



**PERFORMANCE AGREEMENT**

**BETWEEN**

**THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA**

**AND**

**THE MINISTER OF HEALTH**

**PERIOD OF AGREEMENT**

**JUNE 2019 TO APRIL 2024**

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## CONSTITUTION AND LEGISLATION

*The Constitution of the Republic of South Africa, 1996*, stipulates in section 91 (2) that the President appoints the Deputy President and Ministers, assigns their powers and functions, and may dismiss them.

*The Constitution of the Republic of South Africa, 1996*, stipulates in section 92 (1) that the Deputy President and Ministers are responsible for the powers and functions of the executive assigned to them by the President.

*Executive Members' Ethics Act (No. 82 of 1998)* state that members of the Cabinet must act according to a code of ethics, created by the President pursuant to the principles and framework established by the Executive Members' Ethics Act of 1998.

*The principles of natural justice apply.*

### MINISTERIAL KEY RESPONSIBILITY AREAS

The constitutional imperatives and obligations contained in Chapter 5 of the Constitution including but not limited to sections 92, 93, 96, 97, 98, 99, are applicable.

The contents of this agreement set out the powers and functions assigned to you by the President in accordance with Section 91(2).



**KEY RESPONSIBILITY AREA 1: POLITICAL LEADERSHIP CONTRIBUTING TO THE COUNTRY'S TRIPLE CHALLENGES, NDP PRIORITIES AND MEDIUM TERM STRATEGIC FRAMEWORK (MTSF) 2019 – 2024**

**PRIORITY 2: EDUCATION, SKILLS AND HEALTH**

Priority actions and targets for health:

**Target: National Health Insurance (NHI) progressively implemented to achieve universal health coverage for at least 90% of South Africans by 2030**

**OUTCOME: UNIVERSAL HEALTH COVERAGE FOR ALL SOUTH AFRICANS ACHIEVED**

Interventions	Indicators	Baseline	Targets	Minister's Responsibility
Enabling legal framework created for the implementation of National Health Insurance (NHI) Bill	NHI Fund established and purchasing services operational	NHI Bill Introduced in Parliament on the 26 July 2019	NHI Fund established as a public entity and operational by 2021/22  NHI Fund purchasing services by 2022/3  Progressively, 90% of South Africans are covered by 2030	Minister will:  (a) Provide political leadership for processing the NHI Bill through Parliament successfully  (b) Mobilise key stakeholders and the masses of South Africans in support of support of NHI  (c) Roll out the cabinet approved communication strategy to gain support of the NHI

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**OUTCOME: UNIVERSAL HEALTH COVERAGE FOR ALL SOUTH AFRICANS ACHIEVED**

Interventions	Indicators	Baseline	Targets	Minister's Responsibility
<p><b>Implementation of the recommendations of the Health market inquiry (HMI) convened by the Competition Commission</b></p>	<p>National Health Information Dataset expanded to accomplish data requirements for oversight of the healthcare market</p>	<p>HMI Report was released in 2019, which delineated specific recommendations for regulating the health market</p>	<p>April 2022</p>	<p>The Minister of Health will:</p> <ul style="list-style-type: none"> <li>(a) Ensure that the National DOH and relevant regulators (Council for Medical Schemes; OHSC and HPCSA) initiate the process of standardising the way in which quality of care and health outcomes are measured throughout the private and public sectors</li> <li>(b) Ensure that the National DoH expands the National Health Information Dataset to collect timely and reliable information for both the public and private sectors, to facilitate comprehensive oversight of the health care market</li> </ul>



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**OUTCOME: UNIVERSAL HEALTH COVERAGE FOR ALL SOUTH AFRICANS ACHIEVED**

<b>Interventions</b>	<b>Indicators</b>	<b>Baseline</b>	<b>Targets</b>	<b>Minister's Responsibility</b>
Implementation of the recommendations of the Health market inquiry (HMI) convened by the Competition Commission	Centralised health facility licensing regime established	<i>HMI Final Findings and Recommendations Report, September 2019</i> , reflects support for a centralised health facility licensing regime by most stakeholders consulted	March 2022	The Minister of Health will:  (a) Through the National Health Council (NHC), ensure that the public sector develops a standardized and centralised health facility licensing regime, to be implemented by provincial departments. This is consistent with the principle of universal health coverage, and the objectives of the NHI
	Set up a multilateral forum to determine reference prices for practitioner tariffs	<i>HMI Final Findings and Recommendations Report, September 2019</i> , reflects support for a multilateral forum to determine practitioner tariffs, amongst stakeholders consulted	March 2022	(b) Provides leadership to the National DoH to establish a multilateral forum to determine reference prices for practitioner tariffs.
	Establish an independent Supply-Side Regulator for Healthcare (SSRH) in terms of the National Health Act of 2004	<i>HMI Final Findings and Recommendations Report, September 2019</i> , reflects support for establishment of the SSRH amongst stakeholders consulted	March 2024	(c) Through the National Health Council (NHC), initiate processes to develop the SSRH, in terms of the in terms of the National Health Act of 2004. The HMI Report acknowledges that this process will require some time, estimated at 5-years.

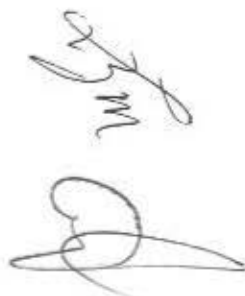
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## IMPLEMENTATION OF THE PRESIDENTIAL HEALTH COMPACT OF JULY 2019 AND PROVISION OF REGULAR PROGRESS REPORTS TO THE PRESIDENCY

The Presidential Health Compact, aimed at strengthening the health system in 9 fundamental pillars was signed by President of South Africa, The Minister of Health of Health and key stakeholders from civil society, labour, business and academia, on 25 July 2019. Effective implementation of all 9 Pillars of the compact will significantly strengthen the health system and equip it for the commencement of National Health Insurance (NHI).

The Minister of Health is responsible for providing political oversight to ensure delivery on all key interventions where the National DoH is designated as a lead institution in the compact). These are outlined below, for each of the 9 Pillars.

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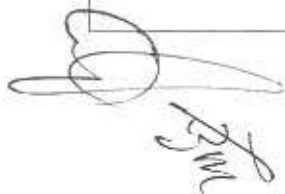
**PILLAR 1: AUGMENT NATIONAL HUMAN RESOURCES FOR HEALTH PLAN**

Interventions	Key Activities	Indicators	Timelines	Minister's Responsibility
<b>Costing and finalization of the Human Resources for Health (HRH) Strategy and Plan</b>	Quantify the number of current healthcare professionals in the health system by discipline  Cost the National Human Resources for Health (HRH) Strategy and Plan 2019-2024 to ensure that the policies on funding and staffing meet the needs of the health system.	Report on the quantification and cost implications of the National HRH Strategy and Plan	October 2020	The Minister of Health will:  (a) Provide political oversight to the National DoH for the completion of the HRH Plan 2019-2024  (b) Through the National Health Council, ensure that the HRH Plan 2019-2024 is costed, funded, implemented by the health sector and its impact assessed  (c) Provide political leadership to resolve impediments to the filling of posts; leading to the lifting of the moratorium on filling of posts.  (d) Ensure that the an annual plan for the placement of interns and community service candidates is developed, implemented, monitored and reported on.
	Finalise and disseminate the National HRH Strategy and Plan 2019-2024	Human Resources for Health Strategy published	October 2020	
<b>Development of effective Human Resources for Health Policies</b>	Lift moratorium on posts in public health sector with priority placed on critical services	Moratorium on posts in public health sector officially lifted	April 2020	
	Conduct a review of the HRH governance arrangements across spheres of government to ensure compatibility with the NHI policy and Bill	Report on HRH governance arrangements across spheres of government completed	October 2020	
	Ensure that statutory requirements for internship and community service are met	Annual plan for the placement of interns and community service candidates	September annually starting 2019	



