

# VOTE 4

## DEPARTMENT OF HEALTH

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To be appropriated by vote in 2026/27	R70 321 124 000
Responsible Executing Authority	MEC for Health
Administering Department	Department of Health
Accounting Officer	Head of Department

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### 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.

#### 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).

Towards 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, agrees to the commitments, as set out below and the below priorities focus on achieving tangible 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 and the staff experience
- 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
- Trademarks Act, 194 of 1993
- Designs Act, 195 of 1993
- SA Medical Research Council Act, 58 of 1991
- Control of Access to Public Premises and Vehicles Act, 53 of 1985
- Child Care Act, 74 of 1983
- Allied Health Professions Act, 63 of 1982
- Dental Technicians Act, 19 of 1979
- Nursing Act, 50 of 1978
- Patents Act, 57 of 1978
- International Health Regulations Act, 28 of 1974
- Pharmacy Act, 53 of 1974
- Health Professions Act, 56 of 1974
- Occupational Diseases in Mines and Works Act, 78 of 1973
- Hazardous Substances Act, 15 of 1973
- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
- Conventional Penalties Act, 15 of 1962
- State Liability Act, 20 of 1957
- Merchandise Marks Act, 17 of 1941
- National Health Insurance Bill
- Treasury Regulations
- National Disaster Management Act regulations.

**Other policy imperatives guiding the work of the GDoH include 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 (2025/26)

### National Health Insurance (NHI) Implementation

The Gauteng Department of Health has been preparing for healthcare system reform towards Universal Health Coverage by deliberately implementing a range of Health Systems Strengthening Initiatives. These initiatives target several service platforms, with a strong focus on the District Health System, which remains the primary vehicle for service delivery. Key areas include PHC reengineering, the Integrated School Health Programme, Clinical Governance structures such as District Specialist Teams, Mental Health Specialist Teams and Community Health Workers, and the certification of facilities under the Ideal Hospital and Ideal Clinic programmes.

The department is committed to implementing the NHI and advancing Universal Health Coverage. As part of the preparatory work for National Health Insurance, the Gauteng Department of Health is expanding the Functional Business Units (FBUs) initiative. FBUs aim to strengthen decentralised management and accountability by addressing longstanding challenges within the healthcare system. The initiative is being piloted across all Central and Tertiary Hospitals, supported by an FBU tool endorsed by Executive Management.

The FBU model responds to challenges in resource allocation, managerial capacity and data management. By improving allocative efficiency, the model ensures that input costs, including treatment costs, are accurately attributed at each level of care. This alignment with cost centres and referral pathways enhances accountability and supports more complete analysis of patient care pathways. The model also strengthens management capacity by assigning authority and accountability at the functional level. Each unit is led by an FBU Manager who is responsible for resource and performance management. In addition, the FBU model prioritises strong data management systems to track financial transactions, inventory and supply chain performance. These interventions are central to improving service delivery and financial accountability in preparation for NHI implementation.

To maintain service quality, the department continues implementing the Ideal Clinic and Ideal Hospital programmes. District Health Services, Specialized and Tertiary Hospitals have completed their assessments, while Regional and Central Hospitals will be both finalizing in Quarter 4 including Mamelodi Hospital and Charlotte Maxeke Academic Hospital.

The Occupational Health and Safety Act of 1993 require employers to ensure a work environment that is safe and without undue risk to employees. By the end of Quarter 3 of 2025/26, with the revised indicator, 10 hospitals reached 90-100 percent compliance, 18 Hospitals 80-90 percent, and 9 hospitals at 70-80 percent.

### Improved Patient Experience of Care

The department remains committed to expanding community healthcare services and improving access to care. During the reporting period, forty Community Health Centres providing 24-hour services met the set target.

To improve patient experience, several quality initiatives were implemented. The Daily Patient Survey continues to serve as an early warning system for identifying potential complaints. Quality Learning Centres are being established across all five districts to strengthen quality management practices. In the third quarter of 2023/24, the “I Serve with a Smile” campaign was launched to address concerns about staff attitudes within the health system.

Patient complaints are a key indicator of institutional performance. Complaints increased by 10.5 percent, from 1 015 in Quarter 2 of 2025/26 to 1 122 in Quarter 3. The Department is working to further reduce complaints by improving waiting times and expanding the Centralised Chronic Medicine Dispensing and Distribution Programme. A total of 1 601 390 patients were enrolled in the programme during Quarter 3 of 2025/26.

Reducing patient queues remains a priority. Currently, Rahima Moosa Hospital and Charlotte Maxeke Johannesburg Academic Hospital have implemented queue management system. All governance and Supply Chain Management processes are complete, a service provider has been appointed, the Service Level Agreement is being finalised, and a Governance Committee is being established to oversee implementation.

The department recorded a significant reduction in medico-legal claims, which decreased by 41 percent from R13.6 billion in Quarter 3 of 2024/25 to R8 billion in Quarter 3 of 2025/26. This is due to fewer new claims and increased use of mediation processes.

Efforts to reduce new medico-legal cases include strengthening patient safety incident management and ensuring timely responses to adverse events. Severity Assessment Code (SAC) 1 incident reporting within 24 hours was at 92.3 percent for the District Health Services, 100 percent for District Hospitals, 98.7 percent for Regional Hospitals, 97.8 percent for Central Hospitals, and 97.7 percent for Tertiary Hospitals. This improvement is linked to Section A Notification forms are completed and submitted to the immediate manager/supervisor.

Emergency Medical Services (EMS) response times continue to be monitored. In Quarter 3 of 2025/26, EMS responded to 1 150 Priority 1 interfacility transfers in urban areas, with 491 calls attended to within 30 minutes. The response rate of 43 percent shows a 12 percentage points decline compared to the previous year but remains below the 55 percent target. In rural areas, EMS responded to 13 Priority 1 interfacility transfers, with 13 attended to within 60 minutes, achieving a 100 percent response rate. This is a 50-percentage points improvement compared to Quarter 3 of 2024/25.

### **Improved Clinical Services**

To reduce child and maternal mortality and morbidity, including among persons with disabilities, the department is working to promote healthy behaviours, ensure universal health coverage and responding to cross-border health threats. In Quarter 3 of 2025/26, there were 150 deliveries among girls aged 10 to 14 years, significantly below the targeted 372. This improvement is attributed to better access to contraceptives and strengthened youth outreach services. 114 Professional Nurses were trained on AYFS and Youth Zones implementation to improve access to facilities by adolescents and youth.

Access to family planning services remains essential. In Quarter 3 of 2025/26, uptake of Long-Acting Reversible Contraceptive (LARC) methods has declined. The Couple Year Protection Rate was 29.2 percent, below the target of 43 percent. To address this, the department will intensify promotion of LARC in all health facilities and other contraceptive methods.

During Quarter 3, there were 42 043 antenatal care visits, with 31 201 being first visits before 20 weeks, representing 74.2 percent of the total. This reflects a 0.9 percentage point increase compared to Quarter 3 of 2024/25 and is driven by ongoing pregnancy testing in facilities and communities.

Efforts to prevent mother-to-child transmission of HIV continue. HIV positivity on PCR testing among infants at birth was at 0.4 percent, meeting the target of 0.5. This performance is attributed to 95 percent of Antenatal client legible for ART initiation were started on treatment in quarter 3.

Progress was made in reducing child mortality linked to diarrhoea, pneumonia and Severe Acute Malnutrition. The under-five case fatality rate for diarrhoea was at 1.1 percent in Quarter 3 of 2025/26. For pneumonia, there were 2 039 separations among children under five, with 26 deaths. Pneumonia-related mortality was at 1.3 percent for Quarter 3 2025/26. This was attributed to continued capacitation of clinicians for management of childhood illnesses, Early identification and referral of emergencies. Implementation of the SAM, IMCI, NACS and IYCF trainings conducted contributed to a reduction in under-five SAM deaths, which was at 6.9 percent in the quarter 3 of 2024/25 to 3.6 percent in Quarter 3 of 2025/26.

To strengthen HIV prevention and treatment, the department intensified index testing, PrEP provision and medical male circumcision services, particularly among high-risk and priority populations. During the reporting period, 41 236 HIV tests were conducted among children aged 5 to 14 years, with 121 positives. A total of 259 167 tests were conducted among youth aged 15 to 24 years, with 2 432 positives.

The adult ART remaining in care rate at 12 months declined from 66.9 percent in Quarter 3 of 2024/25 to 60.4 percent in Quarter 3 of 2025/26. This decline is largely due to missed appointments. The Department will intensify daily tracing and monthly tracking of missed appointments.

Paediatric viral load suppression was at 59.7 percent among 154 children tested, above the 50 percent target, due to improved adherence. Among adults, viral load suppression increased from 75.1 percent in Quarter 3 of 2024/25 to 83.9 percent in Quarter 3 of 2025/26. This is attributed to improved adherence to treatment and Routine and timely viral load testing.

In drug-sensitive TB management, 68.8 percent of diagnosed clients were successfully treated, below the 75 percent target. This decline is linked to national system challenges between TIER.Net and DHIS which do not align. The RR/MDR TB treatment success rate improved from 64 percent to 71 percent, exceeding the 60 percent target due to better retention and shorter regimens under the new national guidelines. A total of 796 RR/MDR TB patients started treatment, above the target of 663. To support treatment adherence, stable clients continue to be enrolled on CCMDD. By the end of Quarter 3 of 2025/26, enrolment reached 1 601 39(cumulatively) patients, exceeding the quarterly target of 850 000.

### **Strengthened Public Health Literacy and Health Promotion**

The department is implementing the province's elevated priorities by delivering impactful health and wellness programmes across communities. These programmes focus on physical activity, health education and screening. The Integrated School Health Programme remains important for early detection of health and learning barriers. In Quarter 3 of 2025/26, 24 893 learners were screened, that is 21 100 Grade 1 learners and 3 793 Grade 8 learners.

To strengthen integration of mental health services, the department repurposed 290 beds in District Hospitals and 275 beds in Regional Hospitals for acute mental healthcare. This aligns with the provincial targets for mental health bed allocation.

Through these initiatives, the department continues to promote wellness and address major public health challenges.

### **Strengthened Governance and Leadership**

Progress continues toward the one patient one file objective through the rollout of the Health Information System. The patient administration module is implemented, and work is underway to complete implementation of the clinical module. Twenty-two Community Health Centres and three hospitals have already implemented the clinical module. Challenges include clinician adaptation, network instability, delays in clinical documentation, limited device availability and inadequate funding for tools of trade.

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

The department continues to accelerate delivery of its infrastructure programme to ensure public health facilities can provide a broader range of effective services. Key refurbishments completed include Dr George Mukhari Hospital Ward 9, the Breast Clinic at Helen Joseph Hospital, Ward 6.3 at Steve Biko Academic Hospital and the Neonatal and Labour Ward sections, and Doctors and Nurses Residences and associated services at Chris Hani Baragwanath Hospital.

The Johannesburg Forensic Pathology Laboratory is 98 percent complete. Costs have exceeded the cost estimate threshold, and the finalisation of the fire design requires additional approvals and budget for variations in scope. Three clinics remain at various stages of development. Randfontein (Mohlakeng) Clinic is 80 percent complete but is affected by contractor cash flow challenges. At Khutsong South Extension 2 Clinic, a new contractor has been appointed but has not yet established the site. Mayibuye Clinic remains in stage 2 planning, and an implementing agent has not yet been appointed.

## **3. OUTLOOK FOR THE COMING FINANCIAL YEAR (2026/27)**

### **National Medium-Term Development Plan 2024-2029**

The District Development Model (DDM) constitutes a whole-of-government approach designed to enhance coordination, integration, and efficiency in service delivery at district and metropolitan levels. It facilitates alignment of health services with local government structures, thereby promoting collaborative planning and implementation among national, provincial, and municipal health authorities. This integrated approach is intended to improve the responsiveness, equity, and sustainability of the health system.

Within the context of the DDM, the Gauteng Department of Health assumes a strategic role in advancing the following priorities:

1. **Integrated Health Service Planning:** Align provincial health planning processes with district and municipal development frameworks to ensure coherence and synergy in health service delivery.
2. **Strengthening Primary Health Care (PHC) and Referral Systems:** Enhance coordination across hospitals, clinics, and community-based healthcare platforms to ensure seamless patient care and efficient use of resources.
3. **Intergovernmental Coordination:** Improve collaboration across spheres of government in the delivery of municipal health services, emergency medical services (EMS), environmental health, and disease surveillance.
4. **Expansion of Community-Based Healthcare Models:** Scale upward-based outreach teams and community health worker programmes to improve access to care, particularly in underserved areas.
5. **Digital Health and Data Utilisation:** Deploy digital health technologies and leverage district level health data to strengthen performance monitoring, improve patient referral systems, and support evidence-based decision-making.

### **Health Sector Strategic Framework and Consolidated Indicators**

In alignment with the Presidential Health Compact and the Medium-Term Development Plan, the National Health Sector Strategic Framework (NHSSF) 2024–2029 establishes a structured and coordinated approach to health system strengthening. The Framework serves as a statutory instrument to guide national and provincial health planning, resource allocation, and performance monitoring over the five-year period.

The NHSSF 2024–2029 is designed to:

- a) Strengthen public health systems to ensure equitable access to quality healthcare services across all population groups.
- b) Modernise healthcare infrastructure, with a particular focus on digital transformation and the integration of health information systems.
- c) Reduce health disparities, especially among underserved and vulnerable communities.
- d) The Framework provides a clear roadmap for improving population health outcomes, eliminating preventable mortality, reducing the burden of disease, and advancing sustainable health system reforms.

To realise these objectives, the NHSSF outlines the following strategic commitments:

- e) **Maternal and Child Health:** Eliminate preventable maternal and child deaths through enhanced antenatal, intrapartum, and postnatal care services.

- f) HIV, AIDS and Tuberculosis (TB): Attain the 95-95-95 targets for HIV and reduce TB incidence and mortality through integrated prevention, diagnosis, and treatment programmes.
- g) Non-Communicable Diseases (NCDs): Expand access to mental health services, cancer screening, and preventive health interventions.
- h) Universal Immunisation: Strengthen vaccine delivery systems and ensure equitable access to immunisation services nationwide.
- i) Digital Transformation: Implement electronic health records and interoperable health information systems to improve service delivery and data-driven decision-making.
- j) Governance and Financial Management: Enhance oversight mechanisms, improve procurement and supply chain efficiency, and mitigate financial mismanagement.
- k) The NHSSF further positions the Gauteng Department of Health to address province-specific health challenges while contributing meaningfully to the national agenda for improved health outcomes and equitable service delivery.

Alignment to the NHSSF positions Gauteng Health to respond effectively to its unique provincial challenges while contributing to the broader national agenda for improved health outcomes and equitable service delivery. The health-relevant outcomes, interventions, and key actions from the GMTDP span all provincial priorities and highlight the department's role in achieving the province's developmental goals, while ensuring alignment with broader provincial and national strategies.

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 five (5) capital infrastructure projects will be completed in health facilities and one (1) new primary health centre completed in the 2026/27 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 300 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 pre-hospital 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 118.5 deaths per 100 000 live births in 2022/23 to 116 in 2024/25, reflecting improvements in maternal care.

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 2026/27 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 2026/27 through ensuring that child under 5 years mortality is reduced with the following 2026/27 targets (Death under 5 years against live birth rate: 0.7 percent and Malnutrition: from 7 percent to 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.

Diabetes prevalence will be monitored by tracking the total number of clients who undergo a standard haemoglobin test and record a result of less than 8 percent. In addition, discussions are underway to develop indicators that specifically address children living with diabetes.

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 targeted at 144 138 new clients treated for mental health conditions.

#### **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.

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.

The department's focus in the 2026/27 financial year will include strengthening interventions to reduce the burden of HIV and AIDS and TB by implementing strategies 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 2026/27 financial year.

The department will further ensure that people living with HIV are retained on care with adult's targets at 75 percent and children at 75 percent for the 2026/27 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 2026/27 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 to 30 (91 percent) in the 2026/27 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 2026/27 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 1 512 869 to 1 900 000 stable chronic patients in the 2026/27 financial year.

During the 2026/27 fiscal year, all critical and SMS positions will be filled in all institutions, including all hospital CEO positions. The department targets 55 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 2026/27 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 2026/27 financial year.

**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 have wellness programme that will involve screening of health clients for the reduction of pre-mature morbidities and mortalities.

**4. REPRIORITISATION**

In the 2026/27 financial year, the department continues to respond to increasing healthcare demands and persistent fiscal pressures through a targeted and strategic reprioritisation of its budget. The approach remains focused on safeguarding essential services by shifting funds from non-essential items and deferring of some projects toward areas that are critical to support service delivery and improved patient experience.

This ongoing reprioritisation process involves a detailed assessment of all programmes and items to ensure that funding is directed to areas with the highest impact on the provincial health system. Core items such as medicine, laboratory services, medical supplies, security services, food services, and medical equipment remain protected, as they are essential for sustaining uninterrupted delivery of healthcare services. In addition, allocations for non-essential goods and services are moderated to ensure that these critical items remain adequately funded.

For 2026/27, a total of R2.4 billion has been reprioritised within programmes and items. This reprioritisation is aimed at addressing essential and non-negotiable cost pressures and ensuring that Compensation of Employees is fully funded to sustain critical clinical and support personnel across the health system. The reprioritised funding also supports the settlement of accruals related to the procurement and recapitalisation of Emergency Medical Services vehicles, infrastructure projects and other goods and services items, with the aim of improving the department's financial position and reducing the risk of future cost carry-overs.

This strategic reprioritisation ensures that, despite fiscal constraints, the department continues to protect priority services, stabilise personnel capacity, and strengthen the quality and continuity of healthcare delivery in the province during the 2026/27 financial year.

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

- Funding of the current staff establishment
- 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 have improved significantly with the implementation of Supply Chain Management controls. The department has implemented a comprehensive strengthening

of SCM controls to improve governance, enhance financial discipline, and reduce irregular expenditure. These interventions are aligned with: Sections 38(1)(c)(ii) and 51(1)(e)(iii) of the Public Finance Management Act (PFMA) and Treasury Regulation 9.1.1. The reforms focus on preventing unauthorised commitments, strengthening contract compliance, improving budget alignment, and reinforcing institutional accountability.

The department has strengthened SCM governance through the full implementation and enforcement of the following control instruments: Approved SCM Policy, Contract Management Policy, Approved SCM Delegations of Authority and Standard Operating Procedures (SOPs). The objective is to ensure legislative compliance, improve accountability, and reinforce internal control mechanisms across all institutions. Clear lines of authority and accountability have been established to prevent unauthorised commitments, mandatory confirmation of budget prior to procurement and improved audit readiness and compliance.

