
Administrative fees	6 253	3 183	3 083	4 846	3 049	3 049	2 159	2 392	2 395
Advertising	1 507	3 480	1 293	4 838	4 674	4 061	4 400	4 632	4 632
Minor assets	585	1 122	5	285	285	285	257	271	272
Audit costs: External	25 744	29 875	28 257	30 490	40 490	40 490	36 857	37 322	37 322
Bursaries: Employees			20						
Catering: Departmental activities	117	321	2 912	1 021	4 372	4 694	2 032	2 081	2 139
Communication (G&S)	57 840	34 688	52 756	62 841	62 537	57 865	65 715	68 745	68 757
Computer services	239 579	86 575	194 703	284 876	284 876	284 876	284 876	297 638	297 638
Consultants: Business and advisory services	26 181	24 393	37 437	117 804	82 529	82 529	108 836	114 495	114 669
Laboratory services	1	39	130						
Science and technological services									
Contractors	254	40	9 368	54 181	53 284	41 595	1 600	1 718	1 718
Agency and support/outsource d services	75 430	219 724	395	2 000	52 295	68 080	2 000	2 096	2 096
Fleet services (including	4 822	4 978	4 625	4 438	4 592	45 438	4 637	4 850	4 875

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
government motor transport)									
Inventory: Clothing material and accessories			2						
Inventory: Food and food supplies		12	66	37	37	37	39	41	43
Inventory: Fuel, oil and gas									
Inventory: Materials and supplies	379	542	13	24	24	24	25	26	26
Inventory: Medical supplies	2 991	122	1 755		4 778	4 778			
Inventory: Medicine	(1)								
Consumable supplies	523 817	251 648	1 919	74 037	5 481	5 535	16 801	16 770	16 827
Consumables: Stationery, printing and office supplies	628	1 763	2 165	3 452	3 277	3 277	3 398	3 554	3 554
Operating leases	21 961	17 072	17 597	13 875	12 521	10 873	14 497	15 164	15 262
Rental and hiring	36 663	23 742	28 681	31 882	31 957	31 957	33 765	36 454	36 455
Property payments	17 260	9 507	6 142	9 733	10 123	14 049	12 269	12 737	12 737
Transport provided: Departmental activity			180		850	850	959	1 000	1 045
Travel and subsistence	2 352	3 439	6 029	7 898	8 645	7 952	7 362	7 741	7 804
Training and development	497					505			
Operating payments	18		12						
Venues and facilities		249	9 091	2 373	3 939	4 015	2 202	2 306	2 410
Transfers and subsidies	371 718	516 909	698 030	408 415	407 813	509 022	316 642	330 745	330 896
Households	371 718	516 909	698 030	303 753	303 151	404 360	316 642	330 745	330 896
Social benefits	2 536	9 822	2 398	1 983	1 381	2 256	3 292	3 358	3 509
Other transfers to households	369 182	507 087	695 632	301 770	301 770	402 104	313 350	327 387	327 387
Payments for capital assets	152 410	18 503	6 518	164 416	190 209	190 209	311 967	234 267	245 917
Machinery and equipment	152 410	18 503	6 518	9 916	35 709	35 709	165 980	177 488	186 583
Transport equipment					793	793			
Other machinery and equipment	152 410	18 503	6 518	9 916	34 916	34 916	165 980	177 488	186 583
Payments for financial assets	9	117	97						
Total economic classification	2 173 192	1 825 656	2 169 830	1 934 645	1 911 861	2 224 645	1 915 488	2 017 054	2 108 577

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	18 258 862	18 391 212	19 379 382	20 453 737	21 032 045	22 592 610	21 640 227	22 097 441	23 028 681
Compensation of employees	11 931 572	12 123 889	12 790 148	12 784 902	13 233 591	13 757 602	13 992 896	14 202 824	15 197 685
Salaries and wages	10 338 343	10 389 341	10 870 395	10 797 487	11 306 720	11 684 563	12 013 285	12 145 453	13 062 191
Social contributions	1 593 229	1 734 548	1 919 753	1 987 415	1 926 871	2 073 039	1 979 611	2 057 371	2 135 494
Goods and services	6 327 290	6 267 323	6 589 234	7 668 835	7 798 454	8 834 501	7 647 331	7 894 617	7 830 996

