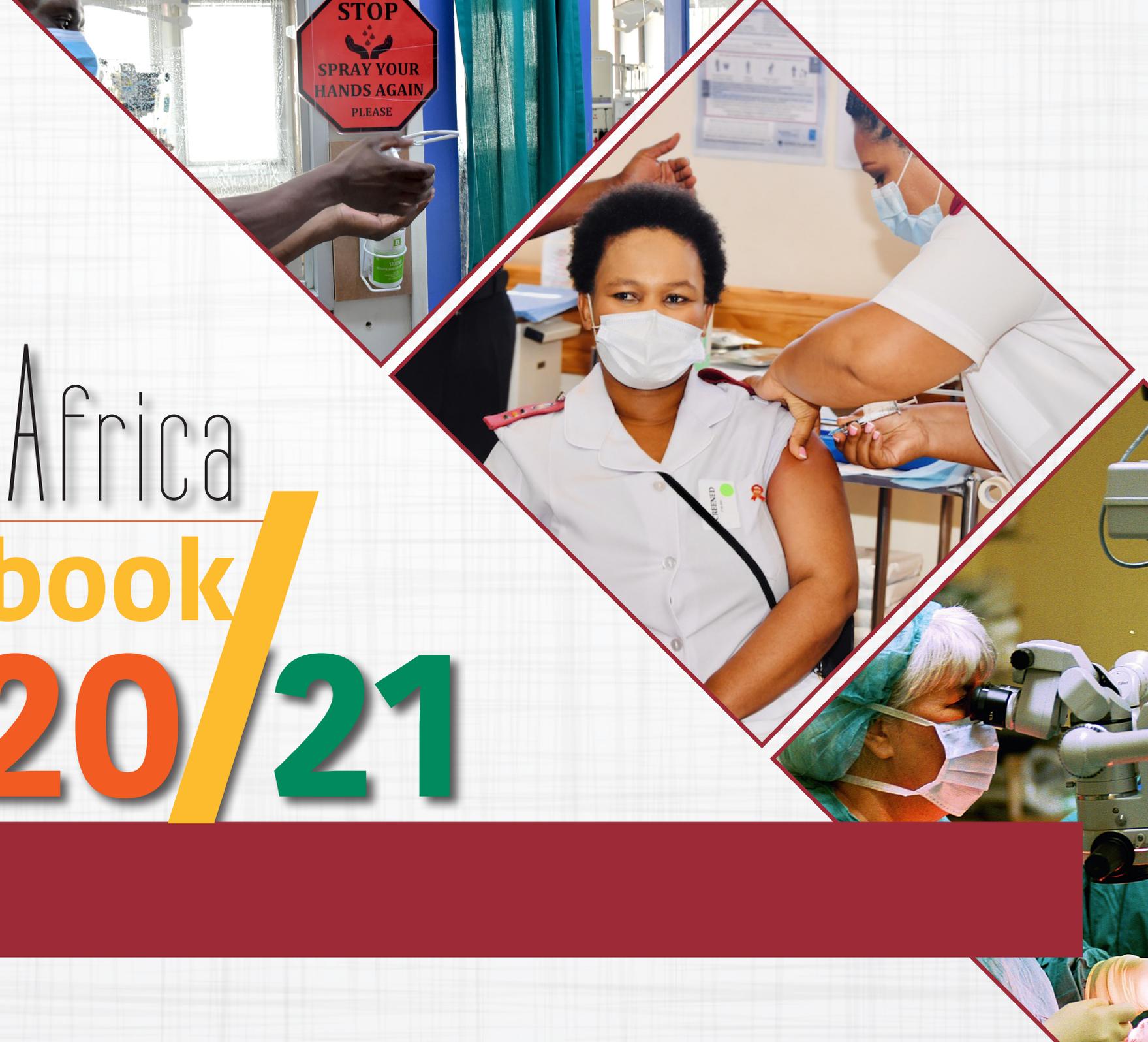


South Africa
Yearbook
2020/21

Health



Health

The National Development Plan (NDP) set out nine long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population and the other four deal with aspects of strengthening health services.

By 2030, South Africa should have:

- raised the life expectancy to at least 70 years;
- progressively improved tuberculosis (TB) prevention and cure;
- reduced maternal, infant and child mortality;
- significantly reduced prevalence of non-communicable diseases (NCDs);
- reduced injury, accidents and violence by 50% from 2010 levels;
- complete health system reforms;
- primary healthcare teams that provide care to families and communities;
- universal healthcare coverage; and
- filled posts with skilled, committed and competent individuals.

Department of Health (DoH)

The DoH derives its mandate from the National Health Act, 2003 (Act 61 of 2003), which requires that it provides a framework for a structured and uniform health system for South Africa. The Act sets out the responsibilities of the three spheres of government in the provision of health services. The department contributes directly to the realisation of Priority 3 (education, skills and health) of government's 2019 – 2024 Medium Term Strategic Framework (MTSF).

As the custodian of South Africa's national health system, the department contributes to the goals, indicators and actions of Chapter 10 of the NDP, such as reducing the burden of disease and strengthening the provision of healthcare to improve the lives and lifespans of the country's citizens. In terms of the National Health Act of 2003, provincial departments of health are mandated to provide healthcare services, whereas the national department is responsible for policy formulation, coordination and support to provincial departments, as well as the monitoring, evaluation and oversight of the sector. Over the next five years, the DoH has set the target to increase life expectancy to at least 66.6 years, and to 70 years by 2030.

Additionally, it aims to progressively achieve universal health coverage, and financial risk protection for all citizens seeking

health care, through application of the principles of social solidarity, cross-subsidization and equity. These targets are consistent with the United Nations Sustainable Development Goals to which South Africa subscribes, and Vision 2030, described by the NDP. A stronger health system, and improved quality of care will be fundamental to achieve these impacts.

The department's most urgent focus, over the medium term, is responding to the COVID-19 pandemic by rolling out government's vaccination strategy. Ongoing focus areas include implementing the National Health Insurance (NHI) in phases, preventing and treating communicable and NCDs, investing in health infrastructure, and supporting tertiary health care services.

Responding to the COVID-19 pandemic

The COVID-19 pandemic has placed an unprecedented demand on healthcare service delivery in South Africa. The recruitment of doctors, nurses and other key health professionals remains a priority during this period for the DoH. Between January and July 2020, a total of 2 547 medical interns and 8 624 community service personnel were allocated to statutory posts. It was expected that a total of 3 050 medical interns and 7 389 community service personnel would be allocated in January 2021.

A key development over the COVID-19 period was the deployment of community health workers as part of the Community Screening and Testing Campaign. The programme is now a seminal case study for all countries seeking to strengthen their primary healthcare systems. At the end of March 2021, 47 630 community health workers had received remuneration – against the MTSF target of integrating 50 000 workers into the public health system.