**PILLAR 2: ENSURE IMPROVED ACCESS TO ESSENTIAL MEDICINES, VACCINES AND MEDICAL PRODUCTS THROUGH BETTER MANAGEMENT OF SUPPLY CHAIN EQUIPMENT AND MACHINERY**

Interventions	Key Activities	Indicators	Timelines	Minister's Responsibility
<b>Implement Centralised Procurement of Medicines and Medical technology</b>	Establish a centralised procurement and logistical management system with standardised procurement systems and processes at national level for medicines and medical products	Policy on centralised procurement finalized and adopted by the National Health Council	12 months after promulgation of the Act	The Minister of Health will:  (a) Ensure that the National Treasury, Provincial DoH, Provincial Treasuries, Academia and the Private Sector work together to establish a centralised procurement and logistical management system with standardised procurement systems and processes at the national level for medicines and medical products is in place
<b>Training/Human Resource Capacitation</b>	Establish joint support training programmes to improve the supply chain skills amongst supply chain officials.	Number of joint support training programmes established	Nine programmes 12 months after promulgation of the Act (one in each province)	(b) Ensure that the Pharmacy Council, South African Nursing Council, Pharmaceutical Industry and the Private sector to establish joint support training programmes to improve the supply chain skills amongst supply chain officials
<b>Development of a Health Technology Assessment Strategy</b>	Develop a Health Technology Assessment Strategy and costed implementation plan	Health Technology Assessment Strategy developed and costed, with an implementation plan  An independent HTA Agency established	July 2021  April 2022	(c) Ensure that National DoH with the participation of National Treasury, Schools of Public Health, User Groups, Private Sector develops a Health Technology Assessment Strategy and costed implementation plan



**PILLAR 3: EXECUTE INFRASTRUCTURE PLAN TO ENSURE ADEQUATE, APPROPRIATELY DISTRIBUTED AND WELL-MAINTAINED HEALTH FACILITIES**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Strengthen Health Infrastructure Planning to ensure the construction of appropriate health facilities on a sustainable basis</b>	<b>Review and update the 10-Year National Health Infrastructure plan</b>	Updated 10-Year National Health Infrastructure plan approved by the National Health Council	December 2020	The Minister of Health will: <ul style="list-style-type: none"> <li>(a) Provide leadership to the National DoH to finalise the updated 10-Year Infrastructure Plan</li> <li>(b) Work with the Provincial MECs and through the National Health Council to secure approval for and implementation of the updated 10-Year Infrastructure Plan</li> </ul>
<b>Improve Health Infrastructure Delivery and ensure that health infrastructure is completed on time, without additional costs to the original budgets and meets the need for the services required</b>	<b>Review the policy on accountability for public health infrastructure and clarify responsibilities of the Department of Public Works and DoHs</b>	Revised policy presented to the National Health Council	December 2020	(c) Through the National Health Council, engage with National Treasury and the Department of Public Works to review the policy on accountability for public health infrastructure and clarify responsibilities

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**PILLAR 3: EXECUTE INFRASTRUCTURE PLAN TO ENSURE ADEQUATE, APPROPRIATELY DISTRIBUTED AND WELL-MAINTAINED HEALTH FACILITIES**

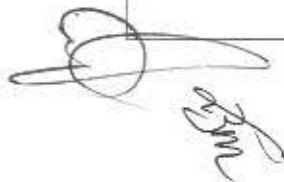
Interventions	Key Activities	Indicators	Timelines	Minister's Responsibility
<p><b>Improve Health Infrastructure Delivery and ensure that health infrastructure is completed on time, without additional costs to the original budgets and meets the need for the services required</b></p>	<p>Implement the Infrastructure Delivery Management System (IDMS) in all health departments</p>	<p>Infrastructure Delivery Management System implemented in all health facilities (100%)</p> <p>Report on alternative funding sources and mechanisms for public health infrastructure (including a National Health Infrastructure Fund) presented to the NHC</p>	<p>IDMS implemented by all 9 Health Departments in all health facilities by 2022/2023</p> <p>Report on alternative funding sources and mechanisms for public health infrastructure (including a National Health Infrastructure Fund) presented to the NHC</p>	<p>(d) Work with the Provincial MECs, National Treasury and the Private sector to ensure the implementation of the Infrastructure Delivery Management System (IDMS) in all health departments</p> <p>With support from Provincial MECs, National Treasury and the Private Sector, explore alternative funding sources and mechanisms for the development and maintenance of public health infrastructure</p>



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**PILLAR 4: EXECUTE INFRASTRUCTURE PLAN TO ENSURE ADEQUATE, APPROPRIATELY DISTRIBUTED AND WELL-MAINTAINED HEALTH FACILITIES**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Expand training of medical specialists and other cadres as required to meet country needs</b>	Create a platform for on the job training of specialists through rotation in the private sector to enhance public sector capacity	Proposal and plan for the training of medical specialists	June 2021	The Minister of Health will:  (a) Provide leadership to the National DoH to develop a proposal and plan for the training of medical specialists
	Create a platform for the private sector to contribute more to training of nurses in the public sector	Address constraints for private sector to support training	June 2021	(b) Working with the National Health Council, identify and address constraints impeding private sector support for health worker training
<b>Bolster the training of nurses to meet country needs</b>	Conduct a baseline audit of nurses in South Africa to quantify the gaps between existing supply and existing need	Final Baseline audit report submitted to the National Health Council (NHC)	November 2020	(c) Provide leadership to the National DoH to Conduct a baseline audit of nurses in South Africa to quantify the gaps between existing supply and existing need.
<b>Develop a Public Private Engagement Mechanism</b>	Develop a platform for contribution, cooperation and reflection between the public and private sectors	Terms of Reference for a coordination structure between the public and private sector established	March 2021	(d) Secure from the National DoH the terms of Reference for a coordination structure between the public and private sector established



**PILLAR 5: IMPROVE THE QUALITY, SAFETY AND QUANTITY OF HEALTH SERVICES WITH A FOCUS ON PRIMARY HEALTH CARE**

Interventions	Key Activities	Indicators	Timelines	Minister's Responsibility
<b>Quality Improvement Plan</b>	Map and harmonise all the quality improvement initiatives in the health sector and develop an integrated National Quality Improvement Plan	Number of public sector facilities implementing the National Quality Improvement Plan	80% by 2022  100% by 2024	<p>The Minister of Health will:</p> <ul style="list-style-type: none"> <li>(a) Ensure that the National Quality Improvement Plan is finalised and approved by the National Health Council</li> <li>(b) Through the National Health Council, ensure that all MECs provide political leadership for the implementation of the National Quality Improvement Plan</li> <li>(c) Ensure that the National Department of Health submits regular reports to the National Health Council on progress with the reduction of medico-legal claims</li> <li>(d) Provide political oversight for the reduction of medico-legal claim through the National Health Council</li> </ul>