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Administrative fees	544	1 416	1 342	745	748	2 725	2 933	3 089	3 590
Advertising	3 127	3 682	14 846	56 195	35 425	20 160	54 032	56 534	56 453
Minor assets	13 240	8 305	8 988	46 130	27 880	24 647	23 928	25 826	25 158
Catering: Departmental activities	3 724	5 307	7 606	8 991	8 991	9 592	15 894	16 303	15 917
Communication (G&S)	12 185	22 759	20 361	22 311	18 326	19 193	27 594	28 635	29 658
Computer services		66	299				244	244	244
Consultants: Business and advisory services	197	112	293	722	722	722	821	855	784
Laboratory services	1 263 374	1 515 855	1 398 743	1 588 928	1 737 109	1 707 785	1 567 394	1 636 192	1 581 886
Science and technological services									
Contractors	159 155	104 476	50 339	322 540	323 739	150 590	397 520	413 575	416 395
Agency and support/outsource d services	25 784	34 935	38 220	29 559	30 123	29 908	43 752	37 393	30 514
Fleet services (including government motor transport)	33 694	40 123	46 198	47 225	45 913	42 058	44 566	46 769	47 636
Inventory: Clothing material and accessories	2 957	1 091	5 247						
Inventory: Food and food supplies	57 214	66 762	81 166	123 358	122 598	100 372	119 249	124 284	127 468
Inventory: Fuel, oil and gas	78 225	84 279	104 231	125 008	125 258	105 560	118 595	124 413	126 536
Inventory: Learner and teacher support material		78							
Inventory: Materials and supplies	14 359	19 452	17 060	28 876	29 054	23 255	28 275	29 624	34 784
Inventory: Medical supplies	604 036	571 818	823 636	934 923	943 237	1 028 857	952 263	978 392	970 904
Inventory: Medicine	3 224 821	2 931 926	3 002 279	3 204 845	3 202 615	3 900 786	3 071 381	3 168 155	3 150 004
Consumable supplies	120 668	125 464	131 388	127 049	125 782	133 165	127 027	132 973	137 598
Consumables: Stationery, printing and office supplies	45 170	58 981	70 886	103 015	102 155	94 253	84 932	91 840	95 577
Operating leases	79 357	60 374	88 922	94 979	97 759	79 406	95 620	100 028	102 101
Rental and hiring	64	135	307	500	600	1 340	800	823	823
Property payments	549 113	557 133	622 818	702 645	719 270	1 269 023	722 274	728 330	720 468
Transport provided: Departmental activity	40	97	1 127	719	630	1 134	1 570	1 611	1 671
Travel and subsistence	5 812	7 766	9 136	17 450	17 554	16 393	23 281	21 547	21 493
Training and development	5 157	5 109	9 773	31 078	29 978	24 866	27 579	28 990	29 519
Operating payments	669	746	702	1 910	410	1 613	44 577	44 666	46 365
Venues and facilities	2 133	1 967	1 311	5 131	5 195	4 881	10 726	10 972	10 966
Transfers and subsidies	753 568	820 523	850 571	932 164	845 437	864 934	890 853	931 837	927 619
Provinces and municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440
Municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Non-profit institutions	345 004	386 978	398 937	471 452	384 725	391 925	405 721	424 708	422 047
Households	31 415	40 934	41 356	30 741	30 741	32 016	35 381	36 689	35 132
Social benefits	31 415	36 547	41 340	30 741	30 741	32 016	35 381	36 689	35 132
Other transfers to households		4 387	16						
Payments for capital assets	162 347	135 573	169 952	274 284	274 284	213 127	225 307	301 120	307 130
Buildings and other fixed structures									
Buildings									
Machinery and equipment	162 347	135 573	169 952	274 284	274 284	213 127	225 307	301 120	307 130
Transport equipment	42 764	47 389	58 177	13 428	13 428	25 157	52 633	54 928	55 601
Other machinery and equipment	119 583	88 184	111 775	260 856	260 856	187 970	172 674	246 192	251 529
Payments for financial assets	679	5 404	5 768			3 539			
Total economic classification	19 175 456	19 352 712	20 405 673	21 660 185	22 151 766	23 674 210	22 756 387	23 330 398	24 263 430

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 135 041	1 330 004	1 506 566	1 595 086	1 663 582	1 817 835	1 699 395	1 778 905	1 844 517
Compensation of employees	899 602	1 005 052	1 075 835	1 113 884	1 180 080	1 262 816	1 218 221	1 281 625	1 339 297
Salaries and wages	745 743	827 960	874 873	936 846	1 003 042	1 035 546	1 029 048	1 087 969	1 136 927
Social contributions	153 859	177 092	200 962	177 038	177 038	227 270	189 173	193 656	202 370
Goods and services	235 389	324 952	430 731	481 202	483 502	555 019	481 174	497 280	505 220
Administrative fees	11 981		5 165	7 200	6 365	6 365	7 200	7 537	7 655
Advertising	879	41		150	50	50	150	159	196
Minor assets	872	271	1 452	5 600	2 600	3 858	3 000	3 264	6 012
Catering: Departmental activities	370	419	299	400	890	890	400	419	434
Communication (G&S)	3 000	2 771	4 888	3 853	8 453	9 726	3 915	4 095	4 095
Computer services				400	400	400	400	419	431
Science and technological services									
Contractors	2 956	12 369	9 081	15 000	15 000	17 809	15 000	15 694	15 778
Agency and support/outsource d services	177	236	210	400	450	450	400	419	432
Fleet services (including government motor transport)	132 792	149 646	186 878	206 189	206 189	247 591	215 116	218 630	224 084
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	6	2	4	10	10	10	10	10	10
Inventory: Fuel, oil and gas	415	748	1 463	500	500	500	500	525	562
Inventory: Materials and supplies	490	3 925	8 403	800	1 860	3 367	800	839	887
Inventory: Medical supplies	30 262	39 861	78 277	60 200	61 200	73 964	55 594	58 151	56 746
Inventory: Medicine	890	973	520	500	2 359	3 087	1 050	1 074	542