A centralised procurement model was introduced for high-cost medical consumables (implants and isotopes) to regulate institutional commitments, standardise pricing negotiations, centralise financial oversight, limit procurement to confirmed budgets and require CEO-level approval linked to budget availability. The model eliminated uncontrolled facility-level commitments, strengthened financial discipline over high-cost items and improved visibility of expenditure trends. A purchase order (PO) committee was established to prevent budget overcommitments. A Standard Operating Procedure which regulates all procurement approvals through verified funding confirmation before PO approval, alignment with cash flow projections and Pre-commitment controls at requisition stage was introduced. This control ensures no procurement transaction proceeds without validated budget confirmation and has this intervention has significantly reduced over-commitment risk.

A structured review and deletion of redundant purchase orders was introduced to review open POs regularly, delete inactive or redundant POs and clean up POs older than two months. This intervention released locked commitments, improved credibility of commitment reporting, enhanced budget integrity and reduced artificial inflation of financial obligations. Enforcement of a 48-Hour Goods Receipt Voucher (GRV) rule, which institutions must capture GRVs within 48 hours of delivery was introduced. This measure aligns expenditure recognition with actual delivery, reduces accrual risk, improves year-end liability accuracy and strengthens financial reporting integrity. Compliance monitoring is ongoing.

The establishment and regularisation of valid contracts: The department prioritised lawful contract coverage for critical services and contracts has been established for security services, mental health services and consignment stock (implants). Contract management flags the expiry of contracts at least six months prior to expiry to prevent contract extensions. This reduced procurement outside valid contracts, improved service continuity and reduced emergency and ad hoc procurement. The department has conducted SCM training for all SCM and non-SCM officials to ensure ethical conduct and adherence to SCM prescripts. The department will continue to 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).

## 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		
	2022/23	2023/24	2024/25				2025/26	2026/27	2027/28
Equitable share	46 426 693	48 702 126	51 025 731	52 284 405	53 389 785	53 389 785	54 826 088	56 932 298	58 767 716
Conditional grants	14 924 724	13 800 234	14 991 944	14 758 092	15 113 728	15 113 728	15 495 036	16 016 401	16 537 958
District Health Programmes Grant	6 552 999	5 527 075	6 172 549	6 097 851	6 216 351	6 216 351	6 358 455	6 625 748	6 840 368
Social Sector EPWP Incentive Grant For Provinces	17 980	16 794	11 466						
Health Facility Revitalisation Grant	1 058 859	1 047 736	1 143 911	1 145 575	1 145 575	1 145 574	1 203 468	1 157 738	1 192 367
Human Resources and Training and Grant	1 893 534	1 898 991	1 891 685	1 918 792	1 928 981	1 928 980	2 006 712	2 096 702	2 168 228
National Health Insurance Grant	90 399	92 947	95 220	96 985	96 985	96 985	99 248	103 634	107 128
National Tertiary Services Grant	5 308 593	5 214 912	5 675 090	5 486 234	5 713 181	5 713 181	5 811 930	6 032 579	6 229 867
EPWP Integrated Grant For Provinces	2 360	1 779	2 023	12 655	12 655	12 655	15 223		

<b>Total receipts</b>	<b>61 351 417</b>	<b>62 502 360</b>	<b>66 017 675</b>	<b>67 042 497</b>	<b>68 503 513</b>	<b>68 503 513</b>	<b>70 321 124</b>	<b>72 948 699</b>	<b>75 305 674</b>

The total appropriation increases from a main appropriation of R67 billion in 2025/26 to R70.3 billion in the 2026/27 financial year to a total R218.6 billion over the MTEF. These increases are intended to strengthen public health systems and ensure equitable access to quality healthcare services across all population groups. The total conditional grant allocation increases from a main appropriation of R14.7 billion in 2025/26 to R15.4 billion in 2026/27.

## 6.2 Departmental receipts

TABLE 4.2: SUMMARY OF DEPARTMENTAL RECEIPTS

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Sales of goods and services other than capital assets	408 559	428 971	449 019	569 525	569 525	522 725	595 723	622 531	650 546
Transfers received	809	15				6			
Fines, penalties and forfeits	39	155	80	86	86	86	90	94	98
Interest, dividends and rent on land	711	574	110	1 943	1 943	1 943	2 032	2 123	2 219
Sales of capital assets	15 318	17 528	24 650			20 987			
Transactions in financial assets and liabilities	82 673	44 962	87 771	42 722	42 722	54 392	44 687	46 698	48 798
<b>Total departmental receipts</b>	<b>508 109</b>	<b>492 205</b>	<b>561 630</b>	<b>614 276</b>	<b>614 276</b>	<b>600 139</b>	<b>642 532</b>	<b>671 446</b>	<b>701 661</b>

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 main appropriation for 2025/26 amounts to R614.2 million and has been marginally revised down to R600 million. This is due to anticipated under collection from patient fees which major contributor being SAPS, medical aid, Compensation Fund and other funders.

Over the 2026 Medium Term Revenue Framework (MTRF), the department projects to collect R642.5 million in 2026/27 which is expected to increase to R701.6 million in 2028/29. The department has strengthened its revenue collection capacity through participation in the Transversal Contract RT27-2024: Provision of Debt Collection Services to the State for the period 1 April 2024 to 31 March 2029 and has appointed five debt collectors through this participation.

## 7 PAYMENT SUMMARY

### 7.1 Key assumptions

The following key assumptions were applied when compiling the 2026 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 provision of blood services, medicine, medical supplies and payment of municipal services 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Administration	1 825 656	2 169 830	1 830 866	1 915 488	2 290 521	2 415 717	2 354 283	2 463 266	2 570 347
2. District Health Services	19 352 712	20 405 673	22 309 627	22 756 387	23 196 234	24 367 153	23 791 461	24 831 644	25 185 270
3. Emergency Medical Services	2 010 941	2 065 186	2 362 016	2 244 019	2 270 019	2 379 357	2 103 089	2 187 450	2 285 653
4. Provincial Hospital Services	11 082 431	12 030 090	12 543 669	13 370 085	13 478 456	13 384 744	14 049 934	14 449 898	15 078 926
5. Central Hospital Services	21 485 422	21 548 575	22 789 970	23 426 595	23 922 360	23 884 185	24 306 706	25 396 923	26 430 442
6. Health Sciences And Training	638 217	699 524	758 243	935 254	835 254	819 605	996 044	1 030 096	1 076 451
7. Health Care Support Services	437 302	439 361	462 764	497 023	523 023	531 549	514 231	537 618	561 810
8. Health Facilities Management	1 665 469	1 832 135	2 107 242	1 897 646	1 987 646	1 969 381	2 205 376	2 051 804	2 116 775
<b>Total payments and estimates</b>	<b>58 498 150</b>	<b>61 190 374</b>	<b>65 164 397</b>	<b>67 042 497</b>	<b>68 503 513</b>	<b>69 751 691</b>	<b>70 321 124</b>	<b>72 948 699</b>	<b>75 305 674</b>

## 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>54 827 927</b>	<b>57 554 007</b>	<b>61 082 918</b>	<b>62 611 265</b>	<b>64 098 079</b>	<b>65 284 441</b>	<b>66 495 003</b>	<b>69 175 290</b>	<b>71 422 964</b>
Compensation of employees	36 536 759	38 025 465	40 518 245	42 738 563	42 804 883	42 804 883	45 001 578	47 493 970	49 065 498
Goods and services	18 287 327	19 512 926	20 554 609	19 872 702	21 293 196	22 466 507	21 493 425	21 681 320	22 357 466
Interest and rent on land	3 841	15 616	10 064			13 051			
<b>Transfers and subsidies to:</b>	<b>1 779 846</b>	<b>2 021 433</b>	<b>1 806 920</b>	<b>1 834 132</b>	<b>1 676 921</b>	<b>1 735 757</b>	<b>1 942 272</b>	<b>1 937 035</b>	<b>2 024 200</b>
Provinces and municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Departmental agencies and accounts	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Higher education institutions	1 176	570							
Non-profit institutions	685 978	713 937	689 512	748 721	710 152	710 152	808 537	798 595	834 532
Households	674 262	869 693	660 482	608 306	489 664	548 500	634 683	638 100	666 812
<b>Payments for capital assets</b>	<b>1 877 868</b>	<b>1 586 369</b>	<b>2 262 365</b>	<b>2 597 100</b>	<b>2 728 513</b>	<b>2 728 513</b>	<b>1 883 849</b>	<b>1 836 374</b>	<b>1 858 510</b>
Buildings and other fixed structures	434 910	360 660	399 790	839 414	623 623	623 623	530 638	417 186	401 582
Machinery and equipment	1 442 958	1 225 709	1 832 428	1 757 686	2 104 890	2 104 890	1 353 211	1 419 188	1 456 928
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>12 509</b>	<b>28 565</b>	<b>12 194</b>			<b>2 980</b>			
<b>Total economic classification</b>	<b>58 498 150</b>	<b>61 190 374</b>	<b>65 164 397</b>	<b>67 042 497</b>	<b>68 503 513</b>	<b>69 751 691</b>	<b>70 321 124</b>	<b>72 948 699</b>	<b>75 305 674</b>

The budget for the Administration Programme increases from R1.9 billion in 2025/26 to R2.3 billion in the 2026/27 financial year. The allocation includes additional funding of R305.5 million for linen, mattresses, and hospital beds, as well as R465.9 million for legal services over the MTEF period. The programme also receives R294 million from the National Tertiary Services Grant, of which R115 million is earmarked for the construction of oncology centres at Chris Hani Baragwanath and Dr George Mukhari Hospitals, and R179 million is allocated for outreach services to procure equipment at various facilities to relieve pressure on tertiary and central hospitals.

The programme provides for payments to revenue collecting agencies as part of the Revenue Incentive Scheme and supports investment in an integrated health information system. It continues to drive digital transformation within health administration, including the rollout of electronic health information systems in hospitals and community health centres. These interventions aim to strengthen data management, improve record-keeping, and enhance administrative efficiency across the health system.

The District Health Services main appropriation has increased from R22.7 billion in 2025/26 to R23.7 billion in the 2026/27 financial year. The allocation includes additional funding of R688.1 million for medicines, medical supplies, security services. Over the 2026 MTEF, funding is earmarked for amongst others scaling up screening programmes for high-risk populations to improve early detection and disease management as well as promoting healthy lifestyle initiatives, including nutrition, physical activity, and smoking cessation campaigns, to address modifiable risk factors. This intends to reduce premature deaths and improve long-term health outcomes for individuals living with non-communicable diseases.

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 total budget for Emergency Medical Services programme decreases from R2.2 billion in 2025/26 to R2.1 billion in 2026/27. This reduction is mainly due to a decrease of R364 million in the machinery and equipment budget, as the 2025/26 allocation was primarily intended to settle outstanding accruals. The decrease also reflects the reprioritisation of R108 million to the compensation of employee's budget, which has been affected across the MTEF period. The compensation of employee's budget increases from R1.2 billion in 2025/26 to R1.3 billion in 2026/27. This growth is informed by the planned filling of Emergency Care Officer clinical posts across all districts, aimed at strengthening emergency medical services.

The Provincial Hospital Services budget increases from a main appropriation of R13.3 billion in 2025/26 to R14 billion in the 2026/27 financial year. The increase is attributable to additional funding of R89.9 million received for security services and medical supplies, also through reprioritisation to cover the personnel cost. The budget for provincial hospital services is mainly to ensure provision of critical general specialist services, step-down care, and specialised rehabilitation services, forming a cornerstone of Gauteng's healthcare delivery system.

The Central Hospital Services programme allocation increases from a main appropriation of R23.4 billion in 2025/26 to R24.3 billion in 2026/27. The net increase of R880 million reflects increased allocation to the National Tertiary Services Grant, Human Resource and Training Grant, offset by baseline reductions effected to support fiscal sustainability measures and the inflationary adjustments applied by Treasury to the departmental baseline for the 2026 MTEF period. 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.

The overall Health Sciences and Training programme budget increases from a main appropriation of R935.2 million in 2025/26 to R996 million in the 2026/27 financial year. The increase is mainly in the compensation of employee's budget to cover for cost-of-living adjustment. The allocations for goods and services and transfers and subsidies increase by R13.2 million and R14.6 million respectively from 2025/26 and 2026/27. These increases support the alignment with, and 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.

The Health Care Support Services Programme's budget increases from R497 million in 2025/26 to R514.2 million in the 2026/27 financial year. This programme funds the five provincial laundries that provide laundry services for health facilities. It also funds the Masakhane Cook-Freezer facility, which supplies pre-packed food to health facilities. In addition, the programme provides critical support by ensuring the efficient supply of medicines and other health products to facilities and patients.

Over the 2026 MTEF, Health Facilities Management programme is allocated a budget of R5.9 billion towards the maintenance, rehabilitation, upgrading, and provision of new health infrastructure. The total allocation of R2.077 billion in 2026/27 is spread over the corridors, where the Central Corridor received 40 percent, Eastern Corridor received 13,7 percent, Northern Corridor received 21 percent, Southern Corridor received 10,6 percent, Western Corridor received 10,5 percent and 3,4 percent was allocated towards various facilities in the province.

The compensation of employees' budget increases from R42.7 billion in 2025/26 to R45 billion in the 2026/27 financial year to sustain the current work bodies. 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 increased from R19.8 billion in 2025/26 to R21.4 billion in the 2026/27 financial year.

The transfers and subsidies line item is allocated a total budget of R5.8 billion for the 2026 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 decreased from R2.5 billion in 2025/26 to R1.8 billion in 2026/27. This budget will enable the department to continue with the replacement of medical and allied equipment at various categories of hospitals as well 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 2026 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
HIV/AIDS NPI	97 115	112 464	108 330	112 305	112 305	112 305	115 128	118 927	124 279
Nutrition	79 707	63 788	2 584						
Mental Health NPI	199 386	212 894	229 173	270 157	237 148	237 148	282 584	280 260	292 872
EPWP NPI									
Witkoppen Clinic	19 033	16 352	17 124	18 759	14 399	14 399	15 105	19 622	20 505
HW-SETA	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Universities	1 176	570							
Nelson Mandela Children Hospital	299 000	315 000	329 000	343 000	343 000	343 000	384 537	374 969	391 843
Specialised Services NPI	1 200	2 400	3 300	4 500	3 300	3 300	6 720	4 817	5 034
<b>Total departmental transfers</b>	<b>722 436</b>	<b>750 423</b>	<b>716 466</b>	<b>776 075</b>	<b>737 506</b>	<b>737 506</b>	<b>832 686</b>	<b>828 495</b>	<b>865 779</b>

The department continues to work in partnership with non-profit organisation/institutions, Witkoppen and the HW-SETA to ensure the delivery of services according to the set targets. The allocation for the mental healthcare programme is primarily for non-profit institutions to provide mental healthcare services within the five health districts. The HIV/AIDS programme is to sustain prevention coverage in Gauteng Province through education programme on HIV, TB and STIs to reduce new infections and to promote safe-sex behaviour through "Combination prevention" prioritizing youth.

### 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Category A	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Category B									
Category C									

Total departmental transfers	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
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Transfers of funds to local government are made to provide funding for primary health care services, which are coordinated and delivered at the districts level. The overall allocation for transfers to local government increases from R449.7 million in 2025/26 to R470.4 million in 2026/27. These transfers are intended for PHC services, benefitting the three metros of Tshwane, Ekurhuleni, and Johannesburg in Gauteng Province. The funds are to support the provision of comprehensive PHC services and the rendering of these comprehensive PHC services are in accordance with the signed service level agreements respectively.

## 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Office Of The MEC	16 125	20 922	25 476	31 637	31 637	31 637	32 862	34 123	35 658
2. Management	1 809 531	2 148 908	1 805 390	1 883 851	2 258 884	2 384 080	2 321 421	2 429 143	2 534 689
<b>Total payments and estimates</b>	<b>1 825 656</b>	<b>2 169 830</b>	<b>1 830 866</b>	<b>1 915 488</b>	<b>2 290 521</b>	<b>2 415 717</b>	<b>2 354 283</b>	<b>2 463 266</b>	<b>2 570 347</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 290 127</b>	<b>1 465 185</b>	<b>1 300 374</b>	<b>1 286 879</b>	<b>1 619 739</b>	<b>1 686 072</b>	<b>1 688 062</b>	<b>1 887 210</b>	<b>1 968 779</b>
Compensation of employees	449 778	448 536	492 831	627 252	627 252	536 904	658 456	842 758	880 683
Goods and services	836 508	1 001 033	798 679	659 627	992 487	1 136 117	1 029 606	1 044 452	1 088 096
Interest and rent on land	3 841	15 616	8 864			13 051			
<b>Transfers and subsidies to:</b>	<b>516 909</b>	<b>698 030</b>	<b>430 434</b>	<b>316 642</b>	<b>316 642</b>	<b>375 478</b>	<b>330 679</b>	<b>330 896</b>	<b>345 786</b>
Provinces and municipalities									
Non-profit institutions									
Households	516 909	698 030	430 434	316 642	316 642	375 478	330 679	330 896	345 786
<b>Payments for capital assets</b>	<b>18 503</b>	<b>6 518</b>	<b>100 041</b>	<b>311 967</b>	<b>354 140</b>	<b>354 140</b>	<b>335 542</b>	<b>245 160</b>	<b>255 782</b>
Buildings and other fixed structures			46 153	145 987	145 987	145 987	115 000	59 334	62 004
Machinery and equipment	18 503	6 518	23 741	165 980	208 153	208 153	220 542	185 826	193 778
<b>Payments for financial assets</b>	<b>117</b>	<b>97</b>	<b>17</b>			<b>27</b>			

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Total economic classification	1 825 656	2 169 830	1 830 866	1 915 488	2 290 521	2 415 717	2 354 283	2 463 266	2 570 347

Administration budget includes additional funding of R305.5 million for linen, mattresses and hospital beds and R465.9 million for legal services over the MTEF.

The budget for this programme also includes a total of R294 million for the NTSG, with R115 million earmarked to build the oncology centres at Chris Hani Baragwanath and Dr George Mukhari academic hospitals, R179 million as an outreach funding for the procurement of equipment in various facilities to alleviate pressure at the tertiary and central hospitals. 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 file is implemented. By accelerating digital transformation, the department will improve data management, record-keeping, and administrative efficiency across facilities.

An amount R996.8 million has been set aside for the payment of medico-legal claims over the 2026 MTEF.