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**PILLAR 5: IMPROVE THE QUALITY, SAFETY AND QUANTITY OF HEALTH SERVICES WITH A FOCUS ON PRIMARY HEALTH CARE**

<p><b>Provide patient-centric health services that meet the needs and expectations of users</b></p>	<p>Conduct annual Patient Experiences of Care (PEC) surveys in the public sector</p>	<p>Number of Provinces conducting PEC surveys</p>	<p>All 9 Provinces</p>	<p>(e) Ensure that the National DoH with the support of the Academics and Research Organizations (HSRC and MRC) support the Provincial Departments of Health to conduct annual Patient Experiences of Care (PEC) surveys in the public sector</p>
<p><b>Reduce Medico-legal claims and litigation</b></p>	<p>Conduct an assessment into supply and demand side factors contributing to increasing rates of medico-legal litigation and addressing the identified root causes</p>	<p>Report into the root causes of medico-legal litigation outlining interventions to curb the scourge</p>	<p>March 2021</p>	<p>(f) Ensure that the Department of Health with the support of provincial departments of Health and Academia conduct an assessment into supply and demand side factors contributing to increasing rates of medico-legal litigation and addressing the identified root causes</p>



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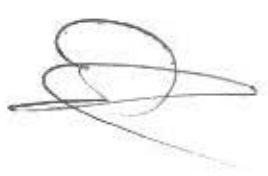
**PILLAR 6: IMPROVE THE EFFICIENCY OF PUBLIC SECTOR FINANCIAL MANAGEMENT SYSTEMS AND PROCESSES**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Reduce corruption and wastage in the health sector</b>	Establish a dedicated unit in the National DoH to prevent and address corruption and wastage in the health sector	Dedicated fraud prevention unit established in the National DoH	December 2020	The Minister of Health will:  (a) Ensure that the National Department of Health supported by the Special Investigative Unit establish a dedicated unit in the National DoH to prevent and address corruption and wastage in the health sector
<b>Improve the financing and management of Central Hospitals and the training of health professionals including specialists</b>	Establish multi-to review governance of central hospitals together with their teaching platforms.  Review of financial allocations, staffing, equipment and infrastructure needs of central hospitals and delegations of authority to hospital and university leadership	Completed report on management and funding of central hospitals by March 2020	Implement new governance arrangements and funding, staffing and infrastructure levels to ensure service levels and training obligations for the country are met by 2022	(b) Ensure that the NDoH, Treasury, provincial DoH and Committee of Deans establish multi-to review governance of the central hospitals together with their teaching platforms  (c) Through the NHC, review financial allocations, staffing, equipment and infrastructure needs of central hospitals and delegations of authority to hospital and university leadership
<b>Restructure the HIV Conditional Grant</b>	Review of the purpose, effectiveness and volume of the HIV Conditional Grant.  Review the decisions to include TB, Malaria and Community Outreach Services in this grant. Review the system to approve and monitor business plans.	Completed review report of the HIV Conditional Grant	Implement report recommendations on HIV Conditional Grant by March 2022	(d) Work with National Treasury and Provincial CFO's Forum to review of the purpose, effectiveness and volume of the HIV Conditional Grant. Review the decisions to include TB, Malaria and Community Outreach Services in this grant.  (e) Ensure that the National DoH reviews the system to approve and monitor business plans

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**PILLAR 7: STRENGTHEN GOVERNANCE AND LEADERSHIP TO IMPROVE OVERSIGHT, ACCOUNTABILITY AND HEALTH SYSTEMS PERFORMANCE AT ALL LEVELS)**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Strengthen accountability mechanisms at the national, provincial and institutional level within the current Constitutional framework</b>	Develop clear policies separating political from administrative mandates in the health sector, without abrogating political oversight in the administrative execution of policies	Policy framework for separation of political from administrative mandates completed	July 2021	The Minister of Health will:  (a) Lead the National DoH, working in collaboration with DPSA, Department of Justice, Department of Science and Technology and the private sector, to develop clear policies separating political from administrative mandates in the health sector, without abrogating political oversight in the administrative execution of policies
<b>Ensure effective oversight through robust health information, research and evidence</b>	Develop Annual National Health Research priorities to continuously generate knowledge and new products for promoting, restoring and maintaining health	Annual National Health Research priorities produced	Produced in November 2020, updated annually through to April 2024	(b) Ensure that the National DoH produces the Annual National Health Research priorities list



**PILLAR 8: ENGAGE AND EMPOWER THE COMMUNITY TO ENSURE ADEQUATE AND APPROPRIATE COMMUNITY-BASED CARE**

Interventions	Key Activities	Indicators	Timelines	Minister's Responsibility
<b>Strengthen Governance capacity of bodies involving communities</b>	Establish health governance structures (Clinic Committees and Hospital Boards) in all levels of health facilities	All 3880 health facilities with established and well-functioning	April 2022	The Minister of Health will:  (a) Ensure that the National DoH with the support of Provincial DoHs, Civil Society structures, Private Sector, and Academia, establishes health governance structures (Clinic Committees and Hospital Boards) in all levels of health facilities
	Convene annual National and Provincial and National Consultative Summits on health with appropriate community engagement	Reports of National and Provincial Summits produced and disseminated	Annually  April 2019 to  April 2024	(b) Ensure that the National DoH convenes Annual National Consultative Summits, and that MECs organize Provincial Consultative Summits with appropriate community engagement
<b>Enhance health literacy for better health outcomes</b>	Support collection and use of data by community health workers, health managers and health personnel, facilities, not-for-profit organisations providing health services (CBOs, NGOs, FBOs, Private Sector etc.) – noting issues of confidentiality regarding patient data	50% expansion of community-based data on the District Health Information System (DHIS)  100% expansion of community-based data on the DHIS	April 2022    April 2024	(c) Ensure that the National DoH expands community-based data on the District Health Information System (DHIS)

**PILLAR 9: DEVELOP AN INFORMATION SYSTEM THAT WILL GUIDE THE HEALTH SYSTEM  
POLICIES, STRATEGIES AND INVESTMENTS**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Integrated Health Information System</b>	Implement inter-operability between the various patient information systems using the normative standards framework for interoperability for eHealth in SA publication	Compliance with the identified interoperability standards	All systems by 2024	The Minister of Health will:  (a) Ensure that the National DoH, working with the Council for Medical Schemes, Provincial DoHs, Private Sector, National Treasury, Department of Science and Technology, CSIR and Academia implement inter-operability between the various patient information systems using the normative standards framework for interoperability for eHealth in SA publication.
	Develop and implement a South African Health Information Exchange Service that will allow for the sharing of data between identified health information systems	Functional South African Health Information Exchange Service	By April 2024	(b) Ensure that the National DoH with the support of CSIR; CMS; Provincial DoHs develop and implement a South African Health Information Exchange Service that will allow for the sharing of data between identified health information systems
	Develop and Implement procedures and systems for Identity Verification of Users of the Health System (public and private)	To develop and implement Identity Verification of Health  System users in Public and Private Health Care Facilities	By April 2024	(c) Ensure that the National DoH with the support of the Provincial DoHs, CMS; Department of Home Affairs, and Civil Society Organisations develop and implement Identity Verification of Health System users in Public and Private Health Care Facilities