The pandemic has placed significant pressure on the country's health system in terms of budget and service delivery. In response, the 2020/21 Special Adjustments Budget allocated and reprioritised roughly R20 billion to the health sector for COVID-19 interventions. The DoH will continue managing the COVID-19 pandemic by preventing the spread of the disease through non-pharmaceutical interventions, and offering vaccinations to all eligible people in a phased manner, in line with its vaccine roll-out strategy.

To fund the roll-out, an additional R9 billion has been allocated to the department's baseline (R6 billion in 2021/22

and R3 billion in 2022/23). Of this amount, R6.5 billion is ring-fenced in the Communicable and NCDs programme to fund the procurement of vaccines and distribute them across the country. A total of R2.4 billion is allocated to the COVID-19 component of the HIV, TB, Malaria and Community Outreach Grant, which is transferred to provinces to fund the service delivery costs of administering vaccines.

The remaining R100 million is allocated to the South African Medical Research Council (SAMRC) for COVID-19 vaccine research. In 2020/21, R1.25 billion was also allocated to the council for vaccines and vaccine research as per emergency provisions of Section 16 of the Public Finance Management Act, 1999 (Act 1 of 1999). Should the need arise, allocations for vaccines can be augmented, both from government's contingency reserve and with revenue from vaccines sold to the private sector for medical scheme members. A further R8 billion is allocated to the provincial equitable share through National Treasury in 2021/22 to enable provincial health departments to continue their prevention, testing and treatment interventions, including managing hospitalisations from COVID-19 infections.

Phased implementation of the NHI

Establishing the NHI Fund as a public entity is a key priority in the DoH's plans to roll out health insurance. To this end, R121.3 million, over the Medium Term Expenditure Framework (MTEF) period, has been allocated for strengthening the department's NHI unit, to be transferred to the entity when it is created. Until the fund is established, the bulk of allocations for activities related to NHI are channelled through the NHI Indirect Grant, which is allocated R7.5 billion over the MTEF period. This includes R986.3 million to the personal services component, which funds the contracting of health care services; R2 billion to the non-personal services component, which funds initiatives to strengthen the health system in preparation for the roll-out of the NHI; and R4.4 billion to the health facility revitalisation component, which funds infrastructure projects.

Preventing and treating communicable and NCDs

The HIV, TB, Malaria and Community Outreach Grant is the main vehicle for funding disease-specific programmes in the sector, and is allocated R82.6 billion over the medium term in the HIV, AIDS and sexually transmitted infections (STIs) subprogramme in the Communicable and NCDs programme (except for the

human papillomavirus vaccine component, which is allocated in the Child, Youth and School Health subprogramme). The grant has eight components, the largest of which is the HIV and AIDS with an allocation of R69.3 billion over the MTEF period. This component funds government's antiretroviral treatment (ART) programme, which aims to reach 6.7 million people by 2023/24, as well as a range of HIV-prevention services.

The grant's community outreach services component, which was introduced in 2018/19 to ensure better resourcing and management of the community health worker programme, is allocated R7.7 billion over the MTEF period. The grant also has components for TB, mental health, oncology, the human papillomavirus vaccine and COVID-19.

Investing in health infrastructure

The Health Facility Revitalisation Grant is the largest source of funds for public health infrastructure, with an allocation of R20.6 billion over the medium term to be transferred to provincial departments of health through the Health Facilities Infrastructure Management subprogramme.

An additional R129.4 million over the MTEF period is allocated to the grant for the construction of the Tygerberg and Klipfontein hospitals in the Western Cape. The Health Facilities Infrastructure Management subprogramme also houses the Health Facility Revitalisation component of the NHI Indirect Grant, which is allocated R4.4 billion over the medium term.

Between 2014 and the third quarter of 2020/21, 10 hospitals had been completed or replaced and an additional 23 had been revitalized. A total of 151 community health centres and clinics were constructed and replaced and a total of 1 232 facilities were refurbished, renovated and rehabilitated. Of these, 116 facilities were maintained, repaired and/or refurbished during the 2020/21 financial year.

Through the implementation of the Ideal Clinic Initiative, the MTSF target is to have 100% of primary healthcare facilities maintaining their Ideal Clinic status. As at the end of December 2020, a total of 1 286 primary healthcare facilities had obtained ideal status, after conducting both peer reviews and updates.

Supporting tertiary healthcare services

Tertiary healthcare services are highly specialised referral services subsidised through the National Tertiary Services Grant, which is allocated R13.7 billion in 2021/22, R14 billion

in 2022/23 and R14 billion in 2023/24 in the Hospital Systems programme.

Due to their nature, these services are offered at tertiary and central hospitals, which are limited in numbers and concentrated in urban centres. This unequal distribution results in patients often being referred from one province to another, which requires strong national coordination. Accordingly, the grant compensates provinces for providing tertiary services to patients from elsewhere.

COVID-19 response

On 31 December 2019, the World Health Organization (WHO) reported a cluster of pneumonia cases in Wuhan City, China. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) was confirmed as the causative agent of what came to be known as COVID-19. Since then, the virus has spread all over the world.

To combat the spread of the virus in South Africa, government put in place various measures, including declaring a national state of disaster which resulted in regulations that limited public gatherings, travel from high-risk countries and the sale of alcohol. In March 2020, government implemented a three-week nationwide lockdown with severe restrictions on travel and movement. People were only allowed to leave their homes to buy food, seek medical help or under other extreme circumstances.

In addition, borders were closed to reduce the rate of infection from those travelling into South Africa from other countries. A quarantine was also enforced on inbound travellers and returning citizens. Government also established five alert levels:

- Level 5: at this level drastic measures were required to contain the spread of the virus to save lives.
- Level 4: some activity could be allowed to resume, subject to extreme precautions required to limit community transmission and outbreaks.
- Level 3: the easing of some restrictions, including on work and social activities, to address a high risk of transmission.
- Level 2: the further easing of restrictions, but the maintenance of physical distancing and restrictions on some leisure and social activities to prevent a resurgence of the virus.
- Level 1: most normal activity could resume, with precautions and health guidelines followed at all times.

COVID Alert SA

In September 2020, government launched COVID Alert SA – an official Bluetooth contact-tracing application (app) to help fight COVID-19. The mobile app is built on the Apple-Google Exposure Notifications app programmable interface. Anyone in South Africa who has a Bluetooth-enabled smartphone can access this app.

The app is under three megabytes, free and does not feature in-app purchases. The data to use the app has been zero-rated by all South Africa's mobile network providers. One of the most critical aspects of combating COVID-19 is the ability to detect people who have tested positive for the virus early, followed by the process of contact tracing. The app uses Bluetooth contact-tracing technology to let people know if they have been in contact with someone who has COVID-19. It gives everyone the chance to understand their exposure to the virus, so every member of the community is protected, especially those most at risk. It is an important tool to combating the pandemic, which can help slow the spread of the virus and save lives.