## SERVICE DELIVERY MEASURES

### PROGRAMME 1: ADMINISTRATION

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Number of hospitals compliant with Occupational Health and Safety regulations	10 hospitals [90 – 100%], 18 hospitals [80 - 89%], 9 hospitals [70 - 79%]	20 hospitals [90 – 100%], 7 hospitals [80 – 89%], 10 hospitals [70 – 79%]	37 hospitals [90 – 100%]	37 hospitals [90 – 100%]
Rand value of medico-legal claims	R8bn	R9.3bn	R8bn	R8bn
Percentage of service providers invoices without dispute paid within 30 days	80%	100%	100%	100%
Percentage of CHCs with integrated health information systems	58%	100%	100%	100%
Percentage of hospitals with integrated health information systems	8%	41%	81%	100%
Number of facilities implementing – Forensic Pathology	10	14	13	13
Number of hospitals implementing the Queue Management System	2	20	30	37
Audit outcome for regulatory audit expressed by AGSA for the previous financial year	Unqualified	Unqualified	Unqualified	Unqualified
Percentage of budget spent on township enterprises against discretionary spent.	30%	60%	60%	60%
Percentage of women in senior management posts	46%	55%	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	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2025/26	2026/27	2027/28
1. District Management	997 438	1 392 916	1 226 682	1 333 340	1 234 910	1 219 985	1 330 099	1 379 458	889 616
2. Community Health Clinics	2 615 480	2 757 133	2 852 518	2 991 941	2 955 689	3 214 650	3 301 791	3 476 220	3 613 064
3. Community Health Centres	2 301 619	2 416 620	2 705 294	2 726 062	2 985 535	2 931 070	2 854 427	2 994 061	3 102 382
4. Community Based Services	2 808 748	3 055 370	3 394 042	3 428 885	3 537 441	4 150 191	3 770 123	3 892 808	4 014 888
5. HIV, Aids	5 914 747	5 729 671	6 838 817	6 803 292	6 921 792	7 151 391	6 766 984	7 058 257	7 292 341
6. Nutrition	79 720	63 859	2 585						
7. Coroner Services	305 201	302 197	380 471	378 702	394 702	406 488	409 410	425 462	444 333
8. District Hospitals	4 329 759	4 687 907	4 909 218	5 094 165	5 166 165	5 293 378	5 358 627	5 605 378	5 828 646
<b>Total payments and estimates</b>	<b>19 352 712</b>	<b>20 405 673</b>	<b>22 309 627</b>	<b>22 756 387</b>	<b>23 196 234</b>	<b>24 367 153</b>	<b>23 791 461</b>	<b>24 831 644</b>	<b>25 185 270</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>18 391 212</b>	<b>19 379 382</b>	<b>21 367 167</b>	<b>21 640 227</b>	<b>22 099 117</b>	<b>23 268 493</b>	<b>22 706 687</b>	<b>23 662 798</b>	<b>23 964 750</b>
Compensation of employees	12 123 889	12 790 148	13 569 489	13 992 896	14 070 201	14 675 488	14 392 615	15 152 073	15 268 212
Goods and services	6 267 323	6 589 234	7 796 614	7 647 331	8 028 916	8 593 005	8 314 072	8 510 725	8 696 538
Interest and rent on land			1 064						
<b>Transfers and subsidies to:</b>	<b>820 523</b>	<b>850 571</b>	<b>830 199</b>	<b>890 853</b>	<b>852 284</b>	<b>852 284</b>	<b>924 133</b>	<b>928 496</b>	<b>970 278</b>
Provinces and municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Departmental agencies and accounts									
Non-profit institutions	386 978	398 937	360 512	405 721	367 152	367 152	419 537	423 626	442 689
Households	40 934	41 356	39 716	35 381	35 381	35 381	34 156	34 430	35 979
<b>Payments for capital assets</b>	<b>135 573</b>	<b>169 952</b>	<b>107 909</b>	<b>225 307</b>	<b>244 833</b>	<b>244 833</b>	<b>160 641</b>	<b>240 350</b>	<b>250 242</b>
Buildings and other fixed structures									
Machinery and equipment	135 573	169 952	107 909	225 307	244 833	244 833	160 641	240 350	250 242
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>5 404</b>	<b>5 768</b>	<b>4 352</b>			<b>1 543</b>			
<b>Total economic classification</b>	<b>19 352 712</b>	<b>20 405 673</b>	<b>22 309 627</b>	<b>22 756 387</b>	<b>23 196 234</b>	<b>24 367 153</b>	<b>23 791 461</b>	<b>24 831 644</b>	<b>25 185 270</b>

The expenditure under District Health Services increased from R19.3 billion in 2022/23 to R22.3 billion in the 2024/25 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 R22.7 billion in 2025/26 to R23.7 billion in the 2026/27 financial year. This is attributable to additional funding of R688 million received for security services, medicines and medical supplies.

This programme's budget includes HIV/AIDS funding to reducing aids-related deaths and achieving the 95-95-95 targets. Therefore, the department will implement targeted interventions for high-risk populations, particularly adolescents, women, and key vulnerable groups and improve retention in care and viral suppression rates, ensuring that 55 percent of children and 72 percent adults remain in ART care after 12 months. These efforts will contribute to reducing HIV/AIDS mortality and ensuring long-term treatment success.

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 maternal and child mortality, preventing malnutrition and improving early childhood health.

Over the 2026 MTEF, allocation for compensation of employees increase to cover the cost-of-living adjustment. Furthermore, the allocation for goods and services increases by R666.7 million from the 2025/26 to 2026/27 financial year. This allocation is earmarked for, among others, procurement of medicine, medical supplies, laboratory services and payment of security services and municipal services.

This programme will embark on public education aimed at promoting the utilisation of primary healthcare facilities as a measure to decongest hospitals which offer higher levels of care. This programme will encourage the public to consult clinics and community health centres before going to hospitals.

## SERVICE DELIVERY MEASURES

### PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Mother postnatal visit within 6 days rate	80.9%	82%	83%	83%
Patient Safety Incident (PSI) case closure rate	67.9%	95%	95%	95%

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Number of facilities providing 24-hour emergency services	40%	40%	40%	40%
Complaints resolution within 25 working days rate	98.2%	97.0%	97.0%	97.0%
Ideal Clinic status obtained rate	98%	92%	94%	100%
Percentage of PHC facilities with functional clinic committees	1	1	1	1
Immunisation under 1 year coverage	1	1	1	1
Ideal hospital status obtained rate	100%	100%	100%	100%
Patient Safety Incident (PSI) case closure rate	89%	95%	95%	95%
Complaint resolution within 25 working days rate	95.0%	98.8%	98.8%	98.8%
Percentage of hospitals with functional hospital boards	100.0%	100.0%	100%	100%
Percentage of beds in district hospitals offering acute ill mental health care users (72hrs assessment)	10%	10%	10%	10%
Number of TB Rifampicin resistant/ Multidrug-Resistant confirmed client start on treatment	796%	900%	970%	970%
HIV positive 5-14 years (excl ANC) rate	0%	1%	1%	1%
HIV positive 15-24 years (excl. ANC) rate	1%	3%	3%	3%
ART, adults remain in care rate (12 months)	60%	75%	80%	80%
ART, child remain in care rate (12 months)	74%	75%	80%	80%
TB - RR/MDR -Treatment Success Rate *( * All RR/MDR-TB outcome data is reported 12 months later)	71%	62%	63%	63%
All DS-TB Client Treatment Success Rate	68.8%	75.0%	77.0%	77.0%
ART adult viral load suppressed rate - below 50 (12 months)	84%	72%	75%	95%
Maternal mortality in facility ratio	113%	114%	112%	110%
Couple year protection rate	29%	43%	43%	43%
Antenatal 1st visit before 20 weeks rate	74%	72%	73%	73%
Neonatal death in facility rate	12%	11%	11%	11%
Death under 5 years against live birth rate	Not Measured	1%	1%	1%
Cervical cancer screening coverage	36%	40%	40%	40%
ART child viral load suppressed rate - below 50 (12 months)	60%	55%	1	1
Percentage of Community Health Centres With at least one Mental Health Care Providers Appointed	New indicator	6000%	8000%	10000%
PHC Mental Health Conditions Treatment rate new	New indicator		20%	20%

### PROGRAMME 3: EMERGENCY MEDICAL SERVICES

#### 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Emergency Transport	1 792 978	1 816 950	2 050 223	1 903 341	1 936 341	2 037 246	1 746 739	1 815 063	1 896 508
2. Planned Patient Transport	217 963	248 236	311 793	340 678	333 678	342 111	356 350	372 387	389 145
<b>Total payments and estimates</b>	<b>2 010 941</b>	<b>2 065 186</b>	<b>2 362 016</b>	<b>2 244 019</b>	<b>2 270 019</b>	<b>2 379 357</b>	<b>2 103 089</b>	<b>2 187 450</b>	<b>2 285 653</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 330 004</b>	<b>1 506 566</b>	<b>1 755 424</b>	<b>1 699 395</b>	<b>1 725 395</b>	<b>1 834 706</b>	<b>1 922 836</b>	<b>1 990 206</b>	<b>2 079 533</b>
Compensation of employees	1 005 052	1 075 835	1 255 862	1 218 221	1 218 221	1 267 804	1 390 075	1 438 659	1 503 398
Goods and services	324 952	430 731	499 561	481 174	507 174	566 902	532 761	551 547	576 135
Interest and rent on land			1						
<b>Transfers and subsidies to:</b>	<b>3 604</b>	<b>1 760</b>	<b>1 569</b>	<b>2 300</b>	<b>2 300</b>	<b>2 300</b>	<b>2 000</b>	<b>2 167</b>	<b>2 265</b>
Provinces and municipalities									
Non-profit institutions									
Households	3 604	1 760	1 569	2 300	2 300	2 300	2 000	2 167	2 265
<b>Payments for capital assets</b>	<b>676 987</b>	<b>556 741</b>	<b>604 854</b>	<b>542 324</b>	<b>542 324</b>	<b>542 324</b>	<b>178 253</b>	<b>195 077</b>	<b>203 855</b>
Buildings and other fixed structures									
Machinery and equipment	676 987	556 741	604 854	542 324	542 324	542 324	178 253	195 077	203 855
<b>Payments for financial assets</b>	<b>346</b>	<b>119</b>	<b>169</b>			<b>27</b>			
<b>Total economic classification</b>	<b>2 010 941</b>	<b>2 065 186</b>	<b>2 362 016</b>	<b>2 244 019</b>	<b>2 270 019</b>	<b>2 379 357</b>	<b>2 103 089</b>	<b>2 187 450</b>	<b>2 285 653</b>

The programme expenditure increased from R2 billion in 2022/23 to R2.3 billion in 2024/25 due to the continued investment in the recapitalisation and replacement of ambulances to improve response times to save lives.

The total budget for this programme decreases from R2.2 billion in 2025/26 to R2.1 billion in 2026/27. This reduction is mainly due to a decrease of R364 million in the machinery and equipment budget, as the 2025/26 allocation was primarily intended to settle outstanding accruals. The decrease also reflects the reprioritisation of R108 million to the compensation of employees budget, which has been effected across the MTEF period. The compensation of employees budget increases from R1.2 billion in 2025/26 to R1.3 billion in 2026/27. This growth is driven by the planned filling of Emergency Care Officer clinical posts across all districts, aimed at strengthening emergency medical services.

Through targeted performance improvements and strategic enablers, funds allocated to this programme will enhance emergency response times, strengthen patient transport services, and ensure equitable access to emergency care. By leveraging technology, optimising dispatch and transfer systems, and maintaining a skilled workforce, the department will improve the overall experience of healthcare for both patients and emergency service providers.

## SERVICE DELIVERY MEASURES

### PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
EMS P1 urban inter-facility transfer (IFT) under 30 minutes rate	55%	60%	65%	65%
EMS P1 rural inter-facility transfer (IFT) under 60 minutes rate	100%	70%	75%	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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. General Hospitals	8 211 161	8 961 823	9 377 327	9 864 395	9 936 443	9 938 689	10 260 626	10 629 522	11 087 121
2. Tuberculosis Hospitals	354 099	422 302	386 827	413 363	415 363	444 212	431 096	446 622	466 713
3. Psychiatric/Mental Hospital	1 768 460	1 876 140	1 945 658	2 199 819	2 219 819	2 151 789	2 306 516	2 387 451	2 494 547
4. Dental Training Hospitals	636 212	644 392	691 907	741 434	741 757	696 710	888 496	815 791	852 431
5. Other Specialised Hospitals	112 499	125 433	141 950	151 074	165 074	153 344	163 200	170 512	178 114
<b>Total payments and estimates</b>	<b>11 082 431</b>	<b>12 030 090</b>	<b>12 543 669</b>	<b>13 370 085</b>	<b>13 478 456</b>	<b>13 384 744</b>	<b>14 049 934</b>	<b>14 449 898</b>	<b>15 078 926</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>10 941 764</b>	<b>11 870 793</b>	<b>12 396 831</b>	<b>13 178 520</b>	<b>13 282 520</b>	<b>13 188 276</b>	<b>13 831 141</b>	<b>14 260 666</b>	<b>14 881 182</b>
Compensation of employees	8 123 089	8 601 910	9 295 716	9 918 759	9 918 759	9 651 506	10 472 907	10 843 768	11 331 739
Goods and services	2 818 675	3 268 883	3 100 999	3 259 761	3 363 761	3 536 770	3 358 234	3 416 898	3 549 443
Interest and rent on land			116						
<b>Transfers and subsidies to:</b>	<b>29 667</b>	<b>28 570</b>	<b>22 335</b>	<b>17 427</b>	<b>17 427</b>	<b>17 427</b>	<b>17 723</b>	<b>17 927</b>	<b>18 733</b>
Departmental agencies and accounts									
Non-profit institutions									
Households	29 667	28 570	22 335	17 427	17 427	17 427	17 723	17 927	18 733
<b>Payments for capital assets</b>	<b>108 006</b>	<b>126 721</b>	<b>121 159</b>	<b>174 138</b>	<b>178 509</b>	<b>178 509</b>	<b>201 070</b>	<b>171 305</b>	<b>179 011</b>
Buildings and other fixed structures									
Machinery and equipment	108 006	126 721	121 159	174 138	178 509	178 509	201 070	171 305	179 011
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>2 994</b>	<b>4 006</b>	<b>3 344</b>			<b>532</b>			
<b>Total economic classification</b>	<b>11 082 431</b>	<b>12 030 090</b>	<b>12 543 669</b>	<b>13 370 085</b>	<b>13 478 456</b>	<b>13 384 744</b>	<b>14 049 934</b>	<b>14 449 898</b>	<b>15 078 926</b>

This programme's expenditure increased from R11.1 billion in 2022/23 to R12.5 billion in 2024/25, with most of the expenditure occurring in general hospitals, which also account for a significant portion of the total budget of the programme.

The budget increases from a main appropriation of R13.3 billion in 2025/26 to R14 billion in the 2026/27 financial year. The increase is attributable to additional funding of R89.9 million received for security services and medical supplies, also through reprioritisation to cover the personnel cost. The budget for provincial hospital services is mainly to ensure provision of critical general specialist services, step-down care, and specialised rehabilitation services, forming a cornerstone of Gauteng's healthcare delivery system.

This programme plays 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. Hospitals will integrate these services within routine care, ensuring patients benefit from proactive and coordinated management of chronic conditions.

## SERVICE DELIVERY MEASURES

### PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
<b>Regional Hospitals</b>				
Patients experience of care survey rate	100	100	100	100
Ideal hospital status obtained rate	89%	89%	89%	100%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	1	1	1	1
Patient Safety Incident (PSI) case closure rate	87%	87%	87%	87%
Complaint resolution within 25 working days rate	97.0%	97.0%	1	1
Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs assessment)	5.6%	6%	6%	6%
Percentage of hospitals with functional hospital boards	100%	100%	100%	100%
<b>Specialised Hospitals</b>				
Patients experience of care survey rate	100%	100%	100%	100%
Ideal hospital status obtained rate	56%	56%	56%	56%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	85%	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)	10000.0%	10000.0%	10000.0%	10000.0%
Percentage of hospitals with functional hospital boards	100.0%	100.0%	100.0%	100.0%

**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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Central Hospital Services	15 803 843	16 533 635	17 872 051	17 813 423	18 179 134	18 408 438	18 311 598	19 091 450	19 850 626
2. Provincial Tertiary Hospital Services	5 681 579	5 014 940	4 917 919	5 613 172	5 743 226	5 475 747	5 995 108	6 305 473	6 579 816
<b>Total payments and estimates</b>	<b>21 485 422</b>	<b>21 548 575</b>	<b>22 789 970</b>	<b>23 426 595</b>	<b>23 922 360</b>	<b>23 884 185</b>	<b>24 306 706</b>	<b>25 396 923</b>	<b>26 430 442</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>20 640 105</b>	<b>20 820 109</b>	<b>21 470 352</b>	<b>22 415 308</b>	<b>22 667 323</b>	<b>22 628 312</b>	<b>23 323 564</b>	<b>24 398 338</b>	<b>25 393 065</b>
Compensation of employees	14 055 497	14 319 543	15 108 963	16 089 263	16 078 278	15 795 572	17 148 623	18 235 559	19 056 161
Goods and services	6 584 608	6 500 566	6 361 389	6 326 045	6 589 045	6 832 740	6 174 941	6 162 779	6 336 904
Interest and rent on land									
<b>Transfers and subsidies to:</b>	<b>347 347</b>	<b>365 928</b>	<b>374 526</b>	<b>389 616</b>	<b>389 616</b>	<b>389 616</b>	<b>434 592</b>	<b>422 066</b>	<b>441 059</b>
Departmental agencies and accounts									
Non-profit institutions	299 000	315 000	329 000	343 000	343 000	343 000	389 000	374 969	391 843
Households	48 347	50 928	45 526	46 616	46 616	46 616	45 592	47 097	49 216
<b>Payments for capital assets</b>	<b>495 199</b>	<b>358 552</b>	<b>941 370</b>	<b>621 671</b>	<b>865 421</b>	<b>865 421</b>	<b>548 550</b>	<b>576 519</b>	<b>596 318</b>
Buildings and other fixed structures									
Machinery and equipment	495 199	358 552	941 370	621 671	865 421	865 421	548 550	576 519	596 318
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>2 771</b>	<b>3 986</b>	<b>3 722</b>			<b>836</b>			
<b>Total economic classification</b>	<b>21 485 422</b>	<b>21 548 575</b>	<b>22 789 970</b>	<b>23 426 595</b>	<b>23 922 360</b>	<b>23 884 185</b>	<b>24 306 706</b>	<b>25 396 923</b>	<b>26 430 442</b>

This programme receives the largest share of the departmental budget, as it funds some of the largest and most specialised hospitals in the country, whose operational requirements are substantial. The programme allocation increases from a main appropriation of R23.4 billion in 2025/26 to R24.3 billion in 2026/27. The net increase of R880 million reflects increased allocation to the National Tertiary Services Grant, Human Resource and Training grant, offset by baseline reductions effected to support fiscal sustainability measures and the inflationary adjustments applied by Treasury to the departmental baseline for the 2026 MTEF period.