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**PILLAR 9: DEVELOP AN INFORMATION SYSTEM THAT WILL GUIDE THE HEALTH SYSTEM POLICIES, STRATEGIES AND INVESTMENTS**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Integrated Health Information System</b>	Establish a patient registry through the implementation of a uniform Master Patient Index (MPI), in all public and private health care providers and facilities	Master Patient Index implemented by health care (public and private)	By April 2024	(d) Ensure that the National DoH with the support of the Provincial DoHs, CMS; Department of Home Affairs, and Civil Society Organisations establish a patient registry through the implementation of a uniform Master Patient Index (MPI), in all public and private health care providers and facilities
	Implement section 74 of the National Health Act 63 of 2003 to strengthen information systems to ensure attainment of a comprehensive and seamless National Health Information System.	Regulations for implementing section 74 of the National Health Act 63 of 2003 published in the Government gazette  Health impact indicator data from both the public and private sectors included in the national health information system and data repository	April 2022	The Minister of Health will:  (a) Lead National DoH with the support of the Provincial DoHs, Private Sector, CMS, Statutory Councils, implement section 74 of the National Health Act 63 of 2003 to strengthen information systems, with a view to ensure attainment of a comprehensive and seamless National Health Information System.
	Standardize health outcomes reporting for both public and private health sectors	Health impact indicator data from both the public and private sectors included in the national health information system and data repository.	April 2022	

**PILLAR 9: DEVELOP AN INFORMATION SYSTEM THAT WILL GUIDE THE HEALTH SYSTEM POLICIES, STRATEGIES AND INVESTMENTS**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Standardisation of health diagnostic and procedure coding systems</b>	<p>- Implement a harmonised WHO classification for topographical, diagnostic (general and specialized), procedural, pharmaceutical and outcome coding across the health system including but not limited to the transition of revised systems, e.g., ICD-10 to ICD-11 or introduction of International Classification of Health Interventions (ICHI)</p>	<p>50 % of public health facilities implementing identified coding systems</p>	<p>April 2024</p>	<p>(b) Ensure that the National Department of Health, Provincial Departments of Health and CMS implement a harmonised WHO classification for topographical, diagnostic (general and specialized), procedural, pharmaceutical and outcome coding across the health system, including but not limited to the transition of revised systems, e.g., ICD-10 to ICD-11</p>
<b>Healthcare technology infrastructure and architecture platform</b>	<p>Conduct a health information infrastructure and architecture baseline assessment across the health sector (private and public).</p>	<p>Baseline assessment Report</p> <p>on available information systems infrastructure, operating and application systems, state of functionality as well as broadband connectivity status</p>	<p>April 2022</p>	<p>(c) Ensure that the National Department of Health, Provincial DoHs and Statutory Councils and CSIR conduct a health information infrastructure and architecture baseline assessment across the health sector (private and public)</p>

**PILLAR 9: DEVELOP AN INFORMATION SYSTEM THAT WILL GUIDE THE HEALTH SYSTEM POLICIES, STRATEGIES AND INVESTMENTS**

<b>Interventions</b>	<b>Key Activities</b>	<b>Indicators</b>	<b>Timelines</b>	<b>Minister's Responsibility</b>
<b>Capacity building and skills transfer for digital health</b>	Conduct a Health Information systems skills baseline assessment across the health sector (public and private).	Report outlining accurate baseline health information skills and expertise across the health sector.	September 2021	(d) Ensure that the National DoH, Provincial DoH with the support of Statutory Council, CSIR and CMS conduct a Health Information systems skills baseline assessment across the health sector (public and private).
<b>Development of business intelligence for health sector</b>  <b>Health Professionals</b>	Identify baseline business intelligence (BI) report requirements across the health sector.	Business Intelligence Specification Document outlining report requirements across the health sector.	July 2021	(e) Ensure that the National DoH with the support of the Provincial DoH, CSIR, Department of Home Affairs, Civil Society, and Health Professionals identify baseline business intelligence (BI) report requirements across the health sector




**OUTCOME: TOTAL LIFE EXPECTANCY OF SOUTH AFRICANS IMPROVED TO 70 YEARS BY 2030**

Interventions	Indicators	Baseline	Targets	Minister's Responsibility
Health interventions implemented to reduce the burden of Communicable and Non-Communicable Diseases; to address social determinants of health, and increase life expectancy	Total life expectancy	64.6 years in 2019	<ul style="list-style-type: none"> <li>• 66.6 years in 2024</li> <li>• 70 years by 2030</li> </ul>	The Minister will: <ul style="list-style-type: none"> <li>(a) Provide leadership to the health sector and hold both National and Provincial DoHs accountable for:                             <ul style="list-style-type: none"> <li>(i) effective delivery of health programmes to combat both Communicable and Non-Communicable Diseases;</li> <li>(ii) collaboration with other sectors to address social determinants of health,</li> <li>(iii) effective monitoring, evaluation and reporting on the implementation of health programmes</li> <li>(iv) Early identification of risk factors potentially affecting the performance of the health sector</li> <li>(v) Early identification of and action on potential risks to the health status of South Africans</li> </ul> </li> </ul>
Reduce maternal and child mortality	Maternal mortality ratio	134 deaths per 100 000 live births (2016)	≤100 per 100 000 live births by March 2024	
	Infant mortality rate	23 deaths per 1 000 live births (2017)	≤20 per 1 000 live births by 2024	
	Under-5 mortality rate	32 deaths per 1 000 live births (2017)	≤25 per 1 000 live births by 2024	

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**OUTCOME: GENDER BASED VIOLENCE AND FEMICIDE ERADICATED IN SOUTH AFRICA**

Interventions	Indicators	Baseline	Targets	Minister's Responsibility
<b>Implement Gender-responsive planning, budgeting, monitoring and evaluation and gender auditing</b>	Number of health sector Annual Performance Plans incorporating gender-responsive planning, budgeting, monitoring and evaluation and gender auditing	Gender-responsive planning, budgeting, monitoring and evaluation and gender auditing strategy approved by Cabinet in 2019	10/10 by 2024	Minister will:  (a) Ensure that the health sector's annual plans and budgets are gender responsive and promote gender equality
<b>Strengthen the delivery capacity of South Africa to roll out effective prevention programmes</b>	% of Community Health Workers trained in Gender Based Violence and Femicide (GBVF) prevention and doing prevention work	100% by 2024	Implemented continuously and reported bi-annually	Minister will:  (a) Through the National Health Council, provide political oversight to secure participation of Provincial Health Departments in training and supporting community capacity to deliver Gender Based Violence and Femicide prevention interventions
<b>Harness approaches to prevention that facilitate integration and deepen impact</b>	Substance abuse (drugs and alcohol) interventions integrate GBV prevention component  SRHR awareness and HIV prevention interventions integrate GBV prevention component	Gender-responsive planning, budgeting, monitoring and evaluation and gender auditing strategy approved by Cabinet in 2019	From April 2020 to March 2024  From April 2020 to March 2024	(a) Ensure the Department of Health, works in collaboration with the Department of Social Development, CSOs, UNODC to integrate GBVF prevention into substance abuse interventions.  (b) Ensure that the Department of Health working with SANAC, Department of Social Development, CSOs, UNFPA, National and Provincial government, Municipalities integrate GBVF prevention into SRHR and HIV prevention interventions