The COVID Alert SA app is an extension of the DoH's COVIDConnect's platform, which was launched in July 2020. While the COVID Alert SA app can only be downloaded to a smartphone, COVIDConnect works on any mobile phone. It offers news and information, a risk-assessment tool and COVID-19 test results via WhatsApp or SMS. In the case of positive test results, users are prompted to provide further information to identify close contacts.

They are, in turn, immediately alerted of their potential exposure to COVID-19 via SMS, without disclosing the index patient's details. The system can also geolocate the nearest quarantine or healthcare facility. Both the COVID Alert SA app and COVIDConnect platforms function without infringing on users' privacy or data.

COVID-19 research and related activities

The COVID-19 pandemic has motivated South African health institutions to rethink, reorganise and reshape their priorities and agendas. In this context, many of South Africa's leading research institutions and senior researchers have forged new national and global research collaborations aimed at urgently answering critical clinical and public health questions.

South Africa began the first round of its vaccination roll-out programme on 17 February 2021. The country secured the single-dose Johnson & Johnson vaccine for use in the Sisonke Study, which were distributed to up to 500 000 health care workers in 18 public sector hospitals across all nine provinces.

Phase two of the vaccine roll-out programme commenced on 17 May, 2021 – with the vaccination of persons 60 years of age and older, and ran simultaneously with the continuing vaccination of health care workers whose vaccination was affected by the regulatory issues that beset the Johnson & Johnson vaccine in the United States of America and Europe.

By October 2021, all citizens aged 12 years and above were eligible for a COVID-19 vaccine.

When the country went into its first lockdown, surveillance studies for COVID-19 were established to monitor trends in COVID-19 infections among health care workers and pregnant women. In addition, surveillance studies were being planned to investigate trends in infection in households, communities, outbreaks, and in various workplaces such as the mining industry. Other studies were aimed at evaluating improved diagnostic tests for the detection of recent and past infections. In parallel, the South African Health Products Regulatory Authority (SAHPRA) and the National Health Laboratory Services (NHLS) developed a novel strategy to evaluate the quality of serology and molecular tests – both were critical for the country's management and understanding of the evolving outbreak. There are many clinical trials in planning and in progress that aim to identify new technologies for the prevention of COVID-19 infection.

These include vaccine studies, pre-exposure prophylaxis studies, and studies aimed at evaluating new therapies for both early treatment and for later treatment of hospitalised patients. Other studies underway include the establishment of a pregnancy register to evaluate potential harm to pregnant women and/or their babies caused by COVID-19 infection, and a number of qualitative studies exploring the sociopsychological impacts of COVID-19 infection, and of the pandemic more generally on the social and mental well-being of South African citizens.

Legislation and policies

The legislative mandate of the DoH is derived from the Constitution of the Republic of South Africa, 1996 and several pieces of legislation passed by Parliament:

- The National Health Act of 2003 provides a framework for a structured health system within South Africa, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments regarding health services.
- The Medicines and Related Substances Act, 1965 (Act 101 of 1965), provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- the Hazardous Substances Act, 1973 (Act 15 of 1973), provides for the control of hazardous substances, in particular those emitting radiation.
- The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), provides for medical examinations on people suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- The Pharmacy Act, 1974 (Act 53 of 1974), provides for the regulation of the pharmacy profession, including community service by pharmacists.
- The Health Professions Act, 1974 (Act 56 of 1974), provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- The Dental Technicians Act, 1979 (Act 19 of 1979), provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- The Allied Health Professions Act, 1982 (Act 63 of 1982), provides for the regulation of health practitioners, such as chiropractors, homeopaths, and for the establishment of a council to regulate these professions.
- The SAMRC Act, 1991 (Act 58 of 1991), provides for the establishment of a medical research council, which is responsible for health research.
- The Choice on Termination of Pregnancy Act, 1996 (Act 92 of 1996), provides a legal framework for the termination of pregnancies based on choice under certain circumstances.
- The Sterilisation Act, 1998 (Act 44 of 1998), provides a legal framework for sterilisations, including for people with mental health challenges.
- The Medical Schemes Act, 1998 (Act 131 of 1998), provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- The Tobacco Products Control Act, 1993 (Act 83 of 1993), provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.
- The NHLS Act, 2000 (Act 37 of 2000), provides for a statutory body that offers laboratory services to the public health sector.
- The Council for Medical Schemes (CMS) Levy Act, 2000 (Act 58 of 2000), provides a legal framework for the CMS to charge medical schemes certain fees.
- The Mental Health Care Act, 2002 (Act 17 of 2002), provides

- a legal framework for mental health in the country and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.
- The Nursing Act, 2005 (Act 33 of 2005), provides for the regulation of the nursing profession.
 - The Traditional Health Practitioners Act, 2007 (Act 22 of 2007), provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the country.
 - The Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.
 - The Criminal Procedure Act, 1977 (Act 51 of 1977), sections 212 4(a) and 212 8(a), provides for establishing the cause of non-natural deaths.
 - The Children's Act, 2005 (Act 38 of 2005), gives effect to certain rights of children as contained in the Constitution, to set out principles relating to the care and protection of children, to define parental responsibilities and rights, and to make further provision regarding children's court.
 - The Occupational Health and Safety Act, 1993 (Act 85 of 1993), provides for the requirements with which employers must comply to create a safe working environment for employees in the workplace.
 - The Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993), provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
 - The National Roads Traffic Act, 1996 (Act 93 of 1996), provides for the testing and analysis of drunk drivers;
 - the Constitution has pertinent sections which provide for the rights of access to healthcare services, including reproductive health and emergency medical treatment.
 - The Employment Equity Act, 1998 (Act 55 of 1998), provides for the measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action.
 - The State Information Technology Act, 1998 (Act 88 of 1998), provides for the creation and administration of an institution responsible for the State's information technology system.

- The Skills Development Act, 1998 (Act 97 of 1998), provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.
- The Public Finance Management Act of 1999 provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- The Promotion of Access to Information Act, 2000 (Act 2 of 2000), amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), amplifies the constitutional provisions pertaining to administrative law by codifying it.
- The Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act 4 of 2000), provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- The Division of Revenue Act, 2015 (Act 1 of 2015), provides for the manner in which revenue generated may be disbursed;
- the Broad-Based Black Economic Empowerment Act, 2003 (Act 53 of 2003), provides for the promotion of black economic empowerment in the manner that the State awards contracts for services to be rendered, and incidental matters.
- The Labour Relations Act, 1995 (Act 66 of 1995); establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.
- The Basic Conditions of Employment Act, 1997 (Act 75 of 1997), prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

Budget

The DoH's baseline budget for 2020/21, based on adjustments, was R58.4 billion, with a total allocation of R5.5 billion earmarked for COVID-19.