Consumable supplies	10 609	22 444	33 860	35 400	41 566	38 901	35 400	37 055	37 626
Consumables: Stationery, printing and office supplies	3 937	6 834	3 911	9 200	9 200	9 200	9 200	9 630	9 778
Operating leases	25 483	30 257	64 738	75 000	76 000	76 000	76 073	79 572	79 572
Rental and hiring									
Property payments	9 615	53 367	30 997	39 600	43 600	52 761	40 216	42 066	42 066
Transport provided: Departmental activity				12 500	2 000	2 000	8 000	8 582	8 969
Travel and subsistence	44	71	40	550	160	160	550	576	598
Transfers and subsidies	1 515	3 604	1 760	4 282	1 982	1 982	2 300	2 515	2 629
Provinces and municipalities									
Municipalities									
Municipalities									
Households	1 515	3 604	1 760	4 282	1 982	1 982	2 300	2 515	2 629
Social benefits	1 515	3 604	1 760	4 282	1 982	1 982	2 300	2 515	2 629
Other transfers to households									
Payments for capital assets	295 113	676 987	556 741	291 150	291 150	700 798	542 324	326 942	324 824
Machinery and equipment	295 113	676 987	556 741	291 150	291 150	700 798	542 324	326 942	324 824
Transport equipment	237 085	540 026	254 723	211 150	211 150	673 742	460 637	241 497	239 379
Other machinery and equipment	58 028	136 961	302 018	80 000	80 000	27 056	81 687	85 445	85 445
Payments for financial assets	23	346	119			124			
Total economic classification	1 431 692	2 010 941	2 065 186	1 890 518	1 956 714	2 520 739	2 244 019	2 108 362	2 171 970

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	10 536 389	10 941 764	11 870 793	12 324 318	12 531 976	13 354 235	13 178 520	13 748 852	14 192 368
Compensation of employees	7 914 479	8 123 089	8 601 910	9 080 928	9 200 706	9 405 515	9 918 759	10 413 156	10 843 768
Salaries and wages	7 026 796	7 180 103	7 556 400	7 997 467	8 114 445	8 276 377	8 770 443	9 215 284	9 591 991
Social contributions	887 683	942 986	1 045 510	1 083 461	1 086 261	1 129 138	1 148 316	1 197 872	1 251 777
Goods and services	2 621 910	2 818 675	3 268 883	3 243 390	3 331 270	3 948 653	3 259 761	3 335 696	3 348 600
Administrative fees	587	1 141	1 403	1 537	1 780	1 780	1 924	1 996	2 088
Advertising	4	3	10	65	65	65	10	12	62
Minor assets	7 073	6 930	6 531	14 342	8 239	8 346	8 573	9 270	9 730
Catering: Departmental activities	16	77	32	110	110	110	110	115	120
Communication (G&S)	4 827	3 940	4 573	3 137	2 979	3 902	4 136	4 296	4 401
Computer services	1 023	1 825	2 062	1 157	1 157	1 157	1 528	1 592	1 664
Consultants: Business and advisory services	288 104	329 597	399 561	546 946	546 698	546 698	571 282	597 568	597 609
Laboratory services	240 528	312 995	364 441	348 743	348 023	326 785	302 674	331 747	332 747
Contractors	53 840	64 231	60 373	72 936	77 024	75 682	82 125	85 587	85 656
Agency and support/outsourced services	93 227	70 550	72 810	62 953	62 384	68 654	64 575	67 640	68 079
Entertainment									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Fleet services (including government motor transport)	5 029	5 329	6 179	7 242	7 242	7 242	9 270	9 618	9 938
Inventory: Clothing material and accessories	952	267	1 486						
Inventory: Food and food supplies	151 006	175 203	191 397	184 318	190 508	228 836	205 961	208 751	209 582
Inventory: Fuel, oil and gas	109 115	97 217	133 321	145 474	145 979	146 131	136 543	137 985	142 300
Inventory: Learner and teacher support material		104	189						
Inventory: Materials and supplies	10 737	19 378	27 365	6 769	7 122	11 589	9 660	9 990	10 118
Inventory: Medical supplies	775 129	836 460	889 017	837 079	839 695	1 177 908	836 858	841 389	845 880
Inventory: Medicine	318 140	344 977	329 157	355 416	358 828	497 542	347 807	350 709	357 570
Medsas inventory interface									
Consumable supplies	107 582	112 579	139 661	76 663	75 614	102 832	83 314	87 071	90 187
Consumables: Stationery, printing and office supplies	18 913	23 959	28 543	34 964	36 904	38 616	41 181	42 841	44 418
Operating leases	30 367	27 406	32 584	42 099	39 119	37 762	41 685	43 690	45 037
Rental and hiring	287	287	120	854	654	654	560	600	640
Property payments	359 742	327 925	525 371	447 169	530 014	612 723	452 861	443 559	428 956
Transport provided: Departmental activity	107	38	14	367	267	267	679	696	352
Travel and subsistence	8 287	6 632	7 339	621	690	972	562	605	948
Training and development	954	1 083	1 327	3 980	2 994	2 818	4 116	4 307	4 018
Operating payments	896	945	3 029	3 440	3 260	3 273	3 385	3 545	3 790
Venues and facilities									
Interest and rent on land						67			
Rent on land									
Transfers and subsidies	26 171	29 667	28 570	19 164	18 764	18 913	17 427	18 376	19 203
Departmental agencies and accounts									
Provide list of entities receiving transfers									
Non-profit institutions									
Households	26 171	29 667	28 570	19 164	18 764	18 913	17 427	18 376	19 203
Social benefits	25 968	28 938	27 917	19 164	18 764	18 913	17 427	18 376	19 203
Other transfers to households	203	729	653						
Payments for capital assets	134 144	108 006	126 721	184 414	189 031	168 968	174 138	169 813	170 511
Buildings and other fixed structures									
Buildings									
Machinery and equipment	133 737	108 006	126 721	184 414	189 031	168 968	174 138	169 813	170 511
Transport equipment	2 794	3 313	513					12	280