The compensation of employees' budget in the programme increases from R16 billion in 2025/26 to R17.1 billion in the 2026/27 financial year due to the additional allocation to cater for the Cost-of-Living Adjustment.

This programme plays 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. The central and tertiary hospitals are essential for delivering specialised healthcare, improving clinical outcomes, and creating a platform for workforce training and research. By strengthening governance, enhancing patient experiences, and reducing maternal and child mortality.

## SERVICE DELIVERY MEASURES

### PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Patients experience of care survey rate	1	1	1	1
Severity assessment code (SAC) 1 incident reported within 24-hours rate	1	80%	80%	80%
Patient Safety Incident (PSI) case closure rate	81%	85.0%	85.0%	85.0%
Complaint resolution within 25 working days rate	88.5%	95.0%	95.0%	95.0%
Percentage of hospitals with functional hospital boards	1	1	1	1
Central Hospitals	0%	0%	0%	0%
Patients experience of care survey rate	100.0%	100%	100%	100%
Ideal hospital status obtained rate	50%	75.0%	75%	75%
Severity assessment code (SAC) 1 incident reported within 24-hours rate	1	1	1	1
Patient Safety Incident (PSI) case closure rate	1	1	1	1
Complaint resolution within 25 working days rate	95%	95.0%	95%	95%
Percentage of hospitals with functional hospital boards	100.0%	100%	100.0%	100.0%

### 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Nurse Training Colleges	513 473	541 614	527 764	587 462	587 462	576 358	613 652	639 348	668 119
2. Ems Training Colleges	47 675	49 874	49 764	59 955	64 955	64 965	68 318	71 138	74 341
3. Bursaries	7 989	35 741	107 735	181 974	76 974	76 974	203 344	203 897	213 072
4. Other Training	69 080	72 295	72 980	105 863	105 863	101 308	110 730	115 713	120 919
<b>Total payments and estimates</b>	<b>638 217</b>	<b>699 524</b>	<b>758 243</b>	<b>935 254</b>	<b>835 254</b>	<b>819 605</b>	<b>996 044</b>	<b>1 030 096</b>	<b>1 076 451</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>571 320</b>	<b>604 023</b>	<b>607 408</b>	<b>705 555</b>	<b>724 197</b>	<b>708 533</b>	<b>751 545</b>	<b>782 542</b>	<b>817 756</b>
Compensation of employees	515 135	518 705	522 304	588 313	588 313	578 729	621 095	649 045	678 253
Goods and services	56 185	85 318	85 104	117 242	135 884	129 804	130 450	133 497	139 503
Interest and rent on land									
<b>Transfers and subsidies to:</b>	<b>61 243</b>	<b>75 758</b>	<b>147 299</b>	<b>216 923</b>	<b>98 281</b>	<b>98 281</b>	<b>232 855</b>	<b>235 076</b>	<b>245 654</b>
Departmental agencies and accounts	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Higher education institutions	1 176	570							
Households	34 248	48 233	120 344	189 569	70 927	70 927	204 243	205 176	214 408
<b>Payments for capital assets</b>	<b>4 881</b>	<b>5 184</b>	<b>3 018</b>	<b>12 776</b>	<b>12 776</b>	<b>12 776</b>	<b>11 644</b>	<b>12 478</b>	<b>13 041</b>
Buildings and other fixed structures									
Machinery and equipment	4 881	5 184	3 018	12 776	12 776	12 776	11 644	12 478	13 041
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>773</b>	<b>14 559</b>	<b>518</b>			<b>15</b>			
<b>Total economic classification</b>	<b>638 217</b>	<b>699 524</b>	<b>758 243</b>	<b>935 254</b>	<b>835 254</b>	<b>819 605</b>	<b>996 044</b>	<b>1 030 096</b>	<b>1 076 451</b>

The overall budget increases from a main appropriation of R935.2 million in 2025/26 to R996 million in the 2026/27 financial year. The increase is mainly in the compensation of employee’s budget to cover for cost-of-living adjustment

The allocations for goods and services and transfers and subsidies increase by R13.2 million and R14.6 million respectively from 2025/26 and 2026/27. These increases support the alignment with, and 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 provides for the scaling up of emergency medical care training through the annual enrolment of students at the EMS Training College, thereby strengthening personnel capacity to meet the increasing demand for emergency services. The goods and services allocation also include funding for bursaries earmarked for internal employees, enabling access to undergraduate and postgraduate programmes to support career progression, professional development, and improved workforce retention.

**SERVICE DELIVERY MEASURES**

**PROGRAMME 6: HEALTH SCIENCES AND TRAINING**

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Employee satisfaction rate	63%	63%	63%	63%
Number of nursing students enrolled	1895	800	800	800
Number of emergency medical care students enrolled	117	90	90	90

Number of Bursaries awarded to internal employees	460	460	460	460
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## 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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Laundries	335 216	342 863	323 475	373 172	381 172	384 085	384 684	402 244	420 345
2. Food Supply Services	102 086	96 498	139 289	123 850	141 850	147 463	129 546	135 373	141 464
3. Medicine Trading Account				1	1	1	1	1	1
<b>Total payments and estimates</b>	<b>437 302</b>	<b>439 361</b>	<b>462 764</b>	<b>497 023</b>	<b>523 023</b>	<b>531 549</b>	<b>514 231</b>	<b>537 618</b>	<b>561 810</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>435 362</b>	<b>438 305</b>	<b>462 198</b>	<b>493 468</b>	<b>519 468</b>	<b>527 994</b>	<b>512 074</b>	<b>534 982</b>	<b>559 056</b>
Compensation of employees	221 435	226 506	237 225	245 951	245 951	259 237	257 236	268 811	280 907
Goods and services	213 927	211 799	224 954	247 517	273 517	268 757	254 838	266 171	278 149
Interest and rent on land			19						
<b>Transfers and subsidies to:</b>	<b>531</b>	<b>706</b>	<b>503</b>	<b>371</b>	<b>371</b>	<b>371</b>	<b>290</b>	<b>407</b>	<b>425</b>
Provinces and municipalities									
Departmental agencies and accounts									
Non-profit institutions									
Households	531	706	503	371	371	371	290	407	425
<b>Payments for capital assets</b>	<b>1 305</b>	<b>320</b>	<b>16</b>	<b>3 184</b>	<b>3 184</b>	<b>3 184</b>	<b>1 867</b>	<b>2 229</b>	<b>2 329</b>
Buildings and other fixed structures									
Machinery and equipment	1 305	320	16	3 184	3 184	3 184	1 867	2 229	2 329
<b>Payments for financial assets</b>	<b>104</b>	<b>30</b>	<b>47</b>						
<b>Total economic classification</b>	<b>437 302</b>	<b>439 361</b>	<b>462 764</b>	<b>497 023</b>	<b>523 023</b>	<b>531 549</b>	<b>514 231</b>	<b>537 618</b>	<b>561 810</b>

The budget for this programme is allocated to the five provincial laundries that provide laundry services for health facilities. It also funds the Masakhane Cook-Freeze facility, which supplies pre-packed food to health facilities. In addition, the programme provides critical support by ensuring the efficient supply of medicines and other health products to facilities and patients.

The budget increases from R497 million in 2025/26 to R514.2 million in 2026/27 to sustain the delivery of these essential services. Over the same period, the allocation for compensation of employees increases by 4.5 percent, while the goods and services budget increases marginally by 2.9 percent.

## SERVICE DELIVERY MEASURES

### PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme performance measures	Estimated performance	Medium-term estimates		
	2025/26	2026/27	2027/28	2028/29
Percentage vital medicine availability at health facilities	95%	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)	1 601 390	1 900 000	2 100 000	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 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Community Health Facilities	291 880	240 213	229 800	331 131	245 245	245 245	317 275	304 960	334 985
2. Emergency Medical Rescue Services	7 426	8 791	305	1 800	1 800	1 800	3 138	2 237	2 300
3. District Hospital Services	97 826	220 962	304 141	271 284	182 591	182 591	328 984	277 864	297 613
4. Provincial Hospital Services	284 268	375 881	475 623	393 686	502 908	502 908	581 736	559 614	601 693
5. Central Hospital Services	512 981	535 988	702 141	337 640	462 240	462 240	434 023	392 437	358 028
6. Other Facilities	471 088	450 300	395 232	562 105	592 862	574 597	540 220	514 692	522 156
<b>Total payments and estimates</b>	<b>1 665 469</b>	<b>1 832 135</b>	<b>2 107 242</b>	<b>1 897 646</b>	<b>1 987 646</b>	<b>1 969 381</b>	<b>2 205 376</b>	<b>2 051 804</b>	<b>2 116 775</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 228 033</b>	<b>1 469 644</b>	<b>1 723 164</b>	<b>1 191 913</b>	<b>1 460 320</b>	<b>1 442 055</b>	<b>1 759 094</b>	<b>1 658 548</b>	<b>1 758 843</b>
Compensation of employees	42 884	44 282	35 855	57 908	57 908	39 643	60 571	63 297	66 145
Goods and services	1 185 149	1 425 362	1 687 309	1 134 005	1 402 412	1 402 412	1 698 523	1 595 251	1 692 698
Interest and rent on land									
<b>Transfers and subsidies to:</b>	<b>22</b>	<b>110</b>	<b>55</b>						
Provinces and municipalities									
Households	22	110	55						
<b>Payments for capital assets</b>	<b>437 414</b>	<b>362 381</b>	<b>383 998</b>	<b>705 733</b>	<b>527 326</b>	<b>527 326</b>	<b>446 282</b>	<b>393 256</b>	<b>357 932</b>
Buildings and other fixed structures	434 910	360 660	353 637	693 427	477 636	477 636	415 638	357 852	339 578
Machinery and equipment	2 504	1 721	30 361	12 306	49 690	49 690	30 644	35 404	18 354
<b>Payments for financial assets</b>			<b>25</b>						
<b>Total economic classification</b>	<b>1 665 469</b>	<b>1 832 135</b>	<b>2 107 242</b>	<b>1 897 646</b>	<b>1 987 646</b>	<b>1 969 381</b>	<b>2 205 376</b>	<b>2 051 804</b>	<b>2 116 775</b>

Gauteng has the largest ever-growing population size compared to other provinces, this leads to higher demand for delivery of new infrastructure and maintaining existing ones to stimulate economic development. The province is a diversified economy and substantially contributes to the National Gross Domestic Product (GDP) of South Africa. The prevailing fiscal and macroeconomic conditions in the country place substantial pressure on the Global City Region's social and economic infrastructure.

The 2026/27 focus areas for infrastructure delivery align to the Annual Performance Plan targets which are:

- Refurbish or rehabilitate Health facilities as an effective way of addressing the maintenance backlog that developed over several years.
- To complete the major capital projects which include the Johannesburg Forensic Lab, the Khutsong South Clinic and the Randfontein CHC.
- Invest by funding further maintenance of facilities.

Over the 2026 MTEF, a budget of R6.373 billion is allocated to the programme of which R5.9 billion is allocated for the maintenance, rehabilitation, upgrading, and provision of new health infrastructure. In 2026/27, R2.205 billion is allocated to the programme of which a total allocation of R2.077 billion is spread over the corridors, where the Central Corridor received 40 percent, Eastern Corridor received 13.7 percent, Northern Corridor received 21 percent, Southern Corridor received 10.6 percent, Western Corridor received 10.5 percent and 3.4 percent was allocated towards various facilities in the province.

## 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						
	2022/23		2023/24		2024/25		2025/26		2026/27		2027/28		2028/29		2025/26 - 2028/29				
	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Filled posts	Additional posts	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel growth rate	Costs growth rate	% of Total		
<b>Salary level</b>																			
1 – 6	57 044	16 357 922	55 943	16 936 246	54 325	17 846 640	51 012	2 265	53 277	18 438 974	53 476	19 415 707	53 677	20 443 259	53 677	21 022 547	0%	4%	43%
7 – 10	12 022	8 627 830	12 293	8 836 941	12 436	9 639 308	12 299	213	12 512	10 143 964	12 559	10 657 949	12 606	11 124 428	12 606	11 623 145	0%	5%	24%
11 – 12	7 054	11 169 374	8 283	12 044 822	8 508	12 778 443	5 355	3 043	8 398	13 974 196	8 429	14 654 233	8 461	15 632 130	8 461	16 114 903	0%	5%	33%
13 – 16	108	208 889	95	149 085	106	188 497	93	7	100	199 764	100	224 376	101	242 166	101	251 838	0%	8%	0%
Other	6 821	172 744	7 234	58 370	8 696	65 357	7 856	7 856	7 856	47 984	7 856	49 312	7 856	51 987	7 856	53 064	0%	3%	0%
<b>Total</b>	<b>83 049</b>	<b>36 536 759</b>	<b>83 848</b>	<b>38 025 465</b>	<b>84 071</b>	<b>40 518 245</b>	<b>76 615</b>	<b>5 528</b>	<b>82 143</b>	<b>42 804 883</b>	<b>82 421</b>	<b>45 001 578</b>	<b>82 701</b>	<b>47 493 970</b>	<b>82 701</b>	<b>49 065 498</b>	<b>0%</b>	<b>5%</b>	<b>100%</b>
<b>Programme</b>																			
1. Administration	4 680	449 778	5 282	448 536	5 441	492 831	5 602	93	5 695	627 252	5 699	658 456	5 703	842 768	5 703	880 683	0%	12%	2%
2. District Health Services	30 211	12 123 889	29 684	12 790 148	29 044	13 569 489	27 775	1 294	29 069	14 070 201	29 176	14 392 615	29 284	15 152 073	29 284	15 288 212	0%	3%	32%
3. Emergency Medical Services	2 889	1 005 052	2 966	1 075 835	4 107	1 255 862	3 920	1	3 921	1 218 221	3 932	1 390 075	3 943	1 438 659	3 943	1 503 398	0%	7%	3%
4. Provincial Hospital Services	22 697	8 123 089	23 496	8 601 910	23 337	9 295 716	20 282	2 134	22 416	9 918 759	22 497	10 472 907	22 578	10 843 768	22 578	11 331 739	0%	5%	23%
5. Central Hospital Services	20 009	14 055 497	19 623	14 319 543	19 470	15 108 963	17 030	1 917	18 947	16 078 278	19 017	17 148 623	19 088	18 235 559	19 088	19 056 161	0%	6%	38%
6. Health Sciences And Training	1 742	515 135	1 977	518 705	1 844	522 304	1 287		1 287	588 313	1 289	621 095	1 291	649 045	1 291	678 253	0%	5%	1%
7. Health Care Support Services	736	221 435	736	226 506	696	237 225	672		672	245 951	674	257 236	677	268 811	677	280 907	0%	5%	1%
8. Health Facilities Management	85	42 884	84	44 282	132	35 855	47	89	136	57 908	136	60 571	137	63 297	137	66 145	0%	5%	0%
<b>Total</b>	<b>83 049</b>	<b>36 536 759</b>	<b>83 848</b>	<b>38 025 465</b>	<b>84 071</b>	<b>40 518 245</b>	<b>76 615</b>	<b>5 528</b>	<b>82 143</b>	<b>42 804 883</b>	<b>82 421</b>	<b>45 001 578</b>	<b>82 701</b>	<b>47 493 970</b>	<b>82 701</b>	<b>49 065 498</b>	<b>0%</b>	<b>5%</b>	<b>100%</b>
<b>Employee dispensation classification</b>																			
Public Service Act appointees not covered by OSDs	34 603	9 125 700	29 437	7 800 452	29 257	8 540 993	28 524		28 524	8 942 267	33 210	9 391 610	33 319	9 932 694	33 319	10 226 092	5%	5%	21%
Public Service Act appointees still to be covered by OSDs	1 430	30 260	1 338	452 189	7	4 339	9		9						(100)%	0%	0%		
Professional Nurses, Staff Nurses and Nursing Assistants	32 196	14 050 883	33 044	14 920 304	32 197	15 107 089	31 324		31 324	16 369 828	30 399	17 130 034	30 512	18 067 596	30 512	18 652 373	(1)%	4%	38%
Legal Professionals	10	6 648	10	6 942	12	9 108	13		13	10 616	14	12 544	14	13 787	14	14 382	2%	11%	0%

EPRE - 2026/27 • Vote 4 – Health

R thousands	Actual				Revised estimate				Medium-term expenditure estimate				Average annual growth over MTEF				
	2022/23		2023/24		2024/25		2025/26		2026/27		2027/28		2028/29		Personnel growth rate	Costs growth rate	% Costs of Total
	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Filled posts	Additional posts	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs			
Social Services Professions	372	223 913	392	227 254	418	258 102	459	271 674	440	283 959	442	299 915	442	308 787	(1)%	4%	1%
Engineering Professions and related occupations	69	50 014	82	48 990	68	48 818	63	48 781	62	51 712	62	54 555	62	56 766	(0)%	5%	0%
Medical and related professionals	5 443	9 167 499	7 656	10 420 623	9 453	10 176 411	6 554	10 569 025	6 226	11 120 328	6 246	11 727 590	6 246	12 154 079	(2)%	5%	25%
Therapeutic, Diagnostic and other related Allied Health Professionals	7 222	3 882 242	8 225	4 148 711	9 166	4 938 564	5 595	5 074 536	8 415	5 422 812	8 445	5 587 495	8 445	5 775 224	15%	4%	12%
Others such as interns, EPWP, learnerships, etc	1 704		1 675		3 493	1 434 821	4 074	1 518 455	3 606	1 613 288	3 612	1 698 309	3 612	1 774 508	(4)%	5%	4%
<b>Total</b>	<b>83 049</b>	<b>36 536 759</b>	<b>81 859</b>	<b>38 025 465</b>	<b>84 071</b>	<b>40 518 245</b>	<b>76 615</b>	<b>42 804 883</b>	<b>82 373</b>	<b>45 026 289</b>	<b>82 652</b>	<b>47 381 941</b>	<b>82 652</b>	<b>48 962 210</b>	<b>3%</b>	<b>5%</b>	<b>100%</b>

The department will prioritise the filling of critical Chief Executive Officer (CEO) and Senior Management Service (SMS) posts that are currently vacant to ensure stability in leadership, strengthen governance, and support uninterrupted service delivery, as the Department currently relies on acting appointments in several facilities.