Expenditure is expected to increase by 0.8% per year, from R58.1 billion in 2020/21 to R59.4 billion in 2023/24. An estimated 85.9% (R157.7 billion) of the DoH's budget over the MTEF period will be transferred to provinces through conditional grants, increasing by 0.3%, from R52.1 billion in 2020/21 to R52.6 billion in 2023/24. To remain within the national aggregate expenditure ceiling, Cabinet has approved reductions on the department's baseline, amounting to R15 billion over the medium term (R4.1 billion in 2021/22, R4.9 billion in 2022/23 and R5.1 billion in 2023/24).

Programmes and projects

National Health Insurance

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, and efficiency and effectiveness in the health system in order to realise universal health coverage. The phased implementation of the NHI is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of the NHI is to ensure that everyone has access to appropriate, efficient, affordable and quality health services. To achieve universal health coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately, to improve health outcomes, particularly focusing on the poor, vulnerable and disadvantaged groups.

The NHI is defined as a health financing system that pools funds to provide access to quality health services for all South Africans, based on their health needs and irrespective of their socio-economic status. The goal of the NHI is to ensure that all South African citizens and residents, irrespective of their socio-economic status, have access to good quality health services provided by both the public and private sectors. The NHI seeks to eradicate financial barriers limiting access to healthcare.

In many countries, effective universal health coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards universal health coverage.

The DoH has augmented, strengthened, and improved the NHI information systems capacity. This will enhance the capability of the department to manage the health system. The department has also established a patient registry through the deployment of the Health Patient Registration System at primary healthcare facilities and hospitals. By July 2020, a total of 51 909 554 patients had been registered. As of May 2021, 57 million individuals had registered in 3 111 public health facilities.

Primary Healthcare Services

The programme develops and oversees the implementation of legislation, policies, systems, and norms and standards for a uniform district health system, environmental health services, communicable and NCDs, health promotion, and nutrition. It has five budget subprogrammes namely:

- **District Health Services:** This is the vehicle for the delivery of primary healthcare services. It is central to supporting the health system to be efficient and effective. There is a need for functional district health management offices to manage the primary healthcare facilities such that they meet the standards of the Office of Health Standards Compliance and Ideal Clinic status, as well as achieve set targets for their key population health indicators.
- **Environmental And Port Health Services:** Environmental health is at the heart of public health interventions. The service's mandate is to lead the implementation of public awareness, health promotion and disease prevention, surveillance and inspection of both private and public premises. It is responsible for strengthening, supporting and monitoring the provision of environmental health services by developing relevant legislation, policies, guidelines, norms and standards. These instruments are also used to assess and audit the compliance of municipalities and public health facilities to the relevant prescripts. It is also responsible for strengthening and monitoring the provision of port health services by controlling and preventing cross border movement of goods and people in order to control public health risks, prevent importation of communicable diseases and any events of international concern. In response to the department's focus on environmental health assessments in the first half of the year, compliance assessments of ports of entry were prioritised during the remaining months. The department expected to meet its annual target of ensuring that 20 points of entry have port health services that comply with international health regulations by the end of the 2020/21 financial year.
- **Health Promotion, Nutrition And Oral Health:** Optimal health promotion and disease prevention is essential to the success of primary healthcare. Recognising South Africa's quadruple burden of disease, the subprogramme has identified the need to strengthen the Tobacco Control Programme. To achieve this, the Tobacco Products Control Act of 1993 was reviewed to tighten loopholes and address key issues pertaining to

tobacco control in accordance with the WHO Framework Convention on Tobacco Control.

- **NCDs:** The 2030 Agenda for Sustainable Development recognises the huge impact of NCDs worldwide, with a target set to reduce premature deaths from NCDs by one-third by 2030. Around 40% of deaths and 33% of the burden of disease in South Africa are attributable to NCDs. The WHO estimates that the probability of premature mortality from NCDs in South Africa is 27%. Reducing NCDs and premature mortality requires a combination of redressing social and commercial determinants, promotion of good health through improved diet, increased physical activity, stopping tobacco use and reducing alcohol-related harm, increasing early diagnosis and treatment, and improved management and control of NCDs, including greater accessibility to services. Mental disorders continue to be a major and growing cause of Disability-Adjusted Life Years (DALYs). Importantly, the DALYs for mental disorders are high during youth and mid-adulthood. There is substantive evidence for both the effectiveness and cost-benefit of mental health interventions, including large benefits in treating common mental disorders such as depression and anxiety. Regarding forensic mental health services, the demand for forensic psychiatric evaluations for persons who allegedly committed criminal offences is mounting. This resulted in the backlogs for the service and the resultant accumulation of state patients waiting for hospital admissions in detention centres.
- **Communicable Diseases:** These are major causes of morbidity and mortality, and life expectancy is expected to increase through effectively addressing these conditions. Communicable diseases are therefore central to obtaining the department's vision of a long and healthy life for all South Africans.

Hospital, Tertiary Health Services and Human Resource Development

The programme develops policies, delivery models and clinical protocols for hospitals and emergency medical services (EMS). It also ensures the alignment of academic medical centres with health workforce programmes, training of health professionals and that the planning of health infrastructure meets the health needs of the country. It also assists government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice

and recommendations on the role of nurses in attainment of desired health outputs.

The programme has five subprogrammes:

- **The Hospitals And Tertiary Health Services** is responsible for tertiary services planning, policies that guides the management of and service standards in hospitals as well as to ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals.
- **The Trauma, Violence, EMS and forensic Chemistry Laboratory** is responsible for improving the governance, management and functioning of EMS in the country through strengthening the capacity and skills of EMS personnel, identification of needs and service gaps, and provision of appropriate and efficient EMS by providing oversight of provinces. It is also responsible for ensuring the effective and efficient rendering of forensic chemistry services to support the criminal justice system and reduce the burden of disease and unnatural causes of death.
- **The Office Of Nursing Services** is responsible for ensuring that nursing and midwifery practitioners are competent and responsive to the burden of disease and population health needs.
- **The Health Facilities Infrastructure Planning** focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care in line with national policy objectives.
- **The Workforce Development and Planning Programme** is responsible for effectively articulating human resource needs and optimising the performance of the health workforce to achieve the strategic goals of the national health system.

Health Regulation and Compliance Management

The programme promotes accountability and compliance by regulatory bodies and public entities for effective governance and the quality of healthcare. It has two subprogrammes:

- **The Compensation Commissioner for Occupational Diseases And Occupational Health**, which is responsible for the payment of compensation of active and ex-workers in controlled mines and workers who have been certified to be suffering from cardio-pulmonary related diseases as a result of workplace exposures in the controlled mines or works. Over the medium term, business processes will be

re-engineered with regard to revenue collection; reducing the turnaround period in settling claims, amending the Occupational Diseases in Mines and Works Act of 1973; and improving governance, internal controls and relationships with the stakeholders.