**OUTCOME: GENDER BASED VIOLENCE AND FEMICIDE ERADICATED IN SOUTH AFRICA**

Interventions	Indicators	Baseline	Targets	Minister's Responsibility
<p><b>Develop and implement a comprehensive strategy and operational plan to address the human resources requirements, including filling critical vacant posts for full implementation of universal health care</b></p>	<p>New Human Resources for Health (HRH) Plan 2019-2024 completed</p>	<p>HRH Plan 2012-2017 produced</p>	<p>HRH Plan produced by October 2020</p>	<p>The Minister of Health will:</p> <ul style="list-style-type: none"> <li>(a) Provide political oversight to the National DoH for the completion of the HRH Plan 2019-2024, and ensure that it promotes gender equality</li> <li>(b) Through the National Health Council, ensure that the HRH Plan 2019-2024 is costed, funded, implemented by the health sector and its impact assessed</li> <li>(c) Provide political leadership to resolve impediments to the filling of posts; leading to the lifting of the moratorium on filling of posts.</li> <li>(d) Ensure that the an annual plan for the placement of interns and community service candidates is developed, implemented, monitored and reported on.</li> </ul>
<p><b>Establish Provincial Nursing Colleges with satellite campuses in all 9 Provinces</b></p>	<p>No of nursing colleges established</p>	<p>New basic nursing qualification programmes developed in 2017/18</p> <p>Draft Norms and standard guidelines for clinical training platforms were also developed</p>	<p>One New Nursing College per province (with satellite campuses) established by 2020 and fully operational in all 9 Provinces by 2022</p>	<ul style="list-style-type: none"> <li>(a) Provide political oversight for the establishment of Provincial Nursing Colleges</li> <li>(b) Through the National Health Council, ensure that Provincial Nursing Colleges are fully functional and produce appropriately qualified, skilled and competent cadres of nurses</li> </ul>



## KEY RESPONSIBILITY AREA 2: PRIORITY 1: CAPABLE, ETHICAL AND DEVELOPMENTAL STATE

This MTSF priority has a few transversal interventions that apply to all Ministers as per the table below:

Targeted impact: Public value and trust; Active citizenry and partnerships in society  
 Targeted impact: Public value and trust; Active citizenry and partnerships in society

Outcome	FUNCTIONAL, EFFICIENT AND INTEGRATED GOVERNMENT			
Interventions	Indicators	Baseline	Targets	Minister's Responsibility
Measures taken to eliminate wasteful, fruitless and irregular expenditure in the public sector	Percentage elimination of wasteful and fruitless expenditure in public sector institutions	2018 Baseline	100% elimination of wasteful and fruitless expenditure incrementally from baseline of 2019 by 2024	Eliminate wasteful and fruitless expenditure
	Percentage reduction of irregular expenditure in public sector institutions	2018 Baseline	90% reduction of irregular expenditure incrementally from baseline of 2019 by 2024	Ensure irregular expenditure is reduced and where it occurs make sure consequence management is meted out in
	Percentage reduction of qualified audits in the public sector	2018 Baseline	90 % reduction of qualified audits incrementally from baseline of 2019 by 2024	To maintain at least an unqualified audit opinion in your department/s and entities
Programme to prevent and fight corruption in government	Percentage resolution of reported incidents of corruption in the government	Trends from the Anticorruption Hotline and Crime Statistics	95% resolution of reported incidents of corruption by 2024 via disciplinary and criminal interventions	Enforce consequences for corruption and misconduct



## KEY RESPONSIBILITY AREA 3: INSTITUTIONAL OVERSIGHT OF THE HOD AND DEPARTMENT

Management Area	Key activities	Performance indicators	Targets				
			2019/20	2020/21	2021/22	2022/23	2023/24
<b>Executive Authority oversight over the Accounting Officer</b>							
Executive Authority oversight over the Accounting Officer	Management of the performance of the Director General	Implementation of Head of Department Performance Management and Development System	Conclusion of the Performance Agreement, Implementations of the midterm review and Annual Assessment of the DG	Conclusion of the Performance Agreement, Implementations of the midterm review and Annual Assessment of the DG	Conclusion of the Performance Agreement, Implementations of the midterm review and Annual Assessment of the DG	Conclusion of the Performance Agreement, Implementations of the midterm review and Annual Assessment of the DG	Conclusion of the Performance Agreement, Implementations of the midterm review and Annual Assessment of the DG
	Delegation of Public Service Act powers of the Minister to DG	Annual updated delegations	Updated delegation register	Updated delegation register	Updated delegation register	Updated delegation register	Updated delegation register



**The oversight and achievement of departmental strategic goals and annual performance plans and budget**

Political oversight on engendered strategic planning and reporting	Oversee the development of engendered departmental Strategic and Annual Performance Plans and monitor the implementation thereof	Approval of engendered Strategic Plan, Annual Performance Plans	Approved engendered Strategic Plan and Annual Performance Plan	Approved Annual engendered Performance Plan	Approved Annual engendered Performance Plan	Approved engendered Annual Performance Plan	Approved Annual engendered Performance Plan
		Consideration and approval of engendered Quarterly Performance Reports and Annual report	4 Quarterly and Annual engendered report(s) approved	4 Quarterly and Annual engendered report(s) approved	4 Quarterly and Annual engendered report(s) approved	4 Quarterly and Annual engendered report(s) approved	4 Quarterly and Annual engendered report(s) approved

**National Department facilitates public involvement, participation and service delivery improvement initiatives**

Support good governance through leading participatory governance and social compacts with stakeholders	Ensure optimal functioning of sectoral participatory governance mechanisms	Development and implementation of Public/ Stakeholder Participatory Strategies and Plan	80% implementation of Public/Stakeholder Participatory Plan	80% implementation of Public Participatory/Stakeholder Plan	80% implementation of Public/Stakeholder Participatory Plan	80% implementation of Public/Stakeholder Participatory Plan	80% implementation of Public Participatory Plan
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**National Departments' and entities' involvement and contribution to the District Development Model**

Involvement and contribution to the District Development Model (DDM)	Participation in the DDM where applicable	Contribute to the development of the "One Plan" and monitor the implementation against the plan	80% achievement of own commitments in the "One Plan"	80% achievement of own commitments in the "One Plan"	80% achievement of own commitments in the "One Plan"	80% achievement of own commitments in the "One Plan"	80% achievement of own commitments in the "One Plan"
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## KEY RESPONSIBILITY AREA 4: POLITICAL LEADERSHIP AND OVERSIGHT