Priority will also be given to the recruitment of clinical personnel, particularly in high-pressure service areas such as oncology, maternity services, surgical disciplines, and psychiatry. Oncology posts are being prioritised to address long waiting lists for cancer treatment, while the appointment of additional specialists will assist in reducing surgical backlogs across facilities. Maternity services remain a key focus area, as obstetrics and gynaecology cases constitute one of the leading contributors to medico-legal litigation against the department. To mitigate these risks and improve maternal and neonatal outcomes, the department has prioritised the training and appointment of staff and the strengthening of clinical support in maternity and neonatal units.

The department is also experiencing increasing demand due to patients accessing services from neighbouring provinces and neighbouring countries, which places additional pressure on public health facilities. To respond to this demand, the department continues to prioritise frontline clinical posts while strengthening systems and controls in the management of the Compensation of Employees budget to ensure that resources are directed towards core service delivery.

In addition, the department will strengthen its learning and teaching platforms to meet the requirements of the Health Professions Council of South Africa (HPCSA), including the recruitment of specialists and supervisors required for accredited training institutions. The Gauteng College of Nursing will also recruit additional lecturers to support postgraduate nursing programmes and comply with the requirements of the South African Nursing Council (SANC).

The department will further prioritise the filling of administrative and clinical support service posts that are critical for maintaining clean theatres, safe hospital environments, and compliance with health facility standards. Training, bursary programmes, and partnerships with institutions of higher learning will continue to be utilised to address scarce skills and develop specialised expertise within the public health system.

Finally, Emergency Medical Services (EMS) will be strengthened to improve response times and service delivery, particularly in Township, Informal Settlement and Hostel (TISH) areas where demand for emergency services remains high.

## 9.2 Training

TABLE 4.24: INFORMATION ON TRAINING: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Number of staff	83 049	83 848	84 071	82 143	82 143	82 143	82 421	82 701	82 701
Number of personnel trained	32 022	32 700	26 090	36 680	27 670	27 670	30 435	33 477	36 825
of which									
Male	7 698	7 700	10 029	8 384	6 155	6 155	6 770	7 447	8 192
Female	24 324	25 000	16 061	28 296	21 515	21 515	23 665	26 030	28 633
Number of training opportunities	152	152	157	145	145	145	142	146	149
of which									
Tertiary	2	2	1	1	1	1		1	1
Workshops	20	20	15	12	12	12	8	9	10
Seminars				2	2	2	4	6	8
Other	130	130	141	130	130	130	130	130	130
Number of bursaries offered	460	460	414	321	721	1 042	960	960	960
Number of interns appointed	1 000	1 000	719	1 000	1 129	1 129	1 050	1 100	1 100
Number of learnerships appointed	500	350	216	500	840	840	525	550	550
Number of days spent on training	215	215	216	215	215	215	215	215	216
Payments on training by programme									

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
1. Administration			755		280	280			
2. District Health Services	5 109	9 773	12 765	27 579	24 515	24 515	25 073	25 858	26 961
3. Emergency Medical Services	143	472	531	7 500	15 500	15 500	12 800	13 222	13 817
4. Provincial Hospital Services	1 083	1 327	2 602	4 116	3 796	3 796	4 115	3 990	4 169
5. Central Hospital Services	740	584	1 744	2 645	2 631	2 631	2 585	2 670	2 757
6. Health Sciences And Training	3 994	2 000	4 270	7 544	9 489	9 489	14 149	10 639	11 117
7. Health Care Support Services	66		66	207	207	207	207	214	224
8. Health Facilities Management	252	63		1 000	1 000	1 000	1 000	500	500
<b>Total payments on training</b>	<b>11 387</b>	<b>14 219</b>	<b>22 733</b>	<b>50 591</b>	<b>57 418</b>	<b>57 418</b>	<b>59 929</b>	<b>57 093</b>	<b>59 545</b>

### Leadership, Management and Skills Development (LMSD)

The Gauteng Department of Health (GDoH) faces persistent capacity constraints that affect the quality, efficiency, and responsiveness of healthcare service delivery.

Key challenges include shortages of skilled clinical and support personnel, gaps in leadership and management capability, insufficient technical skills across core administrative functions, and limited development pathways for EPWP workers who support essential frontline services. These constraints undermine clinical outcomes, organisational performance, and alignment with provincial and national health priorities.

To address these challenges, the Human Resource Development Implementation Plan (HRDIP) prioritises comprehensive workforce development through leadership training, ethical governance programmes, technical upskilling, and professionalisation of nursing leadership. The proposed interventions align with the Medium-Term Strategic Framework (MTSF), Human Resource Development Strategic Framework, Skills Development Act, and National Nursing Leadership Competency Framework. Implementation will leverage strategic partnerships with HEIs, HWSETA, the National School of Government, SETAs, and the Gauteng City Region Academy.

This business case supports the expansion of a fully integrated Human Resource Development Programme over the MTEF period, focusing on ethical leadership development, critical technical competencies, SAQA accredited upskilling for EPWP workers, and strengthening of nursing leadership through a national competency framework. The programme will be supported through annual HWSETA funding and departmental HRD allocations.

The expected benefits include improved clinical outcomes, enhanced patient safety, stronger governance and compliance, increased workforce readiness, and a more capable, ethical, and resilient health system. Investing in workforce development is essential to achieving the GDoH's strategic objectives and sustaining high quality healthcare services across the province.

### Professional Development Directorate

The Gauteng Department of Health (GDoH) is strengthening its Human Resource Development (HRD) function to build a capable, ethical, and responsive health workforce aligned with national and provincial priorities. This enhanced HRD approach is guided by the Human Resources for Health Strategy, the new Nursing Strategy, the National Nursing Leadership Competency Framework, and the revised DPSA HRD Strategic Framework. Over the MTEF period, a significant increase in employee training is anticipated to support service excellence and system resilience.

Key investments include expanding medical internships funded through the Health Professionals Training and Development Grant and Statutory Human Resource Grants and strengthening Continuing Professional Development (CPD) through partnerships with universities, professional bodies, and licensing authorities. The Regional Training Centre (RTC) will continue delivering accredited CPD programmes, while accredited providers will offer one-year qualifications for Health Promotion Officers and Social Counselling Workers.

Critical clinical areas will also be prioritised. Maternity and neonatal services will be supported through academic programmes and essential short courses such as Help Baby Breathe, ESMOE, and postpartum haemorrhage management. HIV, AIDS, STIs, TB, and drug-resistant TB training will be funded through the HIV/AIDS Grant using updated clinical guidelines.

To expand access and improve efficiency, the RTC will scale online learning via the Knowledge Hub, complemented by onsite mentorship. Additional programmes will capacitate staff in Palliative Care and Sexual Assault management in line with APC guidelines, and RTC personnel will be trained as Master Trainers to strengthen clinical training across facilities.

A standardised onboarding and patient safety programme will be implemented to reduce adverse events among newly appointed clinical personnel. To address professional nurse shortages and support succession planning, bursaries will be allocated to internal nursing staff.

Finally, training for clinical engineers identified as a scarce and critical skill, will be prioritised through partnerships with Universities of Technology to improve equipment maintenance and ensure operational readiness across high-risk service areas such as obstetrics and gynaecology, emergency care, primary healthcare, and intensive care units.

Overall, this business case supports the expansion of a comprehensive HRD programme that enhances clinical capability, strengthens governance and patient safety, and ensures a sustainable and high performing provincial health system.

### **Emergency Medical Care skills and development**

The Lebone College of Emergency Care is now formally defined as a Public Higher Education College in terms of the Higher Education Institutional Types Policy document. This designation affirms the College's role within the higher education sector and strengthens its mandate to provide accredited qualifications, conduct academic development and contribute to research in emergency medical care. The College continues to offer the Higher Certificate and Diploma in Emergency Medical Care in partnership with Sefako Makgatho Health Sciences University (SMU). Through this collaboration, the College supports departmental funded students and provides opportunities for upskilling EMS personnel, thereby contributing to the improvement of quality healthcare services. As part of its growth and expansion, the College will introduce an additional standalone intake for the Higher Certificate in 2026. At the same time, the College is supporting SMU in the development and strengthening of the three-year Diploma programme, while also pursuing its own accreditation to offer qualifications independently.

In addition to formal higher education programmes, the College offers a range of short learning programmes. These programmes play a critical role in Continuing Professional Development (CPD), which is mandatory for all professionals registered with the Health Professions Council of South Africa (HPCSA). HPCSA requires practitioners to continuously upgrade their knowledge and skills and to obtain a prescribed number of CPD points annually to maintain professional registration. Without compliance, professionals risk deregistration. Securing adequate funding is therefore essential to support these programmes and to ensure that healthcare professionals remain compliant, competent and legally registered.

Furthermore, the College was reaccredited in 2025 as a training centre by the American Heart Association (AHA) to provide Basic Life Support for Healthcare Providers (BLS HCP) and Advanced Cardiac Life Support (ACLS) training to Gauteng health professionals. The College is now expanding these training programmes to include all health professionals across the province health institutions. To ensure high-quality training, the necessary equipment, learning materials and compliance resources must be available and properly maintained.

The College is also planning to expand its training programmes to include First Aid and Occupational Health and Safety (OHS). This expansion will enable the College to provide essential life-saving skills and workplace safety training to all Gauteng health institutions.

In collaboration with SMU and Dr George Mukhari Academic Hospital, the College hosted the inaugural Advanced Airway Management Symposium during the last financial year. Due to the positive response and the identified need for this critical skills training, the symposium is planned to continue this year, with participation expanded to include more healthcare providers. Given the growing demand for life-saving skills i.e. Advanced Airway Management for medical practitioners, funding must be prioritised to increase training capacity across other health district institutions. Sustained and increased funding is essential to support the College's role as a Public Higher Education College, to advance accredited emergency care qualifications, to ensure compliance with CPD requirements and to strengthen the overall preparedness and resilience of healthcare facilities within the province.

### **Gauteng College Of Nursing (GCON)**

GCON GCON is a public nursing college comprising of six campuses that offers training on Higher Education Qualifications Sub-Framework (HEQSF) aligned programmes to internal candidates from the GDoH clinical facilities through Recognition of Prior

Learning (RPL) as well as external candidates who are in possession of a Grade 12 or equivalent and are meeting the set entry requirements of the programme. The 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 aims at producing cadres that can render quality 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. All programmes offered are accredited by the South African Nursing Council (SANC) and Council on Higher Education (CHE).

The College experiences persistent capacity constraints in terms of lecturers and this affect the quality, efficiency, effectiveness and responsiveness of training nurses and production of nurses to deliver healthcare service delivery. The challenges experienced by the college include shortages of lecturers to facilitate postgraduate diploma programs and technical skilled practitioners required to support both undergraduate and postgraduate diploma lecturers and students. The challenges compromise the enrolment numbers for training, thus contribute to shortage of nurses in the provinces.

Training and development are 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.

GCON as an institution offers undergraduate and 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. Training of nurses for postgraduate diploma programmes has since been identified as a scarce and critical skill, the college is looking forward to collaborate with private nursing education institution and universities to expand training of nurses in the province, ensuring that critical areas such as midwifery, child nursing perioperative, oncology and palliative nursing, primary healthcare, and intensive care units are fully capacitated.

These programs are essential to ensure that health care sector staff are fully capacitated and equipped to meet the universal health coverage aspects. In order for the college to address these increasing demands, ongoing development training of professional nurses in large numbers is required, therefore, adequate funding should be prioritized to address the shortage of nurses and sustain accreditation of programmes.

### 9.3 Reconciliation of structural changes

N/A

## 10. Gender Responsive Budgeting

TABLE 5:20: SUMMARY OF GRB PERFORMANCE INDICATORS: DEPARTMENTAL

R thousand	Main appropriation	Adjusted appropriation	Revised estimate	MTEF		
		2025/26		2026/27	2027/28	2028/29
Percentage of women employed in SMS positions in the department	101 992	101 992	101 992	105 664	109 151	112 534
Percentage of women employed at Salary Level 1-12 within the department	34 040 809	34 040 809	34 040 809	35 266 278	36 430 065	37 559 397
Percentage of procurement for women-owned companies	1 045 840	1 045 840	1 045 840	1 083 490	1 119 245	1 153 942
Other	2 579 274	2 579 274	2 579 274			
<b>Total</b>	<b>37 767 915</b>	<b>37 767 915</b>	<b>37 767 915</b>	<b>36 455 432</b>	<b>37 658 461</b>	<b>38 825 873</b>

The total Gender Responsive Budgeting decreases from an allocation of R37.767 billion in 2025/26 main allocation to R36.455 billion in 2026/27. Overall, while the initial decrease from 2025/26 to 2026/27 highlights budget reprioritisation, the upward trend thereafter demonstrates a strategic recovery aimed at reinforcing gender-responsive programmes. Over the MTEF, the allocation increases to R37.658 billion in 2027/28 and R38.825 billion in 2028/29. The department reports consistent funding

amounts for two major categories; Percentage of women employed at Salary Level 1-12 within the department and the Percentage of women employed in SMS positions, with an allocation rising from R34.040 billion in 2025/26 to R35.266 billion in 2026/27 and from R101 million in 2025/26 to R112 million in 2028/29 respectively.



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

TABLE 4.25: SPECIFICATION OF RECEIPTS: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Tax receipts</b>									
<b>Sales of goods and services other than capital assets</b>	<b>408 559</b>	<b>428 971</b>	<b>449 019</b>	<b>569 525</b>	<b>569 525</b>	<b>522 725</b>	<b>595 723</b>	<b>622 531</b>	<b>650 546</b>
Sale of goods and services produced by department (excluding capital assets)	407 811	428 169	448 268	567 074	567 074	520 274	593 159	619 852	647 746
Sales by market establishments	39 361	34 208	33 859	31 890	31 890	31 890	33 357	34 859	36 428
Administrative fees	381	456	562						
Other sales	368 069	393 505	413 847	535 184	535 184	488 384	559 802	584 993	611 318
Of which									
Health patient fees	300 334	313 471	332 850	456 395	456 395	393 360	477 389	498 872	521 321
Other (Specify)	25 307	26 492	29 902	50 528	50 528	50 528	52 852	55 230	57 715
Other (Specify)	19 743	20 935	22 456	17 318	17 318	17 318	18 115	18 930	19 782
Other (Specify)	396	1 390	1 149	8 961	8 961	8 961	9 373	9 795	10 236
Sales of scrap, waste, arms and other used current goods (excluding capital assets)	748	802	751	2 451	2 451	2 451	2 564	2 679	2 800
<b>Transfers received from:</b>	<b>809</b>	<b>15</b>				<b>6</b>			
Other governmental units	802								
<b>Fines, penalties and forfeits</b>	<b>39</b>	<b>155</b>	<b>80</b>	<b>86</b>	<b>86</b>	<b>86</b>	<b>90</b>	<b>94</b>	<b>98</b>
<b>Interest, dividends and rent on land</b>	<b>711</b>	<b>574</b>	<b>110</b>	<b>1 943</b>	<b>1 943</b>	<b>1 943</b>	<b>2 032</b>	<b>2 123</b>	<b>2 219</b>
Interest	711	574	110	1 943	1 943	1 943	2 032	2 123	2 219
<b>Sales of capital assets</b>	<b>15 318</b>	<b>17 528</b>	<b>24 650</b>			<b>20 987</b>			
<b>Transactions in financial assets and liabilities</b>	<b>82 673</b>	<b>44 962</b>	<b>87 771</b>	<b>42 722</b>	<b>42 722</b>	<b>54 392</b>	<b>44 687</b>	<b>46 698</b>	<b>48 798</b>
<b>Total departmental receipts</b>	<b>508 109</b>	<b>492 205</b>	<b>561 630</b>	<b>614 276</b>	<b>614 276</b>	<b>600 139</b>	<b>642 532</b>	<b>671 446</b>	<b>701 661</b>

TABLE 4.26: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>54 827 927</b>	<b>57 554 007</b>	<b>61 082 918</b>	<b>62 611 265</b>	<b>64 098 079</b>	<b>65 284 441</b>	<b>66 495 003</b>	<b>69 175 290</b>	<b>71 422 964</b>
Compensation of employees	36 536 759	38 025 465	40 518 245	42 738 563	42 804 883	42 804 883	45 001 578	47 493 970	49 065 498
Salaries and wages	32 094 233	33 129 907	35 193 763	37 547 358	37 631 079	37 080 256	39 531 121	41 849 580	43 168 564
Social contributions	4 442 526	4 895 558	5 324 482	5 191 205	5 173 804	5 724 627	5 470 457	5 644 390	5 896 934
Goods and services	18 287 327	19 512 926	20 554 609	19 872 702	21 293 196	22 466 507	21 493 425	21 681 320	22 357 466
Administrative fees	7 113	11 810	11 314	15 765	13 044	13 044	11 412	13 307	13 871
Advertising	7 483	16 666	22 479	59 679	59 511	59 511	66 210	71 492	74 695
Minor assets	24 796	34 118	23 501	53 415	56 791	56 791	69 264	63 598	66 036
Audit costs: External	30 186	28 257	36 952	36 857	43 357	43 357	36 857	37 322	39 001
Bursaries: Employees	3 181	17 993	14 005	15 355	40 355	40 355	36 690	37 637	39 331
Catering: Departmental activities	6 565	11 545	16 505	19 714	22 871	22 871	23 720	23 992	25 045