- The Public Entities Management, which exercises oversight over the public entities and statutory councils in support of the executive authority's responsibility for public entities and statutory health professional councils falling within the mandate of the health legislation.

HIV, AIDS and TB

HIV, AIDS, TB, other communicable diseases of interest and NCDs remain great threats to overall public health in South Africa. The country's performance against the Joint UN Programme on HIV and AIDS 90-90-90 strategy for control of the HIV pandemic is 93-70-88, meaning that as at the end of February 2021 93% of people living with HIV knew their status and 70% of people living with HIV were on ART.

The estimated proportion of patients on ART that are virally suppressed at 12 months was 88% as of March 2021. The public health management of HIV, as with all communicable diseases, focuses on early detection, early initiation of treatment and prevention of onward spread.

Despite a difficult year, a cumulative total of 14 685 210 HIV tests were performed between April 2020 and March 2021. The DoH intensified community testing modalities to reach the untested and under-tested, including index testing in communities and facilities as well as HIV self-screening and self-testing.

As of February 2021, 5 069 398 people were on ART and in the last financial year 93.7% of antenatal HIV positive clients were initiated on ART against the MTSF target of 98%. To improve this indicator towards the 90:90:90 goal, the DoH is scaling up and promoting same day initiations at every point of care, including mobile clinics; intensifying the use of standard operating procedures for ART in communities (including initiation of pre-exposure prophylaxis and post-exposure prophylaxis where indicated); supporting data management in provinces; and strengthening the Welcome Back Campaign to improve compliance and client retention.

Government continues to promote the consistent use of condoms to prevent HIV, other STIs and unplanned pregnancies. As of May 2021, 537 330 419 male condoms were distributed,

against a target of 850 000 000. The department continues to explore all non-traditional platforms for condom distribution to ensure that anyone can access a condom.

The DoH is committed to finding all persons living with active TB and to meeting the 90-90-90 targets for TB as outlined in the National Strategic Plan for HIV, TB and STIs 2017 – 2022. Achieving this goal is a high priority as the department recorded a 50% reduction in the number of TB tests conducted during the COVID-19 period and a suboptimal TB success rate of 78.3%, against a target of 90%. TB catch up plans have been developed in line with the recommendations of the National TB Prevalence Survey and are implemented at district level, buttressed by the adoption of eHealth technologies, such as the TB self-screening mobile application that will be available in all official languages.

As part of addressing the decline in testing, the department has deployed Gene-Xpert tests with the mobile COVID-19 testing units. This allows the integration of TB and COVID-19 community testing services. To address the barriers to accessing health care, the DoH is developing a social and behavioural change communication strategy which aims to mitigate stigmatization and promote proactive health-seeking behaviour. This will involve mobilising technical partners, civil society organizations and funding agencies.

To facilitate enhanced adherence to treatment, government intends to introduce new generation, shorter acting options, such as Rifapentine and Isoniazid, and Rifampicin and Isoniazid, which are three-month treatments, as opposed to those taken over six months.

Government is using the Universal Test and Treat Policy, which states that the DoH should offer treatment to everyone diagnosed with HIV, regardless of their CD4 count, which is the marker for the strength of the immune system. For this purpose, an additional R1 billion is allocated to the HIV and AIDS, TB, and Maternal and Child Health programme in 2020/21 for the Comprehensive HIV, AIDS and TB Grant for provinces to provide ART to an estimated six million people. As a result of the additional allocation in 2020/21, funding for the grant increases by 11.6% per year, with a total allocation of R66.4 billion between 2017/18 and 2020/21.

Community health workers play a pivotal role in ensuring access to primary healthcare services in South Africa's most vulnerable communities. In recognition of this, over the medium term, the department intends adding a community outreach

services component to the Comprehensive HIV, AIDS and TB Grant. The new component is expected to enable the sector to improve the efficiencies of the ward-based primary healthcare outreach teams programme by standardising and strengthening the training, service package, and performance monitoring of community health workers.

By 2020/21, the number of ward-based primary healthcare outreach teams was expected to increase to 3 700. An estimated R4.4 billion over the MTEF period has been reprioritised in the Comprehensive HIV, AIDS and TB Grant to create the community outreach services component.

According to the *mid-year population estimates, 2021*, an estimated 13.7% of the total population is HIV positive. Almost a fourth of South African women in their reproductive ages (15 – 49 years) are HIV positive. HIV prevalence among the youth aged 15 – 24 has remained stable over time.

The number of persons living with HIV in South Africa increased from an estimated 3.8 million in 2002 to 8.2 million in 2021.

National Strategic Plan (NSP) for HIV, TB and STIs 2017 – 2022

The purpose of the strategic plan is to enable the many thousands of organisations and individuals who drive the response to HIV, TB and STIs to work as a concerted force and moving towards the same direction. It is the third strategic plan to be unveiled, following the first one 10 years ago.

The document sets out intensified prevention programmes that combine biomedical prevention methods such as medical male circumcision and the preventative use of ARV drugs and TB medication, with communication designed to educate and encourage safer sexual behaviour in the case of HIV and STIs.

The goals of the NSP for HIV, TB and STIs 2017 – 2022 include:

- accelerating prevention to reduce new HIV and TB infections and new STIs;
- reducing illness and deaths by providing treatment, care and adherence support for all infected;
- addressing social and structural drivers of HIV and TB infections;
- grounding the response to HIV, TB and STIs in human rights principles and approaches;
- mobilising resources to ensure sustainable responses; and
- strengthening strategic information to drive progress towards achieving the desired outcome.

The plan will draw on the vision of the United Nations (UN) programme of zero new HIV infections, zero preventable deaths associated with HIV and zero discrimination associated with HIV. It is also in line with the WHO's goals for reducing TB incidents and mortality.

The plan serves as the strategic guide for the national response to HIV, TB and STIs in South Africa. One of the objectives of the plan is to intensify focus on geographic areas and populations most severely affected by the epidemics. The slogan of the NSP for HIV, TB and STIs 2017 – 2022 is; "Let our Actions Count".

Child Health

South African paediatrics continues to gain strength as seen in improved key health indicators. However, this specialty was also not spared the impact of COVID-19, as evidenced by decreased overall use of key child health services.

There was an overall decline in childhood vaccinations in 2020: immunisation coverage for infants (defined as children aged less than one year) was 78.5% between April 2020 and March 2021, against the MTSF target of 90% by 2024.

The DoH is working in partnership with UN agencies, private health sector, non-governmental organisations (NGOs) and vaccine manufacturers to implement a catch-up drive for children who missed their vaccination schedule, even in years preceding lockdown. Demand generation strategies are also in place and implemented at all levels of health care.