Management Area	Key activities	Performance indicators	Targets				
			2019/20	2020/21	2021/22	2022/23	2023/24
<b>Government structures</b>							
Active participation in Inter-Ministerial Committees, MINMEC's, Cabinet Clusters and other Executive Structures	Attendance of Executive structure meeting and performing the tasks related to the structures	Participation in Executive Structures	Attend and implement 80% of tasks associated to member	Attend and implement 80% of tasks associated to member	Attend and implement 80% of tasks associated to member	Attend and implement 80% of tasks associated to member	Attend and implement 80% of tasks associated to member
<b>Parliamentary Accountability</b>							
Accountability to the Parliament	Responding to Parliamentary Questions and ensuring accountability of own departments and entities to Parliament	Timely response to Parliamentary Questions and tabling of Plans, Budget and Reports	100% accountability to the Parliament	100% accountability to the Parliament	100% accountability to the Parliament	100% accountability to the Parliament	100% accountability to the Parliament
<b>Oversight on State Owned Companies and Public Entities/Agencies</b>							
Oversight over Public Entities	Perform oversight over the governance and performance of entities	Enter into shareholder compacts and oversee the development of Annual Plans and regular governance and performance of the Entities	Shareholder compact updated, plans approved and performance monitored	Shareholder compact updated, plans approved and performance monitored	Shareholder compact updated, plans approved and performance monitored	Shareholder compact updated, plans approved and performance monitored	Shareholder compact updated, plans approved and performance monitored



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## SIGNATURES

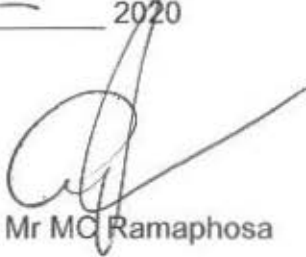
I ZWELINI L MKHIZE hereby declare that the information provided in this performance agreement has been agreed upon by myself and the President of South Africa. This is a legal and binding performance agreement that will **be used for assessment purposes**.



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Hon. Dr. Zwelini Lawrence Mkhize, MP  
Minister of Health

06-10- 2020



His Excellency Mr M.C. Ramaphosa  
President of the Republic of South Africa

6.10. 2020

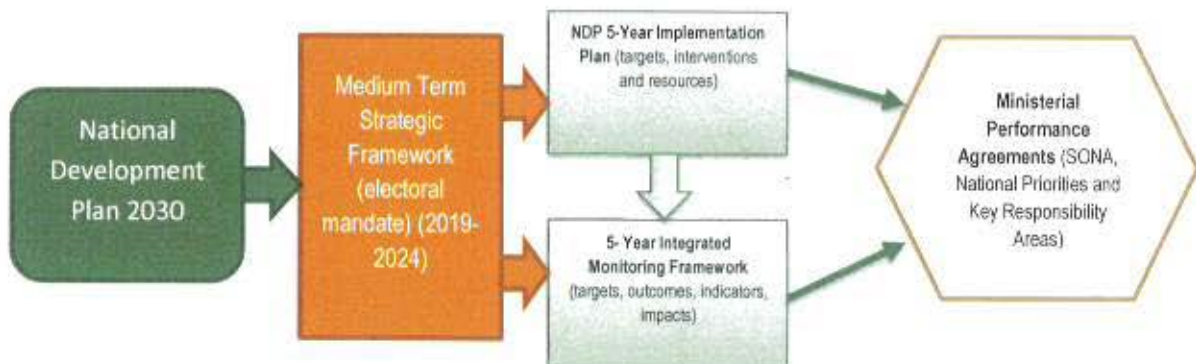
## ANNEXURE 1: EXPLANATORY GUIDELINE

### 1. CONSTITUTION AND LEGISLATION

This aspect highlights constitutional imperatives, obligations, powers and functions of the President relating to the implementation of Ministerial Performance Agreements. It also points out key legislation in this regard.

### 2. BACKGROUND AND CONTEXT

In October 2019, Cabinet considered and approved the 2019 – 2024 Medium-Term Strategic Framework (MTSF). The MTSF translates the electoral mandate and the National Development Plan into a 5-year programme of government and comprises the 5-Year Implementation Plan and the Integrated Monitoring Framework, containing clear targets, interventions, resource implications and impacts.



In his State of the Nation Address (SONA) on 20 June 2019, the President confirmed the 7 national priorities, based on the electoral mandate, as follows:

- Priority 1:** A capable, ethical and developmental state
- Priority 2:** Economic transformation and job creation
- Priority 3:** Education, skills and health
- Priority 4:** Consolidating the social wage through reliable and quality basic services
- Priority 5:** Spatial integration, human settlements and local government
- Priority 6:** Social cohesion and safe communities
- Priority 7:** A better Africa and world

In his reply during the SONA debate, the President further elaborated on why the above 7 priorities are important and demonstrated that government has a clear plan for the road ahead. The key task is speedy and effective implementation. The new Cabinet has a central role in ensuring that the commitments made in the SONA are implemented with the necessary urgency and vigour.

To this end The Minister of Health's Performance Agreements (MPAs) will be based on the commitments in the State of the Nation Address and selected priority actions from the 2019 - 24 MTSF. Each MPA contains a set of specific targets backed by measurable performance indicators to be achieved over the 5- year electoral period, the purpose of which is to put the country on a positive path towards our national development goals and objectives.

Deputy Ministers Performance Agreements will be developed once formal and final delegations regarding their roles and responsibilities have been included in the agreement. This is expected to be completed by the end of January 2020. The performance agreements of Directors General for the 2020 period will then follow.

As you are aware, upon the announcement of the new Cabinet, the President made the following undertaking to the people of South Africa:

*The people who I am appointing today must realise that the expectations of the South African people have never been greater and that they will shoulder a great responsibility. Their performance – individually and collectively – will be closely monitored against specific outcomes. Where implementation is unsatisfactory, action will be taken*

It is the aim of this Performance Agreement to give effect to this undertaking.

## 2. KEY RESPONSIBILITY AREA 1: POLITICAL LEADERSHIP CONTRIBUTING TO THE COUNTRY'S TRIPLE CHALLENGES, NDP PRIORITIES AND MEDIUM TERM STRATEGIC FRAMEWORK (MTSF) 2019 – 2024

This aspect draws directly from the content of the MTSF and SONA and highlights specific responsibilities of The Minister of Health in relation to a particular priority, indicator and target. This will help focus the work of The Minister of Health concerned to the strategic agenda of government. As Minister in the Cabinet you will contribute **individually and collectively** to addressing the triple challenges of poverty, inequality and unemployment and the MTSF 2019 - 2024.



- **Priority:** indicates which of the 7 priorities are directly applicable to The Minister of Health concerned. The Minister of Health is still expected to contribute to the rest of the MTSF as part of the National Executive collective.
- **Target:** provides context to the medium to long-term impact we are seeking to achieve e.g. economic growth.
- **Outcome:** highlights the broad result area we want to make a difference within a year up to 5 years.
- **Indicators, baselines and targets:** are measures that are directly taken from the MTSF.
- **Minister's responsibility:** this column emphasizes the specific contribution that The Minister of Health must make towards delivery of the intervention in the short to medium term. Where a Minister is mentioned as a lead, he or she must take responsibility to convene other relevant stakeholders towards the implementation of a particular intervention. Where a Minister is mentioned as contributing department, it indicates a need for The Minister of Health to take initiatives towards working with Cabinet colleagues and stakeholders to deliver on the specific intervention. The Cluster system will help with further clarification of these roles and responsibilities.

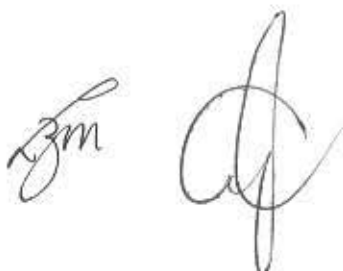
### 3. KEY RESPONSIBILITY AREA 2: PRIORITY 6: CAPABLE, ETHICAL AND DEVELOPMENTAL STATE

This MTSF priority has a few transversal interventions that apply to all Ministers, hence it must be included in all Ministerial Performance Agreements. Its content also ties in closely with the next key responsibility areas.