EPRE - 2026/27 • Vote 4 – Health

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Communication (G&S)	80 578	98 261	77 386	114 912	109 798	111 450	110 057	114 234	119 109
Computer services	93 394	205 112	128 351	300 648	293 953	293 953	357 484	306 268	319 949
Consultants: Business and advisory services	354 585	437 351	446 998	686 295	661 746	661 746	669 834	718 652	750 984
Laboratory services	2 925 246	2 752 239	2 592 946	2 796 687	2 782 737	2 782 737	2 854 733	2 899 427	3 013 935
Science and technological services									
Contractors	357 395	306 868	416 482	1 008 314	1 040 527	818 303	758 578	834 686	868 642
Agency and support/outsource d services	456 247	225 807	291 664	219 624	244 690	244 690	236 411	225 980	234 280
Entertainment									
Fleet services (including government motor transport)	209 578	256 565	390 615	288 633	279 114	270 179	297 116	295 467	308 563
Housing									
Inventory: Clothing material and accessories	1 358	6 875							
Inventory: Farming supplies									
Inventory: Food and food supplies	435 481	499 788	586 837	586 639	637 462	637 462	627 592	624 107	648 185
Inventory: Fuel, oil and gas	290 974	352 212	420 705	514 550	479 198	464 512	465 969	488 436	507 016
Inventory: Learner and teacher support material	1 119	1 717	593	1 650	1 483	1 483	1 450	1 498	1 566
Inventory: Materials and supplies	64 391	71 277	62 603	57 380	56 301	56 301	54 315	54 033	56 091
Inventory: Medical supplies	4 395 303	4 181 124	4 346 116	4 099 056	4 202 528	4 202 528	4 234 565	4 259 115	4 364 977
Inventory: Medicine	4 163 001	4 250 059	4 547 833	4 391 925	4 588 564	5 290 152	4 455 057	4 575 499	4 629 511
Medsas inventory interface									
Inventory: Other supplies	158 353	149 264	172 925	183 777	241 812	243 013	245 299	251 537	260 504
Consumable supplies	925 302	868 370	527 266	539 996	450 206	440 935	504 226	500 790	521 065
Consumables: Stationery, printing and office supplies	169 914	171 781	192 423	214 254	211 980	207 711	224 943	227 365	236 257
Operating leases	266 174	367 939	332 536	389 704	453 788	482 802	379 157	379 564	394 711
Rental and hiring	24 164	29 108	18 520	37 405	37 355	37 355	22 867	39 205	40 962
Property payments	2 658 958	3 497 816	4 490 215	3 009 118	3 910 733	4 609 974	4 381 245	4 256 696	4 426 909
Transport provided: Departmental activity	223	1 418	1 269	11 528	5 003	5 003	5 411	13 012	13 592
Travel and subsistence	21 228	29 054	26 864	43 670	41 588	41 588	36 493	39 125	40 848
Training and development	11 322	14 219	22 731	50 591	57 418	57 418	59 929	57 093	59 545
Operating payments	11 683	7 821	8 272	55 942	49 609	49 609	43 548	44 168	46 191
Venues and facilities	2 979	13 089	7 763	14 678	14 733	14 733	17 652	16 322	17 051
Interest and rent on land	3 841	15 616	10 064			13 051			
Rent on land	3 841								
<b>Transfers and subsidies</b>	<b>1 779 846</b>	<b>2 021 433</b>	<b>1 806 920</b>	<b>1 834 132</b>	<b>1 676 921</b>	<b>1 735 757</b>	<b>1 942 272</b>	<b>1 937 035</b>	<b>2 024 200</b>

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Provinces and municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Departmental agencies and accounts	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Provide list of entities receiving transfers	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Higher education institutions	1 176	570							
Non-profit institutions	685 978	713 937	689 512	748 721	710 152	710 152	808 537	798 595	834 532
Households	674 262	869 693	660 482	608 306	489 664	548 500	634 683	638 100	666 812
Social benefits	130 526	127 088	114 023	107 082	107 082	107 082	104 573	107 110	111 928
Other transfers to households	543 736	742 605	546 459	501 224	382 582	441 418	530 110	530 990	554 884
<b>Payments for capital assets</b>	<b>1 877 868</b>	<b>1 586 369</b>	<b>2 262 365</b>	<b>2 597 100</b>	<b>2 728 513</b>	<b>2 728 513</b>	<b>1 883 849</b>	<b>1 836 374</b>	<b>1 858 510</b>
Buildings and other fixed structures	434 910	360 660	399 790	839 414	623 623	623 623	530 638	417 186	401 582
Buildings	434 910	360 660	399 790	839 414	623 623	623 623	530 638	417 186	401 582
Machinery and equipment	1 442 958	1 225 709	1 832 428	1 757 686	2 104 890	2 104 890	1 353 211	1 419 188	1 456 928
Transport equipment	591 640	315 488	600 713	516 570	516 570	460 570	138 903	169 507	177 137
Other machinery and equipment	851 318	910 221	1 231 715	1 241 116	1 588 320	1 644 320	1 214 308	1 249 681	1 279 791
<b>Payments for financial assets</b>	<b>12 509</b>	<b>28 565</b>	<b>12 194</b>			<b>2 980</b>			
<b>Total economic classification</b>	<b>58 498 150</b>	<b>61 190 374</b>	<b>65 164 397</b>	<b>67 042 497</b>	<b>68 503 513</b>	<b>69 751 691</b>	<b>70 321 124</b>	<b>72 948 699</b>	<b>75 305 674</b>

TABLE 4.27: PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 290 127</b>	<b>1 465 185</b>	<b>1 300 374</b>	<b>1 286 879</b>	<b>1 619 739</b>	<b>1 686 072</b>	<b>1 688 062</b>	<b>1 887 210</b>	<b>1 968 779</b>
Compensation of employees	449 778	448 536	492 831	627 252	627 252	536 904	658 456	842 758	880 683
Salaries and wages	389 091	386 467	425 363	555 483	555 483	465 274	584 313	754 769	788 734
Social contributions	60 687	62 069	67 468	71 769	71 769	71 630	74 143	87 989	91 949
Goods and services	836 508	1 001 033	798 679	659 627	992 487	1 136 117	1 029 606	1 044 452	1 088 096
Administrative fees	3 183	3 083	488	2 159	2 100	2 100	709	2 391	2 499
Advertising	3 480	1 293	2 329	4 423	4 400	4 400	1 400	4 632	4 840
Minor assets	1 122	5	2	234	234	234	257	270	282
Audit costs: External	29 875	28 257	36 952	36 857	43 357	43 357	36 857	37 322	39 001
Bursaries: Employees		20							
Catering: Departmental activities	321	2 912	5 216	2 032	3 889	3 889	2 074	2 123	2 218
Communication (G&S)	34 688	52 756	38 829	65 715	65 515	65 515	65 715	68 735	71 828
Computer services	86 575	194 703	125 366	284 876	284 909	284 909	348 630	297 638	311 034
Consultants: Business and advisory services	24 393	37 437	23 192	108 836	89 183	89 183	77 895	114 762	119 928
Laboratory services	39	130	3						
Science and technological services									
Contractors	40	9 368	32	1 600	1 100	1 100		1 718	1 795

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Agency and support/outsource services	219 724	395	71 580	2 000	2 150	2 150	1 000	2 096	2 190
Fleet services (including government motor transport)	4 978	4 625	114 098	4 637	4 637	31 091	52 825	53 022	55 230
Inventory: Clothing material and accessories		2							
Inventory: Food and food supplies	12	66	30	39	39	39	41	42	44
Inventory: Fuel, oil and gas									
Inventory: Materials and supplies	542	13	5	25	25	25	25	26	27
Inventory: Medical supplies	122	1 755	4 775						
Inventory: Medicine									
Consumable supplies	251 648	1 919	4 952	16 801	15 501	15 501	10 729	16 901	17 662
Consumables: Stationery, printing and office supplies	1 763	2 165	3 028	3 398	3 398	3 398	3 398	3 554	3 714
Operating leases	17 072	17 597	5 003	14 497	114 497	231 673	105 178	95 818	100 134
Rental and hiring	23 742	28 681	16 654	33 765	33 765	33 765	20 230	36 455	38 095
Property payments	9 507	6 142	14 956	12 269	36 669	36 669	16 269	12 737	13 310
Transport provided: Departmental activity		180	782	959	959	959	1 000	1 033	1 079
Travel and subsistence	3 439	6 029	6 483	7 362	7 882	7 882	6 981	7 787	8 137
Training and development			755		280	280			
Operating payments		12	1 905						
Venues and facilities	249	9 091	2 472	2 202	3 057	3 057	4 052	2 397	2 505
<b>Transfers and subsidies</b>	<b>516 909</b>	<b>698 030</b>	<b>430 434</b>	<b>316 642</b>	<b>316 642</b>	<b>375 478</b>	<b>330 679</b>	<b>330 896</b>	<b>345 786</b>
Households	516 909	698 030	430 434	316 642	316 642	375 478	330 679	330 896	345 786
Social benefits	9 822	2 398	2 547	3 292	3 292	3 292	3 292	3 509	3 667
Other transfers to households	507 087	695 632	427 887	313 350	313 350	372 186	327 387	327 387	342 119
<b>Payments for capital assets</b>	<b>18 503</b>	<b>6 518</b>	<b>100 041</b>	<b>311 967</b>	<b>354 140</b>	<b>354 140</b>	<b>335 542</b>	<b>245 160</b>	<b>255 782</b>
Machinery and equipment	18 503	6 518	23 741	165 980	208 153	208 153	220 542	185 826	193 778
Transport equipment			784						
Other machinery and equipment	18 503	6 518	22 957	165 980	208 153	208 153	220 542	185 826	193 778
<b>Payments for financial assets</b>	<b>117</b>	<b>97</b>	<b>17</b>			<b>27</b>			
<b>Total economic classification</b>	<b>1 825 656</b>	<b>2 169 830</b>	<b>1 830 866</b>	<b>1 915 488</b>	<b>2 290 521</b>	<b>2 415 717</b>	<b>2 354 283</b>	<b>2 463 266</b>	<b>2 570 347</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>18 391 212</b>	<b>19 379 382</b>	<b>21 367 167</b>	<b>21 640 227</b>	<b>22 099 117</b>	<b>23 268 493</b>	<b>22 706 687</b>	<b>23 662 798</b>	<b>23 964 750</b>
Compensation of employees	12 123 889	12 790 148	13 569 489	13 992 896	14 070 201	14 675 488	14 392 615	15 152 073	15 268 212
Salaries and wages	10 389 341	10 870 395	11 481 278	12 013 285	12 097 991	12 348 345	12 391 625	13 062 181	13 085 730

EPRE - 2026/27 • Vote 4 – Health

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Social contributions	1 734 548	1 919 753	2 088 211	1 979 611	1 972 210	2 327 143	2 000 990	2 089 892	2 182 482
Goods and services	6 267 323	6 589 234	7 796 614	7 647 331	8 028 916	8 593 005	8 314 072	8 510 725	8 696 538
Administrative fees	1 416	1 342	2 093	2 933	2 568	2 568	2 787	2 779	2 881
Advertising	3 682	14 846	19 640	54 032	54 032	54 032	63 767	65 734	68 692
Minor assets	8 305	8 988	11 008	23 928	28 329	28 329	37 713	32 637	33 873
Catering: Departmental activities	5 307	7 606	9 638	15 894	17 194	17 194	19 331	19 867	20 738
Communication (G&S)	22 759	20 361	18 698	27 594	27 062	28 714	25 310	26 152	27 236
Computer services	66	299	7	244	244	244	604	624	652
Consultants: Business and advisory services	112	293	260	821	711	711	746	770	798
Laboratory services	1 515 855	1 398 743	1 627 040	1 567 394	1 556 494	1 556 494	1 648 090	1 649 481	1 719 484
Science and technological services									
Contractors	104 476	50 339	172 486	397 520	414 397	379 647	416 928	471 463	492 302
Agency and support/outsource d services	34 935	38 220	29 716	43 752	37 908	37 908	41 582	30 391	31 470
Fleet services (including government motor transport)	40 123	46 198	26 403	44 566	35 457	15 091	15 306	11 316	11 810
Inventory: Clothing material and accessories	1 091	5 247							
Inventory: Food and food supplies	66 762	81 166	86 625	119 249	119 112	106 026	111 428	113 340	117 427
Inventory: Fuel, oil and gas	84 279	104 231	83 326	118 595	103 689	94 181	103 637	106 622	110 504
Inventory: Learner and teacher support material	78								
Inventory: Materials and supplies	19 452	17 060	21 196	28 275	27 037	27 037	24 060	24 737	25 677
Inventory: Medical supplies	571 818	823 636	888 726	952 263	980 269	1 026 038	1 053 543	1 056 303	1 082 588
Inventory: Medicine	2 931 926	3 002 279	3 212 062	3 071 381	3 255 264	3 394 217	3 080 504	3 197 018	3 201 624
Consumable supplies	125 464	131 388	116 194	127 027	120 542	120 542	143 392	137 396	142 908
Consumables: Stationery, printing and office supplies	58 981	70 886	78 079	84 932	79 826	81 231	88 422	86 931	90 367
Operating leases	60 374	88 922	64 017	95 620	77 122	32 473	47 468	49 769	51 796
Rental and hiring	135	307	1 374	800	1 750	1 750	700	723	756
Property payments	557 133	622 818	1 258 701	722 274	948 800	1 446 268	1 244 422	1 281 804	1 312 019
Transport provided: Departmental activity	97	1 127	485	1 570	2 370	2 370	2 720	2 810	2 931
Travel and subsistence	7 766	9 136	14 394	23 281	21 479	21 479	21 345	19 105	19 927
Training and development	5 109	9 773	12 763	27 579	24 515	24 515	25 073	25 858	26 961
Operating payments	746	702	11	44 577	44 557	44 557	38 691	39 968	41 766
Venues and facilities	1 967	1 311	4 358	10 726	10 726	10 726	12 150	12 584	13 150
<b>Transfers and subsidies</b>	<b>820 523</b>	<b>850 571</b>	<b>830 199</b>	<b>890 853</b>	<b>852 284</b>	<b>852 284</b>	<b>924 133</b>	<b>928 496</b>	<b>970 278</b>

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Provinces and municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Municipalities	392 611	410 278	429 971	449 751	449 751	449 751	470 440	470 440	491 610
Non-profit institutions	386 978	398 937	360 512	405 721	367 152	367 152	419 537	423 626	442 689
Households	40 934	41 356	39 716	35 381	35 381	35 381	34 156	34 430	35 979
Social benefits	36 547	41 340	39 684	35 381	35 381	35 381	34 156	34 430	35 979
Other transfers to households	4 387	16	32						
<b>Payments for capital assets</b>	<b>135 573</b>	<b>169 952</b>	<b>107 909</b>	<b>225 307</b>	<b>244 833</b>	<b>244 833</b>	<b>160 641</b>	<b>240 350</b>	<b>250 242</b>
Buildings and other fixed structures									
Buildings									
Machinery and equipment	135 573	169 952	107 909	225 307	244 833	244 833	160 641	240 350	250 242
Transport equipment	47 389	58 177	22 131	52 633	52 633	51 352	4 100	19 034	19 893
Other machinery and equipment	88 184	111 775	85 778	172 674	192 200	193 481	156 541	221 316	230 349
<b>Payments for financial assets</b>	<b>5 404</b>	<b>5 768</b>	<b>4 352</b>			<b>1 543</b>			
<b>Total economic classification</b>	<b>19 352 712</b>	<b>20 405 673</b>	<b>22 309 627</b>	<b>22 756 387</b>	<b>23 196 234</b>	<b>24 367 153</b>	<b>23 791 461</b>	<b>24 831 644</b>	<b>25 185 270</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 330 004</b>	<b>1 506 566</b>	<b>1 755 424</b>	<b>1 699 395</b>	<b>1 725 395</b>	<b>1 834 706</b>	<b>1 922 836</b>	<b>1 990 206</b>	<b>2 079 533</b>
Compensation of employees	1 005 052	1 075 835	1 255 862	1 218 221	1 218 221	1 267 804	1 390 075	1 438 659	1 503 398
Salaries and wages	827 960	874 873	1 026 389	1 029 048	1 029 048	1 027 332	1 133 750	1 189 579	1 243 110
Social contributions	177 092	200 962	229 473	189 173	189 173	240 472	256 325	249 080	260 288
Goods and services	324 952	430 731	499 561	481 174	507 174	566 902	532 761	551 547	576 135
Administrative fees		5 165	6 000	7 200	5 100	5 100	4 900	5 062	5 290
Advertising	41			150					
Minor assets	271	1 452	337	3 000	3 000	3 000	1 500	1 550	1 620
Catering: Departmental activities	419	299	702	400	400	400	450	465	486
Communication (G&S)	2 771	4 888	7 869	3 915	1 800	1 800	1 850	1 911	1 997
Computer services				400			450	465	486
Science and technological services									
Contractors	12 369	9 081	11 447	15 000	20 000	20 000	20 700	21 383	22 345
Agency and support/outsourced services	236	210	354	400	1 600	1 600	1 600	1 653	1 727
Fleet services (including government motor transport)	149 646	186 878	241 531	215 116	215 116	217 869	226 363	227 879	238 134
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	2	4	4	10					
Inventory: Fuel, oil and gas	748	1 463	407	500	350	350			
Inventory: Materials and supplies	3 925	8 403	3 846	800	1 660	1 660	1 870	1 932	2 019

Inventory: Medical supplies	39 861	78 277	64 247	55 594	88 794	127 794	88 274	90 926	94 785
Inventory: Medicine	973	520	2 200	1 050	1 415	1 415	1 488	1 537	1 606
Consumable supplies	22 444	33 860	19 963	35 400	13 050	13 050	34 000	35 122	36 702
Consumables: Stationery, printing and office supplies	6 834	3 911	6 711	9 200	9 200	9 200	8 650	8 935	9 337
Operating leases	30 257	64 738	73 838	76 073	64 073	82 048	68 000	70 244	73 405
Rental and hiring									
Property payments	53 367	30 997	52 614	40 216	64 566	64 566	57 716	59 621	62 304
Transport provided: Departmental activity				8 000	1 000	1 000	1 500	8 969	9 373
Travel and subsistence	71	40	30	550	250	250	300	310	324
<b>Transfers and subsidies</b>	<b>3 604</b>	<b>1 760</b>	<b>1 569</b>	<b>2 300</b>	<b>2 300</b>	<b>2 300</b>	<b>2 000</b>	<b>2 167</b>	<b>2 265</b>
Provinces and municipalities									
Municipalities									
Households	3 604	1 760	1 569	2 300	2 300	2 300	2 000	2 167	2 265
Social benefits	3 604	1 760	1 563	2 300	2 300	2 300	2 000	2 167	2 265
Other transfers to households			6						
<b>Payments for capital assets</b>	<b>676 987</b>	<b>556 741</b>	<b>604 854</b>	<b>542 324</b>	<b>542 324</b>	<b>542 324</b>	<b>178 253</b>	<b>195 077</b>	<b>203 855</b>
Machinery and equipment	676 987	556 741	604 854	542 324	542 324	542 324	178 253	195 077	203 855
Transport equipment	540 026	254 723	577 798	460 637	460 637	405 918	134 803	150 193	156 951
Other machinery and equipment	136 961	302 018	27 056	81 687	81 687	136 406	43 450	44 884	46 904
<b>Payments for financial assets</b>	<b>346</b>	<b>119</b>	<b>169</b>			<b>27</b>			
<b>Total economic classification</b>	<b>2 010 941</b>	<b>2 065 186</b>	<b>2 362 016</b>	<b>2 244 019</b>	<b>2 270 019</b>	<b>2 379 357</b>	<b>2 103 089</b>	<b>2 187 450</b>	<b>2 285 653</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2025/26	2026/27	2027/28
<b>Current payments</b>	<b>10 941 764</b>	<b>11 870 793</b>	<b>12 396 831</b>	<b>13 178 520</b>	<b>13 282 520</b>	<b>13 188 276</b>	<b>13 831 141</b>	<b>14 260 666</b>	<b>14 881 182</b>
Compensation of employees	8 123 089	8 601 910	9 295 716	9 918 759	9 918 759	9 651 506	10 472 907	10 843 768	11 331 739
Salaries and wages	7 180 103	7 556 400	8 158 603	8 770 443	8 771 443	8 466 655	9 272 904	9 591 991	10 023 631
Social contributions	942 986	1 045 510	1 137 113	1 148 316	1 147 316	1 184 851	1 200 003	1 251 777	1 308 108
Goods and services	2 818 675	3 268 883	3 100 999	3 259 761	3 363 761	3 536 770	3 358 234	3 416 898	3 549 443
Administrative fees	1 141	1 403	1 660	1 924	1 727	1 727	1 888	1 901	1 987
Advertising	3	10	26	10	15	15	10	62	64
Minor assets	6 930	6 531	4 756	8 573	7 246	7 246	11 255	9 994	10 444
Catering: Departmental activities	77	32	40	110	110	110	110	120	125
Communication (G&S)	3 940	4 573	3 556	4 136	3 784	3 784	4 582	4 417	4 615
Computer services	1 825	2 062	80	1 528	700	700	500		
Consultants: Business and advisory services	329 597	399 561	423 478	571 282	566 396	566 396	585 777	597 462	624 348
Laboratory services	312 995	364 441	164 509	302 674	299 624	299 624	296 744	308 984	322 889