The MTSF targets for under-five indicators 2020 fell marginally short, threatening gains made in democratic South Africa. To address this the DoH is implementing various strategies to improve the health of children under five years, including:

- side-by-side radio shows and social media campaigns to intensify communication of child health promotion and encourage demand for immunisation,
- early detection and referral of children with common childhood illnesses through improved use of the standard treatment guidelines and protocols,
- strengthening the implementation of standard inpatient paediatric register to improve data quality for data-based response, and
- collaborating with other departments and non-state players to address the socio-economics determinants that lead to poor health outcomes for children.

According to the *mid-year population estimates, 2021*, the infant mortality rate was estimated at 24.1 per 1 000 live births.

Operation Phakisa and the Ideal Clinic Initiative

Operation Phakisa 2 is a government programme aimed at prioritising 3 500 primary healthcare facilities. It aims at turning every public health clinic to a facility that is people-centred and provides comprehensive, quality healthcare services.

The Ideal Clinic Realisation and Maintenance Process started in 2013 to systematically build on the work of the facility improvement teams.

An ideal clinic has good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An ideal clinic will cooperate with other government departments as well as with the private sector and NGOs to address the social determinants of health. Facilities must be maintained to function optimally and remain in a condition that can be described as the "ideal clinic".

Integrated clinical services management (ICSM) will be a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who came for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

Access to medicine

To ensure that the necessary medicine is always in stock, the DoH has undertaken three initiatives:

- The Stock Visibility System;
- Rx Solution and other electronic stock management systems; and
- The Central Chronic Medicines, and Dispensing and Distribution Programme.

Records Management and Unique Patient Identifier

This is a system whereby patients are registered on a central database, which enables quick and effective dispensing of the right medication to the right client, as well as serving as a deterrent to people visiting multiple clinics or medical centres on one day to collect absurd and, often, illegal amounts of medication.

Working with the Council for Scientific and Industrial Research as well as the departments of Science and Innovation and Home Affairs, the DoH has rolled out this system as part of the NHI.

School health: Integrated School Health Programme (ISHP)

The departments of Basic Education and Health jointly implemented the ISHP – a programme that will extend the coverage of school health services to all learners in primary and secondary schools. The programme offers a comprehensive and integrated package of services, including sexual and reproductive health services for older learners.

The health services package for the ISHP includes a large component of health education for each of the four school phases (such as how to lead a healthy lifestyle, and drug and substance abuse awareness), health screening (such as screening for vision, hearing, oral health and TB) and onsite services (such as deworming and immunisation).

The ISHP services contribute to the health and well-being of learners by screening them for health barriers to learning.

Prevent, Avoid, Stop, Overcome and Protect (PASOP) Campaign

The PASOP Campaign was launched in an effort to call on all communities to join hands with government in the fight against HIV and AIDS, and TB. It is aimed at influencing people's behaviour and attitude around these diseases, as the DoH works tirelessly to ensure that new HIV infections rates are reduced.

The campaign calls on South Africans to:

- P - prevent new infections and transmissions;
- A - avoid re-infections, deaths and mother-to-child transmission;
- S - stop risky behaviour and practices;
- O - overcome living with HIV and the stigma; and
- P - protect themselves, loved ones and others.

PASOP targets all but with a distinct focus on lesbian, gay, bisexual, transgender and intersex, men-sleeping-with-men, the youth, commercial sex workers, migrant workers, informal settlements, women and drug users.

The campaign places high emphasis on the responsibility of self and non-stigmatisation.

Entities

Compensation Commissioner for Occupational Diseases in Mines and Works

The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational

Diseases in Mines and Works Act of 1973. The Act gives the commissioner the mandate to collect levies from controlled mines and works; compensate workers, former workers and the dependants of deceased workers in controlled mines and workers that have developed occupational diseases in their cardiorespiratory organs; and reimburse workers for any loss of earnings while being treated for TB.

Over the medium term, the commissioner will focus on improving access to services provided to current and former mineworkers, increasing the number for claims paid, and fast-tracking the claims management process.

To fund these initiatives, the commissioner's expenditure is expected to increase at an average annual rate of 4.9%, from R231.5 million in 2020/21 to R266.9 million in 2023/24.

The payment of claims is funded through levies collected from controlled mines and works on behalf of their employees. These funds are used to compensate current and former mineworkers for diseases for which they are entitled to receive compensation.

Over the medium term, the commissioner is set to generate 54.6% (R955.4 million) of its revenue from mines and works, and derive 0.3% (R4.7 million) through transfers from the DoH. The commissioner's total budget for 2020/21 was R231.5 million.

Council for Medical Schemes

The CMS is a regulatory authority that oversees the medical schemes industry. The functions of the council include protecting the interests of beneficiaries, controlling and coordinating the functions of medical schemes, collecting and distributing information about private health care, and advising the Minister of Health on matters concerning medical schemes.

Over the MTEF period, the council will continue to ensure the efficient and effective regulation of the medical schemes industry, and support the DoH in its efforts to achieve universal health coverage for all South Africans through NHI. The council aims to achieve this by developing and implementing the guidance framework for low-cost benefit options, and finalising proposals for the Medical Schemes Amendment Bill and the health market inquiry. The council's total budget for 2020/21 was R198.5 million.

National Health Laboratory Service

The NHLS provides cost-effective, high-quality diagnostic laboratory services, primarily to public health facilities. It also monitors communicable and NCDs, and conducts research. It houses the National Institute for Communicable Diseases (NICD), the National Institute for Occupational Health and the South African Vaccine Producers, as its subsidiary.

The entity operates more than 230 laboratories in nationally and is the sole provider of training for pathologists and medical scientists, provides comprehensive and affordable pathology services to more than 80% of the South African population, and plays a significant role in the diagnosis and monitoring of HIV and TB.

Over the medium term, the entity will continue to focus on providing laboratory testing services to health care providers mainly in the public sector, and expanding its provisions in response to increased demand for its services in priority programmes such as HIV and TB care.

The COVID-19 pandemic has had a negative impact on overall testing in that fewer patients sought care at health facilities during lockdown, resulting in a 12% decrease in tests conducted in 2020/21. However, as at 20 January 2021, the entity had conducted an estimated 3.3 million COVID-19 tests. The number of tests conducted, excluding those for COVID-19, is expected to increase at an average annual rate of 1%, from 89 million in 2020/21 to 93 million in 2023/24. As this is the entity's core business, expenditure in the laboratory services programme is expected to account for 81.4% (R26.9 billion) of total expenditure over the medium term.

The NICD is internationally renowned for its role in the surveillance and monitoring of communicable diseases. It provides expertise to southern African countries on outbreaks such as ebola, listeriosis and, most recently, COVID-19.

Over the MTEF period, the institute will continue to play a critical role in the surveillance of COVID-19, focusing on providing services such as mobile testing, community outreach, hotline services, testing at all border posts, and providing necessary support to provinces in their responses to COVID-19.