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Other machinery and equipment	130 943	104 693	126 208	184 414	189 031	168 968	174 138	169 801	170 231
Payments for financial assets	510	2 994	4 006			2 760			
Total economic classification	10 697 214	11 082 431	12 030 090	12 527 896	12 739 771	13 544 876	13 370 085	13 937 041	14 382 082

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	19 505 923	20 640 105	20 820 109	21 930 110	22 099 605	23 388 045	22 415 308	23 355 777	24 281 413
Compensation of employees	13 476 463	14 055 497	14 319 543	15 486 041	15 486 041	15 331 907	16 089 263	17 233 086	18 235 559
Salaries and wages	12 095 632	12 637 125	12 768 876	13 846 732	13 846 732	13 662 534	14 410 689	15 483 408	16 407 146
Social contributions	1 380 831	1 418 372	1 550 667	1 639 309	1 639 309	1 669 373	1 678 574	1 749 678	1 828 413
Goods and services	6 029 460	6 584 608	6 500 566	6 444 069	6 613 564	8 056 138	6 326 045	6 122 691	6 045 854
Administrative fees	868	1 373	786	1 117	1 167	1 167	1 041	1 095	1 095
Advertising	144	210	253	549	709	709	689	716	716
Minor assets	6 401	7 062	16 372	19 718	19 668	17 137	16 167	12 484	12 484
Catering: Departmental activities	34	50	56	65	70	70	65	68	68
Communication (G&S)	14 638	15 640	14 949	16 559	15 548	14 211	12 234	13 010	13 010
Computer services	3 854	4 720	7 270	12 430	6 390	6 390	8 100	8 683	8 683
Consultants: Business and advisory services	120	56	50	235	185	185	187	199	199
Laboratory services	821 134	1 088 380	988 690	1 057 418	1 047 418	1 069 788	926 469	926 469	926 469
Science and technological services									
Contractors	180 525	173 054	174 132	472 121	483 646	337 109	508 483	240 612	240 612
Agency and support/outsource d services	127 851	130 760	114 135	115 040	113 424	123 819	108 210	113 838	113 838
Fleet services (including government motor transport)	4 955	4 837	5 905	6 750	6 350	6 350	6 042	6 367	6 367
Inventory: Clothing material and accessories			120						
Inventory: Food and food supplies	166 536	169 246	189 679	213 670	217 970	248 994	216 050	228 238	227 441
Inventory: Fuel, oil and gas	70 546	73 697	92 620	241 650	231 150	234 882	217 063	228 297	228 297
Inventory: Materials and supplies	16 159	19 791	17 193	16 230	17 230	19 294	16 390	17 181	17 181
Inventory: Medical supplies	2 754 725	2 943 000	2 383 248	2 249 073	2 248 758	3 067 499	2 249 073	2 246 536	2 199 596
Inventory: Medicine	779 551	884 671	917 521	971 487	972 710	1 263 505	971 487	999 985	969 918
Consumable supplies	319 083	312 660	458 850	213 367	186 503	215 404	181 047	182 135	182 135
Consumables: Stationery, printing and office supplies	90 767	74 460	62 492	64 531	73 425	64 613	68 840	71 888	71 888
Operating leases	45 351	33 330	46 270	56 900	58 448	58 448	58 880	64 575	64 575
Rental and hiring				1 439	1 439	1 439	480	546	546
Property payments	580 562	559 457	927 848	613 340	791 006	1 185 036	657 523	655 099	655 099

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Transport provided: Departmental activity	173	88	97	100	121	121	20	25	25
Travel and subsistence	788	1 081	1 508	1 940	2 000	2 000	2 045	2 138	2 138
Training and development	386	740	584	3 020	2 435	2 990	2 645	2 793	2 793
Transfers and subsidies	335 981	347 347	365 928	375 540	375 540	375 540	389 616	407 651	426 988
Departmental agencies and accounts									
Non-profit institutions	282 000	299 000	315 000	329 000	329 000	329 000	343 000	358 747	374 969
Households	53 981	48 347	50 928	46 540	46 540	46 540	46 616	48 904	52 019
Social benefits	53 669	48 347	50 928	46 540	46 540	46 540	46 616	48 904	52 019
Other transfers to households	312								
Payments for capital assets	489 321	495 199	358 552	588 860	1 014 419	982 214	621 671	628 762	723 080
Machinery and equipment	489 321	495 199	358 552	588 860	1 014 419	982 214	621 671	628 762	723 080
Transport equipment	986	811	2 075	1 500	1 500	1 500	2 000	2 244	2 244
Other machinery and equipment	488 335	494 388	356 477	587 360	1 012 919	980 714	619 671	626 518	720 836
Payments for financial assets	432	2 771	3 986			2 077			
Total economic classification	20 331 657	21 485 422	21 548 575	22 894 510	23 489 564	24 747 876	23 426 595	24 392 190	25 431 481