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Science and technological services									
Contractors	64 231	60 373	60 726	82 125	82 425	82 425	82 226	83 187	86 929
Agency and support/outsource d services	70 550	72 810	65 908	64 575	66 885	66 885	67 775	68 110	71 175
Entertainment									
Fleet services (including government motor transport)	5 329	6 179	2 608	9 270	8 460	969	420	741	775
Inventory: Clothing material and accessories	267	1 486							
Inventory: Food and food supplies	175 203	191 397	211 609	205 961	215 027	215 988	219 794	209 616	219 049
Inventory: Fuel, oil and gas	97 217	133 321	112 811	136 543	122 836	123 475	128 005	139 754	146 043
Inventory: Learner and teacher support material	104	189							
Inventory: Materials and supplies	19 378	27 365	13 851	9 660	9 487	9 487	11 696	10 124	10 579
Inventory: Medical supplies	836 460	889 017	889 444	836 858	861 328	864 933	841 052	865 856	894 639
Inventory: Medicine	344 977	329 157	391 920	347 807	352 518	510 945	370 178	381 292	398 450
Medsas inventory interface									
Consumable supplies	112 579	139 661	101 604	83 314	75 485	75 485	80 591	78 623	82 162
Consumables: Stationery, printing and office supplies	23 959	28 543	36 736	41 181	40 313	40 313	43 634	44 087	46 071
Operating leases	27 406	32 584	29 349	41 685	41 585	16 746	29 703	28 483	29 765
Rental and hiring	287	120	492	560	560	560	599	634	663
Property payments	327 925	525 371	537 791	452 861	553 384	595 091	524 254	525 772	538 397
Transport provided: Departmental activity	38	14	2	679	654	654	121	127	133
Travel and subsistence	6 632	7 339	832	562	632	632	864	917	958
Training and development	1 083	1 327	2 602	4 116	3 796	3 796	4 115	3 990	4 169
Operating payments	945	3 029	4 510	3 385	4 385	4 385	4 460	3 790	3 961
Venues and facilities									
Interest and rent on land			116						
Rent on land									
<b>Transfers and subsidies</b>	<b>29 667</b>	<b>28 570</b>	<b>22 335</b>	<b>17 427</b>	<b>17 427</b>	<b>17 427</b>	<b>17 723</b>	<b>17 927</b>	<b>18 733</b>
Non-profit institutions									
Households	29 667	28 570	22 335	17 427	17 427	17 427	17 723	17 927	18 733
Social benefits	28 938	27 917	21 504	17 427	17 427	17 427	17 723	17 927	18 733
Other transfers to households	729	653	831						
<b>Payments for capital assets</b>	<b>108 006</b>	<b>126 721</b>	<b>121 159</b>	<b>174 138</b>	<b>178 509</b>	<b>178 509</b>	<b>201 070</b>	<b>171 305</b>	<b>179 011</b>
Buildings and other fixed structures									
Buildings									
Machinery and equipment	108 006	126 721	121 159	174 138	178 509	178 509	201 070	171 305	179 011

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Transport equipment	3 313	513						280	293
Other machinery and equipment	104 693	126 208	121 159	174 138	178 509	178 509	201 070	171 025	178 718
<b>Payments for financial assets</b>	<b>2 994</b>	<b>4 006</b>	<b>3 344</b>			<b>532</b>			
<b>Total economic classification</b>	<b>11 082 431</b>	<b>12 030 090</b>	<b>12 543 669</b>	<b>13 370 085</b>	<b>13 478 456</b>	<b>13 384 744</b>	<b>14 049 934</b>	<b>14 449 898</b>	<b>15 078 926</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>20 640 105</b>	<b>20 820 109</b>	<b>21 470 352</b>	<b>22 415 308</b>	<b>22 667 323</b>	<b>22 628 312</b>	<b>23 323 564</b>	<b>24 398 338</b>	<b>25 393 065</b>
Compensation of employees	14 055 497	14 319 543	15 108 963	16 089 263	16 078 278	15 795 572	17 148 623	18 235 559	19 056 161
Salaries and wages	12 637 125	12 768 876	13 430 780	14 410 689	14 408 704	14 031 206	15 363 893	16 407 146	17 145 469
Social contributions	1 418 372	1 550 667	1 678 183	1 678 574	1 669 574	1 764 366	1 784 730	1 828 413	1 910 692
Goods and services	6 584 608	6 500 566	6 361 389	6 326 045	6 589 045	6 832 740	6 174 941	6 162 779	6 336 904
Administrative fees	1 373	786	1 071	1 041	1 041	1 041	1 123	1 160	1 200
Advertising	210	253	450	689	629	629	633	654	675
Minor assets	7 062	16 372	5 746	16 167	15 927	15 927	17 039	17 601	18 190
Bursaries: Employees									
Catering: Departmental activities	50	56	25	65	65	65	85	88	91
Communication (G&S)	15 640	14 949	7 911	12 234	10 434	10 434	11 870	12 262	12 643
Computer services	4 720	7 270	2 781	8 100	8 100	8 100	7 100	7 334	7 561
Consultants: Business and advisory services	56	50	53	187	287	287	218	226	234
Laboratory services	1 088 380	988 690	801 313	926 469	926 469	926 469	909 749	940 804	971 397
Science and technological services									
Contractors	173 054	174 132	169 187	508 483	519 445	331 971	236 125	254 247	262 462
Agency and support/outsourced services	130 760	114 135	124 026	108 210	135 460	135 460	124 065	122 994	126 949
Entertainment									
Fleet services (including government motor transport)	4 837	5 905	2 618	6 042	6 042	1 050	300	494	509
Inventory: Clothing material and accessories		120							
Inventory: Food and food supplies	169 246	189 679	217 466	216 050	248 618	248 618	245 405	248 504	256 692
Inventory: Fuel, oil and gas	73 697	92 620	199 460	217 063	208 263	196 241	186 255	192 402	198 576
Inventory: Materials and supplies	19 791	17 193	21 035	16 390	15 862	15 862	14 110	14 575	15 032
Inventory: Medical supplies	2 943 000	2 383 248	2 495 555	2 249 073	2 268 549	2 180 175	2 247 895	2 242 196	2 288 958
Inventory: Medicine	884 671	917 521	941 493	971 487	979 267	1 383 475	1 002 867	995 631	1 027 809
Consumable supplies	312 660	458 850	197 947	181 047	131 611	131 611	139 346	133 945	138 326
Consumables: Stationery, printing and office supplies	74 460	62 492	63 958	68 840	72 260	66 586	73 443	75 866	78 387

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Operating leases	33 330	46 270	49 341	58 880	56 580	31 577	33 700	35 106	36 308
Rental and hiring				480	480	480	500	517	533
Property payments	559 457	927 848	969 684	657 523	893 723	1 056 749	839 007	779 290	804 648
Transport provided: Departmental activity	88	97		20	20	20	70	73	76
Travel and subsistence	1 081	1 508	1 529	2 045	2 135	2 135	2 100	2 169	2 238
Training and development	740	584	1 744	2 645	2 631	2 631	2 585	2 670	2 757
<b>Transfers and subsidies</b>	<b>347 347</b>	<b>365 928</b>	<b>374 526</b>	<b>389 616</b>	<b>389 616</b>	<b>389 616</b>	<b>434 592</b>	<b>422 066</b>	<b>441 059</b>
Departmental agencies and accounts									
Provide list of entities receiving transfers									
Higher education institutions									
Non-profit institutions	299 000	315 000	329 000	343 000	343 000	343 000	389 000	374 969	391 843
Households	48 347	50 928	45 526	46 616	46 616	46 616	45 592	47 097	49 216
Social benefits	48 347	50 928	45 526	46 616	46 616	46 616	45 592	47 097	49 216
Other transfers to households									
<b>Payments for capital assets</b>	<b>495 199</b>	<b>358 552</b>	<b>941 370</b>	<b>621 671</b>	<b>865 421</b>	<b>865 421</b>	<b>548 550</b>	<b>576 519</b>	<b>596 318</b>
Machinery and equipment	495 199	358 552	941 370	621 671	865 421	865 421	548 550	576 519	596 318
Transport equipment	811	2 075		2 000	2 000	2 000			
Other machinery and equipment	494 388	356 477	941 370	619 671	863 421	863 421	548 550	576 519	596 318
<b>Payments for financial assets</b>	<b>2 771</b>	<b>3 986</b>	<b>3 722</b>			<b>836</b>			
<b>Total economic classification</b>	<b>21 485 422</b>	<b>21 548 575</b>	<b>22 789 970</b>	<b>23 426 595</b>	<b>23 922 360</b>	<b>23 884 185</b>	<b>24 306 706</b>	<b>25 396 923</b>	<b>26 430 442</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>571 320</b>	<b>604 023</b>	<b>607 408</b>	<b>705 555</b>	<b>724 197</b>	<b>708 533</b>	<b>751 545</b>	<b>782 542</b>	<b>817 756</b>
Compensation of employees	515 135	518 705	522 304	588 313	588 313	578 729	621 095	649 045	678 253
Salaries and wages	455 601	456 151	456 718	517 911	517 911	507 313	526 245	570 910	596 601
Social contributions	59 534	62 554	65 586	70 402	70 402	71 416	94 850	78 135	81 652
Goods and services	56 185	85 318	85 104	117 242	135 884	129 804	130 450	133 497	139 503
Administrative fees		31	2	508	508	508	5	14	14
Advertising	67	264	34	275	335	335	300	310	324
Minor assets	1 024	770	677	1 112	1 539	1 539	1 249	1 290	1 349
Bursaries: Employees	3 181	17 973	14 005	15 355	40 355	40 355	36 690	37 637	39 331
Catering: Departmental activities	375	623	831	1 093	1 093	1 093	1 550	1 207	1 262
Communication (G&S)	439	419	285	778	778	778	405	422	441
Computer services	208	778	117	5 500			200	207	216
Consultants: Business and advisory services	427	10	15	5 169	5 169	5 169	5 198	5 432	5 676

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Laboratory services	83	235	81	150	150	150	150	158	165
Science and technological services									
Contractors	1 047	1 656	503	2 390	2 260	2 260	1 499	1 552	1 622
Agency and support/outsource d services	7	8	10	604	604	604	306	650	679
Fleet services (including government motor transport)	1 684	2 359	2 311	2 716	3 116	3 116	1 300	1 376	1 437
Inventory: Clothing material and accessories		20							
Inventory: Food and food supplies	157	160	333	600	640	640	435	450	471
Inventory: Fuel, oil and gas	241	120	68	170	181	181	160	165	172
Inventory: Learner and teacher support material	937	1 524	593	1 650	1 483	1 483	1 450	1 498	1 566
Inventory: Materials and supplies	1 207	1 111	729	1 576	1 576	1 576	1 900	1 963	2 051
Inventory: Medical supplies	678	846	1 197	1 297	1 317	1 317	1 530	1 488	1 555
Inventory: Medicine	454	582	158	200	100	100	20	21	22
Consumable supplies	3 113	2 320	5 480	5 407	4 817	4 817	4 753	4 397	4 595
Consumables: Stationery, printing and office supplies	3 061	3 028	3 350	4 795	5 075	5 075	5 618	6 156	6 433
Operating leases	6 048	9 153	4 503	10 023	9 914	3 834	4 121	4 452	4 652
Rental and hiring				1 800	800	800	838	876	915
Transport provided: Departmental activity				300					
Travel and subsistence	1 800	4 319	2 844	8 467	7 807	7 807	4 450	8 384	8 761
Training and development	3 994	2 000	4 270	7 544	9 489	9 489	14 149	10 639	11 117
Operating payments	(15)	16	163	1 160	165	165	100	103	108
<b>Transfers and subsidies</b>	<b>61 243</b>	<b>75 758</b>	<b>147 299</b>	<b>216 923</b>	<b>98 281</b>	<b>98 281</b>	<b>232 855</b>	<b>235 076</b>	<b>245 654</b>
Departmental agencies and accounts	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Provide list of entities receiving transfers	25 819	26 955	26 955	27 354	27 354	27 354	28 612	29 900	31 246
Higher education institutions	1 176	570							
Households	34 248	48 233	120 344	189 569	70 927	70 927	204 243	205 176	214 408
Social benefits	2 715	1 929	2 641	1 695	1 695	1 695	1 520	1 573	1 643
Other transfers to households	31 533	46 304	117 703	187 874	69 232	69 232	202 723	203 603	212 765
<b>Payments for capital assets</b>	<b>4 881</b>	<b>5 184</b>	<b>3 018</b>	<b>12 776</b>	<b>12 776</b>	<b>12 776</b>	<b>11 644</b>	<b>12 478</b>	<b>13 041</b>
Machinery and equipment	4 881	5 184	3 018	12 776	12 776	12 776	11 644	12 478	13 041
Transport equipment	101			1 300	1 300	1 300			
Other machinery and equipment	4 780	5 184	3 018	11 476	11 476	11 476	11 644	12 478	13 041
Software and other intangible assets									

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Payments for financial assets	773	14 559	518			15			
<b>Total economic classification</b>	<b>638 217</b>	<b>699 524</b>	<b>758 243</b>	<b>935 254</b>	<b>835 254</b>	<b>819 605</b>	<b>996 044</b>	<b>1 030 096</b>	<b>1 076 451</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>435 362</b>	<b>438 305</b>	<b>462 198</b>	<b>493 468</b>	<b>519 468</b>	<b>527 994</b>	<b>512 074</b>	<b>534 982</b>	<b>559 056</b>
Compensation of employees	221 435	226 506	237 225	245 951	245 951	259 237	257 236	268 811	280 907
Salaries and wages	177 949	178 831	184 699	199 162	199 162	201 059	205 397	217 625	227 418
Social contributions	43 486	47 675	52 526	46 789	46 789	58 178	51 839	51 186	53 489
Goods and services	213 927	211 799	224 954	247 517	273 517	268 757	254 838	266 171	278 149
Advertising									
Minor assets	49		151	41	156	156	156	161	168
Catering: Departmental activities			13	60	60	60	60	62	65
Communication (G&S)	341	315	238	530	415	415	315	325	339
Contractors	15	80	407	1 196	900	900	1 100	1 136	1 187
Agency and support/outsource d services	35	29	70	83	83	83	83	86	90
Fleet services (including government motor transport)	2 981	4 421	1 046	6 286	6 286	993	602	639	668
Inventory: Clothing material and accessories									
Inventory: Food and food supplies	22 933	37 226	70 770	44 730	54 026	66 151	50 489	52 155	54 502
Inventory: Fuel, oil and gas	34 792	20 457	24 633	41 679	43 879	50 084	47 912	49 493	51 721
Inventory: Materials and supplies	39	120	12	654	654	654	654	676	706
Inventory: Medical supplies	2 253	4 308	1 954	3 971	2 271	2 271	2 271	2 346	2 452
Consumable supplies	96 704	99 572	79 942	89 930	88 130	78 859	90 655	93 646	97 860
Consumables: Stationery, printing and office supplies	790	756	561	1 758	1 758	1 758	1 758	1 816	1 898
Travel and subsistence	1	1	1	3	3	3	3	3	3
Training and development	1		66	207	207	207	207	214	224
<b>Transfers and subsidies</b>	<b>531</b>	<b>706</b>	<b>503</b>	<b>371</b>	<b>371</b>	<b>371</b>	<b>290</b>	<b>407</b>	<b>425</b>
Households	531	706	503	371	371	371	290	407	425
Social benefits	531	706	503	371	371	371	290	407	425
<b>Payments for capital assets</b>	<b>1 305</b>	<b>320</b>	<b>16</b>	<b>3 184</b>	<b>3 184</b>	<b>3 184</b>	<b>1 867</b>	<b>2 229</b>	<b>2 329</b>
Machinery and equipment	1 305	320	16	3 184	3 184	3 184	1 867	2 229	2 329
Transport equipment									
Other machinery and equipment	1 305	320	16	3 184	3 184	3 184	1 867	2 229	2 329
<b>Payments for financial assets</b>	<b>104</b>	<b>30</b>	<b>47</b>						
<b>Total economic classification</b>	<b>437 302</b>	<b>439 361</b>	<b>462 764</b>	<b>497 023</b>	<b>523 023</b>	<b>531 549</b>	<b>514 231</b>	<b>537 618</b>	<b>561 810</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 228 033</b>	<b>1 469 644</b>	<b>1 723 164</b>	<b>1 191 913</b>	<b>1 460 320</b>	<b>1 442 055</b>	<b>1 759 094</b>	<b>1 658 548</b>	<b>1 758 843</b>
Compensation of employees	42 884	44 282	35 855	57 908	57 908	39 643	60 571	63 297	66 145
Salaries and wages	37 063	37 914	29 933	51 337	51 337	33 072	52 994	55 379	57 871
Social contributions	5 821	6 368	5 922	6 571	6 571	6 571	7 577	7 918	8 274
Goods and services	1 185 149	1 425 362	1 687 309	1 134 005	1 402 412	1 402 412	1 698 523	1 595 251	1 692 698
Advertising				100	100	100	100	100	100
Minor assets	33		824	360	360	360	95	95	110
Catering: Departmental activities	16	17	40	60	60	60	60	60	60
Communication (G&S)				10	10	10	10	10	10
Computer services									
Contractors	2 163	1 839	1 694						
Inventory: Food and food supplies	1 166	90							
Inventory: Materials and supplies	57	12	1 929						
Inventory: Medical supplies	1 111	37	218						
Consumable supplies	690	800	1 184	1 070	1 070	1 070	760	760	850
Consumables: Stationery, printing and office supplies	66			150	150	150	20	20	50
Operating leases	83 962	94 437	104 523	84 446	84 446	84 446	90 416	94 938	97 863
Rental and hiring									
Property payments	1 095 120	1 324 447	1 575 113	1 045 359	1 313 766	1 313 766	1 605 602	1 498 308	1 592 605
Travel and subsistence	438	682	751	1 400	1 400	1 400	450	450	500
Training and development	252	63		1 000	1 000	1 000	1 000	500	500
Operating payments	71			50	50	50	10	10	50
Venues and facilities									
<b>Transfers and subsidies</b>	<b>22</b>	<b>110</b>	<b>55</b>						
Households	22	110	55						
Social benefits	22	110	55						
<b>Payments for capital assets</b>	<b>437 414</b>	<b>362 381</b>	<b>383 998</b>	<b>705 733</b>	<b>527 326</b>	<b>527 326</b>	<b>446 282</b>	<b>393 256</b>	<b>357 932</b>
Buildings and other fixed structures	434 910	360 660	353 637	693 427	477 636	477 636	415 638	357 852	339 578
Buildings	434 910	360 660	353 637	693 427	477 636	477 636	415 638	357 852	339 578
Machinery and equipment	2 504	1 721	30 361	12 306	49 690	49 690	30 644	35 404	18 354
Other machinery and equipment	2 504	1 721	30 361	12 306	49 690	49 690	30 644	35 404	18 354
<b>Payments for financial assets</b>			<b>25</b>						
<b>Total economic classification</b>	<b>1 665 469</b>	<b>1 832 135</b>	<b>2 107 242</b>	<b>1 897 646</b>	<b>1 987 646</b>	<b>1 969 381</b>	<b>2 205 376</b>	<b>2 051 804</b>	<b>2 116 775</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>5 672 194</b>	<b>5 274 058</b>	<b>6 040 045</b>	<b>5 950 046</b>	<b>6 049 020</b>	<b>6 049 020</b>	<b>6 210 903</b>	<b>6 471 478</b>	<b>6 679 155</b>