The institute's total expenditure is projected to increase at an average annual rate of 7.3%, from R394.8 million in 2020/21 to R488 million in 2023/24. The entity expects to derive 5.5% (R1.9 billion) of its revenue over the MTEF period through

transfers from the DoH. Total revenue is expected to increase at an average annual rate of 4.7%, from R10 billion in 2020/21 to R11.5 billion in 2023/24.

As the entity has retained significant surpluses from previous financial years, transfers from the DoH are set to decrease at an average annual rate of 12.3%, from R855.6 million in 2020/21 to R577.6 million in 2023/24.

In 2020, the NICD received an additional grant of R96.7 million and provinces were allocated R2.1 billion as part of the R3.4 billion conditional grant to pay NHLS for expanded COVID-19 testing services. In response to COVID-19, the NICD has played an important role, including providing epidemiological support to provinces, developing and reviewing national guidelines, expanding the DATCOV Hospital Surveillance System to monitor mortality and morbidity in all hospitals and conducting new laboratory-based investigations, including sero-epidemiology, viral tracking and viral culture.

Office of Health Standards Compliance

The Office of Health Standards Compliance is responsible for protecting and promoting the health and safety of users of health services by ensuring that private and public health facilities comply with prescribed norms and standards. This includes inspecting health facilities for compliance with norms and standards, investigating complaints made by the public, and initiating enforcement actions against facilities where there is persistent noncompliance.

Over the MTEF period, the entity will focus on conducting inspections in public and private health establishments to enhance and enforce compliance with norms and standards. Expenditure is expected to increase at an average annual rate of 3.5%, from R137.6 million in 2020/21 to R152.7 million in 2023/24. Revenue, which is expected to amount to R462.1 million over the medium term, is derived entirely through transfers from the DoH.

The entity's total budget for 2020/21 was R144 million.

South African Health Products Regulatory Authority

The SAHPRA is responsible for regulating medicines intended for human and animal use; licensing manufacturers, wholesalers and distributors of medicines, medical devices, radiation-emitting devices and radioactive nuclides; and conducting trials.

Over the medium term, the authority will focus on accelerating the licensing of its backlog of medicine products. This entails revising its operational models and reviewing its business processes to reduce unnecessary bureaucracy and delays, with the aim of clearing the backlog by 2022/23. As a result, expenditure in the Health Product Authorisation programme is expected to decrease at an average annual rate of 21.3%, from R69.1 million in 2020/21 to R33.6 million in 2023/24.

The authority's total budget for 2020/21 was R387.8 million.

South African Medical Research Council

The SAMRC conducts and funds health research and medical innovation. The scope of the SAMRC's research includes laboratory investigations, clinical research, and public health studies. The SAMRC also publishes a report on weekly deaths in South Africa. Following the first wave of the COVID-19 pandemic, the SAMRC conducted a study on excess deaths.

Findings revealed that there could have been additional deaths which were unaccounted for based on the modelling which they have done. Various possible explanations were given for this phenomenon such as people dying from COVID-19 before they got to health care facility, or people dying from COVID-19 but the death not being reported as such, or people dying from non-COVID-19 conditions because health services were focusing on COVID-19 patients.

The council is mandated to ensure improved health and quality of life for the South African population by providing evidence-based recommendations to various policy-makers through health research, development, technology transfer and capacity development.

Over the medium term, the council will focus on funding and conducting core health research, developing innovations and technology, and building research capacity. It will pay particular attention to risk factors associated with TB, HIV and AIDS, cardiovascular diseases, NCDs, gender, and alcohol and other drug abuse.

The core research function is expected to account for 52.7% (R2.1 billion) of the council's budget over the medium term. This will support the publication of almost 4 000 journal articles, book chapters or books with authors affiliated with and/or funded by the council. The council will also continue to collaborate with the United States National Institutes of Health, with each contributing an estimated R135 million for research on various TB biomedical and clinical research topics over the same period.

Expenditure on innovation and technology is expected to account for 24.1% (R975.7 million) of the council's budget over the MTEF period. This spending will fund an estimated 90 innovation and technology projects aimed at developing, testing and/or implementing new or improved health solutions. To increase the number of young scientists, the council plans to award an estimated 1 260 bursaries, scholarships or fellowships at a project cost of R247 million over the medium term.

Role players

South African National AIDS Council (SANAC)

The SANAC is a voluntary association of institutions established by Cabinet to build consensus across government, civil society and all other stakeholders to drive an enhanced country response to the scourges of HIV, TB and STIs.

Under the direction of the council, government created the SANAC Trust as the legal entity that is charged with achieving its aims.

Health Professions Council of South Africa (HPCSA)

The HPCSA is committed to promoting the health of the population, determining standards of professional education and training, and setting and maintaining excellent standards of ethical and professional practice.

To safeguard the public and indirectly the professions, registration in terms of the Health Professions Act of 1974 is a prerequisite for practising any of the health professions with which the council is concerned.

The council guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards.

All individuals who practise any of the healthcare professions incorporated in the scope of the HPCSA are obliged to register with the council. Failure to do so constitutes a criminal offence.

Its mandate includes:

- coordinating the activities of the professional boards;
- promoting and regulating interprofessional liaison;
- determining strategic policy;
- consulting and liaising with relevant authorities;
- controlling and exercising authority over the training and practices pursued in connection with the diagnosis, treatment or prevention of physical or mental defects, illnesses or

deficiencies in people;

- promoting liaison in the field of training; and
- communicating to the Minister of Health information that is of public importance.

Allied Health Professions Council of South Africa (AHPCSA)

The AHPCSA is a statutory health body established in terms of the Allied Health Professions Act of 1982 to control all allied health professions, which includes ayurveda, Chinese medicine and acupuncture, chiropractic treatment, therapeutic reflexology, therapeutic massage therapy, homeopathy, naturopathy, therapeutic aromatherapy, osteopathy, phytotherapy and Unani Tibb:

The AHPCSA is mandated to:

- promote and protect the health of the public;
- manage, administer and set policies relating to the professions registered with the AHPCSA;
- investigate complaints relating to the professional conduct of practitioners, interns and students;
- administer the registration of people governed by the AHPCSA; and
- set standards for the education and training of intending practitioners.

South African Dental Technicians Council (SADTC)

The SADTC controls all matters relating to the education and training of dental technicians or dental technologists and practices in the supply, making, altering or repairing of artificial dentures or other dental appliances.

Its mandate includes:

- promoting dentistry in South Africa;
- controlling all matters relating to the education and training of dental technicians, dental technologists and practitioners who supply, make, alter or repair artificial dentures or other dental appliances; and
- promoting good relationships between dentists, clinical dental technologists, dental technicians and dental technologists.