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	573 526	571 320	604 023	817 750	806 296	649 792	705 555	741 546	772 683
Compensation of employees	521 237	515 135	518 705	711 028	699 324	533 307	588 313	621 095	649 045
Salaries and wages	462 749	455 601	456 151	616 303	604 599	467 796	517 911	546 325	570 910
Social contributions	58 488	59 534	62 554	94 725	94 725	65 511	70 402	74 770	78 135
Goods and services	52 289	56 185	85 318	106 722	106 972	116 485	117 242	120 451	123 638
Administrative fees	1		31	1 017	517	517	508	557	1 101
Advertising	2	67	264	290	46	46	275	289	293
Minor assets	86	1 024	770	1 227	1 340	1 346	1 112	1 169	1 172
Bursaries: Employees	6 377	3 181	17 973	12 753	12 753	13 598	15 355	14 193	14 831
Catering: Departmental activities	176	375	623	422	1 022	1 174	1 093	1 113	1 164
Communication (G&S)	513	439	419	725	725	764	778	812	813
Computer services	81	208	778	5 500	3 391	3 391	5 500	5 757	5 856
Consultants: Business and advisory services		427	10	600	651	651	5 169	5 198	5 411
Laboratory services		83	235	159	159	159	150	158	162
Contractors	1 229	1 047	1 656	1 330	1 409	1 409	2 390	2 454	2 650
Agency and support/outsourced services	482	7	8	603	603	603	604	632	660
Fleet services (including government motor transport)	1 577	1 684	2 359	2 817	2 817	2 859	2 716	2 849	2 921

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Inventory: Clothing material and accessories			20			75			
Inventory: Food and food supplies	149	157	160	500	520	520	600	623	560
Inventory: Fuel, oil and gas	250	241	120	270	226	226	170	182	283
Inventory: Learner and teacher support material	581	937	1 524	1 427	1 427	1 427	1 650	1 717	1 735
Inventory: Materials and supplies	1 626	1 207	1 111	890	1 049	783	1 576	1 618	1 634
Inventory: Medical supplies	1 089	678	846	1 279	1 024	1 070	1 297	1 358	1 615
Inventory: Medicine	748	454	582	450	532	532	200	221	225
Consumable supplies	3 412	3 113	2 320	5 564	5 944	6 910	5 407	5 669	6 067
Consumables: Stationery, printing and office supplies	2 644	3 061	3 028	4 852	5 160	5 160	4 795	5 024	5 072
Operating leases	7 443	6 048	9 153	9 190	9 140	8 509	10 023	10 451	9 801
Rental and hiring				800	800	800	1 800	1 838	876
Transport provided: Departmental activity							300	300	
Travel and subsistence	1 327	1 800	4 319	9 483	9 478	9 478	8 467	8 923	8 328
Training and development	4 511	3 994	2 000	9 839	9 339	8 219	7 544	8 016	9 073
Operating payments	139	(15)	16	240	402	402	1 160	1 171	379
Transfers and subsidies	129 212	61 243	75 758	382 104	222 568	223 339	216 923	396 285	414 118
Departmental agencies and accounts	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612	29 900
Provide list of entities receiving transfers	24 636	25 819	26 955	26 955	26 955	26 955	27 354	28 612	29 900
Higher education institutions	7 867	1 176	570	1 000					
Households	96 709	34 248	48 233	354 149	195 613	196 384	189 569	367 673	384 218
Social benefits	3 174	2 715	1 929	1 830	1 580	2 351	1 695	1 784	1 864
Other transfers to households	93 535	31 533	46 304	352 319	194 033	194 033	187 874	365 889	382 354
Payments for capital assets	4 128	4 881	5 184	14 584	14 584	14 584	12 776	13 880	14 505
Machinery and equipment	4 128	4 881	5 184	14 584	14 584	14 584	12 776	13 880	14 505
Transport equipment	741	101		1 330	1 330	1 330	1 300	1 300	1 358
Other machinery and equipment	3 387	4 780	5 184	13 254	13 254	13 254	11 476	12 580	13 147
Software and other intangible assets									
Payments for financial assets	2	773	14 559			496			
Total economic classification	706 868	638 217	699 524	1 214 438	1 043 448	888 211	935 254	1 151 711	1 201 306

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	386 858	435 362	438 305	471 020	480 470	511 850	493 468	516 023	539 242
Compensation of employees	209 814	221 435	226 506	235 039	243 739	240 841	245 951	257 236	268 811
Salaries and wages	169 188	177 949	178 831	189 078	191 278	188 978	199 162	208 254	217 625
Social contributions	40 626	43 486	47 675	45 961	52 461	51 863	46 789	48 982	51 186
Goods and services	177 044	213 927	211 799	235 981	236 731	271 008	247 517	258 787	270 431
Advertising									
Minor assets	231	49		41	41	41	41	44	46
Catering: Departmental activities					60	60	60	60	63
Communication (G&S)	337	341	315	470	370	370	530	553	578
Contractors	171	15	80	496	1 026	1 026	1 196	1 219	1 274
Agency and support/outsource d services	25	35	29	48	83	83	83	85	89
Fleet services (including government motor transport)	3 511	2 981	4 421	4 362	4 362	4 362	6 286	6 496	6 788
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	16 951	22 933	37 226	31 931	43 931	72 582	44 730	46 261	48 343
Inventory: Fuel, oil and gas	24 466	34 792	20 457	53 568	37 293	38 329	41 679	44 229	46 219
Inventory: Materials and supplies	108	39	120	89	183	183	654	659	689
Inventory: Medical supplies	2 630	2 253	4 308	2 989	3 083	4 095	3 971	4 115	4 297
Inventory: Medicine									
Consumable supplies	78 938	96 704	99 572	89 963	91 113	91 517	89 930	94 224	98 464
Consumables: Stationery, printing and office supplies	523	790	756	1 691	1 691	1 691	1 758	1 837	1 920
Rental and hiring									
Travel and subsistence	1	1	1	3	3	3	3	3	3
Training and development		1		253	103	103	207	219	229
Venues and facilities									
Transfers and subsidies	682	531	706	368	618	392	371	389	407
Households	682	531	706	368	618	392	371	389	407
Social benefits	682	531	706	368	618	392	371	389	407
Payments for capital assets	1 289	1 305	320	3 268	3 268	3 268	3 184	3 339	3 490
Machinery and equipment	1 289	1 305	320	3 268	3 268	3 268	3 184	3 339	3 490
Transport equipment	221								
Other machinery and equipment	1 068	1 305	320	3 268	3 268	3 268	3 184	3 339	3 490
Payments for financial assets	4	104	30			11			
Total economic classification	388 833	437 302	439 361	474 656	484 356	515 521	497 023	519 751	543 139