EPRE - 2026/27 • Vote 4 – Health

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Compensation of employees	2 572 304	2 198 944	2 205 956	2 134 997	2 212 302	2 212 302	2 380 508	2 479 317	2 590 886
Salaries and wages	2 053 178	1 704 221	1 548 367	1 643 849	1 721 154	1 721 154	1 899 900	1 976 607	2 065 554
Social contributions	519 126	494 723	657 589	491 148	491 148	491 148	480 608	502 710	525 332
Goods and services	3 099 890	3 075 114	3 834 089	3 815 049	3 836 718	3 836 718	3 830 395	3 992 161	4 088 269
Administrative fees	2	33	18	54	54	54	50	52	54
Advertising	2 014	12 918	7 526	6 333	6 333	6 333	23 137	23 422	24 476
Minor assets		194	273	175	175	175	4 596	4 604	4 811
Audit costs: External									
Bursaries: Employees									
Catering: Departmental activities	3 810	5 544	7 614	11 082	11 082	11 082	12 700	13 199	13 793
Communication (G&S)	11 010	9 777	9 236	14 546	15 061	15 061	12 032	12 687	13 258
Consultants: Business and advisory services									
Laboratory services	1 098 919	965 070	1 285 223	1 103 292	1 103 292	1 103 292	1 187 564	1 237 212	1 292 887
Contractors	83 289	26 019	139 993	302 590	313 845	313 845	367 444	381 061	398 209
Agency and support/outsourced services	27								
Fleet services (including government motor transport)									
Inventory: Food and food supplies	5 916	11 679	8 550	14 700	15 107	15 107	11 150	11 812	12 344
Inventory: Materials and supplies	1		546	3 500	3 500	3 500	600	758	792
Inventory: Medical supplies	134 000	269 145	346 326	370 011	379 104	379 104	372 137	388 787	406 282
Inventory: Medicine	1 740 649	1 734 177	1 967 578	1 874 854	1 874 854	1 874 854	1 718 740	1 793 196	1 790 350
Consumable supplies	11 077	18 323	27 816	34 814	35 133	35 133	44 865	46 432	48 521
Consumables: Stationery, printing and office supplies	3 910	10 593	15 391	2 210	2 210	2 210	150	249	260
Operating leases		56	46	560	560	560	720	745	779
Rental and hiring	334		1 843						
Property payments		1 406		2 000	2 000	2 000	2 240	2 330	2 435
Transport provided: Departmental activity	730		4 229	800	800	800	1 000	1 036	1 083
Travel and subsistence	2 604	585	9 701	5 762	5 762	5 762	9 049	9 308	9 727
Training and development		7 286		17 800	17 800	17 800	16 130	16 931	17 693
Operating payments	1 598		2 121	44 347	44 427	44 427	38 591	40 587	42 413
Venues and facilities		939		5 375	5 375	5 375	6 950	7 192	7 516
<b>Transfers and subsidies</b>	<b>84 527</b>	<b>96 162</b>	<b>101 902</b>	<b>102 860</b>	<b>102 860</b>	<b>102 860</b>	<b>109 804</b>	<b>114 433</b>	<b>119 583</b>
Non-profit institutions	81 593	93 389	98 210	99 360	99 360	99 360	104 304	108 775	113 670
Households	2 934	2 773	3 692	3 500	3 500	3 500	5 500	5 658	5 913
Social benefits	2 934	2 773	3 692	3 500	3 500	3 500	5 500	5 658	5 913
<b>Payments for capital assets</b>	<b>2 215</b>	<b>7 873</b>	<b>6 561</b>	<b>44 945</b>	<b>64 471</b>	<b>64 471</b>	<b>37 748</b>	<b>39 837</b>	<b>41 630</b>

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Buildings and other fixed structures									
Buildings									
Other fixed structures									
Machinery and equipment	2 215	7 873	6 561	44 945	64 471	64 471	37 748	39 837	41 630
Transport equipment			2 995	37 745	37 745	37 745	3 100	4 865	5 084
Other machinery and equipment	2 215	7 873	3 566	7 200	26 726	26 726	34 648	34 972	36 546
Payments for financial assets									
<b>Total economic classification</b>	<b>5 758 936</b>	<b>5 378 093</b>	<b>6 148 508</b>	<b>6 097 851</b>	<b>6 216 351</b>	<b>6 216 351</b>	<b>6 358 455</b>	<b>6 625 748</b>	<b>6 840 368</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>2 156</b>	<b>1 779</b>	<b>1 694</b>	<b>12 655</b>	<b>12 655</b>	<b>12 655</b>	<b>15 098</b>		
Goods and services	2 156	1 779	1 694	641	641	641	675		
Contractors	2 156	1 779	1 694						
Payments for financial assets									
<b>Total economic classification</b>	<b>2 156</b>	<b>1 779</b>	<b>1 694</b>	<b>12 655</b>	<b>12 655</b>	<b>12 655</b>	<b>15 223</b>		

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>276 409</b>	<b>727 144</b>	<b>855 641</b>	<b>213 267</b>	<b>213 267</b>	<b>213 266</b>	<b>347 365</b>	<b>262 863</b>	<b>257 223</b>
Compensation of employees	16 789	15 341	16 796	25 238	25 238	25 238	25 238	26 374	27 560
Salaries and wages	14 928	13 714	14 942	22 825	22 825	22 825	22 825	23 852	24 925
Social contributions	1 861	1 627	1 854	2 413	2 413	2 413	2 413	2 522	2 635
Goods and services	259 620	711 803	838 845	188 029	188 029	188 028	322 127	236 489	229 663
Advertising				644	644	644	644	673	703
Minor assets	27		824	295	295	295	295	308	322
Inventory: Materials and supplies	56	2	1 930						
Inventory: Medical supplies	416		218						
Consumable supplies	1		587						
Property payments	258 565	711 146	833 662	184 906	184 906	184 905	319 004	233 226	226 253
Transport provided: Departmental activity	297								
Travel and subsistence	252	593	591	2 184	2 184	2 184	2 184	2 282	2 385
Training and development		62							
Operating payments									
Venues and facilities									
Social security funds									
<b>Payments for capital assets</b>	<b>395 462</b>	<b>315 101</b>	<b>292 175</b>	<b>932 308</b>	<b>932 308</b>	<b>932 308</b>	<b>856 103</b>	<b>894 875</b>	<b>935 144</b>
Buildings and other fixed structures	393 195	313 347	261 820	930 671	930 671	930 671	854 466	893 164	933 356

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
Buildings	393 195	313 347	261 820	930 671	930 671	930 671	854 466	893 164	933 356
Other fixed structures									
Machinery and equipment	2 267	1 754	30 355	1 637	1 637	1 637	1 637	1 711	1 788
Other machinery and equipment	2 267	1 754	30 355	1 637	1 637	1 637	1 637	1 711	1 788
<b>Payments for financial assets</b>									
<b>Total economic classification</b>	<b>671 871</b>	<b>1 042 245</b>	<b>1 147 816</b>	<b>1 145 575</b>	<b>1 145 575</b>	<b>1 145 574</b>	<b>1 203 468</b>	<b>1 157 738</b>	<b>1 192 367</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>1 811 207</b>	<b>1 836 618</b>	<b>1 810 082</b>	<b>1 848 626</b>	<b>1 848 626</b>	<b>1 848 625</b>	<b>1 913 608</b>	<b>2 000 278</b>	<b>2 067 465</b>
Compensation of employees	1 541 613	1 571 631	1 532 970	1 593 390	1 593 390	1 593 390	1 642 560	1 717 147	1 771 593
Salaries and wages	1 511 143	1 542 011	1 501 434	1 518 821	1 518 821	1 518 821	1 567 174	1 638 233	1 689 128
Social contributions	30 470	29 620	31 536	74 569	74 569	74 569	75 386	78 914	82 465
Goods and services	269 594	264 987	277 112	255 236	255 236	255 235	271 048	283 131	295 872
Advertising									
Minor assets	2 784	11 572	1 985	7 877	7 877	7 877	8 386	8 758	9 152
Computer services			17	1 000	1 000	1 000	500	547	572
Laboratory services	39 879	19 533	16 674	35 031	35 031	35 030	11 639	13 298	13 896
Contractors									
Inventory: Materials and supplies		1							
Inventory: Medical supplies	207 020	214 954	243 644	191 093	191 093	191 093	224 881	233 924	244 451
Inventory: Medicine	16 043	15 560	11 221	14 810	14 810	14 810	17 632	18 336	19 161
Inventory: Other supplies									
Consumable supplies	521	895	1 337						
Consumables: Stationery, printing and office supplies	3 280	2 472	2 232	5 425	5 425	5 425	8 010	8 268	8 640
Travel and subsistence	67								
<b>Transfers and subsidies</b>	<b>1 339</b>	<b>1 510</b>	<b>1 630</b>	<b>1 636</b>	<b>1 636</b>	<b>1 636</b>	<b>1 642</b>	<b>1 719</b>	<b>1 796</b>
Households	1 339	1 510	1 630	1 636	1 636	1 636	1 642	1 719	1 796
Social benefits	1 339	1 510	1 630	1 636	1 636	1 636	1 642	1 719	1 796
Other transfers to households									
<b>Payments for capital assets</b>	<b>38 162</b>	<b>43 185</b>	<b>55 312</b>	<b>68 530</b>	<b>78 719</b>	<b>78 719</b>	<b>91 462</b>	<b>94 705</b>	<b>98 967</b>
Machinery and equipment	38 162	43 185	55 312	68 530	78 719	78 719	91 462	94 705	98 967
Other machinery and equipment	38 162	43 185	55 312	68 530	78 719	78 719	91 462	94 705	98 967
<b>Payments for financial assets</b>									
<b>Total economic classification</b>	<b>1 850 708</b>	<b>1 881 313</b>	<b>1 867 024</b>	<b>1 918 792</b>	<b>1 928 981</b>	<b>1 928 980</b>	<b>2 006 712</b>	<b>2 096 702</b>	<b>2 168 228</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29

<b>Current payments</b>	<b>58 887</b>	<b>85 638</b>	<b>90 983</b>	<b>96 771</b>	<b>96 771</b>	<b>96 771</b>	<b>98 981</b>	<b>103 634</b>	<b>107 128</b>
Compensation of employees	56 144	81 538	88 223	43 096	43 096	43 096	95 481	102 164	105 273
Salaries and wages	56 144	81 469	87 882	43 096	43 096	43 096	95 481	102 164	105 273
Social contributions		69	341						
Goods and services	2 743	4 100	2 760	53 675	53 675	53 675	3 500	1 470	1 855
Catering: Departmental activities									
Inventory: Medical supplies			604						
Consumable supplies									
Travel and subsistence		2 848	2 156				3 500	1 470	1 855
<b>Payments for capital assets</b>		<b>838</b>		<b>214</b>	<b>214</b>	<b>214</b>	<b>267</b>		
Machinery and equipment		838		214	214	214	267		
Transport equipment		838							
Other machinery and equipment				214	214	214	267		
<b>Payments for financial assets</b>									
<b>Total economic classification</b>	<b>58 887</b>	<b>86 476</b>	<b>90 983</b>	<b>96 985</b>	<b>96 985</b>	<b>96 985</b>	<b>99 248</b>	<b>103 634</b>	<b>107 128</b>

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		
	2022/23	2023/24	2024/25				2025/26	2026/27	2027/28
<b>Current payments</b>	<b>4 036 099</b>	<b>3 976 435</b>	<b>4 157 342</b>	<b>4 245 105</b>	<b>4 245 105</b>	<b>4 245 105</b>	<b>4 566 228</b>	<b>4 776 252</b>	<b>4 991 184</b>
Compensation of employees	2 504 755	2 483 545	2 571 229	2 751 213	2 751 213	2 751 213	3 027 627	3 166 050	3 308 522
Salaries and wages	2 280 971	2 241 274	2 318 425	2 481 243	2 481 243	2 481 243	2 724 869	2 850 380	2 978 647
Social contributions	223 784	242 271	252 804	269 970	269 970	269 970	302 758	315 670	329 875
Goods and services	1 531 344	1 492 890	1 586 113	1 493 892	1 493 892	1 493 892	1 538 601	1 610 202	1 682 662
Minor assets	910	659	178	5 306	5 306	5 306	5 410	5 664	5 919
Laboratory services	357 244	375 467	366 725	346 950	346 950	346 950	381 962	398 557	416 492
Contractors	133 265	132 227	129 473	172 560	172 560	172 560	168 165	176 419	184 358
Agency and support/outsourced services	17 271	18 500	18 930	17 500	17 500	17 500	24 000	24 837	25 955
Inventory: Fuel, oil and gas									
Inventory: Medical supplies	773 137	698 382	753 050	684 799	684 799	684 799	661 484	697 681	729 077
Inventory: Medicine	240 374	258 411	308 856	251 821	251 821	251 821	293 374	302 122	315 717
Consumable supplies	3 963	1 244	2 583	2 460	2 460	2 460	2 706	2 824	2 951
Operating leases	5 180	8 000	6 318	10 480	10 480	10 480	1 000	1 502	1 570
<b>Transfers and subsidies</b>	<b>319 378</b>	<b>332 483</b>	<b>344 450</b>	<b>357 290</b>	<b>357 290</b>	<b>357 290</b>	<b>403 460</b>	<b>395 664</b>	<b>413 469</b>
Provincial Revenue Funds									
Non-profit institutions	299 000	315 000	329 000	343 000	343 000	343 000	389 000	379 869	396 963
Households	20 378	17 483	15 450	14 290	14 290	14 290	14 460	15 795	16 506
Social benefits	20 378	17 483	15 450	14 290	14 290	14 290	14 460	15 795	16 506
<b>Payments for capital assets</b>	<b>434 032</b>	<b>316 249</b>	<b>946 351</b>	<b>883 839</b>	<b>1 110 786</b>	<b>1 110 786</b>	<b>842 242</b>	<b>860 663</b>	<b>825 214</b>
Machinery and equipment	434 032	316 249	900 198	737 852	964 799	964 799	727 242	745 663	705 039
Other machinery and equipment	434 032	316 249	900 198	737 852	964 799	964 799	727 242	745 663	705 039

Payments for financial assets									
<b>Total economic classification</b>	<b>4 789 509</b>	<b>4 625 167</b>	<b>5 448 143</b>	<b>5 486 234</b>	<b>5 713 181</b>	<b>5 713 181</b>	<b>5 811 930</b>	<b>6 032 579</b>	<b>6 229 867</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Current payments</b>	<b>2 156</b>	<b>1 779</b>	<b>1 694</b>	<b>12 655</b>	<b>12 655</b>	<b>12 655</b>	<b>15 098</b>		
Goods and services	2 156	1 779	1 694	641	641	641	675		
Contractors	2 156	1 779	1 694						
Payments for financial assets									
<b>Total economic classification</b>	<b>2 156</b>	<b>1 779</b>	<b>1 694</b>	<b>12 655</b>	<b>12 655</b>	<b>12 655</b>	<b>15 223</b>		

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2025/26	Revised estimate	Medium-term estimates		
	2022/23	2023/24	2024/25				2026/27	2027/28	2028/29
<b>Category A</b>	<b>392 611</b>	<b>410 278</b>	<b>429 971</b>	<b>449 751</b>	<b>449 751</b>	<b>449 751</b>	<b>470 440</b>	<b>470 440</b>	<b>491 610</b>
Ekurhuleni	171 455	179 170	187 770	196 408	196 408	196 408	205 443	205 443	214 688
City of Johannesburg	159 898	167 093	175 113	183 169	183 169	183 169	191 595	191 595	200 217
City of Tshwane	61 258	64 015	67 088	70 174	70 174	70 174	73 402	73 402	76 705
<b>Category C</b>									
Sedibeng District Municipality									
West Rand District Municipality									
Unallocated									
<b>Total transfers to municipalities</b>	<b>392 611</b>	<b>410 278</b>	<b>429 971</b>	<b>449 751</b>	<b>449 751</b>	<b>449 751</b>	<b>470 440</b>	<b>470 440</b>	<b>491 610</b>