South African Pharmacy Council (SAPC)

The SAPC is the regulator established in terms of the Pharmacy Act of 1974 to regulate pharmacists, pharmacy

support personnel and pharmacy premises in South Africa. Its mandate is to protect, promote and maintain the health, safety and well-being of patients and the public by ensuring quality pharmaceutical service for all South Africans.

The council is tasked with:

- assisting in promoting the health of South Africans;
- promoting the provision of pharmaceutical care with universal norms and values;
- upholding and safeguarding the rights of the general public to universally acceptable standards of pharmacy practice;
- establishing, developing, maintaining and controlling universally acceptable standards; and
- maintaining and enhancing the dignity of the pharmacy profession.

South African Nursing Council (SANC)

The SANC is the body entrusted to set and maintain standards of nursing education and practice in South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, 1944 (Act 45 of 1944), and operating under the Nursing Act of 2005.

The SANC controls and exercises authority, in respect of the education, training and manner of practices pursued by registered nurses, midwives, enrolled nurses and enrolled nursing auxiliaries.

The council's mandate includes:

- inspecting and approving nursing schools and nursing education programmes;
- conducting examinations and issuing qualifications;
- registering and enrolling nurses, midwives and nursing auxiliaries and keeping registers;
- removing or restoring any name in a register;
- issuing licences to nursing agencies; and
- requiring employers to submit annual returns of registered and enrolled nurses in their employ.

Non-governmental organisations

Many NGOs at various levels play a crucial role in healthcare, and cooperate with government's priority programmes. They make an essential contribution, in relation to HIV and AIDS, and TB, and also participate significantly in the fields of mental health, cancer, disability and the development of primary healthcare systems.

The involvement of NGOs extends from national level, through provincial structures, to small local organisations rooted in individual communities.

Resources

Medical practitioners

These include doctors working for the State, those in private practice and specialists. The majority of doctors practise in the private sector. In selected communities, medical students supervised by medical practitioners provide health services at clinics.

In terms of the continuing professional development system, all doctors, irrespective of earlier qualifications, must obtain a specified number of points to retain their registration. The system requires that doctors attend workshops, conferences, refresher courses, seminars, departmental meetings and journal clubs. Non-compliance with the requirements of the system could result in a doctor being deregistered.

Applications by foreign health professionals are subject to assessment by the Examinations Committee of the Medical and Dental Professions Board. Those admitted have to write an examination and thereafter can be registered in the particular category for which they applied and were assessed.

Pharmacists

All pharmacists are obliged to perform one year of remunerated pharmaceutical community service in a public health facility.

Nurses

Nurses are required to complete a mandatory 12-month community service programme, thereafter they may be registered as nurses (general, psychiatric or community) and midwives.

Provincial hospitals

Provincial hospitals offer treatment to patients with or without medical aid cover. Patients are classified as hospital patients, if they can't afford to pay for treatment. Their treatment is then partly or entirely financed by the particular provincial government or the health authorities of the administration concerned. Provincial hospital patients pay for examinations and treatment on a sliding scale in accordance with their income and number of dependants.

Patients with medical aid are charged a private rate that is generally lower than the rate charged by private hospitals.

International Nurses Day is celebrated around the world on May 12. The theme for International Nurses Day 2021 was, "A Voice to Lead: A vision for future healthcare".

The theme reflected on the impact of COVID-19 on the health system and the nursing profession, and how these might be affected into the future.

South Africa joined the rest of the world in commemorating the day. Government expressed gratitude to the nurses in South Africa and around the world for their selflessness and dedication in the face of the deadly COVID-19 pandemic.

Nurses and other health workers, continue to be at the frontline in the fight against COVID-19 at personal risk to their lives and risk of exposure to their families.

Health facilities

According to the *General Household Survey (GHS), 2019*, published in December 2020, nationally, 72.5% of households said that they would first go to public clinics, hospitals or other public institutions, while 26.8% of households said that they would first consult a private doctor, private clinic or hospital. Only 0.3% of responding households said that they would first go to a traditional healer. The use of public health facilities was least common in Western Cape (56.1%), Gauteng (65.2%), and most common in Limpopo (84.0%), Mpumalanga (81.2%) and Eastern Cape (80.9%).

Medical aid coverage

According to the *GHS, 2019*, between 2002 and 2019, the percentage of individuals covered by a medical aid scheme increased marginally from 15.9% in 2002 to 17.2% in 2019. During this period, the number of individuals who were covered by a medical aid scheme increased from 7.3 million to 10.1 million persons. More than one-fifth (26%) of South African households had at least one member who belonged to a medical aid scheme.

Approximately one-quarter (25.2%) of individuals in metros were members of medical aid schemes, exceeding the national average of 17.2%. Membership was most common in Tshwane (30.6%) and the City of Cape Town (28.0%), and least so in Buffalo City (20.5%) and Mangaung (20.7%).

A total of 72.4% of white individuals were members of a medical aid scheme compared to about one-half (47.2%) of Indian/Asian individuals. By comparison, only 10.8% of black Africans were covered by a medical aid scheme.

Teenage pregnancy

According to the *GHS, 2019*, about 5.7% of females, in the age group 14 – 19 years, were at different stages of pregnancy during the 12 months before the survey. The prevalence of pregnancy increased with age, rising from 0.4% for females aged 14 years, to 12.5% for females aged 19 years.

World AIDS Day

World AIDS Day is commemorated each year on 1 December. This is a global opportunity for communities to unite in the fight against HIV and AIDS, show support for people living with HIV, and remember those who have died.

World AIDS Day 2020 was commemorated under the theme;

“We are in this together – Cheka Impilo”, a clarion call to every South African to make the right health choices and ensure that they know their health status. The theme was aligned to the global theme for World Aids Day, “Global Solidarity, Shared Responsibility”.

Population estimates

For 2021, Statistics South Africa estimated the mid-year population at 60.14 million people. Approximately 51.1% (approximately 30.75 million) of the population was female.

Life expectancy at birth for 2021 was estimated at 59.3 years for males and 64.6 years for females. There was a reduction in international migration, an indication of the COVID-19 travel restrictions and subsequent impact on migratory patterns since March 2020.

Gauteng still comprised the largest share of the South African population, with approximately 15.81 million people (26.3%). KwaZulu-Natal was the province with the second-largest population, with an estimated 11.5 million people (19.1%). With a population of approximately 1.30 million people (2.2%), the Northern Cape remained the province with the smallest share of the South African population.

About 28.3% of the population was aged younger than 15 years (17.04 million) and approximately 9.2% (5.51 million) was 60 years or older. Of those younger than 15 years of age, the majority resided in Gauteng (21.8%) and KwaZulu-Natal (21.2%).

The proportion of elderly persons aged 60 years and older in South Africa is increasing over time and, as such, policies and programs to care for the needs of this growing population should be prioritised.