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 283 848	1 228 033	1 469 644	1 228 454	1 481 934	1 491 336	1 191 913	1 445 252	1 771 215
Compensation of employees	40 082	42 884	44 282	57 908	57 908	57 908	57 908	60 571	63 297
Salaries and wages	34 645	37 063	37 914	52 576	52 576	52 576	51 337	52 994	55 379
Social contributions	5 437	5 821	6 368	5 332	5 332	5 332	6 571	7 577	7 918
Goods and services	1 243 766	1 185 149	1 425 362	1 170 546	1 424 026	1 433 428	1 134 005	1 384 681	1 707 918
Advertising				300	200	200	100	100	100
Minor assets	350	33		360	160	160	360	360	360
Catering: Departmental activities	3	16	17	60	60	60	60	60	60
Communication (G&S)				10	10	10	10	10	10
Contractors	2 059	2 163	1 839	2 023	2 023	2 023			
Inventory: Food and food supplies		1 166	90						
Inventory: Materials and supplies	137	57	12						
Inventory: Medical supplies	508	1 111	37						
Consumable supplies	254	690	800	1 070	1 070	1 070	1 070	1 070	1 070
Consumables: Stationery, printing and office supplies	1	66		150	10	10	150	150	150
Operating leases	126 140	83 962	94 437	80 422	80 751	80 751	84 446	87 392	90 407
Rental and hiring									
Property payments	1 112 909	1 095 120	1 324 447	1 084 371	1 337 907	1 347 309	1 045 359	1 293 089	1 613 311
Travel and subsistence	320	438	682	730	730	730	1 400	1 400	1 400
Training and development	45	252	63	1 000	1 000	1 000	1 000	1 000	1 000
Operating payments		71		50	50	50	50	50	50
Transfers and subsidies	36	22	110		56	56			
Households	36	22	110						
Social benefits	36	22	110						
Payments for capital assets	784 338	437 414	362 381	878 792	625 256	625 256	705 733	575 221	291 999
Buildings and other fixed structures	735 593	434 910	360 660	838 632	580 916	580 916	693 427	556 311	278 089
Buildings	735 593	434 910	360 660	838 632	580 916	580 916	693 427	556 311	278 089
Machinery and equipment	48 745	2 504	1 721	40 160	44 340	44 340	12 306	18 910	13 910
Other machinery and equipment	48 745	2 504	1 721	40 160	44 340	44 340	12 306	18 910	13 910
Payments for financial assets	13					23			
Total economic classification	2 068 235	1 665 469	1 832 135	2 107 246	2 107 246	2 116 671	1 897 646	2 020 473	2 063 214

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	4 812 402	5 672 194	5 274 058	5 907 292	6 056 273	6 056 273	5 950 046	6 228 898	6 510 653
Compensation of employees	1 551 884	2 572 304	2 198 944	2 090 534	2 090 534	2 090 534	2 134 997	2 163 450	2 262 259
Salaries and wages	1 271 917	2 053 178	1 704 221	1 614 884	1 614 884	1 614 884	1 643 849	1 672 302	1 749 009
Social contributions	279 967	519 126	494 723	475 650	475 650	475 650	491 148	491 148	513 250
Goods and services	3 260 518	3 099 890	3 075 114	3 816 758	3 965 739	3 965 739	3 815 049	4 065 448	4 248 394
Administrative fees		2	33	26	26	26	54	54	56
Advertising	1 810	2 014	12 918	8 575	8 575	8 575	6 333	6 333	6 618
Minor assets	413		194	3 917	3 917	3 917	175	175	183
Catering: Departmental activities	2 455	3 810	5 544	6 298	6 298	6 298	11 082	11 082	11 581
Communication (G&S)	28	11 010	9 777	9 199	9 199	9 199	14 546	14 546	15 201
Laboratory services	914 399	1 098 919	965 070	1 095 944	1 244 925	1 244 925	1 103 292	1 103 292	1 152 940
Contractors	135 461	83 289	26 019	279 635	279 635	279 635	302 590	302 590	316 207
Agency and support/outsourced services		27							
Fleet services (including government motor transport)	21								
Inventory: Food and food supplies	3 579	5 916	11 679	14 200	14 200	14 200	14 700	14 700	15 362
Inventory: Materials and supplies	229	1		200	200	200	3 500	3 500	3 658
Inventory: Medical supplies	176 250	134 000	269 145	342 423	342 423	342 423	370 011	370 011	386 661
Inventory: Medicine	1 995 632	1 740 649	1 734 177	1 968 510	1 968 510	1 968 510	1 874 854	2 125 253	2 220 889
Consumable supplies	23 159	11 077	18 323	31 880	31 880	31 880	34 814	34 814	36 381
Consumables: Stationery, printing and office supplies	3 721	3 910	10 593	22 550	22 550	22 550	2 210	2 210	2 309
Operating leases	232		56	1 320	1 320	1 320	560	560	585
Rental and hiring	817	334		3 230	3 230	3 230			
Property payments			1 406				2 000	2 000	2 090
Transport provided: Departmental activity	26	730		6 620	6 620	6 620	800	800	836
Travel and subsistence	1 090	2 604	585	20 000	20 000	20 000	5 762	5 762	6 021
Training and development			7 286				17 800	17 800	18 601
Operating payments	1 181	1 598		2 231	2 231	2 231	44 347	44 347	46 343
Venues and facilities			939				5 375	5 375	5 617
Transfers and subsidies	77 256	84 527	96 162	105 920	105 920	105 920	102 860	102 860	107 489
Non-profit institutions	77 136	81 593	93 389	103 040	103 040	103 040	99 360	99 360	103 831
Households	120	2 934	2 773	2 880	2 880	2 880	3 500	3 500	3 658
Social benefits	120	2 934	2 773	2 880	2 880	2 880	3 500	3 500	3 658
Payments for capital assets	14 781	2 215	7 873	10 356	10 356	10 356	44 945	46 508	48 597
Buildings and other fixed structures									
Machinery and equipment	14 781	2 215	7 873	10 356	10 356	10 356	44 945	46 508	48 597