### 4. KEY RESPONSIBILITY AREA 3: INSTITUTIONAL OVERSIGHT OF THE HOD AND DEPARTMENT

*Shows how you will provide strategic leadership, direction and oversight to own departments through the DG in the following areas:*

- *Show how you will manage the performance of Heads of Department and Department*
- *Demonstrate accountability to Parliament (e.g. respond timeously to Parliamentary questions, account for performance of own departments and entities, and timely responses to Parliamentary questions).*
- *Describe how in executing your role and responsibility you will provide oversight in performing the functions below.*





## 5. KEY RESPONSIBILITY AREA 4: POLITICAL LEADERSHIP AND OVERSIGHT

- Describe how in executing your role and responsibility you will provide oversight in performing the functions below.
- Show how you will actively participate and contribute to the different governance structures, for example, the Cluster/Committee/s system; to Inter-Ministerial Committees and MinMecs.
- Show how you will provide leadership and oversight to State Owned Entities/Agencies that you are responsible for
- The oversight and achievement of departmental strategic goals and annual performance plans and budget
- National Department facilitates public involvement, participation and Service Delivery Improvement Initiatives
- National Department involvement, participation in the District Planning Model

## 6. IMPLEMENTATION

To improve the likelihood of achieving the targets above, you are advised to ensure that senior managers in your department translate the priority actions and targets in this agreement into a delivery plan with the following elements:

- Formulating the aspiration: A clear statement of goals, outcomes and targets to be achieved for each priority arising out of a rigorous problem analysis, needs assessment and diagnosis;
- A coherent theory of change – articulating the best way to achieve the aspiration based on relevant theoretical literature and research on local and international cases as well an assessment of current policies and whether they are enablers or constraints. If the latter, then they should be revised and amended accordingly. To note is that in many instances policy development is not a problem, implementation is. However, in some cases revisions to policies may be required and in rare situations new policies may be required to enable the achievement of the priority;
- Setting specific milestones to be reached with leading indicators.
- Interventions (addressing inhibitors/constraints and identifying drivers of performance). Agreeing on who is involved and how those involved will go about contributing to the priority and
- A delivery trajectory mapping out the points from current performance (base line) and showing how implementation of initiatives will shift performance towards the set outcome and target. Points along the delivery trajectory will be used to conduct rapid impact assessments to establish whether real improvement is happening on the ground.



The delivery plan therefore essentially specifies what will be achieved (impact, outcome, target), where it will be achieved, who is involved and how those involved will go about achieving the priority.

Where cooperation from and or coordination with other parties (provincial MECs, National Ministers, Executive Mayors) is required to achieve the priority actions and targets, it is your responsibility to seek out this cooperation and bind the other party/parties to the commitments necessary to achieve the targets. In the event that cooperation was not forthcoming, details to this effect as well as how the non-cooperation and coordination failure affected the achievement of the target should be reported on at the bi-annual meeting with President.

Senior officials in your department/s are required to reflect the priority actions and targets in the Strategic Plans and Annual Performance Plans of the Department to ensure they are planned for and properly resourced. Moreover, I also expect that you will enter into a performance agreement with your Director-General that will reflect the priority actions and targets contained in this agreement, in addition to the other key performance areas of the Department.

I expect that you will formally delegate specific areas of responsibility to your Deputy Minister(s) to provide some support to you regarding the priority actions and targets in this agreement, in addition to the other key performance areas of the Department.

## 7. PERFORMANCE MONITORING AND REVIEW

The process of performance monitoring, evaluation and reporting against the targets will be as follows:

- i. The DPME will prepare a report card on progress with the targets in the respective agreements for the benefit of the President
- ii. In preparation of the scorecard, DPME will obtain initial progress reports with supporting evidence from your department.
- iii. The progress report should provide a succinct summary of progress, current and emerging issues, key actions required or key actions taken, early warning of risks as well as decisions or recommendations to be taken forward and any other comment on progress.
- iv. The report and data will be analysed and validated and a draft scorecard will be produced by DPME. This will be discussed with your department to resolve queries before finalisation. Validation will also include random onsite visits by DPME to verify if delivery took place and within the specifications as set out in the agreement.



The DPME will prepare the scorecard which includes key issues affecting delivery, early warning risks and emerging policy issues for the President a copy of which will be sent to you prior.

In the instance where performance is sub-optimal, a meeting between the President and Minister will be convened. The outcome of the dialogue will be an agreement between the President and Minister on areas of improvement (the remedial actions). These will be incorporated in the performance score-card of the next performance review. It is only in the case of persistent under-performance that the President may take any action he deems necessary.

Over and above this Cabinet will closely monitor the overall implementation of the 2019 - 24 MTSF. In this regard you are expected to table bi-annual progress reports to Cabinet on progress with regards to your commitments in the MTSF. It will not be sufficient to state in these reports that a particular action has been implemented. What must also be reported on is what the implementation of the action led to in terms of a result or the likely value it would create for society.

Your officials will need to collect administrative data that will allow oversight on progress and make these available to DPME when requested. DPME will triangulate this data with budget expenditure data and output level indicators, where available, and provide its own progress reports to Cabinet. The bi-annual progress reports will also form the basis of the meetings between the President and Ministers to identify and tackle obstacles to implementation.

## 8. POLITICAL OVERSIGHT OF THE DEPARTMENT

Beyond the priority actions and targets that you will be responsible for (which is the subject of this agreement), your Ministerial responsibilities also extend to:

1. Ensuring an optimal political – administrative interface;
2. Political leadership and oversight: providing strategic leadership to the department for the implementation of the relevant aspects of the electoral mandate/ oversee implementation of MTSF priorities relevant to the sector;
3. Support international and regional integration programmes and commitments (where applicable); and
4. Support good governance in the department by providing institutional oversight of the HOD and Department



## 9. SPIRIT AND INTENT

There is no question that given the prevailing social, political and economic dynamics and environment, our actions require greater urgency and focus. While (and as I have stated before) there are no short-cuts and quick fixes, it is within our grasp to do the important things, to do them well and to do them without delay.

We have a duty to follow-through on our policy promises to the nation and make greater advances in terms of closing the gap between our development vision and the realities on the ground. The spirit and intent of the MPAs is to keep us focused on achieving our important targets.

## 10. PROFESSIONAL DEVELOPMENT

While the MPAs seek to promote results-oriented performance and accountability, the aim of the performance agreements is also to facilitate the professional development of all Ministers as leaders in government tasked with driving the development agenda of the country. In this regard you are encouraged to pursue programmes and initiatives that will provide you with the necessary competencies and tools to carry out your tasks and responsibilities. The Presidency and DPME will endeavour to provide Ministers with support and technical advice should the need exist.

Two handwritten signatures in black ink. The first signature on the left is stylized and appears to be 'ZM'. The second signature on the right is more complex and cursive.