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Transport equipment				3 632	3 632	3 632	37 745	39 308	41 073
Other machinery and equipment	14 781	2 215	7 873	6 724	6 724	6 724	7 200	7 200	7 524
Payments for financial assets									
Total economic classification	4 904 439	5 758 936	5 378 093	6 023 568	6 172 549	6 172 549	6 097 851	6 378 266	6 666 739

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	2 059	2 156	1 779	2 023	2 023	2 023	12 655		
Goods and services	2 059	2 156	1 779	2 023	2 023	2 023	641		
Contractors	2 059	2 156	1 779	2 023	2 023	2 023			
Payments for financial assets									
Total economic classification	2 059	2 156	1 779	2 023	2 023	2 023	12 655		

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	481 657	276 409	727 144	324 750	708 507	708 507	213 267	262 462	274 273
Compensation of employees	15 493	16 789	15 341	24 156	22 170	22 170	25 238	25 238	26 374
Salaries and wages	13 765	14 928	13 714	21 846	20 065	20 065	22 825	22 825	23 852
Social contributions	1 728	1 861	1 627	2 310	2 105	2 105	2 413	2 413	2 522
Goods and services	466 164	259 620	711 803	300 594	686 337	686 337	188 029	237 224	247 899
Advertising				616	200	200	644	644	673
Minor assets	350	27		282	150	150	295	295	308
Contractors									
Inventory: Materials and supplies		56	2						
Inventory: Medical supplies	292	416							
Consumable supplies		1							
Operating leases									
Rental and hiring	465 209	258 565		297 606	684 487	684 487	184 906	234 101	244 636
Property payments			711 146						
Transport provided: Departmental activity	266	297							
Travel and subsistence	46	252	593	2 090	500	500	2 184	2 184	2 282
Training and development			62		1 000	1 000			
Payments for capital assets	472 690	395 462	315 101	819 161	435 404	435 404	932 308	856 103	894 875
Buildings and other fixed structures	471 430	393 195	313 347	817 594	391 064	391 064	930 671	854 466	893 164
Buildings	471 430	393 195	313 347	817 594	391 064	391 064	930 671	854 466	893 164
Machinery and equipment	1 260	2 267	1 754	1 567	44 340	44 340	1 637	1 637	1 711
Other machinery and equipment	1 260	2 267	1 754	1 567	44 340	44 340	1 637	1 637	1 711
Payments for financial assets									
Total economic classification	954 347	671 871	1 042 245	1 143 911	1 143 911	1 143 911	1 145 575	1 118 565	1 169 148

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	1 384 225	1 811 207	1 836 618	1 799 634	1 807 953	1 807 953	1 848 626	1 934 079	2 021 573
Compensation of employees	1 122 795	1 541 613	1 571 631	1 534 208	1 532 800	1 532 800	1 593 390	1 667 064	1 742 475
Salaries and wages	1 078 873	1 511 143	1 542 011	1 331 543	1 462 189	1 462 189	1 518 821	1 589 052	1 660 935
Social contributions	43 922	30 470	29 620	202 665	70 611	70 611	74 569	78 012	81 540
Goods and services	261 430	269 594	264 987	265 426	275 153	275 153	255 236	267 015	279 098
Advertising									
Minor assets	2 041	2 784	11 572	15 303	8 986	8 986	7 877	8 241	8 613
Computer services					1 500	1 500	1 000	1 046	1 093
Laboratory services	40 544	39 879	19 533	38 699	16 520	16 520	35 031	36 648	38 307
Contractors									
Inventory: Materials and supplies	34		1						
Inventory: Medical supplies	200 575	207 020	214 954	190 268	225 428	225 428	191 093	199 915	208 958
Inventory: Medicine	15 897	16 043	15 560	15 773	15 472	15 472	14 810	15 491	16 195
Inventory: Other supplies	34								
Consumable supplies	190	521	895	64	655	655			
Consumables: Stationery, printing and office supplies	2 115	3 280	2 472	4 879	6 222	6 222	5 425	5 674	5 932
Travel and subsistence		67		440	370	370			
Transfers and subsidies	1 418	1 339	1 510	1 358	1 629	1 629	1 636	1 712	1 789
Households	1 418	1 339	1 510	1 358	1 629	1 629	1 636	1 712	1 789
Social benefits	1 418	1 339	1 510	1 358	1 629	1 629	1 636	1 712	1 789
Other transfers to households									
Payments for capital assets	55 552	38 162	43 185	74 974	82 103	82 103	68 530	71 694	74 937
Machinery and equipment	55 552	38 162	43 185	74 974	82 103	82 103	68 530	71 694	74 937
Other machinery and equipment	55 552	38 162	43 185	74 974	82 103	82 103	68 530	71 694	74 937
Payments for financial assets									
Total economic classification	1 441 195	1 850 708	1 881 313	1 875 966	1 891 685	1 891 685	1 918 792	2 007 485	2 098 299

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	46 235	58 887	85 638	94 582	95 220	95 220	96 771	99 104	103 585
Compensation of employees	43 790	56 144	81 538	90 074	91 702	91 702	43 096	45 067	47 103
Salaries and wages	43 790	56 144	81 469	90 074	91 702	91 702	43 096	45 067	47 103
Social contributions			69						
Goods and services	2 445	2 743	4 100	4 508	3 518	3 518	53 675	54 037	56 482
Inventory: Medical supplies					638	638			
Travel and subsistence	2 445		2 848	4 360	2 880	2 880			
Payments for capital assets			838				214	244	255

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Machinery and equipment			838				214	244	255
Transport equipment			838						
Other machinery and equipment							214	244	255
Payments for financial assets									
Total economic classification	46 235	58 887	86 476	94 582	95 220	95 220	96 985	99 348	103 840

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		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	3 995 414	4 036 099	3 976 435	4 319 192	4 140 380	4 140 380	4 245 105	4 643 477	4 853 501
Compensation of employees	2 462 417	2 504 755	2 483 545	2 725 872	2 571 228	2 571 228	2 751 213	3 060 426	3 198 849
Salaries and wages	2 203 895	2 280 971	2 241 274	2 179 013	2 314 109	2 314 109	2 481 243	2 774 939	2 900 450
Social contributions	258 522	223 784	242 271	546 859	257 119	257 119	269 970	285 487	298 399
Goods and services	1 532 997	1 531 344	1 492 890	1 593 320	1 569 152	1 569 152	1 493 892	1 583 051	1 654 652
Minor assets	964	910	659	9 036	3 886	3 886	5 306	5 611	5 865
Laboratory services	345 792	357 244	375 467	357 578	361 738	361 738	346 950	366 891	383 486
Contractors	125 459	133 265	132 227	180 371	217 271	217 271	172 560	182 478	190 732
Agency and support/outsource d services	20 509	17 271	18 500		19 500	19 500	17 500	18 506	19 343
Inventory: Medical supplies	799 706	773 137	698 382	785 402	705 148	705 148	684 799	724 159	760 356
Inventory: Medicine	229 472	240 374	258 411	249 718	246 850	246 850	251 821	269 591	278 339
Consumable supplies	2 682	3 963	1 244	5 517	4 320	4 320	2 460	2 601	2 719
Operating leases	8 413	5 180	8 000	5 698	9 000	9 000	10 480	11 082	11 584
Transfers and subsidies	300 868	319 378	332 483	328 294	449 112	449 112	357 290	377 825	394 915
Non-profit institutions	282 000	299 000	315 000	307 596	433 662	433 662	343 000	362 714	379 120
Households	18 868	20 378	17 483	20 698	15 450	15 450	14 290	15 111	15 795
Social benefits	18 868	20 378	17 483	20 698	15 450	15 450	14 290	15 111	15 795
Payments for capital assets	377 409	434 032	316 249	612 310	1 085 598	1 085 598	883 839	780 261	815 552
Machinery and equipment	377 409	434 032	316 249	612 310	931 098	931 098	737 852	780 261	815 552
Other machinery and equipment	377 409	434 032	316 249	612 310	931 098	931 098	737 852	780 261	815 552
Payments for financial assets									
Total economic classification	4 673 691	4 789 509	4 625 167	5 259 796	5 675 090	5 675 090	5 486 234	5 801 563	6 063 968

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Current payments	24 687	17 980	15 449	11 466	11 466	11 466			
Compensation of employees	23 373	16 928	14 479						
Goods and services	1 314	1 052	970	649	649	649			
Catering: Departmental activities				76	76	76			
Travel and subsistence	1 314	1 052		573	573	573			
Training and development			970						
Payments for financial assets									
Total economic classification	24 783	17 980	15 449	11 466	11 466	11 466			

TABLE 4.42: TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY AND MUNICIPALITY: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24				2025/26	2026/27	2027/28
Category A	377 149	392 611	410 278	429 971	429 971	429 971	449 751	470 440	470 440
Ekurhuleni	164 702	171 455	179 170	187 770	187 770	187 770	196 408	205 443	205 443
City of Johannesburg	153 602	159 898	167 093	175 113	175 113	175 113	183 169	191 595	191 595
City of Tshwane	58 845	61 258	64 015	67 088	67 088	67 088	70 174	73 402	73 402
Category C						11 022			
Sedibeng District Municipality						11 022			
West Rand District Municipality									
Total transfers to municipalities	377 149	392 611	410 278	429 971	429 971	440 993	449 751	470 440	470 440