**ADDENDUM TO THE PERFORMANCE AGREEMENT BETWEEN THE MINISTER OF HEALTH AND THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA:**

**ADDENDUM 1: KEY HEALTH PROGRAMME PERFORMANCE (HIV/AIDS; TUBERCULOSIS; MATERNAL AND CHILD HEALTH)**

2024 IMPACT: TOTAL LIFE EXPECTANCY OF SOUTH AFRICANS IMPROVED TO 70 YEARS BY 2030				
Interventions	Indicators	Baseline	Targets	Minister's Responsibility
Drive national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health	Number of people screened for Tuberculosis (TB)	48 991 695 people screened during 2014-2018	2 million additional people screened for TB by 2020 and eligible people initiated on treatment	The Minister will: <ul style="list-style-type: none"> <li>(a) Provide leadership to the health sector and hold both National and Provincial DoHs accountable for:                         <ul style="list-style-type: none"> <li>(i) effective delivery of health programmes to combat both Communicable and Non-Communicable Diseases;</li> <li>(ii) collaboration with other sectors to address social determinants of health,</li> <li>(iii) effective monitoring, evaluation and reporting on the implementation of health programmes</li> <li>(iv) Early identification of risk factors potentially affecting the performance of the health sector</li> <li>(v) Early identification of and action on potential risks to the health status of South Africans</li> </ul> </li> </ul>
	TB treatment success rate	84.7% in 2018	90% by 2022 95% by 2024	
	Proportion of people living with HIV who know their status	91% in 2019	90% by 2022 95% by 2024	
	Proportion of HIV positive people who are initiated on ART	68% in 2019	90% by 2022 95% by 2024	
	Proportion of people on ART that are virally suppressed	89% in 2019	90% by 2020  95% by 2024/25	
	HIV tests conducted annually by 2024	22.3 million people tests in 2018/2019	30 million tests annually by 2024	
	Number of people screened for high blood pressure	15.8 million in 2018	25 million by 2024	
	Number of people screen for elevated blood glucose levels	16 million in 2018	25 million annually by 2024	
Provide good quality antenatal care	Antenatal first visit before 20 weeks rate	68.7% in 2018	75% by 2024	
	Antenatal clients initiated on ART rate	93% in 2018	98% by 2024	
Protect children against vaccine preventable diseases	Immunisation coverage under 1 year	81.9% in 2019	90% by 2024	
Improve the integrated management of childhood disease service	Children under-5 years severe acute malnutrition case fatality rate	7.1% in 2018	<5.0% by 2024	
	Children under-5 years pneumonia	1.9% in 2018	<1.0% by 2024	
	Children under-5 years diarrhea case fatality rate	1.9% in 2018	<1.0% by 2024	

## ADDENDUM 2: SPECIFIC MEASURES TO DEAL WITH COVID-19

The Coronavirus Disease (Covid-19) was first detected in Wuhan City, Hubei Province, China in November 2019, and subsequently swept throughout the world, resulting in the World Health Organisation (WHO) declaring it a public health emergency of international concern (PHEIC) in January 2020, and a global pandemic in March 2020. The first case of Covid-19 in South Africa was detected on 05 March 2020. The health system and country as a whole demonstrated resilience and fortitude across all 5 Alert Levels of the country's response. Several milestones were achieved between March and November 2020, including improving screening of the population for symptoms of Covid-19, enhanced laboratory capacity which facilitated an exponential increase in the number of people tested, as well as improved Covid-19 case finding, which enabled referral to treatment. South Africa also extricated itself successfully from the top 10 countries with the highest burden of Covid-19 disease globally in October 2020. The country's Covid-19 recovery rate has consistent improved from only 51% during Alert Level 4 to 92% in Alert Level 1 (as at 09 November 2020).

It is imperative that the successful management of Covid-19 and other emerging epidemics is sustained into the future. The key interventions to be implemented by the Minister to address the COVID – 19 resurgence are:




1. Provide technical and strategic guidance for the successful implementation of COVID-19 response mechanisms
2. Ensure adequate supply of medicines and related health products to meet demand in the event of a resurgence of COVID-19 cases
3. Early detection of COVID-19 cases at ports of entry
4. The rapid identification, detection and management of suspected COVID-19 cases
5. Ensure sufficient supply of key resources in facilities so that facilities are ready
6. Ensure data quality, completeness and availability of information
7. Improve knowledge, attitudes and practice of the communities about COVID-19
8. Ensure routine monitoring and reporting of infected healthcare workers
9. Mobilize the health workforce to respond to the COVID-19 pandemic

The above interventions combined with an all of government response will lead to reduction in incidence of COVID-19 as well as a reduction in morbidity and mortality.

Intervention	Indicators	Baseline	Targets	Minister's Responsibility
Incidence of Covid-19	Percentage increase in new Covid-19 cases	3,1% (over the 14-day period 23 October to 06 Nov 2020)	< 3,1% increase in the incidence of Covid-19 cases by March 2021 <sup>1</sup>	The Minister will: ➤ Provide leadership to the health sector and hold both National and Provincial DoHs accountable for sustaining the gains made by
Active Cases	Number of Covid-19 Active cases	37,954 (as at 09 November 2020)	≤ 3,796 (90% reduction)	

			by March 2021	the country against Covid-19, and preventing a second wave (resurgence) of Covid-19 cases
Recovery Rate	Percentage of Covid-19 recoveries	<b>92%</b> (as at 09 November 2020)	<b>95%</b> by March 2021	
Case Fatality Rate	Percentage of Covid-19 infected people who died	<b>2.7%</b> (as at 09 November 2020)	<b>≤ 2%</b> by March 2021	
Amendment of the regulations on Notifiable Medical Conditions	Amended regulations on Notifiable Medical Conditions approved	Regulations on Notifiable Medical Conditions developed in terms of the National Health Act, No 61 of 2003	Amended regulations on Notifiable Medical Conditions published before 31 March 2021	➤ The Minister will provide political oversight for the finalisation and approval of the amended regulations

#### WORLD HEALTH ORGANISATION (WHO) CRITERIA FOR RESURGENCE

<10% increase; or decrease	<b>Under control</b>	
>10% increase and <20% increase	<b>Alert</b>	
>20% increase	<b>Resurgence</b>	

**STANDARD MINISTERIAL MEETINGS INTERNATIONAL MEETINGS (OUTGOING AND INCOMING/HOSTING)**

<b>MEETING</b>	<b>MONTH</b>
73 <sup>rd</sup> World Health Assembly (WHA)	May
Commonwealth Health Ministers Meeting	May
Non-Aligned Movement Meeting	May
Brazil, Russia, India, China and South Africa Cooperation (BRICS) Health Ministers Meeting	May & September
World Economic Forum Health Ministers and Heads of State Meetings	May & June/July
Foreign Policy Global Health Ministers Meeting	May & November
G20 Health and Financing Minister's Meeting	June
African Union Summit	July
AU Health Minister	July
AU Joint Ministerial Meeting of Ministers of Health and Finance on Health Financing	July
WHO AFRO Regional Committee for Africa	August
Malaria Elimination 8 Initiative	Ongoing
ACT Accelerator Facilitation Council Co-Chaired with Norway	Ongoing
WHO Ministerial COVID19 Briefing Sessions	Ongoing
STOPTB Board Meeting	September
Global Fund Board Meeting	November
Forum for China Africa Cooperation (FOCAC)	September
World Health Summit	August/September
UN General Assembly	September
G20 Health Minister's meeting	October
Global Health Security Agenda Health Ministers meeting	November
SADC Ministers responsible for Health and HIV and AIDS	November